The Impact of Fear Appeal Advertising on Disposition Formation in HIV/Aids Related Communication

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DECLARATION

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Date: November 2008

ABSTRACT

Research to guide marketing practitioners in social issue-related communication remains underexplored. The increases in various social problems have caused practitioners to return to fear appeals as motivation to influence individuals to think and behave in a certain way. The HIV/AIDS pandemic is a major concern worldwide, as well as in South Africa, and some marketing communication campaigns do not seem to be producing the expected results.

During 2007, an alarming 33.2 million people worldwide were infected with HIV. The African continent, and specifically sub-Saharan Africa, is still hardest hit by this pandemic. The high level of new HIV infections occurring daily in South Africa reflects the difficulties faced by HIV/AIDS education and prevention campaigns. Approximately 5.41 million people were living with HIV in 2006. This equates to about 11 percent of the total population and approximately 1 000 AIDS deaths occur every day. The social climate in South Africa has not been conducive to safe sexual messages, and there is a continuing need to encourage safe sexual behaviour, and awareness of the detrimental effects of HIV/AIDS.

An estimated 60 percent of all new HIV/AIDS infections in South Africa occur in people between the ages of 15 and 25 years, with young women being more at risk of contracting HIV/AIDS than young men. This trend implies that the impact of the HIV/AIDS epidemic will be felt extensively in the next decade. Additionally, HIV/AIDS prevention programmes for the youth are not having the intended effect to promote partner reduction, consistent condom use and prompt treatment for sexually transmitted infections. These factors confirm that HIV/AIDS marketing communication programmes are of central importance in slowing down the spread of the disease among South African adolescents.

Marketing communication is evolving to an era of tailored messages targeted at individuals and more sophisticated segmentation of target audiences. South African young adults reside in a country with diverse racial groups and cultural backgrounds. The more knowledge about their feelings and fears about HIV/AIDS become available, the more effective marketing communication can be developed. Overall marketing communication campaigns must be tailored to the specific needs of

adolescents and the promotion of safer sexual behaviour should be at the core of HIV/AIDS programmes, since they are embarking on their sexual lives and are therefore open to behavioural change interventions.

This study investigated whether the use of fear increases the likelihood of adopting appropriate behaviour pertaining to HIV/AIDS. Fear, attitude towards the advertisements, severity, susceptibility and efficacy were examined to ascertain the influence of fear appeals. Findings provide encouraging evidence for the persuasive power of fear appeals. Fear appeals can be a strong motivator if accompanied by high efficacy messages, to improve knowledge and to influence attitudes about HIV/AIDS. Susceptibility to the disease among adolescents also influences behaviour, and the importance of individual factors, including racial characteristics and personality, was confirmed. The empirical results of the study reveal that together with message factors like message content and media usage, the goal of changing adolescents' sexual behaviour in the midst of the HIV/AIDS pandemic can be achieved.

OPSOMMING

Navorsing om leiding te verskaf aan bemarkingspraktisyns rakende kommunikasie ten opsigte van sosiale vraagstukke is beperk. Die toename in verskeie sosiale probleme het veroorsaak dat praktisyns terugkeer na vreesaanslagte as motiveerder om individue te beïnvloed om op 'n sekere manier te dink en op te tree. Wêreldwyd, sowel as in Suid-Afrika, is die MIV/VIGS-pandemie 'n groot bekommernis en sekere bemarkingskommunikasieveldtogte blyk nie die verwagte resultate te lewer nie.

Gedurende 2007 was 'n ontstellende 33.2 miljoen mense wêreldwyd geïnfekteer met MIV. Die Afrikakontinent en in die besonder Afrika suid van die Sahara word steeds die swaarste getref deur die pandemie. Hoë vlakke van MIV-infeksies word daagliks in Suid-Afrika aangetref en reflekteer die probleme waarmee MIV/VIGS opvoedings- en voorkomingsveldtogte te make het. Ongeveer 5.42 miljoen mense het tydens 2006 met MIV geleef. Dit verteenwoordig 11 persent van die totale bevolking en ongeveer 1 000 VIGS-sterftes kom elke dag voor. Tot dusver was die maatskaplike klimaat in Suid-Afrika nie ondersteunend ten opsigte van veiligeseks-boodskappe nie en daar is 'n voortdurende behoefte daaraan om veilige seksuele gedrag aan te moedig, sowel as bewustheid van die skadelike gevolge van MIV/VIGS tuis te bring.

Ongeveer 60 persent van alle nuwe MIV/VIGS-infeksies in Suid-Afrika kom voor by mense tussen die ouderdomme 15 tot 25 jaar en by jong vroue is die risiko groter om MIV/VIGS op te doen as by mans. Die tendens beteken dat die impak van die MIV/VIGS-epidemie grootliks in die volgende dekade waargeneem sal word. 'n Verdere bydraende faktor is dat MIV/VIGS-voorkomingsprogramme vir die jeug nie die verwagte uitwerking toon nie, naamlik om vermindering van die aantal metgeselle, konsekwente kondoom gebruik en onmiddellike behandeling vir seksueel oordraagbare infeksies te bevorder. Hierdie faktore bevestig dat MIV/VIGS-bemarkingskommunikasieprogramme van die allergrootste belang is in die vermindering van die verspreiding van die siekte onder Suid-Afrikaanse adolessente.

Bemarkingskommunikasie beweeg na 'n era van doelgemaakte boodskappe vir individue en meer gesofistikeerde segmentering van doelmarkte. Jong volwassenes in Suid-Afrika woon in 'n land met diverse rassegroepe en uiteenlopende kulturele agtergronde. Indien meer kennis oor hulle gevoelens en vrese rakende MIV/VIGS

bekom word, kan meer effektiewe bemarkingskommunikasie ontwikkel word. In die geheel moet bemarkingskommunikasieveldtogte doelgemaak wees vir die besondere behoeftes van adolessente, met die bevordering van veiliger seksuele gedrag as die kern van MIV/VIGS-programme, aangesien hulle aan die begin staan van hulle seksuele lewens en daarom ontvanklik is vir gedragsmodifikasie-intervensies.

Hierdie studie het ondersoek ingestel na die gebruik van vrees om die moontlikheid van uitleef van toepaslike gedrag ten opsigte van MIV/VIGS te verhoog. Vrees, houdings ten opsigte van advertensies, die ernstigheidsgraad, ontvanklikheid en self-waarde is ondersoek om die invloed van vreesaanslagte te bepaal. Bevindinge van die studie verskaf ondersteunende bewyse vir die oorredingskrag van vreesaanslagte. Vreesaanslagte kan as sterk motiveerders dien as dit ondersteun word deur boodskappe ten opsigte van hoë selfwaarde om kennis te verhoog en houdings teenoor MIV/VIGS te beïnvloed. Ontvanklikheid van adolessente ten opsigte van die siekte beïnvloed ook gedrag en die belangrikheid van individuele faktore, met inbegrip van raseienskappe en persoonlikheid is bevestig. Die empiriese resultate van die studie toon dat in samewerking met boodskapfaktore, soos boodskapinhoud en mediagebruik, kan die doel om seksuele gedrag van adolessente te verander, midde-in die MIV/VIGS-pandemie, bereik word.

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God's grace is endless and His mercy new everyday! "I am growing and becoming strong in spirit, filled with wisdom; and the grace of God is upon me." Luke 2:40.

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CHAPTER 1
INTRODUCTION AND OVERVIEW

1.1 INTRODUCTION

Social marketing programmes address various dilemmas, pandemics, and anti-social behaviour, where citizens are not acting in line with accepted social conduct, to bring about social change. The use of fear as a motivation in advertising places emphasis on the severity of the threat. Marketing researchers, believing that it is too difficult to implement properly, have questioned the use of fear appeal advertising messages.

Given the increase in social issue-related communication in South Africa in recent times, focused research to guide marketing managers in social issue-related communication remains limited. South Africa's population is characterised by a wide variety of racial groups, yet advertising in South Africa is often targeted at a fairly heterogeneous audience with a standardised message.

This chapter provides an overview of the extensive literature review based on current and historic perspectives of the psychological effect of fear, advertising appeals, and the role of fear in advertising specific to social issue-related communication and the effects of fear appeals on attitudes and behaviour.

HIV/AIDS is a pandemic internationally and in South Africa and therefore this social dilemma is the focus for this research study. The purpose of the research study was to investigate whether the use of fear increases the likelihood of adopting appropriate behaviour and whether different racial groups perceived different fear appeals pertaining to HIV/AIDS communication differently. The study also attempted to assess the differences between high/strong fear, medium fear, and low/weak fear appeal-based advertising on attitude towards an advertisement and the intention to adapt behaviour.

1.2 BACKGROUND AND LITERATURE OVERVIEW

1.2.1 Marketing and advertising

Marketing has evolved over several decades to become a comprehensive and multi-dimensional science (Kotler & Keller, 2006:17). According to Lamb, Hair, McDaniel, Boshoff and Terblanche (2004:5) marketing facilitates an exchange process and the development of relationships by researching the needs and wants of consumers. Social marketing is one of the areas in which marketing found application outside the business domain. Over time non-profit organisations started to engage in marketing practices to enhance their own abilities and generate funds. Social marketing developed from the realisation that poverty could be linked to deteriorating social conditions and ill health (MacFadyen, Stead & Hastings, 2003:695). Social marketing is thus believed to be a stepping-stone through which to change individual and social behaviour, and also to influence policy-makers and interest groups (MacFadyen et al., 2003:695).

Advertising is only one element of marketing and assists in facilitating exchanges and building relationships – two core functions of marketing (Arens, 2006:6; Belch & Belch, 2004:16). For advertising to be effective, an appropriate level of involvement is required (Tsai & Tsai, 2006:223; Hawkins, Best & Coney, 2004:141). Involvement is built on the foundation of personal relevance. The three proposed antecedents of involvement are:

- personal factors (such as personality, needs, values and interests);
- the object or stimuli factors (the source and content of communication); and
- situational factors (such as the occasion, temporal perspectives, and physical surroundings).

These factors determine the level of involvement the individual has with the product, the brand and the advertising message (Hawkins, Best & Coney, 2004:141; Belch & Belch, 2004:154). Accurate segmentation and customised targeting also contribute to advertising effectiveness.

Many social marketing programmes employ undifferentiated target marketing. This is because several barriers exist. One of these is scope and ambitiousness of the objectives. This implies that the objective of the communication is targeted at a very large audience. Furthermore, political and policy demands focus on achieving the

maximum benefit from allocated funds. Cultural objections to segmentation may hinder segmentation when it is seen as discriminatory and stigmatised. Finally, limited resources may prevent research and scientific evaluation necessary to fully understand the target market and how to change their behaviour (MacFadyen et al., 2003:708).

1.2.2 Fear and behaviour change

Emotions are essential in consumer decision making. Without emotions, consumers are unable to assign values to different options or product attributes (O'Shaughnessy & O'Shaughnessy, 2003:104; Elster, 1999:403). Fear is one of the most important secondary drives of human action because it is imperative for adaptive and maladaptive human behaviour (Hergenhahn & Olson, 2003:319). Literature indicates that fear can be described by mood adjectives, including feeling frightened, anxious or nauseous, and also via ratings of concern or worry (LaTour & Tanner, 2003; LaTour & Rotfeld, 1997; Henthorne, LaTour & Nataraajan, 1993; Rogers, 1983). Fear is therefore a primitive instinct which is designed to create anxiety and tension, and thus motivates actions aimed at reducing these unpleasant emotions (Tanner et al., 1991:36; Ortony & Turner, 1990:316; LaTour & Zahra, 1989:61; Easterling & Leventhal, 1989:788).

An attitude is as a tendency to act or behave in some predictable way (Foxall & Goldsmith, 1994:104). Attitudes are learnt or acquired rather than inborn; they are formed as a result of personal experience, reasoning or information or the communication experience of others (Fishbein, 1975:7). The Theory of Reasoned Action places attitudes within a sequence of linked cognitive constructs: beliefs, attitudes, intentions and behaviour. Thus, behavioural intention is a function of two factors, namely the respondent's attitude towards behaving in a prescribed manner and his or her subjective norm, in other words, what the respondent believes others say about him or her acting in a specific way (Foxall & Goldsmith, 1994:107). Emotions are reactively triggered by thoughts, and an observable behaviour begins with an event, which triggers an affective response. Affective reactions and moods have an effect on the cognitive process, which in turn results in social behaviour (Lundberg & Young, 2000:530; Stein, Trabasso & Liwag, 1993:282).

1.2.3 Use of fear in advertising

Fear is an emotional response to a threat that implies some sort of danger, and for most people fear has a significant effect on behaviour, leading to different ways of coping with such fear. Marketers have attempted to take advantage of this association by using the threat of harm or danger to evoke the emotional response of fear and finally influence behaviour (Tanner et al., 1991:40). A threat is an appeal to fear, a communication stimulus that attempts to induce a fear response by presenting some type of outcome that the audience might want to avoid. In marketing terms, fear is a consumer's possible emotional response to threats (Rotfeld, 2000:123). Marketers use this knowledge about fear in order to facilitate behaviour and attitude change or to create interest in products and services, which assist in fear reduction.

1.2.3.1 Fear appeals

Various approaches are used for advertising campaigns and promotional efforts to influence or change behaviour. Appeals used in advertising aim to generate a response from the viewer. Advertising appeals can be broadly categorised into two main categories, namely rational appeals and emotional appeals (Belch & Belch, 2004:267).

Fear appeal messages appeal to the audience's emotion of fear and/or anxiety caused by the presentation of the negative outcome/effect of, for instance, alcohol abuse e.g., making a fatal accident whilst drinking and driving, in order to try and affect the audience members' behaviour to not overindulge in alcohol (Bagozzi & Moore, 1994:56). The effectiveness of fear appeals, however, remains disputable and has been found to be dependent on the target segment and the particular type of product (Bagozzi & Moore, 1994:56; Burnett & Wilkes, 1980:24; Ray & Wilkie, 1970:58)

The use of fear as an advertising appeal raises the question about the appropriate severity of the threat. As a result, many marketing researchers, believing that it is too difficult to implement properly, have questioned the use of fear appeal advertising messages (Rotfeld, 2000:125). However, the increase in various social problems and behaviours has forced many practitioners to reconsider the use of fear appeals in social advertising, because it seems that other types of advertising appeals, like rational informational appeals, are not having the intended behavioural effect.

1.2.3.2 Fear appeal models and their relation to HIV/AIDS

Over the past five decades, extensive research has been conducted on fear appeals. This has led to a large number of theories investigating levels and direction of fear. The different theories and models that have been developed propose two distinctive approaches of how fear relates to persuasion, namely outcomes related to acceptance of a message's recommendations, therefore assuming a linear relationship between fear intensity and persuasion; and outcomes related to rejection of the message, thus assuming a curvilinear relationship between the intensity of fear appeal used and attitudinal change (Witte & Allen, 2000; Barth & Bengel, 2000).

Different models to improve the effectiveness of fear appeals have been proposed. Many of the inconsistencies in research can be ascribed to the differences in individuals' thought processes and this can be resolved by examining fear appeals in a more segmented approach (Arthur & Quester, 2004:694; Dines & Humez, 1995:114). A number of studies found that fear appeals influence specific population segments differently (Heath & Hyder, 2004; Levinson, Sadigursky & Erchak, 2004; Tay, Ozanne and Santiono, 2000:1248; Quinn, Meenaghan & Brannick, 1992; Burnett & Wilkes 1980; Burnett & Oliver 1979). Little has been done as far as examining the incidence and effects of fear appeals across cultures are concerned (Laroche, Toffoli, Zhang & Pons, 2001:280). The difficulty with fear appeals research is that different responses are tied to relevance, importance and value for different audiences (LaTour & Rotfeld, 1997:48).

Three variables in particular, namely attitude, norms and self-efficacy, are the function of underlying determinants of beliefs about the outcome of behaviour, social and normative prescriptions within that population, and specific barriers to these actions. External influences should be included when evaluating beliefs: cultural background, perceived vulnerability to HIV infection and personality traits may have a mediating influence on attitudes, norms and self-efficacy beliefs (Fishbein, 2000). Previous research also found that the subjects' psychological traits, such as self-esteem and coping style, have a significant moderating effect on the acceptance of the advertising message (Tay et al., 2000:1249). Situational factors play an important role in determining an individual's susceptibility to persuasion, and also in predicting behaviour. Situational factors alone can however not be accountable for behaviour and perception changes. Therefore, the best way is to use the interaction approach,

which integrates personality traits and situation characteristics together in predicting responses to persuasive messages (Kim, 2003:257; Engel, Blackwell & Miniard, 1995:156). Fishbein (2000) and Lee and Green (1991) reiterated that individuals need to be encouraged, reinforced and supported to change their high-risk behaviour into healthy behaviour in order to prevent the spread of HIV/AIDS.

1.2.4 South African and international HIV/AIDS campaigns

Marketing communication campaigns in South Africa and internationally aim to educate people about HIV/AIDS and to lower the risk of HIV infection. During 2005, AIDS claimed an estimated 2.4 to 3.3 million lives. Sub-Saharan Africa accounts for a third of these deaths, impacting negatively on economic growth by destroying human capital (UNAIDS, 2006, AVERT, 2006). Research shows that about 50 percent of HIV infections in South Africa are transmitted to people before the age of 20, and in 2003 more than 5 million people were HIV positive in a country with 46 million people (Irwin, 2003).

Every HIV/AIDS prevention campaign has its own goals, depending on the country where it is applied. In countries, like South Africa, where HIV/AIDS is a major problem and growing fast, anti-AIDS campaigns are mostly used to change people's behaviour to safe sexual behaviour. In other parts of the world, where HIV/AIDS is not a rapidly growing disease, the goals of anti-AIDS campaigns are more focussed toward support from people to fight against the disease worldwide or to gain financial support from the public, government and businesses (Stop Aids Now, 2006).

LoveLife is South Africa's major multi-million dollar HIV/AIDS prevention campaign (US$12 million/annum), launched in 1999. It follows an informational appeal approach and is an educational campaign that emphasises condom use and "positive sexuality" (Green & Witte, 2006:248). LoveLife does not seem to be producing the expected results, based on lack of impact on the target audience, and also because it became the world's first organisation to have its funding discontinued by the Global Fund to Fight AIDS, Tuberculosis and Malaria, during December 2005. The cut in funding reflects the debate about the effectiveness of loveLife's HIV-prevention programme and the viability of behaviour-changing HIV/AIDS education (Peng, 2006).

1.3 IMPORTANCE OF THE RESEARCH

The present research differs from previous studies because it examines the effectiveness of fear appeal advertising among different consumer segments, and specifically racial groups in South Africa, pertaining to HIV/AIDS communication campaigns. The research approach is justified given that previous researchers have found that fear appeals are more effectively used with certain groups and not the entire population (Quinn, et al. 1992; Burnett & Wilkes, 1980; Burnett & Oliver, 1979). As far as could be ascertained, a study of this nature has not yet been conducted in the social marketing field in South Africa.

The aim of the present study is to contribute to the knowledge base of social marketing pertaining to the social dilemma of HIV/AIDS in terms of literature and to deliver outputs in the form of a measuring instrument that could be employed to provide clear indications of the effect of fear appeal advertising on behaviour within the South African context.

The present research should benefit user sectors within preventative community social programmes. The findings could employed to strengthen the approach of social marketing programmes.

1.4 PROBLEM STATEMENT

Focused research to guide marketing managers in social issue-related communication remains limited. The increases in various social problems have caused practitioners to return to fear appeals as a motivation with the emphasis on the severity of the threat. The HIV/AIDS pandemic is a major concern and South African advertising campaigns do not seem to be producing the expected results.

It is important to understand to what extent it is possible to infer the potential impact of levels of fear appeal advertising and racial characteristics on attitude formation in HIV/AIDS-related communications. Furthermore, relying on various theories of fear appeal, this study aimed to address how specific segments might react to fear-based, HIV/AIDS-related communication messages. The influence of racial group on the persuasive power of fear appeal advertising and behavioural intent was consequently investigated. Previous HIV/AIDS prevention campaigns directed at a particular target were studied to provide more insight to the problem investigated.

1.5 OBJECTIVES OF THE STUDY

The main objective of this study was to measure the influence of fear-based advertising appeals pertaining to HIV/AIDS in terms of the impact on behaviour and whether the use of fear increases the likelihood of adopting appropriate behaviour among different racial groups.

The specific research objectives included:

1) assessing the potential impact of low, medium and high fear appeal-based HIV/AIDS advertising on fear arousal, attitude towards the advertisements, behavioural intent, threat and efficacy levels;
2) determining the influence of racial group on the persuasive power of fear appeal advertising;
3) determining the influence of advertisement type on fear arousal through the use of a selected number of print and television advertisements;
4) using the extended parallel process model (EPPM) in the South African context to test interventions and evaluate outcomes; and
5) developing and empirically testing a fear appeal and behavioural intent association model to contribute new knowledge to the theoretical literature pertaining to fear appeals in general and specifically to the use of fear appeals amongst adolescents of different racial groups.

Witte's (1992) extended parallel process model (EPPM) was replicated and tested in the South African context to ascertain whether this model and its behaviour scale can be used in local circumstances.

1.6 DEFINITIONS

The following definitions are put forward to serve as clarification of terms used in this study:

Social marketing campaign: The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programmes planned to influence the voluntary behaviour of target audiences, to improve their personal well-being but also the well-being of the society within which they live (Andreasen, 1995:7).

Fear: An emotional response to a threat that implicates some kind of danger to the individual (Peiffer, 1999:14; Tanner, Hunt & Eppright, 1991:36). Fear is associated with a high level of arousal and is caused by a threat that is perceived to be substantial and personally relevant to individuals (Ortony & Turner, 1990:319; Easterling & Leventhal, 1989:789).

Fear appeals: A persuasive message that conveys a personal relevant threat to an individual. The message can consist of verbal or non-verbal information that intend to arouse fear in order to bring about change in attitude or behaviour (Barth & Bengel, 2000: 23)

HIV (human immunodeficiency virus): HIV has been identified as the virus that causes acquired immune deficiency syndrome (AIDS). The virus integrates and takes over the DNA of a cell. HIV replicates in and kills the helper T-cells and this action breaks down the human immune system (Sunter & Whiteside, 2000:2; Nduati & Kiai, 1997).

AIDS (acquired immune deficiency syndrome): The disease caused by the HIV virus. *Acquired* refers to the fact that the disease is contracted from another person, whilst *immune* and *deficiency* relate to the effect on the human immune system. It is a *syndrome* because people with HIV experience a number of different symptoms and opportunistic diseases (Sunter & Whiteside, 2000:2; Nduati & Kiai, 1997).

HIV/AIDS: For the purposes of this study, HIV and AIDS will be referred to by using the acronym *HIV/AIDS*. *HIV/AIDS* then refers to both the virus and the disease, since it is difficult to view these two concepts separately and also because preventative programmes focus on both the virus and the disease in totality.

Race: Ethnicity and race are seen as related concepts, with ethnicity being embedded in the idea of social groups, evident by shared nationality, tribal affiliation, ancestors, religious faith, language or cultural and traditional origins (Abizadeh, 2001:32). This study attempts to understand racial characteristic based on cultural differences, since certain perceived cultural differences between races prevail. The distinctions used for racial groups are similar to those used by the South African government for various other purposes.

Adolescents: Young people between the ages of 15 and 24 years as defined by the World Health Organisation (Nduati & Kiai, 1997:12). Adolescents have more advanced physical and emotional development compared to children but do not yet have the emotional maturity, self-reliance and responsibilities of adults.

1.7 HYPOTHESES

In order to test different levels of fear appeal and the influence on fear arousal, attitude and behavioural intent for different racial groups, the following hypotheses illustrated in Table 1.2 were proposed when using low, medium and high fear appeal advertising stimuli respectively.

TABLE 1.2

HYPOTHESES TESTED IN EMPIRICAL STUDY

Ho^1	Fear arousal is not influenced by the level of fear appeal.
Ha^1	Fear arousal is influenced by the level of fear appeal.
Ho^2	Fear arousal is not influenced by advertisement type.
Ha^2	Fear arousal is influenced by advertisement type.
Ho^3	Fear arousal is not influenced by the level of fear appeal and racial group.
Ha^3	Fear arousal is influenced by the level of fear appeal and racial group.
Ho^4	Attitude towards the advertisement is not influenced by the level of fear appeal.
Ha^4	Attitude towards the advertisement is influenced by the level of fear appeal.
Ho^5	Attitude towards the advertisement is not influenced by the level of fear appeal and racial group.
Ha^5	Attitude towards the advertisement is influenced by the level of fear appeal and racial group.
Ho^6	Intention to adapt sexual behaviour is not influenced by the level of fear appeal.
Ha^6	Intention to adapt sexual behaviour is influenced by the level of fear appeal.
Ho^7	Intention to adapt sexual behaviour is not influenced by the level of fear appeal and racial group.
Ha^7	Intention to adapt sexual behaviour is influenced by the level of fear appeal and racial group.

1.8 METHODOLOGY

The following research methodology was employed to address the objectives of this study. This section provides information on the sources of information, the population, the sampling process and subsequent sample selected, data collection, data analysis and the statistical techniques that were used to analyse the data.

1.8.1 Secondary research

A comprehensive review of marketing, psychology and consumer behaviour literature was conducted to ascertain the use and effect of fear appeal advertising. Secondary sources investigated focused on publications from the period that fear appeal advertising research was initiated to more recent sources prior to 2008, and included journal publications, conference papers, web based information and books. Electronic and other databases were utilised and included the ScienceDirect, EBSCOhost, Emerald, ProQuest, Eighty20, PsycInfo and Wiley InterScience Journals and databases.

1.8.2 Primary research

The following sections give an overview of the methodology used in this study.

1.8.2.1 Population

The study was conducted amongst adolescents between the ages of 18 and 24 years, from the three main racial groups within South Africa. The same population was used for the qualitative and experimental phases of the research. This study was based on the racial groups used by the South African national government for the South African population. Mid-year estimates (2005) of the South African population indicate that the black African race make up the majority of the country's population, namely 79.6 percent, followed by whites 9 percent, coloureds 8.7 percent and Indians or Asians 2 percent (Statistics South Africa, 2006). In the target group aged 15 to 24 years old, the estimated HIV prevalence amongst males are 9.2 percent and amongst females 33.3 percent (Avert, 2005).

1.8.2.2 Sampling process

A convenience sample was drawn from the target population in the Western Cape and Gauteng for the qualitative study, and from the Western Cape only for the experimental study. Respondents represented educated, middle- to upper-income

groups. The focus on this specific population group can be explained based on their similarity to the target audience of South Africa's major HIV/AIDS advertising campaign loveLife, as well as the fact that this group is typically sexually active.

1.8.2.2.1 Sample size

The sample size for the qualitative study was 10 respondents per focus group, and four focus groups were conducted; thus, a total of 40 respondents. Two male and two female groups were used from different racial groups. The sample size for the experimental study was 360, and included 60 respondents per experimental cell with a 50:50 split of male and female respondents, and 20 respondents per racial group. An independent research company was used to recruit respondents according to a prescribed brief from the researcher on the target audience. The details of the samples are explained in Chapter 7.

1.8.2.3 Data collection

Data were collected by using qualitative focus groups and questionnaires, as well as an experimental study.

1.8.2.3.1 Qualitative study

A qualitative study was conducted as the first phase of the research. The qualitative study explored in-depth responses via focus groups (Stewart & Shamdasani, 1990:14). Nine print advertisements and ten television commercials were selected and used as experimental stimuli to be pre-tested in order to ascertain whether the different levels of fear (low, medium and high) were actually present. Advertisements were also evaluated by experts in the marketing research and advertising industries to ensure face validity. Respondents in the four focus groups from different races and different genders were asked to rate each advertisement according to the level of fear. Finally, the different print and television advertisements were ranked by each group on a continuum of low/no fear to high fear. A selection of advertisements was made from various sources, including fifty different websites using a key word search for "HIV/AIDS advertising", and all the main South African and international campaigns for HIV/AIDS prevention were investigated.

1.8.2.3.2 Experimental study

Based on the results from the qualitative research, three advertisements including low, medium and high fear appeals for print and television were selected for use in

the quantitative research. A pre-test post-test, 3 x 2 between subjects experimental design was used to collect data from 360 respondents. The presentation of various fear appeal advertisements was the experimental intervention, while the likelihood of changing behaviour based on fear, attitude, intent and the role of threat and efficacy was measured as outcomes. Respondents were given a self-completion questionnaire with questions based on a risk-behaviour diagnosis Likert scale prior to any intervention and the same behaviour scale was administered after the intervention.

As intervention, three experimental groups were exposed to print advertisements, and three to television advertisements. Each cell was exposed to only one type of appeal, namely low, medium or high fear respectively. Fear arousal was measured post-intervention by having respondents rate mood adjectives (Arthur & Quester, 2004) to indicate the fear experienced based on the advertisement. Attitude towards the various fear appeal advertisements and intention were also measured post-intervention by utilising scales used in previous fear appeal research (La Tour & Tanner, 2003; La Tour & Rotfeld, 1997; LaTour, Snipes & Bliss, 1996 ; Henthorne, LaTour & Nataraajan, 1993). Threat measurements included severity and susceptibility, and efficacy measurements included response efficacy and self-efficacy (Witte, Cameron, McKeon & Berkowitz, 1996; Witte, 1994, 1992). Finally, personality dimensions were also measured as an additional external variable (Woods & Hampson, 2005; Van der Zee, Thijs & Schakel, 2002; Smith & Snell, 1996; Saucier & Goldberg, 1996).

1.8.2.3.3 Proposed model

Based on the results from the experimental study as well as evidence from the literature, a proposed model to measure the impact of fear appeal on behavioural intent was constructed. The new proposed model in this study focussed on the equivalence of the proposed revised protection motivation model (Arthur & Quester, 2004) and the extended parallel process model (Witte, 1992).

1.8.2.4 Data analysis

Transcripts were compiled from the recordings of the four qualitative focus groups. Transcripts, recordings and video tapes were used to document findings on the group discussions based on the discussion guide. Finally, transcripts were imported

to Atlas Ti, a qualitative research investigation tool, to analyse specific content and to arrive at findings about detailed relationships between elements, as well as thoughts and feelings on the issues discussed.

Completed surveys from the experimental study were captured manually according to the coded questionnaires in MS Excel. Data capturing was repeated twice to eliminate capturing errors. A senior statistician analysed the data in Statistica and missing data were replaced with mean scores. To analyse results, the effects of the independent variable (the intervention) on the dependent variables were assessed. Dependent variables measured on the post-test survey included variables like fear, attitude and behavioural intention. Average scores per construct and group were assessed and then compared between groups to identify significant differences. Comparisons between groups offered the strongest indication of the success of the intervention.

The reliability and validity of the data were evaluated, followed by main statistical techniques to analyse the data (Trochim, 2002:49). Frequencies were used to illustrate the actual number or percentage of responses (Malhotra & Birks, 2007:503). Mean scores of the various values measured for all observations of a variable were calculated (Hair et al., 2006:67), and standard deviation measured the average distribution of the values in a set of responses around the mean (Malhotra & Birks, 2007:510).

Analyses of variance (ANOVA) were conducted to test mean differences of variables among groups. ANOVA tests calculated F-values, degrees of freedom and significance levels, as well as p-values (Malhotra & Birks, 2007:493). Further investigation of specific group mean differences via post-hoc methods, included Bonferroni tests (Hair et al., 2006:384). Two-way analysis of variance (ANOVA) was used to investigate two main factors: time (pre- and post-test measures) and group (the different experimental groups). These measures were employed for the single variables of the extended parallel process model as well as for combined variables. Tukey HSD post-hoc tests were used to identify significant differences between cells for pre-and post-tests (Malhotra & Birks, 2007:493).

Structural equation modeling (SEM), a technique that measures a set of dependent relationships simultaneously was used for the proposed model to measure the behavioural effect of fear appeals (Hair, Black, Babin, Anderson & Tatham, 2006:711). Structural equation modeling (SEM) and a path diagram were used to depict the relationships among the constructs of the proposed model. Multiple regression analysis was used to analyse the relationships between the dependent (behavioural intent) and the various independent variables (Hair et al., 2006:176). Further investigation of the proposed model was also conducted by using partial least squares (PLS) analyses, where the focus was on prediction (Hair et al., 2006:878).

Analyses of variance (ANOVA) and the Kruskal-Wallis one-way ANOVA were conducted to measure mean differences among the groups for personality dimensions. Correlation coefficients, to measure the degree of association between two variables, for the various personality variables and other selected variables were also calculated (Malhotra & Birks, 2007:581).

1.9 INTERPRETATION OF FINDINGS

The findings of this study suggest that the goal of changing adolescents' sexual behaviour in the midst of the HIV/AIDS pandemic can be achieved by using fear appeal advertising.

From the experimental study it is evident that the medium and high fear appeals increased the threat experienced, and respondents seemed to understand the severity of HIV/AIDS. All respondents experienced similarly low levels of fear from low fear interventions. The medium and high fear results indicated higher threat and lower efficacy but still promoted danger control responses, and were thus producing the expected and desired actions. The low fear interventions did not lead to an increase in threat (susceptibility and severity) and respondents had a high efficacy level, which indicates that they did not feel susceptible to the threat of HIV/AIDS and are not motivated to act.

Different reactions in terms of fear, attitude, intention, threat and efficacy in HIV/AIDS communication are also apparent. A key issue of this research study concerns the overall implications of the outcomes for future advertising. It would seem that

susceptibility and likelihood of contracting HIV/AIDS, namely vulnerability, is a key concern for all groups.

Racial characteristics play a major role in reaction to fear appeals. The exploration of targeted advertising campaigns for racial groups seems evident and will increase the effectiveness of the said campaigns. Black and white respondents require even higher fear appeal messages to obtain higher fear levels, and should increase perceived vulnerability to HIV/AIDS if they are to adapt to safe sexual behaviour.

The role of individual factors, including personality, together with message factors like message content and media usage, in influencing fear arousal, attitude towards the advertisement and behavioural intent was confirmed.

The results of the SEM model confirmed a causal relationship between susceptibility and fear, showing that susceptibility had the greatest impact on fear. On the contrary, severity was insignificant and had no effect as an antecedent to fear. The results imply that respondents feel susceptible to the threat of contracting HIV/AIDS and this influences their fear experienced, but, although the disease is severe, this aspect does not influence their fear experienced or ultimately their behaviour.

1.10 OUTLINE OF THE STUDY

The study is presented in ten chapters, illustrated in Figure 1.1.

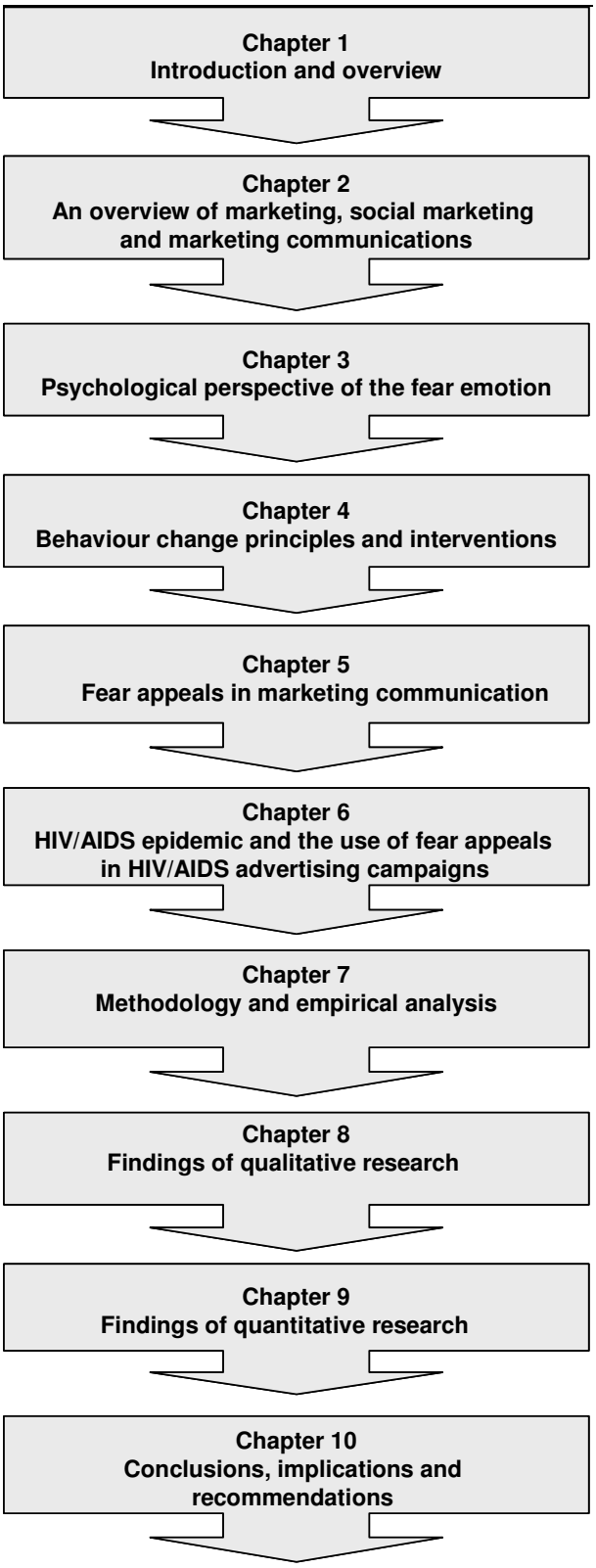


FIGURE 1.1

OUTLINE OF THE STUDY

CHAPTER 2
AN OVERVIEW OF MARKETING, SOCIAL MARKETING AND MARKETING COMMUNICATIONS

2.1 INTRODUCTION

Advertising occupies an important place in the framework of modern-day marketing, as well as in social marketing. Changes in society impose new challenges on marketers and marketers therefore have to be careful when taking the various types of markets that they target into account.

This chapter gives an overview of marketing and discusses the importance of social marketing. The important steps of the marketing process such as segmentation, target marketing and the marketing mix elements (product, price, place and promotion) are reviewed. The effect of integrated marketing communication on promotion is explained, and the promotional mix – used in promotional strategy to target a specific target market – is specified.

An in-depth look at the advertising element of the promotional mix follows. Then characteristics, uses and advantages of different media are pointed out. Finally, advertising appeals, prevalent to the context of this study, is examined and different execution styles that can be used in advertising, are mentioned. The chapter is concluded by explaining the context of the study in terms of the various issues discussed.

2.2 MARKETING SYNOPSIS AND DEVELOPMENT

Marketing is probably the most pervasive and inevitable aspect of any society and it is argued that marketing is as much a science as it is an art (Baker, 2003:4; Macchiette & Roy, 2001:13). Nowadays, marketing is viewed in terms of satisfying customer needs (Kotler & Armstrong, 2006:5; Brassington & Pettit, 2003:4). It is often misinterpreted as comprising of advertising and selling only, but these are just two aspects of this comprehensive subject (Kotler & Armstrong, 2006:5). Peter Drucker rightfully stated that marketing is more than just selling, and that “marketing makes selling superfluous” (in Kotler, 2003:9).

Over time, a number of definitions have been put forward, of which many are limiting, partly because marketing has evolved over several decades to become an extensive and multi-dimensional science. Marketing has two facets. Firstly, it is an attitude, perception or philosophy that emphasises customer satisfaction, and secondly, it comprises of those activities required to implement that philosophy (Kotler & Keller, 2006:6; Lamb, Hair, McDaniel, Boshoff & Terblanche, 2004:5). Marketing is thus both a business philosophy or managerial orientation and a business function (Baker, 2003:4). A societal and managerial role of marketing is distinguished where the societal role of marketing encompasses delivery of a higher standard of living, whereas the managerial role encompasses the art of selling products (Kotler & Keller, 2006:6).

The American Marketing Association's definition (Lamb et al., 2004:5) acknowledges both these facets, namely that marketing is a process whereby the conception, pricing, promotion and distribution of ideas, goods, and services is planned and executed in order to create exchanges that will satisfy individual and organisational goals (Belch & Belch, 2004:7; Lamb et al., 2004:5; Macchiette & Roy, 2001:14). This definition implies that organisations develop a marketing orientation towards business management. The definition also has an external focus and accepts that the nature of any business is satisfying customer needs and wants and realising a profit through creating this type of value, and executing business through coordinated marketing activities (Lamb et al., 2004:6). In another definition by the United Kingdom Chartered Institute of Marketing (CIM) (Brassington & Pettit, 2003:4), marketing is described as a management process that is responsible for identifying, anticipating and satisfying the requirements of customers profitably. In brief, marketing can be described as meeting customer needs profitably (Kotler & Keller, 2006:5).

An exchange process between two people forms the basis of marketing (Van der Walt, Strydom, Marx & Jooste, 1997:4) and takes place at any time when one person or organisation strives to exchange something of value, namely goods, services or money, or even feelings, energy and time, with another person or organisation (Stanton, Etzel, Walker, Abratt, Pitt & Staude, 1992:6). The concept of marketing thus includes all the activities that create and assist an exchange intended to satisfy needs and wants (Stanton et al., 1992:6). According to Kotler (2003:14), other conditions in order for an exchange or a transaction to take place also include each

participant being able to communicate with other participants and to deliver the goods or services desired by the other party. Furthermore, participants should be free to accept or reject the other's offer, and should want to deal with them.

2.2.1 Marketing advancement

The marketing concept, as it is perceived today, began in the 1950s with the advent of the marketing orientation. Initially, organisations maintained a production orientation in which their greatest concern was increased production, manufacturing expansion, and efficiency in product development (Kotler, 2003:17; Macchiette & Roy, 2001:13). The production orientation was based on the assumption that consumers will willingly purchase products and services that are widely available and inexpensive. Mass production and mass marketing were used to achieve economies of scale and scope. By the mid-1950s, a second stage emerged during which organisations developed a sales orientation. During this stage, business resources were focussed on selling whatever products were produced – regardless of consumer demand. Companies made use of aggressive selling and promotion techniques in order to "push" product sales (Kotler, 2003:18; Baker, 2003:7).

The marketing orientation emerged when business owners realised that sales were pulled by consumer demand rather than pushed by aggressive selling techniques. Marketing research became increasingly important in order to identify relevant consumer needs, and production shifted to the creation of consumer value (Howard, Savins, Howell & Ryans, 1991:7). Subsequently, various dimensions of marketing developed whilst some theorists searched for a generalisable marketing theory (Bartels, 1968:30). Marketing and marketing theory were viewed in terms of its scientific elements, and environmental analysis of the marketing function was conducted in order to pinpoint antecedents and consequences (Hunt, 1983:11). Others believed that, in order for marketing to truly become a science, it needed a comprehensive body of relevant theories, which have been conclusively proven (Sheth & Garrett, 1986:131).

Many changes are apparent in the field associated with the growth of topics, such as business-to-business, services, macro and non-profit marketing (Howard et al., 1991:15). Current approaches concentrate on the managerial perspectives of marketing theory, and the meta-theory perspectives in developing marketing thought.

The diversity of these current approaches to marketing theory has provided the field with a richness that was previously lacking (Macchiette & Roy, 2001:16). Marketing has evolved to become a comprehensive science. Many of the social sciences, such as psychology, sociology, economics and industrial psychology, play an important role in the development of marketing (Lamb et al., 2004:5; Kotler, 2003:17). This allows the field of marketing to be applicable to a variety of business and social contexts. Ultimately, marketing and the idea of change are interwoven. The fundamental needs served by marketers will remain constant, but are continually infused with new technologies, changing lifestyles, new media approaches and many more (Cravens & Piercy, 2006:411; Baker, 2003:141; Macchiette & Roy, 2001:17). For the purpose of this study, marketing is also viewed from an additional perspective, namely that of social marketing.

2.3 IMPORTANCE OF SOCIAL MARKETING

The term *social marketing* was first coined by Kotler and Zaltman (1971). It refers to the conscious application of marketing principles in order to address problematic social behaviour. It was hypothesised that, if marketing could change attitudes and help sell products and ideas, it could also be used to "sell" behaviour changes and beliefs related to social issues (MacFadyen, Stead & Hastings, 2003:694; Kotler, Roberto & Lee, 2002:6). In the context of this study, changes in sexual behaviour pertaining to HIV/AIDS are promoted from a social marketing basis.

Social marketing developed from the realisation that poverty could be linked to deteriorating social conditions and ill health (MacFadyen et al., 2003:695). Poverty creates a vicious cycle of unfavourable social conditions, such as sickness, unemployment, illiteracy, high birth rates, and lack of opportunities and education, result in poverty, which leads to further deteriorating social conditions. The full effect of this is appreciated when one realises that poverty is not only an individual state, but also a social and national issue: it augments crime and reduces national growth. Social marketing was thus believed to be a stepping-stone through which to change individual and social behaviour, and to influence policy-makers and interest groups (MacFadyen et al., 2003:695; Kotler et al., 2002:5).

Social marketing should not be confused with the societal marketing concept, which was a predecessor of sustainable marketing and which was used to integrate social

responsibility issues into commercial marketing strategies. However, social marketing uses commercial marketing theories, tools and techniques for social issues and goals (Kotler et al., 2002:11). Social goals and issues that are promoted include, for example, recycling, highway safety, family planning, and energy conservation. Social marketing usually relies on donated funds and may be carried out by public, non-profit, or for-profit institutions (Andreasen, 1995:7). Essentially, for-profit management and marketing expertise are applied to pro-social, non-profit programmes (Meyer & Dearing, 1996:12).

Wallack (1989:354) proposes that the basis to this approach is the decrease of psychological, social, economic and practical distance between the goal of the campaign and the current behaviour. For Kotler et al. (2002:5) this means that the target audience's behaviour is voluntarily changed to obtain health improvement, injury prevention, environment protection, or a general contribution to the community. Usually, the change that is sought may include one of four things:

- accept a new behaviour;
- reject a potential behaviour;
- modify a current behaviour; or
- abandon an old behaviour.

The major challenge of social marketing is that in many instances, the social marketer does not offer anything in exchange for the proposed behavioural change, and relies on voluntary compliance rather than legal, economic, or coercive means of influence (Kotler et al., 2002:5).

Social marketing applies six basic principles:

(i) the marketing conceptual framework is used to create behaviour change interventions;
(ii) competition is recognised;
(iii) there is a consumer orientation;
(iv) research is used to understand consumers' desires and needs;
(v) populations are segmented and target audiences are selected with care; and
(vi) continuous monitoring and revision of programme tactics to achieve desired outcomes (McCormack-Brown, Bryant, Forthofer, Perrin, Guinn, Wolper & Lindenberger, 2000:46).

However, commercial and social marketing differ on account of the type of product that is sold, the stage in the commercial sector at which marketing revolves around the selling of goods or services, and the fact that social marketing is used to sell behaviour changes (Lamb et al., 2004:5). Another difference is that, unlike commercial marketing, the primary intended beneficiary is not the corporate shareholder, but rather the individual, a group or society as a whole. Financial gain is not the prime objective, but rather individual or societal gain (Kotler et al., 2002:10; Andreasen, 1995:8). In addition, commercial marketers try to sell goods and services, and their competitors are mostly other organisations that offer similar goods or services. In the case of social marketing, the focus is on selling behaviour change and therefore the competition mostly is the current or preferred behaviour of the target group (Kotler et al., 2002:10; McCormack-Brown et al., 2000:47). Finally, according to Weinreich (1999:14), when the complexity of social marketing is considered, it becomes clear that social marketing contains not only the four Ps of the traditional marketing mix, which will be discussed later in this chapter, as there are four more Ps. The additional four Ps used in the social marketing mix include publics, partnership, policy and purse strings. Bearing the aforementioned in mind, social marketing principles and practice are discussed in detail in sections following, but in order to understand the context of social marketing the development of this concept deserves further consideration.

2.3.1 Development of social marketing

The development of social marketing progressed together with the growth in commercial marketing (MacFadyen et al., 2003:695; Kotler & Roberto, 1989:14). During the 1950s and 1960s, academics began considering new arenas of application for marketing. These included political and social issues. This idea was, however, often met with criticism relating to the ethics of selling values and the threat to freedom of choice. Many of these critics, such as Luck (1974, cited in MacFadyen et al., 2003:695), overestimated the power of marketing and linked it directly to social control and propaganda. Kotler and Zaltman (1971:15) offered the first definition of social marketing, namely “The design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research”.

By the mid-1970s and 1980s, academics were no longer debating over whether marketing should be used to address social issues, but how it should be done (MacFadyen et al., 2003:696). Issues included segmentation variables to be used, communication strategies and the best methods of execution. New definitions also emerged to clarify the concept of social marketing and to eradicate the criticisms posed to the original definition by Kotler and Zaltman (1971). Criticisms included that the definition by Kotler and Zaltman overstated the importance of mass media and allowed for overlaps and confusion with similar terms such as societal marketing, socially responsible marketing, and non-profit marketing (MacFadyen et al., 2003:697).

Despite the criticism laid against the use of the marketing concept for social reasons, various models have been developed to evaluate the scope and level of social marketing in order to disprove criticism. Levy and Zaltman (1975:47) proposed a classification of social marketing interventions. As illustrated in Table 2.1, the classification is based firstly, on the level of the type of change sought in society (the micro level focusing on the individual consumer, the group level focusing on subgroups and organisations, and the macro level focusing on society as a whole) and secondly, on the time perspective of the behaviour change (short or long term) (Levy & Zaltman, 1975:62). The model proposes that, for a social marketing campaign to be successful, it should address behaviour change at the individual, group and societal level.

TABLE 2.1
CLASSIFICATION OF SOCIAL MARKETING INTERVENTIONS

	Micro level (individual consumer)	**Group level (group or organisation)**	**Macro level (society)**
Short-term change	Behaviour change	Change of norms	Policy change
Long-term change	Lifestyle change	Organisational change	Socio-cultural evolution

Source: Adapted from Levy and Zaltman, 1975:63

This was subsequently addressed in the definition by Andreasen (1995:7) of *social marketing*, which included several new critical dimensions, such as the focus on voluntary behaviour changes, the emphasis of consumer benefits and the efficient

use of marketing techniques. Andreasen (1995) defined the term as follows: “Social marketing is the application of commercial technologies to the analysis, planning, execution and evaluation of programmes designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of society”. Andreasen (1995:7) further pointed out that, toward the end of the twentieth century, public health professionals embraced a new strategy for promoting healthful behaviours and increasingly began using social marketing practices to promote protective and preventive health behaviours.

2.3.2 Social marketing process

Marketing emphasises planning, and typically starts with a marketing plan. Social marketers use traditional marketing principles and techniques and a marketing process or plan, as illustrated in Figure 2.1. It is essential to understand market segments’ needs, wants, beliefs, concerns and behaviours and therefore the marketing process commences with marketing research that analyses the social marketing environment immediately surrounding the particular campaign (Kotler et al., 2002:7; Hastings & Stead, 1999:34).

Following that, the social marketer should research the target-adopter population. Target audiences are then segmented into groups with common characteristics, and the target market is selected. Competition, perceived benefits, and barriers to action are also explored. The third step involves the careful design of the campaign objectives and strategies. In the fourth step, the social marketer must consider four concerns basic to every campaign strategy, namely the four Ps of the marketing mix. The four Ps are *product*, *price*, *promotion*, and *place*, and are used to influence the target markets (Kotler et al., 2002:7; Hastings & Stead, 1999:34; Kotler & Roberto, 1989:9).

The *product* is the behaviour or the product that the target audience should change or adopt. Social marketing campaigns have targeted a number of health behaviours as “products”, including condom use, contraception, and alcohol and drug-related behaviours. The *price* includes any physical, social, or psychological cost related to compliance with a campaign (Kotler et al., 2002:7; Hastings & Stead, 1999:34; Kotler & Roberto, 1989:9). In the case of an anti-smoking campaign, the costs of joining the challenge include the money and energy expended in accepting the challenge to stop

smoking and the psychological costs of giving up smoking. *Promotion* addresses how the product can be represented or packaged to compensate for the costs of adopting the recommended response. *Place* involves the availability of the recommended response, for instance simplifying access to information about an anti-smoking programme (Lefebvre & Flora, 1998:300).

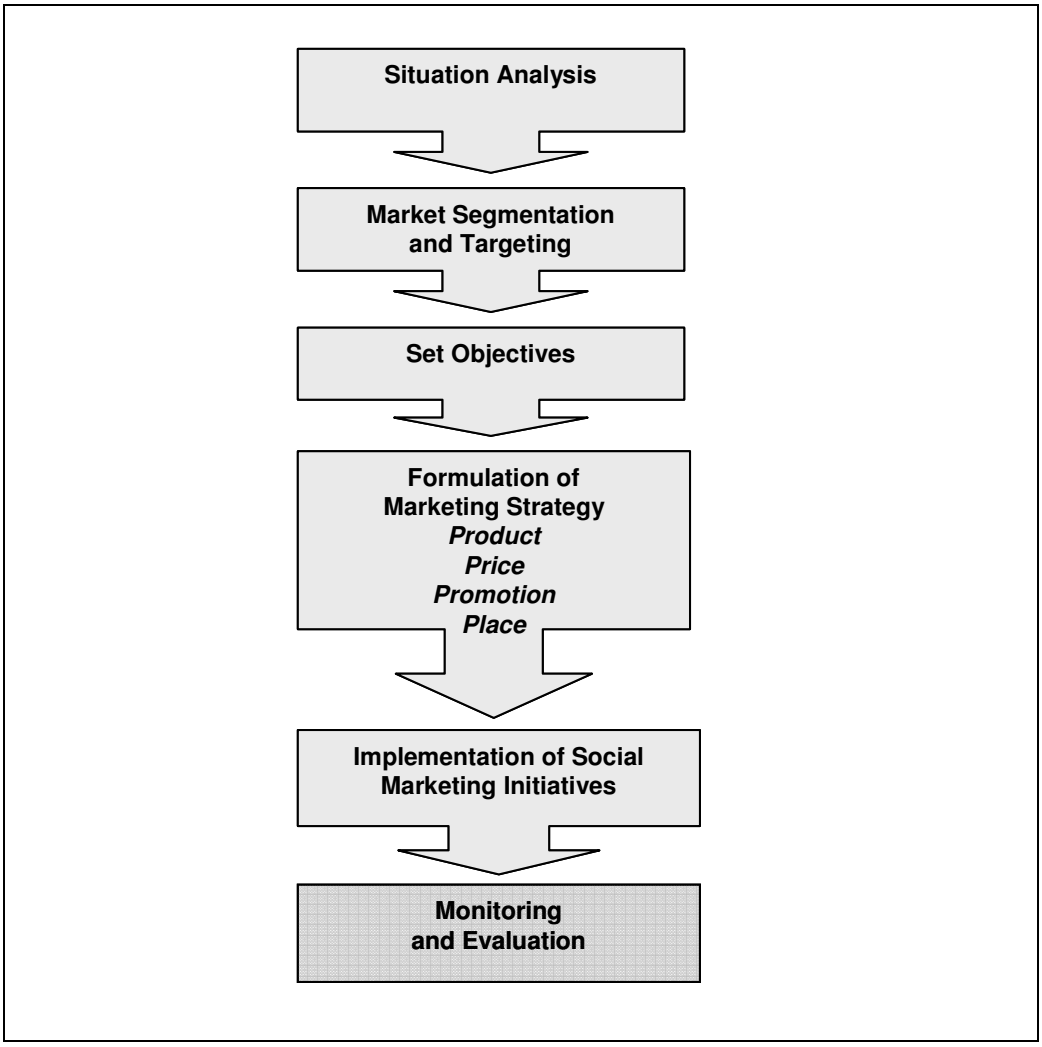


FIGURE 2.1

THE SOCIAL MARKETING PLAN (PROCESS)

Source: Adapted from Hastings and Stead (1999:34)

Part of the marketing strategy is also to position the product so that it effectively appeals to the target audience's desires to improve their health, prevent injuries, or protect the environment more effectively than is the case with the behaviour currently practiced. Funding requirements for the draft product benefits, distribution channels, and proposed promotions are also summarised and compared with available funds.

A revision of goals, strategies or target audiences may be necessary, or additional funds may be required (Kotler et al., 2002:7).

The second last step is to implement the social marketing initiatives. Following that, results are monitored and evaluated, and, if necessary, strategies are adapted accordingly (Kotler et al., 2002:7; Hastings & Stead, 1999:35; Kotler & Roberto, 1989:9). Social marketing has achieved widespread adoption, and allows campaigns to target their persuasive materials carefully. The social marketing plan and process maximises the chance of success in a particular initiative, and essentially provides a progressive process of learning about the market and its particular exchanges (Hastings & Stead, 1999:37).

2.3.3 Effectiveness of social marketing campaigns

Social marketing campaigns have to target their persuasive materials and messages carefully, hence a number of studies have been conducted on how to improve this. Some studies have investigated the impact of message framing and involvement on advertising effectiveness (Tsai & Tsai, 2006:222). Involvement is related to the amount of cognitive effort that is afforded towards a decision or object based on values and perceived risk (Hawkins, Best, & Coney, 2004:15). This entails that various levels of product, advertising or purchase decision involvement can become clear (Tsai & Tsai, 2006:223).

Involvement is of critical importance to social marketing efforts as there is a relationship between involvement and perceived importance (Heath & Hyder, 2004:468). The degree of involvement has a significant impact on how marketing and advertising communication should be developed. It has been found that the degree of involvement and message framing are related (Tsai & Tsai, 2006:222). This has a significant impact on the type of message and appeal to be used in social marketing campaigns.

Message framing can be categorised as either positive messages (emphasising the advantages or benefits the product may have for consumers), or negative messages (emphasising the losses or disadvantages consumers may suffer for not using the product or continuing certain behaviour) (Maheswaran & Meyers-Levy, 1990:365; Meyerowitz & Chaiken, 1987:505). Tsai & Tsai (2006:222) in their research found

that negatively framed messages produce the best advertising effect on high involvement consumers. Conversely, positively framed messages will have a better advertising effect on consumers who show low levels of involvement with the social issue at hand. Communication campaigns should thus decide whether to target specific levels of involvement or to attempt to increase the level of involvement. With specific reference to social marketing issues, it has been found that negatively framed messages are more persuasive in dealing with early detection of high-risk behaviour issues (e.g., promoting pap smears; safe sexual behaviour pertaining to HIV/AIDS), which are relevant in the behaviour addressed in this study. Positively framed messages are better in dealing with health maintenance or low-risk behaviour issues (e.g., promoting blood pressure or cholesterol checks) (Maheswaran & Meyers-Levy, 1990:365; Meyerowitz & Chaiken; 1987:506).

2.4 SEGMENTATION AND TARGET MARKETING

Market segmentation forms a crucial part of the social marketing process and is the foundation for superior performance of any organisation. Segmentation is essential to understand how consumers' or customers' needs and wants vary in order to develop effective marketing strategies. Through the market segmentation process, consumers are placed in sub-groups where the members of each segment or sub-group display similar characteristics and value requirements regarding a specific product or service. Organisations can then match their products and capabilities to the value requirements of their consumers or customers (Cravens & Piercy, 2006:99; Baker, 2003:249; Lindenberger & Bryant, 2000:55).

A strategy called *market aggregation* was followed by most organisations before the 1950s (Van der Walt et al., 1997:110). This entailed that organisations manufactured and supplied one or a few standardised products for a mass aggregate market. Today, most organisations follow the alternative approach that offers a wide variety of products and services aimed at groups of customers within the total market who have the same needs and wants, namely market segmentation (Stanton et al., 1992:95).

Macchiette and Roy (2001:265) claim that targeted marketing campaigns are more effective than those adopting a blanket approach. Organisations decide which of the two strategies, namely a targeted marketing campaign or market aggregation, to

follow and, although market aggregation is not widely used by marketers, instances do exist where this strategy may be appropriate (Van der Walt et al., 1997:110). Targeting involves segmenting the population according to relevant variables and selecting the most appropriate segments (Macchiette & Roy, 2001:265; Lindenberger & Bryant, 2000:55). In other words, a totally heterogeneous market for a product or service is divided into smaller segments that are homogeneous in important aspects (Stanton et al., 1992:95). Maximum customer satisfaction can be attained by marketing to each segment individually, assuming that individuals in each segment have more or less the same needs and wants, and will respond in a similar manner to the market offering and the marketing strategy (Lindenberger & Bryant, 2000:56; Van der Walt et al., 1997:110). Segments must however be big enough to warrant individual attention and must be accessible (Macchiette and Roy; 2001:265).

Advances in information technology is redefining marketing segmentation into a sophisticated, refined and effective means of focusing on specific market segments, which results in more effective target marketing (Baker, 2003:249; Macchiette & Roy, 2001:285). New metrics for segmentation of markets are shifting the balance towards a more objective approach that can be measured unambiguously. Subjective bases, including mental constructs like attitudes and intentions, have to be measured directly with respondents (Baker, 2003:249).

2.4.1 Bases for segmentation

Two groups of variables may be used as bases to segment consumer markets (Kotler, 2003:287). Some marketers try to form segments by looking at consumer characteristics such as geographic, demographic, geodemograhics and psychographic characteristics. Others try to form segments by viewing consumers' responses to benefits such as brands or usage occasions, needs and preferences, lifestyles and purchase behaviour (Cravens & Piercy, 2006:111; Kotler, 2003:287; Lindenberger & Bryant, 2000:56). After these segments are formed, the marketer then analyse the segments for different needs or product responses (Kotler, 2003:287; Baker, 2003:251).

The four most commonly used bases for segmentation are grouped into four categories: geographic, demographic, psychographic and behavioural segmentation (Baker, 2003:275; Stanton et al., 1992:99). Other characteristics may also be used to

segment consumer markets, for example, social class or socio-economic status (Cravens & Piercy, 2006:111; Lamb et al., 2004:183).

Geographic segmentation groups markets by region or country, city, urban/rural, or climate (Cravens & Piercy, 2006:111; Stanton et al., 1992:101). Individuals in specific geographic regions tend to share values, attitudes and lifestyle preferences. Marketers may choose a geographic approach to segmentation to introduce a new regional brand developed to appeal to local preferences (Lamb et al., 2004:183; Stanton et al., 1992:100).

Categories such as age, sex, family life cycle stage, income distribution, education, occupation and ethnic origin are used for *demographic segmentation* (Cravens & Piercy, 2006:111; Stanton et al., 1992:103). During the 1970s and 1980s, organisations in South Africa used racial group as one of the demographic variables for market segmentation (Van der Walt et al., 1997:116). Due to political sensitivity surrounding race, the South African Advertising Research Foundation (SAARF) published *Living Standards Measures (*LSM) in the SAARF AMPS 1989/90 report (SAARF, 2007a). The LSM groups are used as a demographic segmentation of the South African population by living standard. In 2001, a new improved SAARF Universal LSM, the SU-LSM based on universally applicable variables to all South African adults 16 years and older was launched (SAARF, 2007a). There is currently a movement back to the use of racial group as demographic variable in South Africa. This will be discussed further in Chapter 4.

A market may also be segmented in terms of characteristics such as social class, lifestyle or personality by making use of *psychographic segmentation* (Kotler, 2003:288; Van der Walt et al., 1997:119). This allows marketers to describe buying behaviour of consumers in terms of sociological and psychological forces. Culture, social class and reference groups are included in sociological influences, whereas influences such as learning experiences, personality, attitudes and beliefs are components of psychological influences on buyers' behaviours (Kotler, 2003:288; Stanton et al., 1992:113). Many marketers and researchers use the term *psychographics* collectively for the abovementioned influences (Cravens & Piercy, 2006:111; Stanton et al., 1992:113).

Behavioural segmentation is used to group consumers together on the basis of their buying behaviour (Kotler, 2003:289). Behaviour used as basis for behavioural segmentation includes purchase occasions, benefits sought, user status, usage rate, loyalty status, buyer readiness stage, and attitude toward the product (Cravens & Piercy, 2006:112; Van der Walt et al., 1997:122).

2.4.2 Target marketing

Once market segmentation is completed, organisations have to decide which of the market segments' needs can be satisfied best (Kotler, 2003:286). Marketing activities should be appropriately aligned with marketing objectives and to target groups' needs and perceptions (Macchiette & Roy, 2001:265). Not al market segments are used for target marketing, since segments should meet specific criteria to be selected. If a segment is measurable in terms of its size, purchasing power and characteristics it can be considered for targeting (Kotler, 2003:286). A segment should also be substantial, in other words large and profitable enough, to be served. The largest possible homogeneous group is chosen to direct appropriate marketing activities to. Market segments must also be accessible, or easy to reach and serve, as well as differentiable in responding differently to diverse marketing mix elements and programmes. Finally, a market segment is seen as actionable if the marketer is able to design effective marketing programmes to attract and serve these segments (Cravens & Piercy, 2006:112; Kotler, 2003: 286).

The target segment that is chosen is described as the organisation or brand's target market, and consists of a group of people or organisations at which marketing efforts are aimed (Schiffman & Kanuk, 2004:35). One or more target segments can be selected to target the marketing effort to. A specific marketing mix (a particular product, price, place and promotional appeal) is developed for each target segment (Cravens & Piercy, 2006:112; Kotler, 2003:286; Stanton et al., 1992:95). Details of the marketing mix components are discussed in Section 2.5.

2.4.3 Segmentation in social marketing

The importance of accurate segmentation and customised targeting has been discussed, but the difficulty in segmenting should also be acknowledged. Many social marketing programmes employ undifferentiated target marketing (Andreasen, 1995:174). This is the result of several barriers. Two of these are scope and

ambitiousness of the objectives (MacFadyen et al., 2003:708). This implies that the objectives of the communication are targeted at a very large audience. Furthermore, political and policy demands focus on achieving the maximum benefit from allocated funds, and usually measure performance in terms of the number of people reached through the campaign. Segment definitions are consequently also very broad. Cultural objections to segmentation may hinder segmentation when such objectives are seen as discriminatory and stigmatised (MacFadyen et al., 2003:708). Witte and Morrison (1995:217) emphasise the importance of culture, maintaining that researchers have to focus on understanding and motivation of market segments. Understanding is influenced by the communication context and interpretive assumptions of individuals in specific cultural groups. Motivation involves motivating people to act in specific ways by addressing unique variables in each cultural group. Finally, limited resources may prevent research and scientific evaluation necessary to fully understand the target market (MacFadyen et al., 2003:708).

Segmentation bases for social marketing are often similar to the ones used for commercial marketing purposes. The most common segmentation bases include demographics (age, gender, family life cycle, income and education), psychographics (lifestyles, interests and opinions) and benefit of usage (MacFadyen et al., 2003:709). Ruiz and Sicilia (2004:662) propose that another segmentation base be considered: the individual's information processing style. Information processing styles may be affective, cognitive or affective-cognitive. Considering affect and cognition as generators either of personality types or of processing styles, these two classifications become powerful tools for segmenting consumers. In addition, it provides a guideline for advertising appeal selection that will be most effective for each segment (Ruiz & Sicilia, 2004:662). This is specifically valuable for studies like the present one, since the use of fear appeals in social marketing is investigated for a specific segment.

A central principle in social marketing is a commitment to understand the consumer and to design products to satisfy consumers' wants and needs. When applying social marketing methods it is important to understand the marketing segment and ultimately the target markets whose behaviour must be changed – their aspirations and values, their relevant beliefs and attitudes, and their current behavioural

patterns. It is also important to investigate the broader social and cultural factors that influence consumer behaviour, recognising that behavioural change is influenced by a combination of environmental as well as personal and interpersonal factors (Lindenberger & Bryant, 2000:55; Maibach & Cotton, 1995:44). Social marketers deem the behaviours being promoted important to contribute to the well-being of both consumers and the society. Nevertheless, people may have aspirations and desires that work against society's interests or which are in conflict with their own health and well-being. Specifically those involved with health promotion and education have an inherent responsibility to design and to deliver that which can preserve and enhance social health (Lindenberger & Bryant, 2000:57; Maibach & Cotton, 1995:50).

2.5 THE MARKETING MIX ELEMENTS

Marketing applies four elements – product, price, place and promotion, also known as the 4 Ps of the marketing mix – as a set of tools to pursue marketing objectives (Kotler & Keller, 2006:19). The basic task of marketing is to combine the marketing mix components to create the perfect mixture to facilitate mutually satisfying exchanges with a target market (Lamb et al., 2004:21). The marketing mix components were particularly useful in the early days of the marketing concept when physical products represented a larger portion of the economy.

More recently, with marketing better integrated into organisations and with a wider variety of products and markets, some authors have attempted to extend the usefulness of marketing by proposing a fifth P, which could stand for packaging, people, process, etc. Another framework for service industries was introduced, with an additional three Ps, namely *people* (all people directly or indirectly involved with a service), *process* (procedures, mechanisms, and activity flow by which services are consumed, namely customer management processes) and *physical evidence* (the ability and environment in which the service is delivered, this includes both tangible goods and intangible experiences of customers). However, the marketing mix normally consists of the four Ps. Despite its limitations and perhaps because of its simplicity, the use of the 4P framework remains solid and many marketing textbooks have been structured around it (Kotler & Keller, 2006:19; Belch & Belch, 2004:8; De Pelsmacker, Geuens, & Van den Bergh, 2001:14). Additionally, some critics argue that the four Ps represent the view of the seller of the marketing tools used to influence buyers, but not the viewpoint of the buyer. For the buyer, each marketing

tool delivers a customer benefit, where marketers are selling products and customers perceive that they are getting value for their money or solutions to their problems. Customers are also not only interested in the price of a product, but in the total price of buying, usage and disposal of the product. Finally, customers want products to be conveniently available to them and they want two-way communication with an organisation. Therefore the four Ps may also be described as the four C's from the buyer's perspective, namely *customer solution*, *customer cost*, *convenience* and *communication* (Kotler & Armstrong, 2006:51; Kotler & Keller, 2006:19).

Marketing is known as an exchange process, and the development of relationships with target consumers forms an essential part of marketing. By researching the needs and wants of consumers, a product or service can be developed to satisfy these needs. This is then offered at a certain price, and made available at a particular place. A programme of promotion or communication is also developed to create awareness and interest among the target market (Kotler & Keller, 2006:20; Belch & Belch, 2004:9). The four Ps of the marketing mix are a combination of controllable marketing variables that an organisation employs to pursue its objectives in a given target market (Boyd, Walker, Mullins & Larréché, 2002:19). A number of tactical decisions are made in developing the ultimate strategic marketing programme. These decisions fall into four categories of marketing variables that the marketer can utilise with some control. The marketing mix and the instruments used must be developed as a whole for successful implementation (Boyd et al., 2002:19; De Pelsmacker et al., 2001:3). Table 2.2 illustrates the marketing mix elements for products and the comprehensive list of the instruments that can be utilised for each element of the mix.

TABLE 2.2

THE MARKETING MIX ELEMENTS

Product	**Price**	**Place (Distribution)**	**Promotion (Marketing Communications)**
Benefits	List price	Channels	Advertising
Features	Discounts	Logistics	Personal selling
Options	Credit terms	Inventory	Public relations
Quality	Payment periods	Transport	Sponsorship
Design	Incentives	Assortments	Sales promotion
Branding		Locations	Direct marketing
Packaging			Point-of-purchase
Services			Exhibitions
Warranties			Trade fairs

Source: De Pelsmacker et al, (2001:3)

2.5.1 Social marketing mix

Weinreich (1999:12) identified four additional Ps to the traditional marketing mix, which are especially applicable to social marketing. The first P is *publics*. This points to the fact that, besides the main target group, there are other important target groups to reach. Apart from a main target group like young people, it is also important to reach parents. Parents can, for instance, influence their children's sexual behaviour. In addition, marketing campaigns have to reach businesses and policy-makers, because they can support social marketing initiatives financially or through policy changes.

Considering the complexity of most social problems, organisations cannot solve the problems by themselves, and need to co-operate with other organisations. They form *partnerships,* the second P of social marketing, with the government, businesses and non-governmental organisations (Weinreich, 1999:14; Andreasen, 1995:8). These partnerships assist to realise targets for changing sexual behaviour of young people.

The third P is *policy*. A policy change can assist in changing people's behaviour (Weinreich, 1999:14; Andreasen, 1995:9). However, a policy change is very difficult in the instance of HIV/AIDS, because this pertains to an individual's private life and restrictions on sexual habits will be difficult to implement. Sexual education can however be incorporated as a permanent part of school education.

The last P of the social marketing mix is *purse strings.* Considering the fact that the organisation developing the social marketing campaign does not make a profit, the campaign has to be sponsored by other organisations and funds. To get support of business, government and fundraisers is one of the most important issues to realise social targets (Weinreich, 1999:15; Andreasen, 1995:9).

2.5.2 Product

Development of the marketing mix normally begins with the product offering, since it is difficult to determine distribution or price of a product without understanding the relevant product details (Kotler & Keller, 2006:22; Brassington & Pettit, 2003:26). A product comprises not only the physical product but also aspects like packaging, brand name, warranties, and post-sale services (Kotler & Armstrong, 2006:50). In

total, the product includes a combination of goods and services that an organisation offers to its target market (Kotler & Armstrong, 2006:50; Boyd et al., 2002:19).

Social marketing may be used to get people to adopt new protective behaviours, such as healthful diets or exercise, or to stop practicing risky behaviours such as smoking. In social marketing, the product is therefore the health behaviour or service being promoted. A service as a product can also include prenatal care or immunisation, with the objective being to increase people's utilisation of the service. A commodity, such as a condom, may also be promoted as a product, but yet again, the focus is on the behaviour associated with the commodity (Lindenberger & Bryant, 2000:56; McCormack-Brown et al., 2000:47).

2.5.3 Price

Price is used as an indicator of quality and appeal of a product and can support and reinforce the effort of the other three elements of the marketing mix. Price is therefore not just a basic calculation of costs and profit margins, but it has to reflect issues of buying behaviour (Brassington & Pettit, 2003:27). Of all the marketing mix components, price is the most flexible, since it can be adjusted more frequently than any of the other marketing mix controllable variables (Arens, 2006:46; Du Plessis, 2003:31).

In social marketing terms, the price of adopting healthful behaviour has to be considered from the consumer's perspective, in other words, what the consumer is willing to exchange in order to obtain the product's benefits. The price in this context can include social, emotional and monetary costs exchanged for the benefits of the product. To make the exchange more attractive to consumers, social marketers seek to lower costs and to maximise benefits. Regrettably, many protective health behaviours come with costs that are difficult to control. For some people, safe sexual practices are, for instance, not as pleasurable as the riskier behaviour (Lindenberger & Bryant, 2000:56; Andreasen, 1995:52).

2.5.4 Place

Organisations have to manage a number of activities to make their products available to the target market, in other words, the place where the product will be available (Kotler & Armstrong, 2006:50). Products must be made available at the place where

and at the time when customers want it in order to enable them to purchase the product. Physical distribution forms an important part of place strategies, and entails all the activities concerned with the storing and transportation of products, so that such products can be delivered undamaged and timely at the places where they are needed. Wholesalers and retailers play a crucial role in getting products from the manufacturers to end users (Kotler & Keller, 2006:23; Brassington & Pettit, 2003:28).

In social marketing, place is normally where the exchange takes place, or where the target behaviour is practised. In the instance of healthful diets or exercise, place can be wherever the target market is involved in eating or exercising and where users are confronted with healthy habits. To stop the practise of risky behaviours such as unsafe sexual behaviour, the place can be where the target market is informed about the risks of HIV/AIDS (McCormack-Brown et al., 2000:48; Lefebvre & Flora, 1998:300).

2.5.5 Promotion

All the activities that organisations undertake to communicate the advantages of their products to their target markets in order to persuade such markets to purchase the products are referred to as *promotion* (Kotler & Armstrong, 2006:51). The promotion component of the marketing mix includes a number of activities or elements that can be utilised by organisations, namely personal selling, advertising, sales promotion, direct marketing, internet marketing and public relations (Belch & Belch, 2004:16). Although advertising is one element of the promotions dimension of the marketing mix, consumers often wrongfully consider all forms of marketing communication or promotion as advertising (Arens, 2006:6). The role of promotion is to inform, educate and persuade the target market and to remind customers about the benefits of a product. This stimulates interest in the product (Kotler & Armstrong, 2006:52). Elements of promotion are coordinated to create a promotional mix or blend (Kotler & Armstrong, 2006:51; Arens, 2006:46).

Promotion in social marketing has to do with activities used to facilitate an exchange between the marketer and the target market. Education and public information are only part of a carefully planned set of activities designed to bring about behavioural change. In addition, an effective promotional strategy may include several communication elements, such as objectives for each target market, guidelines for

designing awareness creating and effective messages, description of appropriate communication channels, and credible, trustworthy spokespersons. Some large-scale, multifaceted projects make use of mass communication, public information, public relations, consumer education, direct mail, and other methods. Social marketing for instance relies on health communications to inform and educate consumers about healthy lifestyles. Other promotions include social programmes and ideas such as recycling, family planning, road safety, energy conservation, and a number of other causes (Lindenberger & Bryant, 2000:56; Lefebvre & Flora, 1998:300). The promotional mix will be discussed in more detail in subsequent sections of this chapter.

2.5.6 The importance of marketing communications

Even though the 4 Ps of the marketing mix have led to the widespread use of the term *promotion* for describing communications with target customers, many marketing practitioners as well as educators prefer the term *marketing communications* (Egan, 2007:29; Shimp, 2003:11). The importance of the marketing communications component of the marketing mix has increased in recent decades. Many authors such as Egan (2007), Kotler and Armstrong (2006), Shimp (2003), Du Plessis (2003) as well as Dibb, Simkin, Pride, and Ferrell (1993) argue that marketing communications is becoming the most visible element of the marketing mix and emphasises the key role of promotion in the marketing mix.

Specific factors are indicated to which the changes in marketing and more emphasis on the marketing communication element can be attributed. These factors include:

- saturated domestic markets and growth in global competition;
- volatile national and international economies;
- increases in the income gap between poor and rich consumers and households;
- the environmental imperative and socially responsible marketing;
- enormous advertising clutter;
- numerous technological developments;
- people living increasingly under time constraints;
- increased options offered to consumers that cause them to be unpredictably confused, excited and bored; and

- finally, companies routinely downsize while seeking other ways to profit from their investments (Shimp, 2003:11; Van Raaij, Strazzieri & Woodside, 2001:60).

In turn, these factors give rise to an increase in intensity of marketing communications activities, as the most visible element of the marketing mix (Shimp, 2003:11). Progressively more products and services are seen as being uniform and as having arrived at the maturity stage of their life cycle. As a result, points-of-difference to distinguish brands related to inherent qualities of the product or service have become more challenging (Kotler, 2003:19). By surpassing these inherent qualities, marketing communications can provide information to create points-of-difference that otherwise would not be possible. Marketing communications allow marketers to go beyond the physical nature of their products or the technical specifications of their services to instil products or services with additional meaning and value (Van Raaij et al., 2001:61).

2.6 EFFECT OF INTEGRATED MARKETING COMMUNICATIONS

2.6.1 The communication process

In order to understand marketing communications it is valuable to review the basic communication process. When an organisation endeavours to transfer an idea or message, communication occurs when the receiver, namely the other person or group, is able to understand the information (Clow & Baack, 2007:6). All the elements of the promotional mix, or marketing communication elements, support communication with an organisation's target market (Barth & Bengel, 2000:20).

Kotler and Keller (2006:539) affirm that effective communication can be described in terms of a communication model. The communication model was developed by Wilbur Schramm in 1955 (Egan, 2007:29) as a basic model for mass communication. The elements below proposed by the communication model make effective communication possible:

- the sender or source is the person delivering the message, and it is therefore important to be acquainted with the audience or receiver for whom the message is intended and the response or feedback required from the audience;

- the message is encoded in such a way that the audience will be able to decode or understand it;
- the message is furthermore sent through a medium (different media types) that will reach the audience;
- the receiver or target audience decodes the message and attach a certain meaning or interpretation to it based on their perceptual framework;
- the sender receives feedback about message via the reaction of the receiver, and uses the feedback to adapt future messages.

Feedback channels should be in place to monitor responses. The sender or marketer is thus both a sender and a receiver of messages, making the marketing communication process a two-way process. Anything that interferes with the successful delivery of the message, like competitive messages, is termed *noise* (Egan, 2007:29; Clow & Baack, 2007:7; Kotler & Keller, 2006:539).

In the context of this study, it is also important to note than cross-cultural differences can easily lead to HIV/AIDS communication messages being misunderstood or even totally rejected (Egan, 2007:30). This potential aspect of misunderstanding will be discussed further in Chapter 4.

2.6.2 Integrated marketing communications

Current marketing philosophy maintains that integration of marketing communications not only increase the effectiveness of marketing activities, but is also imperative for success (Duncan, 2005:7; Grönroos, 2001:265). An important development in modern marketing communications is the shift towards an integrated marketing communications (IMC) approach (Egan, 2007:14). On the one hand, IMC emerged as an approach to understand how holistic communication messages can be developed and managed. It is, on the other hand, also a process of carefully coordinating and using promotional tools in a unified way to create a synergistic communications effect (O'Guinn, Allen & Semenik, 2006:4; Dominick, 2002:11; Grönroos, 2001:266).

According to Hutton (1996:156), good marketing communicators have in fact practiced IMC for decades, and even in the academic community, contrary to what has been reported by the advertising trade press, an IMC programme has already existed for a decade, with the first one established in 1986. However, it is only since

the beginning of the 21st century that IMC has received scrutiny about its nature and its involvement in professional and academic circles (O'Guinn et al., 2006:163; Phelps, Harris & Johansson, 1996:218; Duncan and Everett, 1993:31).

Communicating a message to a target audience is the central activity of marketing communications. The target audience who receives the message can be a narrow section of the target market, or can include other stakeholders, such as employees or the government (Shimp, 2003:3; Burnett & Moriarty, 1998:12). An array of tools can be used to implement the objectives of the marketing communication strategy, and to communicate information to the target audience. These tools constitute what is known as the *marketing communications mix* or *promotional mix*. Each tool varies in cost and effectiveness based on particular situations, and should be evaluated not only on overall effectiveness, but also on cost-effectiveness to ensure that marketers optimise their budget. The tools include advertising, personal selling, sales promotion, direct marketing, and public relations (O'Guinn et al., 2006:164). A detailed explanation of the various elements of the marketing communications mix mentioned will be presented later in this chapter.

Before deliberating the marketing communication elements, a better understanding is required of how integrated marketing communications works. Subsequently, a basic understanding of integrated marketing communications objectives and strategy is required (Parente, 2004:7). According to Shimp (2003:14), the challenges currently faced by marketers in designing, implementing, and evaluating marketing communication programmes are markedly different from those faced by marketers 20 to 30 years ago. One of the most important of these challenges is the increase in the number and diversity of communication options available to marketers in order to reach consumers. In such fast-changing environments, mistreatment or failure to properly blend these alternative elements for effective communications occurs.

A strategic communication plan is one of the key elements in integrated marketing. It allows marketers to build a synchronised communication strategy that reaches every market segment with a single, unified message. The objectives of any promotional strategy could be drawn from an appropriate mixture of the roles of promotion:

- to increase sales;
- to maintain or improve market share;

- to create or improve brand recognition;
- to create a favourable climate for future sales;
- to inform and educate the market;
- to create a competitive advantage relative to the competitor's product or market position; and
- to improve promotional efficiency (Egan, 2007:16; Czinkota & Ronkainen, 2001:19).

No exact guidelines exist to match every marketing communications manager's needs in designing a communication strategy. Various authors describe different steps in designing a communication strategy. Czinkota and Ronkainen (2001:19) and Rowley (1998:385) outline a step-wise process to be used in order to carefully plan successful integrated marketing communications, with the focus on differing aspects. A marketing communications decision-making or planning process is provided by Egan (2007:104) and Shimp (2003:116). This planning process offers a comprehensive conceptualisation of the various types of brand-level marketing communication decisions, strategies and outcomes desired for each. This conceptualisation consists of a set of fundamental analyses and design decisions (relating to positioning, targeting and setting objectives, as well as budgeting), a set of implementation decisions (involving the mixture of communications elements and the choice of messages and media), and finally programme evaluation or control decisions (measuring marketing communications results, providing feedback, and taking corrective action).

2.7 THE PROMOTIONAL MIX

As mentioned in earlier paragraphs, an important strategic decision marketers have to make is which mix of the marketing communications tools should be used at a given time as part of the marketing programme (Duncan, 2005:8). Each of these tools has specific strengths and weaknesses, which should be considered when selecting the relevant marketing communication strategy. An appropriate mix delivers better than would have otherwise been the case and results should meet the communication objectives of the marketing communication strategy (Egan, 2007:18; Kotler & Armstrong, 2006:397).

The promotional or communication mix forms part of an organisation's overall marketing communications mix and consists of tools like advertising, sales promotion, personal selling, direct marketing, public relations, sponsorship, and the Internet (Kotler & Armstrong, 2006:397; Shimp, 2003:4; Hawkins et al., 200419). It is important to take into account that a wide range of communication tools are not generally included in the marketing communications mix, as the former are controlled by functional and line managers in organisations (Smith, Gopalakrishana & Smith, 2004:65).

Authors like Egan (2007) Duncan (2005), Smith et al. (2004), and Wells, Burnett and Moriarty (2003) extended the list of the elements of marketing communications above by including all or most of the following additional components: trade shows/exhibitions, packaging, licensing, word of mouth, incentives, events management and corporate identity. More than one element may be combined to harmonise with each other creating a promotional mix or marketing communications mix (Kotler & Armstrong, 2006: 398). In a recent review, Kotler and Keller (2006:537) also include events and experiences, which entail festivals, sports, and arts as an additional element.

In this section, the major elements of the marketing communications or promotional mix will be discussed, namely advertising, personal selling, sales promotion, direct marketing, and public relations, as illustrated in Figure 2.2. These are the five major and most commonly used communication tools widely recognised and used by marketers and academics (Kotler & Armstrong, 2006:398).

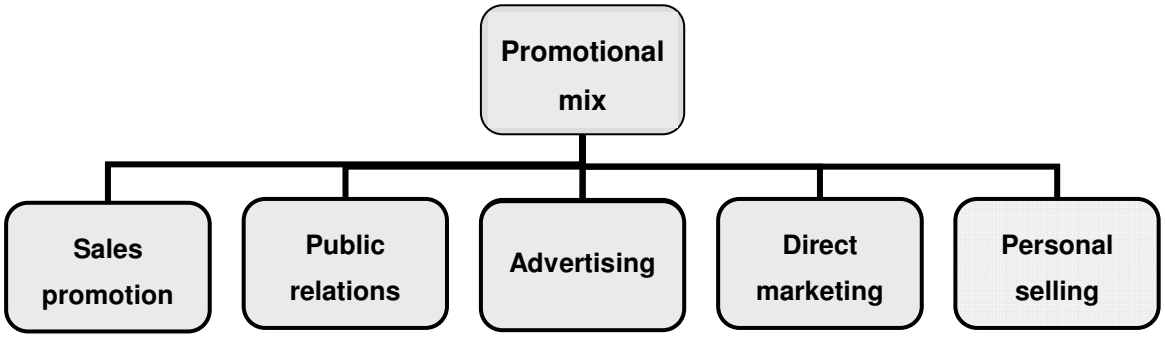


FIGURE 2.2

THE PROMOTIONAL OR MARKETING COMMUNICATIONS MIX

Source: Adapted from Kotler and Armstrong (2006:398)

2.7.1 Advertising

Advertising is aimed at long-term brand building and is an indirect way of turning customers towards the advertised product or service by giving information about the product or service by portraying a favourable impression (Percy & Elliott, 2005:4). One of the biggest advantages of advertising is its ability to communicate to a large number of people at the same time (Kotler & Armstrong, 2006:399). As a form of mass communication, advertising is paid for by a clearly identified sponsor (Duncan, 2005:9; Stanton et al., 1992:430), and is mostly used in broadcasting (radio and television) and print (magazines and newspapers), which normally do not allow direct feedback from the target market (Copley, 2004:103).

Advertising is normally the predominant communication choice for many organisations. This is however changing to communications functions other than traditional advertising, including digital media-based solutions, more tactical approaches, and individual targeting of consumers (Egan, 2007:12; Yeshin, 2006: 251; Duncan, 2005:9). Since this study examines the effect of advertising on safe sexual behaviour pertaining to HIV/AIDS, advertising will be discussed in more detail later in this chapter.

2.7.2 Sales promotion

When incentives are used to generate a specific response, normally over a short-term period, sales promotions are used. Sales promotions can be selectively targeted, and a high degree of control over design and placement is possible (Egan, 2007:19).

Organisations may present extra value offers or incentives to their sales force, distributors or customers through various marketing activities with the final goal being immediate sales increases (Belch & Belch, 2004:21). Sales promotion may include activities like in-store displays, samples, coupons, contests and premiums (Stanton et al., 1992: 430).

2.7.3 Public relations

In essence, public relations entail planned programmes of action that serve interests of both the organisation and the public (Egan, 2007:18). Through public relations efforts, attitudes and opinions of one or more of an organisation's stakeholder groups

can be influenced (Stanton et al., 1992:430). Public relations thus involves the evaluation of public attitudes and detection of areas within an organisation that will be of interest to particular stakeholder groups. Marketing programmes are then designed to protect or promote the corporate image of an organisation and its products (Kotler & Keller, 2006:536). Normally, public relations specialists use newsletters, annual reports, lobbying and sponsorships of special events to create a positive corporate image (Stanton et al., 1992:430).

Publicity is often mentioned interchangeably with public relations. The two terms differ however, in that publicity comprises articles or brand mentions placed by mass media without charge and control from the brand owner, whilst public relations consist of articles and brand mentions that are controlled and paid for by the brand owner (Duncan, 2005:10; Copley, 2004:103). Publicity may include favourable publicity that builds good relationships with various stakeholder groups, or unfavourable publicity about an organisation that can harm the latter's reputation and image (Kotler & Armstrong, 2006: 398).

2.7.4 Personal selling

This inter-personal tool is used when representatives of an organisation interact with prospective customers to persuade or remind them to take action. A presentation of a product is given and different methods may be used, such as face-to-face or telephonic contact, in an attempt to persuade a customer to take action and purchase a product (Egan, 2007:19; Stanton et al., 1992:430).

Advantages of personal selling include the possibility that the interaction between buyer and seller allows for flexible marketing communication, because the seller can observe the potential buyer's responses and can adapt the message accordingly. In addition, personalised and individual communication allows the seller to tailor the message specifically for each customer (Belch & Belch, 2004:24). Personal selling is the most predominant form of promotion for industrial goods that are normally less standardised and not suited for mass promotion like advertising (Copley, 2004:331).

2.7.5 Direct marketing

Direct marketing can be differentiated from the other marketing communication functions on account of its interactivity and the use of database-driven marketing

communication processes that use a range of media to generate a response from customers (Duncan, 2005:9). When using direct marketing, organisations target individual customers with the objective to deliver personalised messages and building a relationship with them based on their responses to direct communication (Egan, 2007:19).

Direct marketing includes mail, mail-order catalogues, database management, telemarketing, direct selling and direct response advertisements through the Internet or electronic mail. Some companies also use independent contractors to sell their products directly, and these companies do not use any other distribution channels (Belch & Belch, 2004:20).

2.8 ADVERTISING AND ADVERTISING APPEALS

2.8.1 Advertising

Advertising is only one element of marketing and assists in facilitating exchanges and building relationships – two core functions of marketing. The implication is that advertising is primarily communication, thereby also serving communication objectives. Both verbal and non-verbal communications are used in a goal-orientated way in order to convince a consumer of specific benefits of a product (Arens, 2006:6; Belch & Belch, 2004:16). Smith et al. (2004:66) maintain that the abovementioned communication help buyers to learn and remember brands and their benefits by repeating the message and building associations between brands, logos, images, and benefits – a form of classical conditioning.

Kotler and Keller (2006:555) explain that advertising has three distinctive qualities: pervasiveness, amplified expressiveness and impersonality. Pervasiveness allows the seller to repeat messages at several instances and makes it possible for the buyer to compare a message from different advertisements and brands. An amplified expressiveness to dramatise the product or organisation can be created by using print, colour and sound. Advertising is furthermore a monologue and not a dialogue with the audience. This makes advertising impersonal and allows the audience to hear and see the message without feeling an obligation to pay attention or to respond to it. The ability to communicate to a group of people simultaneously makes the cost per contact of advertising relatively low and depicts advertising as a cost-effective medium to reach large audiences (Kotler & Keller, 556; Belch & Belch, 2004:16).

When developing an advertisement, several frameworks are useful. The hierarchy of effects model clarifies the objectives of an advertising campaign, and assists in selecting the best message strategy. The model proposes six steps through which a consumer moves sequentially when making a purchase. Normally a certain amount of time is spend at each step (Belch & Belch, 2004:16). The steps are:

- awareness (becoming aware of the product);
- knowledge (gathering information about the product);
- liking (developing a liking for a specific brand);
- preference (showing preference for a brand);
- conviction (being convinced about the benefits of a brand); and
- the actual purchase.

Although it is suggested that the steps are followed sequentially, it is also possible for consumers to make a purchase first and then follow the other steps, or skipping certain steps in the process (Clow & Baack, 2007:166). The hierarchy of the effects model has many similarities to theory about attitude and attitude change, which will be discussed in further detail in Chapter 4.

For advertising to be effective, an appropriate level of involvement is required. Involvement helps explain not only how consumers process advertising messages, but also how this information might affect consumers (Belch & Belch, 2004:153). Zaichkowsky (1986:10) first explained how involvement is built on the foundation of personal relevance. Three antecedents of involvement are proposed, namely *personal factors* (such as personality, needs, values and interests), the *object or stimuli factors* (the source and content of communication), and *situational factors* (such as the occasion, temporal perspectives, and physical surroundings). These antecedents of involvement determine the level of involvement the individual has with the product, the brand and the advertising message (Egan, 2007:58; Belch & Belch, 2004:154).

All marketing communication messages require an instrument, or medium, to reach the target audience. Shimp (2003:29) argues that the term *media* is typically applied to advertising (television, magazines, radio, Internet, etc.), although the concept of media is relevant to all marketing communications tools (Dominick, 2002:11). In this

study, the focus will be on advertising in television and print media. The various types advertising media will be discussed in the next section.

2.8.2 Analysis of various advertising media

The core purpose of media is to deliver messages efficiently and effectively. To ensure optimum effectiveness, media should be selected to both influence and enhance messages (Parente, 2004:189). According to Parente (2004:190) and Rowley (1998:384), media may be divided into *personal* and *non-personal* communications.

Personal communication channels are those in which two or more people communicate with one another. Although word of mouth is the primary method of communication, other media, such as e-mail, are growing in significance (Lane, King & Russell, 2005:231; Belch & Belch, 2004:351).

Personal communication channels can be divided into three types:

(i) advocate channels (exhibitions where an organisation's sales people interact with customers;
(ii) expert channels (using independent experts); and
(iii) social channels (consultants and professional networks) (Egan, 2007:432; Shimp, 2003:30).

Non-personal communication channels use other traditional media, which include:

- press (newspapers, magazines and journals);
- television (mostly used by larger organisations, including local and national channels and satellite);
- radio (various regional and national stations); and
- outdoor (billboards, mobile-boards, etc.) (Shimp, 2003:30).

For the purpose of this study's focus, the advantages and disadvantages of television and print media are reviewed. Television is often chosen by advertisers because of its ability to utilise audio and visual effects in the advertising message. Creativity and impact with which the advertising message can be presented therefore increase (Belch & Belch, 2004:351). Disadvantages of television as an advertising medium comprises the high impact on viewers as television advertisements intrude on

viewers while they are watching specific programmes (Belch & Belch, 2004:352). Viewers may furthermore be distracted from the advertisements or they might engage in channel hopping and fail to see the advertisements altogether. Finally, the wide reach of the television medium might also mean high wastage, where vast numbers are reached, but the relevance and quality of each contact made may be uncertain (Brassington & Pettit, 2003:623). Print media is normally classified into newspapers and magazines. Overall, print media is selected for its portability, because consumers can read it anywhere, as well as its ability to explain complex issues, like a brand's functional benefits (Belch & Belch, 2004:353). It is also credible media and a highly targeted medium, more so in the case of magazines, where a number of special interest and lifestyle titles are available. The disadvantages of print include that practical demonstrations are difficult, and the audio element is absent. Furthermore, newspapers specifically have a shorter shelf life than magazines (Egan, 2007:180).

The marketing communications environment has experienced various changes over the past few years, with fragmentation of traditional advertising media, as well as the emergence of new, non-traditional media, promotion, and other communication alternatives becoming more popular (Shimp 2003:31). Media fragmentation, with more options and narrowly targeted audiences, occurs in television channels and magazine titles. The emergence of new media is prevalent and includes, among others, sponsorship of sports and other events, in-store advertising, mini-billboards in out-of-home locations, product placement in television programmes and movies, as well as interactive electronic media (web sites, banner advertisements, etc.) (Egan, 2007:432; Belch & Belch, 2004:352).

2.8.2.1 Media in South Africa

Understanding the marketing communications environment is imperative for marketing communication specialists. The changes in the marketing communications environment are also prevalent in South Africa; therefore, a brief overview of media in South Africa is given to impart some details of this sector. South Africa has a mass media sector and is the continent's major media supplier. Although South Africa has eleven official languages, English is still the preferred advertising language. The other ten official languages are represented to some extent, with Afrikaans the

second most used language, especially in the publishing sector (SAARF, 2007a, 2007b).

South Africa boasts 36 daily and weekly newspapers in the country. The magazine industry is very robust with an estimated 280 locally published titles, as well as numerous international magazine titles. Based on historical trends, the magazine market is still characterised by definite differences in the readership of magazines amongst the country's different race groups (SAARF, 2007b; Koenderman, 2007:16). Television is the most tightly regulated media sector, with four free-to-air television channels, as well as one provider of pay-television and satellite broadcasting in the country. Radio has always been South Africa's biggest broadcast medium and is a much more liberalised medium than the television sector, with 35 national and regional radio stations. The Internet is a fairly new medium to the South African market and Internet access is now also available via mobile network operators such as Vodacom and MTN (Koenderman, 2007:22). These and various other media are methods by which advertising to the South African market can be done, all with their unique advantages and disadvantages.

2.8.3 Advertising appeals

Correct media choices and advertising messages that are consistent with communication objectives are important in each marketing communication strategy (Rowley, 1998:385). Furthermore, the unique selling proposition (USP), a set of benefits, which the marketer believes is provided by the product, often strongly reflects the product's message in advertising. In addition, promotion that focusses on brand or corporate image and identity forms the basis of the advertising message. Finally, message consistency between different campaigns should be taken into consideration. This can be achieved through message content – what to say, the structure, how to say it logically and symbolically, message format and source are all significant factors (Belch & Belch, 2004:265; Rowley, 1998:385).

Once the USP and message consistency have been considered, the advertising appeal or approach to deliver the advertising message can be chosen. An appeal is designed to attract consumers' attention and influences behaviour-inducing feelings towards the product, service or cause (Belch & Belch, 2004:266). Advertising appeals relate to the motives of consumers, speak to their wants or needs, and

excites their interest (Keegan & Green, 2003:540). Various advertising appeals are available and these are closely linked to the execution style used to convey the message, which will be discussed in subsequent sections (Arens, 2006:141).

Advertising appeals may be broadly classified as rational or informational appeals and emotional appeals (Percy & Elliott, 2005:232; Belch & Belch, 2004:267). Rational or informational appeals focus on the function of the product or service and convince the consumer to purchase the product based on the utility and logic of the choice (Arens, 2006:376). Such messages have factual contents, emphasising features, improvements, benefits and quality. Rational argumentative copy is used and the central route to persuasion is used. Rational motives that can be used as basis for advertising appeals include, comfort, convenience, economy, health and sensory benefits such as smell, taste and touch (Belch & Belch, 2004:267; Keegan & Green, 2003:540).

Emotional appeals focus on the individual's psychological, affective and social needs. These needs are often the reason for buying a product (Arens, 2006:376; Belch & Belch, 2004:269). Emotions which may be appealed to include need for safety and security, fear, love, affection, guilt, nostalgia, respect and ambition (Clow & Baack, 2007:186; Shimp, 2003:349). The appeal that is chosen should directly answer the need satisfied by the product (Shimp, 2003:349); this relationship is shown in Table 2.3. The focus of this study is on the use of emotional appeals, specifically pertaining to the fear emotion and how this influences safe sexual behaviour. Chapter 5 gives an in-depth overview of fear appeals in this context.

TABLE 2.3
SELECTED ADVERTISING APPEALS

Needs	Rational approach	Emotional approach
Self-actualisation	Efficiency, leisure	Ambition, curiosity, pleasure
Esteem	Dependability, quality, use	Style, pride, beauty
Social	Cleanliness, economy	Guilt, humour, attraction
Safety	Durability, protection	Fear, health, security
Physiological	Rest, sleep	Comfort, appetite

Source: Adapted from Arens (2006:377)

In their content analysis of contemporary advertising, Geuens and De Pelsmacker (1999:197) illustrate that the three most popular appeals used are warmth (43,6%), humour (34,6%), and eroticism (17,1%). Previous studies by Alden, Hoyer and Lee (1993) as well as Weinberger and Spotts (1989) (both studies cited in Woltman-Elpers, Mukherjee & Hoyer, 2004:593) also make mention of the fact that humour is one of the most widely used techniques in advertising around the world, with about one out of every five television advertisements containing humorous appeals. Fear appeals (9,4%), provocation (5,5%), and nostalgia (1,1%) are present as well, but less pervasive (Geuens & De Pelsmacker, 1999:197). Most of these appeals are emotional by nature, which emphasises the importance of emotional arousal in persuasive communication.

Fear is a fairly popular appeal in advertising messages, but is fraught with controversy. The efficiency and reliability of its use are often questioned and various studies, which will be discussed in Chapter 5, have discredited the use of fear. Fear appeals are designed to create an element of shock for the consumer, provoking impact and recognition (Yeshin, 2006:288). Most appeals used in advertising aim to generate an emotional response from the viewer. The emotions generated through advertising are, however, complex and the efficiency of emotional arousal in obtaining communication objectives is uncertain at best. Previously, it was believed that emotions are a consequence of thought processes and that they can be understood and controlled (Heath & Hyder, 2004:470). Pioneers in psychology, such as Robert Zajonc and Robert Bornstein, altered this illusion in the 1980s. They maintain that emotions are primitive and deep-rooted. Emotion has more power and is more difficult to control than previously thought (Heath & Hyder, 2004:471). Emotional appeals play an important role in persuasion and marketing communication (Vincent & Dubinsky 2005:22). Persuasive messages have been found to be more likely to lead to attitude change if the receiver is emotionally aroused by the message rather than being exposed to a rational communication message (Arnold, 1985:27).

2.8.3.1 Advertising execution styles

Advertising execution styles refers to the way in which a particular appeal is turned into an advertising message presented to the consumer. Advertising appeals form the underlying content of the advertisement, and the execution is the way in which

the content is presented (Belch & Belch, 2004:269). There are various ways to present a particular advertising message. *Message execution* refers to the form in which the message of an advertisement is finally presented (Wells et al., 2003:569). *Form* includes details on how the message will look, read and sound in the end. Advertising execution styles have various forms in which the execution can take place, namely straight sell, scientific/technical evidence, demonstration, comparison, testimonial, slice of life, animation, personality symbol, fantasy, dramatisation, humour and combinations of the abovementioned (Belch & Belch (2004:275). The following execution styles have been used in HIV/AIDS prevention advertisements, and are therefore examined in more detail:

- **Straight sell or factual message**

This execution is characterised by the basic presentation of the product, service or idea. This type of execution is commonly used in combination with a rational appeal (Egan, 2007:206; Belch & Belch, 2004:275). An example of this type of execution is an HIV/AIDS prevention campaign, which just says, 'Stop AIDS'.

- **Scientific/Technical evidence**

Scientific proof of what the product/service benefits are, and that the product/service works may be presented in an advertisement in a variation of the straight sell execution style (Egan, 2007:207; Belch & Belch, 2004:275). Details about HIV/AIDS statistics in an advertisement is an example of this execution.

- **Demonstration**

Demonstrative execution illustrates the main advantages of a product/service by showing it in actual use or a staged situation (Egan, 2007:206; Belch & Belch, 2004:277). It can be effectively employed to show the utility or quality and benefits of using the product. HIV/AIDS prevention advertisements show people having sex, and those who have the intention to use a condom. Demonstration of the product or the situation in which you can use the product (during sexual intercourse) is a direct way of advertising.

- **Testimonial**

Many advertisers use testimonials where a person commends a product or service based on personal experience. To increase effectiveness, the person delivering the

testimonial is someone the target audience can identify with (Belch & Belch, 2004:277). The testimonial execution is used in HIV/AIDS prevention advertisements to represent a person who has been affected by HIV/AIDS in some or other way.

- **Slice of life/death**

This execution portrays a real-life situation with a problem and solution offered, where the advertised product or service can solve the problem (Egan, 2007:206; Belch & Belch, 2004:278). Some marketers use an alternative version of the problem/solution execution, called the slice-of-death execution. This execution focusses on the negative consequences if the right product, service or supplier (Belch & Belch, 2004:279) is not chosen. HIV/AIDS advertisements can use a fear appeal executed in the slice-of-death style in order to present the consequences of HIV/AIDS graphically.

- **Personality symbol**

This execution can be applied via a celebrity endorsement by using a well-known person who approves of the product, service or idea. By using the celebrity, the product, service or idea is linked with the image of this person (Egan, 2007:206; Belch & Belch, 2004:279). In this case, there are HIV/AIDS prevention advertisements, which use well-known people who assist in the fight against HIV/AIDS. Many advertisements also use a personality symbol, where a personality delivers the advertising message. In advertisements for products and services, marketers develop a personality and try to create awareness and credibility for the product or service (Belch & Belch, 2004:278). A person who is HIV positive, telling his/her own story helps to get the attention of the target audience.

- **Dramatisation**

This execution uses drama, excitement and suspense to tell a short story during the advertisement featuring the product or service advertised as the star of the story (Belch & Belch, 2004:281). Shock techniques can also be used over and above a regular fear appeal approach to grab the audience's attention in HIV/AIDS prevention advertising.

2.8.3.2 Processing styles and responses to advertising appeals

Responses to advertising appeals based on segmentation variables, specifically racial group, age and personality, are discussed in greater detail in Chapters 4 and 5, but are briefly referred to in this chapter. Segmentation plays an important role in both the selection of appeals and execution styles for advertising. In a recent study by Doucet, Velicer and Laforge (2007:148), the authors conclude that public health education campaigns have an important influence on specific subgroups. Part of the previous step is also to position the product so that it effectively appeals to the target audience's desires to improve their health, prevent injuries, and protect the environment, etc. more effectively than is the case with the behaviour currently practiced. Funding requirements for the draft product benefits, distribution channels, and proposed promotions are also summarised and compared with available funds. A revision of goals, strategies or target audiences may be necessary, or additional funds may be required (Kotler et al., 2002:7).

The second last step is to implement the social marketing initiatives. Following that, results are monitored and evaluated, and, if necessary, strategies are adapted accordingly (Kotler et al., 2002:7; Hastings & Stead, 1999:35; Kotler & Roberto, 1989:9). Social marketing has achieved widespread adoption, and allows campaigns to target their persuasive materials carefully. The social marketing plan and process maximise the chance of success in a particular initiative, and essentially provides a progressive process of learning about the market and its particular exchanges (Hastings & Stead, 1999:37).

Differences including age, gender, race, ethnicity and education play a definitive role in reaction to advertising and promotion campaigns pertaining to health education. A study done by Barbeau, Wolin, Naumova and Balbach (2005:16) explains that social marketing and health communication should be targeted toward reaching young adults, socially disadvantaged groups and specific racial/ethnic groups. They also maintain that evidence exists to confirm the association between exposure to health communication and changes in social health behaviour. For this reason, it is imperative that social marketing and public health researchers must investigate and monitor responses to advertising appeals, execution styles and promotional efforts overall, and take corrective action where needed (Lamons, 2004:7).

As advertisers increasingly seek greater communication effectiveness and new forms of media emerge, psychological differences amongst individuals are becoming essential criteria in the design of advertising appeals (Ruiz & Sicilia, 2004:657). Individual processing styles, usually categorised as cognitive, affective, or cognitive-affective, may have a distinct impact on evaluation and response to advertising messages. This distinction has also been employed when evaluating the effectiveness of persuasive communication such as social advertising (Fabrigar & Petty, 1999, cited in Ruiz & Sicilia, 2004:657). The study by Ruiz and Sicilia (2004:657) considers whether individuals differ in their propensity to rely on affective, cognitive or both systems to process information. Their research suggests that persuasive appeals tend to be more effective when the nature of the appeal matches, rather than mismatches, the individual personality-type preferences for processing information. Results show that informational and informational-emotional advertising appeals, which match consumers' processing style (thinking and thinking-feeling processors, respectively), can generate more positive attitudes toward the brand, purchase intention, and brand choice (Ruiz & Sicilia, 2004:657).

It is also important to note that processing and responses to advertising appeals do not always occur immediately after exposure to an advertisement intervention. This is referred to as the *sleeper effect* and the fact that many persuasive messages do not have an initial effect, but changes in behaviour take place after a period of time. In general terms, this is any delayed effect that arises as a result of some intervention (Cardwell, 1999:218). Results from a study by Berger and Mitchell (1990:269) show that attitudes formed on the basis of repeated advertisement exposure are more accessible from memory, and are held with more confidence than attitudes based on a single advertisement exposure.

2.8.3.3 This study in the context of advertising and advertising appeals

Based on the discussions in this chapter, this study relates to the response of the target market, namely 18-24-year-old adolescents, to the promotional element of advertising within the social marketing context of HIV/AIDS prevention. Two types of advertising media will be used, namely print and television. The effect of fear appeals will be investigated, and the main execution styles for HIV/AIDS advertising will be used. The main execution styles will be explained in detail in Chapter 7.

2.9 CONCLUSIONS AND IMPLICATIONS

Marketing communication, and specifically advertising, has evolved to become applicable in a variety on contexts. The objective remains the same, namely to use communication media in order to persuade a target audience. This explains why advertising and persuasive communication strategies have been adapted in order to apply it to social issues.

Social marketing has an ambitious dream – changing society is no small task. The very person to benefit from a social marketing programme, such as an alcoholic for instance, shy away from efforts to appeal to him or her. This is why it is important to realise that changes in individual behaviour should be the primary focus of social marketing campaigns. Marketing strategies may be used to facilitate change in perceptions, attitudes and finally behaviour of individuals. The challenge is to generate involvement within individuals, and one way to do this is through the use of appeals, either rational or emotional. The type of appeal most appropriate may depend on the product class, the individual's processing style and the objectives of the communication.

Emotional appeals, such as humour, guilt and fear, are acknowledged in most advertising campaigns, because emotional arousal has a powerful attraction and persuasion effect. Various external and internal dimensions must be considered, such as the individual's personality, level of involvement, socio-economic context, and the objectives of the communication campaign. Social marketing campaigns often focus on fear appeals in order to generate shock value and create tension within the individual's psyche. The effectiveness of the use of fear has however been questioned and it is difficult to determine the most appropriate level of fear that must be generated. The following chapter will take an in-depth look at the psychological perspective of the fear emotion in order to understand its role in the context of behaviour change and advertising appeals.

CHAPTER 3
PSYCHOLOGICAL PERSPECTIVE OF THE FEAR EMOTION

3.1 INTRODUCTION

The purpose of this chapter is to describe and understand the psychological perspective of the fear emotion in order to recognise its role in fear appeal advertising, and the way fear emotions can influence attitudes and ultimately bring about behaviour change. *Emotion* is a term regularly used as synonymous with *feeling*. Numerous fields of study, including art, literature and philosophy have contributed to the understanding of fear and emotions. Modern science has since added a significant increase in the knowledge of the neuropsychological basis of emotions, their structure and functions.

In order to delineate emotions, the origins and function of emotions are discussed. The affect concept and affective reactions are also explained to illustrate this broader construct used by some studies to include emotions. Although human beings conceive of emotions as "feeling states", the feeling state is part of a process involving both cognition and behaviour, comprising several feedback loops. An understanding of emotions and their relation to cognition and action is imperative to demonstrate the influence of emotions on cognition. This is explained in the current chapter by reviewing the process of emotion activation and regulation, as well as the way emotions develop from both positive and negative evaluations. The role of culture in emotion is also discussed in order to illustrate the different reactions from various cultural groups to emotional stimuli.

For the purposes of this study, it was vital to obtain an in-depth understanding of the complex fear emotion and how this brings about an emotional response; hence an investigation into the psychological perspective of this emotion was undertaken. The fear emotion is described as a negative or positive emotion, and the connection between fear and anxiety is elucidated. Fear is also briefly described in the context of fear appeals, the focal point of this study.

The chapter concludes by investigating perception, learning and attitudes, which are strong influencers of behaviour. Comprehension of these internal influencers

ultimately supports the understanding of behaviour or possible change in behaviour, and provides marketers with information to develop effective communication messages.

3.2 ORIGINS AND FUNCTIONS OF EMOTIONS

Understanding emotions is a complex task. The meaning of emotions has been described in more than ninety definitions over the past century, and there are almost as many theories of emotion and an intricate range of related words to describe emotions (Plutchik, 2001:344).

The word *emotion* is a contraction of two words, *exit* and *motion*, underlining the ancient Greek belief that an emotion was the soul coming out of the body (O'Shaughnessy & O'Shaughnessy, 2003:20). Emotions are embedded in the daily lives of human beings. Like needs, emotions are also capable of motivating someone towards achieving relevant goals. Strong emotions explain why individuals cling to beliefs when confronted with evidence to the contrary (Elster, 1999:403).

Preceding the description of the fear emotion, the central emotion relevant to this study, the following sections will give an explanation of emotions in terms of their structure and function, as well as the role of fear in cognition and culture.

3.2.1 Structure of emotions

Lazarus (1999:6) identified *emotion* as a compound, ornate, organic reaction of individuals which relates to both daily events and long-term efforts to survive, grow, and achieve. Emotions express the intimate, personal meaning of what individuals experience and cannot be separated from biological, social, or cognitive functions. It is the consciousness of the occurrence of some physiological arousal followed by a behavioural response together with the assessed meaning of both (Sheth & Mittal, 2004:212; Lazarus, 1994:12). According to these perspectives, emotions may be conceptualised as multi-component response tendencies that unfold over relatively short time spans (Fredrickson, 2001:218).

Plutchik (2001:344) offered an integrative theory based on evolutionary principles, stating that emotions are adaptive and have a complexity based on a long evolutionary history. Although human beings conceive of emotions as "feeling

states", the feeling state is part of a process involving both cognition and behaviour and comprising several feedback loops. As coping and adapting processes, emotions are viewed as part of the continuing effort to monitor changes, stimuli and stresses transpiring from an individual's environment (Lazarus, 1994:6).

The terms *emotions* and *moods* are often used interchangeably, but moods are fundamentally emotions that are short-lived. Emotions influence what people perceive, learn and remember, and emotions are involved in the development of emphatic and moral behaviour. Moods have an impact on an individual's immediate behaviour and influence responses to various activities, including marketing activities, to which individuals might be exposed (Sheth & Mittal, 2004:214). Together, moods and emotions drive consumption behaviours, like hedonic consumption which indicates the use of products or services for the sake of intrinsic enjoyment rather than to solve a problem in the physical environment. This type of consumption gives pleasure through the senses and offers emotional arousal (Holbrook & Hirschman, 1982:94).

3.2.1.1 Affect concept

To fully understand the structure of emotions, it is useful to describe a broader construct briefly, namely *affect*, which implies some kind of influence, and is used by some theorists to include emotions, moods, and also attitudes. Affect is thus a more general concept that refers to consciously accessible feelings (Oh, 2005:283). Fredrickson (2001:218) advanced the theory that affect is present within emotions as an element of subjective experience, but it is also present within many other affective incidences, including physical sensations, attitudes, moods and affective traits.

It follows then that emotions are distinct from affect in a number of ways. Firstly, emotions have an object, and are characteristically about some personally meaningful circumstance, whereas affect is often not committed to a particular thing and is therefore objectless (Russell & Feldman Barrett, 1999:809; Ryff & Singer, 1998:9; Oatley & Jenkins, 1996:14). Furthermore, emotions are typically brief and based on a multiple-component system, whereas affect is mainly long-lasting and may be significant as an element of subjective experience (Russell & Feldman Barrett, 1999:809; Rosenberg, 1998:250; Ekman & Davidson, 1994:14). Lastly,

emotions mostly fit into discrete categories of emotion families, like fear, anger, joy and interest (Fredrickson, 2001:218).

3.2.1.1.1 Affective reactions

In order to differentiate affect from overall evaluations, like attitudes, the term *affective reaction* is used. Affective reactions are defined on account of their neurophysiologic, expressive and experiential components (Plutchik, 1984:199; Izard, 1977:23). Dimensions or categories of affective reactions identified in previous studies differ from study to study. Two approaches were used to describe the structure of affective reactions, namely the dimensional approach or the categorical approach (Westbrook & Oliver, 1991:86). Researchers debated about the usefulness of the dimensional or categorical approach, but these two approaches are not contradictory to each other, they are complementary (Westbrook & Oliver, 1991:86; Russo & Stephens, 1990:117; Holbrook & Westbrook, 1990:358; Havlena & Holbrook, 1986:397).

Plutchik (1984:201) identified acceptance, joy, anticipation, fear, anger, sadness, surprise and disgust as the primary categories of affective reaction, and proposed a systematic classification of the wide variety of subjective feelings into a minor set of fundamental categories. Applied in the field of psychology, Izard (1977:24) proposed interest, joy, surprise, sadness, anger, disgust, contempt, fear, shame and guilt as categories of affective reaction. The aforementioned categorical approaches thus presupposes that a number of independent mono-polar categories of affective reaction exist (Oh, 2005:285).

The dimensional approach adopted by a number or researchers assume that affective states are not independent of one another, but related to one another in a systematic way (Russell, Weiss & Mendelsohn, 1989:495; Smith & Ellsworth, 1985:819; Mehrabian & Russell, 1974:216). Various dimensions have been documented previously. Within this context, the PAD paradigm (pleasantness, arousal and dominance) suggested by Mehrabian and Russell (1974:217) received the greatest acceptance in advertising research (Olney, Holbrook & Batra, 1991:441; Havlena, Holbrook & Lehmann, 1989:101; Havlena & Holbrook, 1986:397).

Support for the categorical and dimensional approaches remains varied. Havlena and Holbrook (1986:291) compared the reliability and validity of the PAD dimensions identified by Mehrabian and Russell (1974:218) to that of the eight primary categories indicated by Plutchik (1984:210), and deduced that the PAD dimensions were superior to Plutchik's categories for assessing affective reaction associated with consumption experiences. In contrast to this, many researchers presented empirical evidence supporting the categorical approach, and argued that structural dimensions, such as pleasantness and arousal, do not explain the more complex patterns of affective reactions (Westbrook & Oliver, 1991:87; Holbrook & Westbrook, 1990:361; Russo & Stephens, 1990:118). Madden, Allen and Twible (1988:234) and Westbrook and Oliver (1991:86) confirmed that affective reactions have two independent unipolar dimensions equivalent to either a positive or a negative emotion.

3.2.2 Function of emotions

For purposes of this discussion, the function of specific emotions are linked in terms of specific action tendencies, as indicated by various emotion theorists (Oatley & Jenkins, 1996:28; Levenson, 1994:124; Lazarus, 1991:24; Tooby & Cosmides, 1990:379; Frijda, Kuipers & Schure, 1989:218). Emotions have various useful functions, namely helping human beings to survive by directing attention to what is important for survival (O'Shaughnessy & O'Shaughnessy, 2003:27). Fear, for example, is linked with the urge to escape, anger with the urge to attack, disgust with the urge to exorcise, and so on. People do not invariably act out these urges when feeling particular emotions, but their ideas about possible courses of action focus on a specific set of behavioural options. The key assumption of this perspective is that a specific action tendency makes an emotion adaptive, and this refers possibly to the actions that worked best in helping human ancestors survive life-or-death situations (Tooby & Cosmides, 1990:383).

O'Shaughnessy and O'Shaughnessy (2003:27) reasoned that emotions are essential in decision-making, since without emotions, consumers are unable to assign values to different options or product attributes. Emotions make up for the insufficiency of reason, since it is the link between reason and emotion that decides whether trade-offs will be made. Emotions also provide information to individuals so they may know their dislikes, values and likes. Lastly, emotions contribute to human beings' social control, like embarrassment, guilt, shame and regret.

3.2.3 Emotions and their relations to cognition and action

To demonstrate the influence of emotions on cognition, the process of emotion activation and regulation needs to be understood. It follows then that emotions arise from both positive and negative evaluations. The most convincing demonstrations of the influence of emotions on cognition and behaviour come from studies, discussed in the following sub-sections, indicating that emotions influence perception, learning and memory as well as empathic, selfish and creative actions.

3.2.3.1 Process of emotion activation and regulation

The question of exactly how an emotion is activated is one of the most controversial topics in the field of psychology. To address this question, it is useful to consider the different components comprising emotion activation. In essence, emotion activation consists of three components, namely neural processes, physiological changes, and mental or cognitive activity (O'Shaughnessy & O'Shaughnessy, 2003:28).

Usually, an emotion begins with an individual's evaluation of the significance of some antecedent event. The evaluation may be either conscious or unconscious. This process of appraisal sets off a flow of response tendencies evident across flexibly linked component systems, such as subjective experience, facial expression, cognitive processing and physiological changes (Fredrickson, 2001:218).

Gross (2007:351) confirms this process of emotion activation and referred to an all-embracing framework and a process model of emotion regulation based on a generally accepted notion of the emotion-generative process. This view confirmed that an emotion begins with an evaluation of emotion cues. When these emotion cues are attended to and evaluated in certain ways, they activate a coordinated set of response tendencies, which may be modified in various ways. Emotion unfolds over time, and emotion regulation strategies can be differentiated in terms of when they have their primary impact on the emotion-generative process.

Emotions are evolved response tendencies that strengthen pleasurable behavioural and mental processes and diminish those processes that are disliked. Emotion regulation can thus be summarised as conscious and unconscious procedures individuals use to attempt to enhance pleasant and prevent unpleasant feelings and moods (Gross, 2007:351).

3.2.3.2 Positive and negative emotions

Both positive and negative emotions have specific functions, and emotion plays a role in cognition and behaviour. Emotions can be pleasant or unpleasant (i.e. joy or fear), and they may have an object, which means that emotions entail something, in other words someone may have a fear about something. Positive and negative evaluations cause emotions, and emotions differ from experience to experience. So, negative evaluations may arise due to the stress involved. A feeling of anger gives rise to a tendency of aggression, explaining emotions' drive towards action (O'Shaughnessy & O'Shaughnessy, 2003:21).

Fredrickson (2001:219) confirms that specific action tendencies work well to describe the function of negative emotions. A specific action tendency can be described as the outcome of a psychological process that tapers a person's fleeting thought-action repertoire by bringing to mind an urge to take action in a specific way (e.g. escape, attack or banish).

Theory and research verify the significance of positive and negative emotion for adaptation. Lazarus (1991:119) sees negative emotions as responses to stress and therefore as factors that influence subsequent cognition and coping behaviour. Others make an equally good case for the role of positive emotions to motivate individuals to develop and grow their resources (Fredrickson, 2001:221; Izard, Schultz, Fine, Youngstrom & Ackerman, 2000:308). These studies maintain that positive emotions have a major impact on subjective well-being, mental and physical health, as well as social functioning.

3.2.3.3 The influence of emotions on cognition and behaviour

Various psychological theories of emotion emphasise the relationship between emotion and cognition (Lazarus, 1991:79; Ortony, Clore & Collins, 1988:131; Frijda, 1987:121; Scherer, 1984:301). Research in developmental, personality and social psychology, as well as neuroscience confirm that emotions influence cognition and behaviour (Damasio, 2000:14; Izard et al., 2000:311). According to Zajonc (1980:162), emotions influence fundamental perceptual processes, while the influence on memory is pointed out by Ryff and Singer (1998:19), with the influence on various forms of problem solving being emphasised by Isen (2000:421) and Aspinwall (1998:21).

In line with psychological theories of emotion, empirical studies on emotion focus on emotion recognition, namely the ability to recognise and mark emotion signals in facial expressions and social situations. Several studies have shown a linkage between emotion recognition and adaptive social behaviour (Izard et al., 2000:311).

Cognitive-mediational theoretical methods have played a major role in psychology and philosophy from ancient Greek, Roman and medieval times to the present. More than 15 emotions have already been identified that reveal information about individuals' adaptation efforts and the way individuals appraise and cope with these efforts. Cognitive-mediational theoretical approaches evidently direct thinking about stress generation, emotion arousal, the process of handling something successfully and the influence on emotion, and finally the way this multivariate system affects adaptation and health (Lazarus, 1999:8).

To explain this approach further, an understanding of coping and appraisal is necessary. Appraisal, on the one hand, is the process that generates emotion by assessing the person-environment relationship, namely whether an event facilitates or inhibits an individual's goals. Coping, on the other hand, is the process of dealing with emotion. This can be either externally, by forming specific intentions to act in the world, or internally, by changing an individual's interpretation of a situation. These processes form the sequential character of emotion by interacting and unfolding over time (Lazarus 1991:80; Scherer, 1984:303). Added to this, discrete emotions theory claims that understanding of specific emotions and their functions enables emotion regulation, and in return facilitates cognitive and behavioural coping strategies (Izard et al., 2000:311).

Individuals may use a combination of problem-focussed coping and emotion-focussed coping to deal with a situation. A varied set of coping strategies can be used and different individuals tend to apply stable and characteristic coping styles that are concomitant with personality type. This can be explained by an individual taking preventative action or seeking active support from others to avoid a stressful factor. The alternative is to behaviourally detach from attempts in order to achieve a goal that is being threatened (Marsella & Gratch, 2002:3).

3.2.4 Emotions and culture

An understanding of emotions and whether this differs across cultures have been investigated by some researchers to determine similarities and differences. An element of the rationale for emotions as universal is that emotions can be recognised cross-culturally. To understand the fundamental similarities and extreme differences of emotions across cultures is a matter of emphasis. There are substantial differences in emotions in different cultures, but emotional commonalities among people from different cultures are greater than the differences. In an attempt to understand emotions, it was assumed that there is an innate basis, and the way this is built upon and differentiated by cultures needs to be investigated (Oatley, 1996:49).

Over the last decade, componential theories of emotion have queried the concept of emotions as undivided wholes. This type of research shifted the focus from the question of universality, and rather questioned the degree of cultural similarities and differences in the components of emotions. The more recent research approach on culture and emotions focuses on the unique patterns of emotional responses found in different socio-cultural contexts, instead of focusing on the particular responses by emotion. The cultural approach thus attempts to understand how the tendency of people in a specific culture to respond in certain emotional ways relates to cultural ideas and practices (Mesquita, 2001:215). This concept will be investigated further in Chapter 4.

3.3 THE FEAR EMOTION

The fear emotion is multifaceted, and is sometimes defined as a negative emotion, an anxiety caused by anticipated consequences of some particular negative outcome (Ghindgold, 1980:445). Fear can also be viewed as positive when seen as an emotional response that acts as a warning signal when an individual is in a situation that is perceived as being dangerous. If a situation is hazardous and threatens an individual's life, it is described as positive fear on a physical level. Modern times seem to impose a different sort of fear, namely to protect individuals from emotional threats such as feelings of being worthless or unloved or unwanted (Peiffer, 1999:14).

In this context, it is important to note the difference between psychologically healthy and psychologically disabled individuals in that the former is capable of handling life's demands and problems better than the latter. A psychologically healthy person experiences conflict, inter-personal crisis situations, and emotions like sadness, unhappiness, anger, anxiety and fear (Louw, 1992:69). In this study and for clarity purposes, anxiety is viewed from the perspectives of healthy and psychologically disabled individuals, and the fear emotion is discussed from the perspective of psychologically healthy individuals.

3.3.1 Connection between anxiety and fear

It is valuable to note the distinction between *anxiety* and *fear*, since these terms are subjectively linked to individual responses. *Anxiety* can be described as feelings of fear and apprehension, accompanied by increased and extended physiological arousal. These feelings may be normal and passing, or abnormal and long lasting. Symptoms of anxiety may be present in many psychological disorders (Cardwell, 1999:14). The American Psychiatric Association (2000:820) defines anxiety as "the apprehensive or expectation of future danger or ill fortune and the addition of a feeling of dysphoria or somatic symptoms of tension". This focus of anticipated danger may be internal or external. More than ten different types of anxiety disorders are listed by The American Psychiatric Association, indicating the complexity of this emotion. The most common adult anxiety disorders include phobias, post-traumatic stress disorder, and obsessive-compulsive disorder. Panic disorders or generalised anxiety disorders are also referred to as "anxiety neurosis" (Cardwell, 1999:14).

The most important characteristics of anxiety disorder (also referred to as "anxiety neurosis" and "phobic neurosis") are symptoms of anxiety and eluding behaviour (Louw, 1992:129). Williams, Chambless and Ahrens (1997:239) argue that the fear of loss of control over emotion and consequent behaviour is characteristic of individuals with a variety of anxiety problems. The sense of being out of control of internal and external events is thus seen as a central component of his definition of anxiety states based on supportive evidence from laboratory studies in which perceived control was manipulated.

The distinction between fear and anxiety can be made by describing fear as feelings of apprehension about tangible and predominantly realistic dangers, and anxiety as

feelings of apprehension that are difficult to relate to tangible sources of stimulation. The difficulty to identify the source of an individual's fear is usually considered the main characteristic of anxiety (Rachman, 1990:3).

Anxiety can be measured in a number of ways, like self-report, measuring arousal using a technique like galvanic skin response, or by observation of apparent behaviour, such as rapid speech or sweating (Cardwell, 1999:14).

3.3.2 Fear as emotional response

Fear may vary in strength and frequency, depending on an individual's mood and circumstances, hence every person experiences fear in his/her own individual way. There are different levels and different categories of fear, but no specific limit to where apprehension ends and anxiety begins, which makes categorisation of fear by necessity difficult (Peiffer, 1999:17).

The conditions that lead to fear as emotional response can be described by a general theory of emotions in the field of psychology which states that the common element that links emotions to one class is the representation of some kind of reaction to a reinforcing event, or specific signals that a reinforcing event is imminent. The reinforcing events can be punishments or rewards, where punishments include the withholding of a reward or failure of an expected reward to occur. Similarly, rewards entail the withholding of punishment or failure of an expected punishment to occur. Based on this theory, fear can be viewed as a form of emotional reaction to punishment, in other words, any stimulus that individuals concerned would want to avoid, escape from or end (Gray, 1987:9).

This strong stimulus that impels human beings to action and which reinforces elimination or reduction can also be referred to as a drive. Drives can be classified as either primary or secondary. Primary or fundamental drives are related to survival and include hunger, thirst and pain. Secondary or resultant drives are learned, such as fear, anxiety or the need to be successful. Primary drives are biologically determined, while secondary drives are learned or determined by culture. Freud affirmed that anxiety serves as a warning of impending danger, and accordingly, an event that is associated with a painful experience will cause fear or anxiety if the

event is replicated in future. Fear is one of the most important secondary drives because it is vital for adaptive human behaviour (Hergenhahn & Olson, 2003:319).

The specific origin of fear remains a controversial topic. Rachman's (1990:41) concept of three pathways to fear describes different routes leading to fear. *Conditioning* is seen as the first pathway, and viewed as exposure to traumatic stimulation or repeated exposures to sub-traumatic sensitising conditions. *Vicarious acquisition* is the second pathway, which entails direct or indirect observations of people displaying fear. The last pathway to fear is the *transmission of fear-inducing information* (Rachman, 1990:41).

Human behaviour that occurs after fear has been linked to the behaviour that animals portray when faced with a specific fear, and it is described in terms of freeze, flight and fight behaviour. The latter can be explained in terms of facing punishment or threat thereof, whereas *flight* refers to an individual not facing the fear, and freeze behaviour refers to keeping absolutely still and silent (Gray, 1987:10). Empirical studies show that, in general, the more fear is aroused, the more likely people are to take preventative measures. Messages that are constantly driven can make people rebel and end up tuning out the messages. For example, when a warning is issued constantly, warning fatigue can set in and people might end up ignoring the warning totally (Rogers, 1983:15).

3.3.2.1 Fear appeals

The use of the fear emotion in marketing communication messages will be discussed in greater detail in Chapters 5 and 6. The following brief overview places fear appeals in the context of the psychological perspective of the fear emotion. Fear appeals in marketing communication messages are found where fear is used in a persuasive message in order to attempt to change an individual's attitude or behaviour. Contradictory results for the effectiveness of using fear as a trigger for attitude change have frequently been found in studies, but it should be noted that the following factors seem to play an important role in an individual's behaviour:

- the unpleasantness of the event described;
- the likelihood of the unpleasant circumstances occurring if the recommended action is not taken;

- the effectiveness of the recommended action in avoiding the unpleasant circumstance; and
- the ability of the recipient of the message to carry out the recommended action (Cardwell,1999:96).

Advertisers make use of fear appeals to arouse fear in order to promote precautionary motivation and self-protective action (Rogers, 1983:54). Fear appeals are organised in such a way that threat information is presented first, followed by coping information outlining the feasibility and effectiveness of a recommended action. It is clear that fear appeals should be concise and should indicate specific action to be taken, by whom, how, when and where (Ruiter, Verplanken, De Cremer, Kok, 2004:17).

3.4 SIGNIFICANCE OF PERCEPTION, LEARNING AND ATTITUDES

A wide range of factors affect how consumers receive information, what they do with the information and ultimately their buying behaviour. Race, religion and culture set the tone for individuals' specific values and are modified by their membership of primary (e.g., family) and secondary (e.g., work colleagues) groups. Internally, an individual's attitudes, perceptions, learning, memory and motivation are strong influencers of behaviour. Further influencers include individual characteristics, like age, gender, income, personality and family situation, as well as external influencers like personal situation, disposable funds, time available to look for options and communication messages (Egan, 2007:57). It is therefore apparent that knowledge of perception, learning and attitude principles enables marketers to develop effective marketing communication messages.

Individuals make decisions and act on the basis of their perceptions. An individual's reality is essentially that individual's perception of the world. It is a process by which an individual selects, arranges and construes stimuli into a meaningful and logical picture of the world (Schiffman & Kanuk, 2004:172).

In today's sophisticated society, consumers are faced with a multitude of product and service choices and, consequently, learning to adapt and respond to this environment is not optional. Understanding learning is important to academics, psychologists, consumer researchers and marketers, since learning is a change in

the content of long-term memory. By understanding learning, marketers can determine how effectively they have taught consumers to prefer their brands and to differentiate their products from those of competitors (Sheth & Mittal, 2004:314).

Researchers also make use of attitudes to predict behaviour and to evaluate advertising, since attitudes play an important role in behaviour and behaviour change. Attitudes are believed to be the link between what consumers think about a product and what they eventually purchase in the marketplace, because an attitude is a tendency to act or behave in some predictable way. Thus, a clear understanding of attitude and its influences is required before one can understand behaviour and change in behaviour (Foxall, Goldsmith & Brown 1998:75).

3.4.1 Context of perception

Marketers need to recognise how consumers acquire and use information from external sources when formulating communication strategies. Of particular interest are:

- how consumers sense external information;
- how they select and attend to various information sources; and
- how interpretation and meaning is given to the information (Belch & Belch, 2004:112).

Cardwell (1999:47) confirms that cognitive processes include mental or behavioural aspects that involve the manipulation of material in an abstract manner. Such processes are typically used to refer to actions such as thinking, memory and perception.

Perception basically describes how individuals see the world around them or form a meaningful picture of the world when they receive, select, organise and interpret information. Various concepts are used to underline the meaning of perceptions, but ultimately perception involves three distinct processes.

1. Sensation is the immediate response of the human senses to a stimulus, which could include an advertisement, package or other marketing information.
2. The selection and organising of information or stimuli are determined by internal psychological factors, such as personality, needs, motives, expectations and experiences.

3. Once a consumer has selected and attended to a stimulus, the perceptual process focuses on organising, categorising and interpreting incoming stimuli or information (Schiffman & Kanuk, 2004:173; Belch & Belch, 2004:112).

Human beings are bombarded with innumerable stimuli on a daily basis, thus resultant individual perceptions are based on two different types of inputs that interact. Input can be physical stimuli from the outside environment, input that individuals themselves provide in the form of predispositions, such as motives, expectations and learning, which are based on an individual's previous experiences. The nature of information from the environment, the setting in which the information is received and personal knowledge and experiences all shape perceptions (Schiffman & Kanuk, 2004:184; Foxall et al., 1998:127).

Consumers seek out messages that they find pleasant, or those to which they can relate or which they try to avoid, or those which they find painful or threatening by using selective exposure. They also make use of selective attention by which they pay attention to selected stimuli (Schiffman & Kanuk, 2004:191; Belch & Belch, 2004:113). Perceptual defence occurs where consumers screen out stimuli that they find psychologically threatening. Even though the exposure might already have taken place, they unconsciously distort information that is not consistent with their needs, values and beliefs. Consumers also make use of perceptual blocking where they simply prevent themselves from being bombarded by stimuli (Schiffman & Kanuk, 2004:191; Foxall et al., 1998:129).

3.4.2 Learning theory

Learning is conceptually related to perception, since it also entails acquiring information. Consumers obtain purchase and consumption knowledge through a learning process, which is then applied to future-related behaviour (Egan, 2007:65; Schiffman & Kanuk, 2004:231). This can be explained further by stating that experience leads to changes in knowledge, attitudes and/or behaviour (Engel, Blackwell & Miniard, 1995:514). Information is stored in consumers' memory by way of associations. Mainly, what consumers know, think and feel about brands have been stored in their memory via the process of learning. The main method used by marketers to communicate to consumers is advertising (Foxall, et al., 1998:71).

Learning occurs through different processes. Two perspectives on learning are the *cognitive* approach and the *behavioural* approach. According to the cognitive approach, learning is reflected by changes in knowledge, with the focus on the mental process that underlies the way individuals learn information. The behavioural approach views learning as changes in behaviour resulting from the development of associations between stimuli and responses (Engel et al., 1995: 514). Figure 3.1 illustrates the two main categories of learning theory, as well as the various subcategories. The cognitive and behavioural approaches to learning will be discussed briefly in the following sections to underline learning theory. A more in-depth view on behaviour change principles will be given in Chapter 4 of this study.

3.4.2.1 Cognitive learning

Cognitive learning refers to learning based on mental activity. The acquiring of new information and the way this is memorised in the human mind is of central importance to researchers (Schiffman & Kanuk, 2004:246). Theory of cognitive learning emphasises the thought process involved in consumer learning, as well as recognition of a goal, behaviour to achieve the goal, insight into a solution, and ultimately, goal achievement (Assael, 1995:123).

Cognitive learning is relevant to marketers in the context of consumer decision-making processes, whereby consumers recognise a need, evaluate alternative products or services to fulfil their need, select a product or service that consumers think will most successfully satisfy their need, and finally evaluate the extent to which the product or service meets their need (Assael, 1995:123). Various subcategories of learning theory, which play an important role in marketing, are briefly explained in the following paragraphs and are illustrated in Figure 3.1.

The first subcategory, *verbal or rote learning*, is a process where an association between two or three concepts is developed in the absence of stimulus (Egan, 2007:69). This type of learning mainly takes place through repetition. Consumers memorise information like brand names, slogans and jingles when they are repeatedly exposed to these, thus an incidental type of learning (Foxall et al., 1998:73). Advertisers apply this by repeatedly reminding their target audience of their brand to help consumers remember.

Secondly, *vicarious learning* – also referred to as *modelling* or *observational learning* – incorporates both cognitive and behavioural learning theories, whereby an individual learns behaviour by observing the actions of others and the application of this in his/her own lives (Foxall et al., 2007:71; Engel et al., 1995:547). Assael (1995:124) added that behaviour is imitated if positive consequences from other people's behaviour are evident, but, if an individual sees negative consequences of other people's behaviour, he or she might avoid such behaviour. Vicarious learning is widely used in advertising, where advertisers show people using their products and achieving positive results, or in the instance of not using their product, negative results.

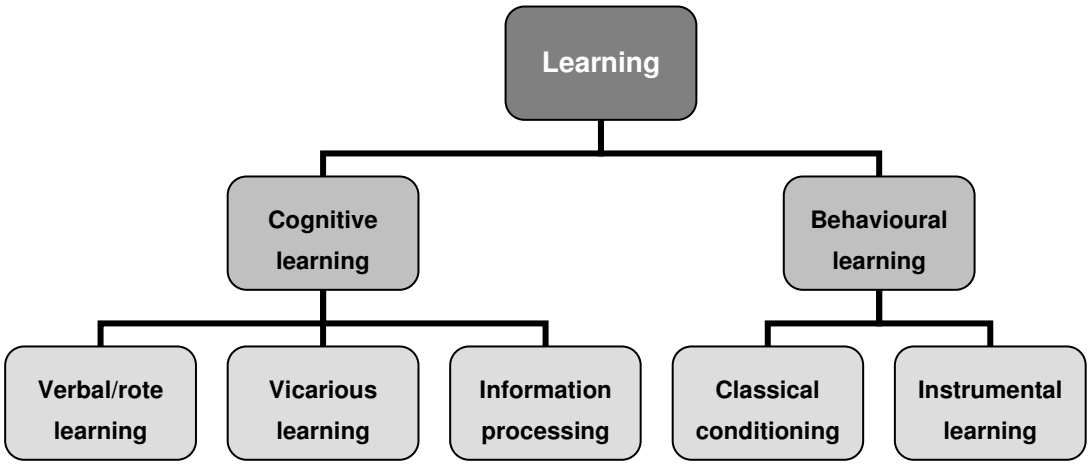


FIGURE 3.1
THE MAIN LEARNING CATEGORIES AND SUBCATEGORIES

Source: Foxall, et al. (1998:72)

Finally, information processing or reasoning is used by consumers when they take information about a brand and come to their own conclusion about a brand's suitability for purchase. Information is restructured and rearranged and the consumers use all the information they already have about a brand and combine this with new information (Foxall et al., 1998:73).

3.4.2.2 Behavioural learning

Two types of behavioural approaches can be identified: classical conditioning and operant conditioning. Behavioural learning models are also referred to as stimulus-response theories because they are based on the principle that observable responses to specific external stimuli signal that learning has taken place; thus, when

someone reacts to stimuli, it is said that the person has learnt (Schiffman & Kanuk, 2004:233).

Classical or respondent conditioning has to do with all organisms (both human and animal) as passive entities that can be taught certain behaviours through repetition, as originally identified by Ivan Pavlov. Classical conditioning is the process whereby someone learns an association between two stimuli due to the constant appearance of the two as a pair. For example, hearing popular music elicits a positive emotion in many individuals. If this music is consistently paired with a particular brand, the brand itself will educe the same positive emotion. Marketers often rely on classical conditioning in advertising by attempting to create a mood or image that is positively associated with the advertised product (Egan, 2007:65; Schiffman & Kanuk, 2004:233; Engel et al., 1995:548).

Similarly, instrumental or operant conditioning requires a link between a stimulus and a response. However, in instrumental conditioning, the stimulus that results in the most satisfactory response is the one that is learned; thus, the consequence of behaviour is likely to determine the frequency or probability of the behaviour being performed again (Engel et al., 1995:539). It is believed that learning occurs through a trial-and-error process, with habits formed as a result of rewards received for certain responses or behaviours. This is based on the work of B.F. Skinner who also distinguished between two types of reinforcements, namely positive and negative, that influence the likelihood that a response will be repeated (Schiffman & Kanuk, 2004). Positive reinforcement consists of a stimulus that strengthens the likelihood of specific behaviour, and negative reinforcement with negative outcomes that serve to encourage a specific behaviour (Engel et al., 1995:539). The principles of operant conditioning are also applied to advertising, when used to increase consumers' expectation of reinforcement by stressing a benefit or reward when they purchase a specific brand (Assael, 1995:120).

3.4.3 Concept of attitude

The combination of perception and learning can assist in influencing the creation of predisposed attitudes by creating a connection between what people think and ultimately their behaviour. Attitudes form an essential part of consumer theory, since it is believed to be the link between what consumers think and, ultimately, what they

purchase (Foxall, et al., 1998:102). As early as 1975, Fishbein (1975:14) confirmed that an attitude can be positive, negative, favourable or even unfavourable. Attitudes are learnt or acquired rather than inborn, and they are formed as a result of personal experience, reasoning or information.

Some studies refer to attitude as a hypothetical concept, indicating a state of readiness based on past experiences, which guides, biases or influences individuals' behaviour. This view points to the fact that attitudes have three components, namely the *cognitive* component (what individuals believe about an object), the *affective* component (indicating an individual's feeling towards an object), and the *behavioural* component (how individuals might actually behave toward an object) (Cardwell, 1999:19). This traditional view of the relationships between attitude and its affective, conative (behavioural) and cognitive components are illustrated in Figure 3.2.

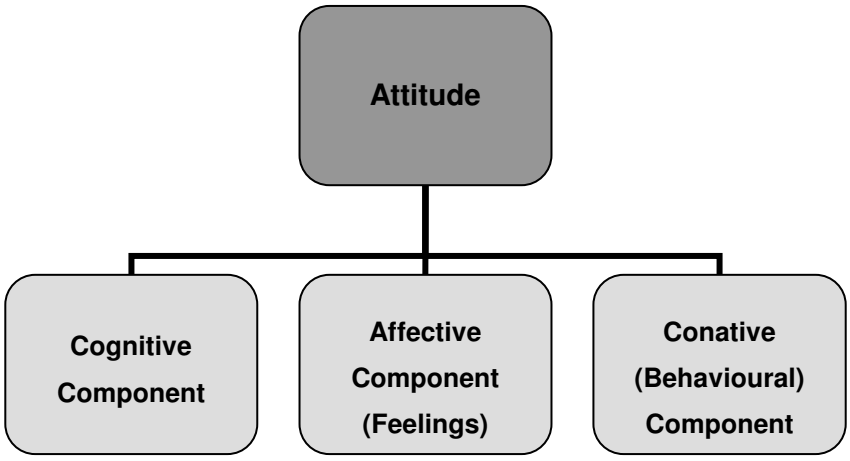


FIGURE 3.2
TRADITIONAL VIEW OF ATTITUDE

Source: Adapted from Engel et al. (1995:364)

Adding to the traditional view, it is also understood that attitudes have a number of motivational functions, where motivation is seen as the inner drive that causes individuals to strive for a specific level of satisfaction (Egan, 2007:57). These motivational functions include the following:

- *ego-defensive* functions that protect individuals from experiencing negative feelings about themselves;
- *value-expressive* functions that include the way individuals express those things that are important to them;

- *instrumental* functions that include adopted attitudes that are expressed to gain social acceptance; and
- *knowledge* functions that assist individuals in organising their social world along evaluative dimensions and which allow them to make predictions about events in their social world (Cardwell, 1999:19).

Cognitive behaviour theories refer to the organising of attitudes, with as central theme the fact that individuals strive for consistency in what they believe, the attitudes that they have and the way in which they act. Any inconsistency, such as doing something against one's beliefs, produces an unpleasant feeling, known as *cognitive dissonance*, which motivates individuals to reduce this feeling by changing either their attitude or their behaviour in order to re-establish consistency (Cardwell, 1999:47).

Marketers have to predict consumer behaviour in order to understand future demand for a product. The understanding of attitudes and intentions when forecasting the demand for new products or future demand for existing products is valuable for marketing planning (Engel et al., 1995:384).

3.4.3.1 Attitude and behavioural intent

The link between attitude and behavioural intent is important to marketers, since ultimately this is used to predict consumer behaviour. A more contemporary model by Engel et al. (1995:365) views attitude as being distinct from the three components initially mentioned.

The contemporary model places the cognitive component (beliefs) and the affective component (feelings) as determinants of attitude. This explains why, for some products, beliefs will be the primary determinant of attitude while for other products feelings could be the deciding factor in attitude towards the product. Sometimes both feelings and beliefs can form an attitude (Foxall, 1998:79; Engel et al.,1995:365).

The behavioural (conative) component is not viewed as a determinant of attitude in this model, but attitude is seen as a determinant of the conative component or behavioural intention. This explains why a consumer's behavioural intention is dependent on his/her attitude. As attitude becomes more favourable, behavioural

intent is thought to intensify as well (Engel et al., 1995:366). This relation between attitude and each component is indicated in Figure 3.3. From Figure 3.3 it is also evident that behavioural intention is closer to actual behaviour and could be measured to predict future behaviour, since this produces one of the most accurate predictions of future behaviour (Engel et al., 1995:367).

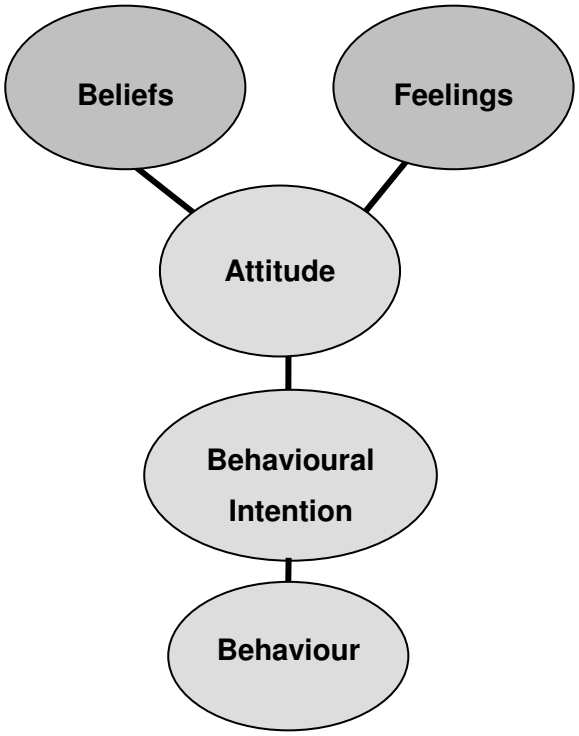


FIGURE 3.3

CONTEMPORARY VIEW OF ATTITUDE FORMATION

Source: Adapted from Engel et al., 1995:365

3.5 CONCLUSIONS AND IMPLICATIONS

From the discussion in this chapter, it is evident that emotions – and specifically the fear emotion – play a major role in the daily lives of human beings. People often experience emotions without reasoning why, because emotions have physiological, expressive and experimental components, and each component has a unique structure and functions. Emotions also influence what people perceive, learn and remember, and emotions are involved in the development of moral behaviour in basic personality traits. The fear emotion differs per individual and comes in various degrees. The more fear is aroused, the more likely people are to take preventative measures against a specific threat or to change their behaviour to prevent the threat.

People perceive different things according to their individual cultures and make decisions and act on the basis of their perceptions, whereas learning changes the content of long-term memory. Attitude leads someone to behave in a certain manner and is believed to be the link between what consumers think about a product or brand and the action they take. Beliefs and feelings are antecedents of attitude and are ultimately important influencers of behavioural intention. Behavioural intention is closer to actual behaviour and could be measured to predict future behaviour.

Thus, one can conclude that this chapter confirmed the important role of the fear emotion in the development of persuasive fear appeal messages. Advertisers can make use of fear appeals to arouse fear in order to promote precautionary motivation and self-protective action, which can lead to changes in behaviour. These diverse behaviour change principles will be discussed further in Chapter 4.

CHAPTER 4
BEHAVIOUR CHANGE PRINCIPLES AND INTERVENTIONS

4.1 INTRODUCTION

Understanding human behaviour is a multifaceted and varied field of study, since it crosses various boundaries from psychology to philosophy, sociology and marketing. This chapter gives an overview of the principles of behaviour change and the effect of interventions on people's behaviour. For clarity purposes, behaviourism and behaviour are defined.

An understanding of behaviour change principles is vital to the success of marketing communications. A number of behaviour change models have been developed and the most prominent of these are discussed in this chapter. Various fear appeal models have also been developed to change high risk behaviour, and most of these models are based on the principles of the behaviour change models. The development and essence of these fear appeal models are discussed in detail in Chapter 5.

Various factors influence people's behaviour and this study endeavours to understand specifically the role of external influences, in particular culture, referred to as racial characteristics, as well as individuals' personality in terms of behaviour change. Adolescents' behaviour – as individuals and as a group demographic variable which also has an external influence on behaviour – is clarified.

4.2 SYNOPSIS OF BEHAVIOUR

In the early days of behaviourism, it was emphasised that behaviour comprised only those responses that were overt and observable. Today, the term has been broadened and it now represents a range of responses that are not necessarily overt or directly observable. An example of this is that of human memory or problem-solving, which is seen as behaviour although it cannot be observed directly, but is rather inferred from the product of such memory or problem-solving (Cardwell, 1999:27)

The following paragraphs give an overview of behaviourism, an understanding of behaviour, abnormal behaviour and behaviour change.

4.2.1 Behaviourism

The behaviourism approach to psychology explains behaviour in terms of observable events without reference to intellectual concepts such as mind and emotion. Since its development in the early part of the twentieth century, behaviourism has gone through a number of changes (Cardwell, 1999:29). Skinner (1984:567) originally stated that "the variables of which human behaviour is a function lie in the environment and cognitive constructs give a misleading account of what is inside a human being". More recent developments include social learning theory, which emphasises the role of plans and expectations in people's behaviour and sees people as self-reflecting and thoughtful. The original approaches saw the relationship between a person and the environment as a straight line, stating that people act on their environment and this in turn provides rewards and punishments to determine the future probability of a response occurring. Later approaches indicated that psychological theorising without reference to internal cognitive processing hampers the explanation of behaviour (Hempel, 1966, cited in Bechtel, 1985:57). Behaviourism ultimately underestimated the importance of inborn tendencies and the fact that behaviour is influenced by many factors (Cardwell, 1999:29).

4.2.2 Behaviour defined

In the marketing perspective, behaviour and attitude change are usually viewed in terms of persuasive communication (Schiffman & Kanuk, 2004:294). Consumers hold specific attitudes towards certain brands, products, companies, stores and advertisements (Clancy & Shulman, 1991:114). Marketers use various forms of attitude measurements to measure attitudes both before and after persuasive messages (Schiffman & Kanuk, 2004:294). Attitudes explain which brand(s) consumers will buy, and why. This is valuable information as it indicates how brands are perceived by consumers, and ultimately determines consumers' buying behaviour (Clancy & Shulman, 1991:114).

Behaviour can be defined in terms of social or normal behaviour and anti-social or abnormal behaviour. The following sections provide a brief description of these concepts.

4.2.2.1 Social behaviour

Behaviour is ultimately a general term that refers to a measurable response of a person, where social or normal behaviour is seen as acceptable by society (Cardwell, 1999:28). As mentioned in Chapter 3, affective responses are related to emotions. Affect is a feeling state, whilst emotion is a response to a particular perceived event. The intensity of the event is related to the degree of familiarity with the event and is also conditioned by one's mood (Dallimore, Sparks & Butcher, 2007:79; Stein et al., 1993:281; Scherer, 1984:301). Emotions are triggered reactively by thoughts. The observable behaviour begins with an event, which triggers an affective response. Affective reactions and moods have an effect on the cognitive process which in turn results in social behaviour (Lundberg & Young, 2001:532).

4.2.2.2 Anti-social behaviour

Anti-social behaviour violates society's ideas about what constitutes an appropriate level of functioning. Abnormal behaviour is described by Cardwell (1999:10) as behaviour that is not according to the norm or which is detrimental to someone or those around that person. *Abnormal* or *anti-social behaviour* thus refers to behaviour that is harmful or disruptive within society (American Psychiatric Association, 2000:833).

Within psychology, different approaches have different views of the nature and origin of abnormal behaviour. These include behavioural models, biological models, cognitive models, humanistic models, psychodynamic models and socio-cultural models (Cardwell, 1999:3). For the purposes of this study, sexual behaviour in the context of HIV/AIDS can be seen as abnormal or anti-social behaviour, and therefore behavioural models, cognitive models and socio-cultural models are relevant and will be investigated further in this chapter.

4.3 BEHAVIOUR CHANGE PRINCIPLES

An understanding of the principles of behaviour change is imperative to ensure that marketing communication interventions are developed successfully. *Behaviour change* is a general term that refers to any psychological intervention which changes the behaviour of a person. This may include techniques like behaviour modification, behaviour therapy, other psychotherapies or treatments, and any other practice that

aims to change someone's behaviour intentionally or incidentally (Cardwell, 1999:28).

Marketing can affect both motivation and ultimately behaviour if the product or service offered is designed to meet a need or if there is an undeniable benefit from the service. The behavioural approach that is concerned with observable behaviours views learning as the changes in behaviour that are the result of the development of associations between stimuli and responses (Engel et al., 1995:10, 514).

Learning theory, more specifically cognitive learning and behavioural learning, was discussed in Chapter 3. This theory forms an imperative part of behavioural change and for the purpose of unity it is briefly discussed in this chapter. Associations are significant to marketers because consumers use this information-base to make purchase decisions. Most of what consumers know, think and feel about brands have been stored in their memory by the process of learning (Foxall & Goldsmith, 1994:71). Consumer learning may take many forms but the primary means that marketers use to communicate with their customers is through advertising. Social cognitive theory advances that relationships exist among behavioural factors, personal factors and environmental factors (Bandura, 1986:114).

The most prominent behaviour change models are discussed to give an overview of how behaviour change principles function. The information motivation behavioural skills model explains how risk reduction behaviour is obtained, whilst the behavioural intentions model validates the role of attitude and intention in behaviour change (Fisher & Fisher, 1992:461; Lee & Green, 1991:290). The integrated framework of behaviour offers multi-cultural applicability which is an important aspect of this study (Fishbein, 2000:87).

4.3.1 Behaviour change interventions

Engel et al. (1995:514) explain that learning is a process through which experience leads to changes in knowledge, attitudes, and/or behaviour. The behavioural approach views learning as the changes in behaviour resulting from the development of associations between stimuli and responses. Although each individual's behaviour is unique, there are only a limited number of theoretical variables that serve as the determinants of any given behaviour. This explains why it is imperative to understand

these variables and their role in behavioural prediction, since it can guide the development of effective behaviour change interventions. There is growing evidence to suggest that well-designed, targeted, theory-based behaviour change interventions can be effective in reducing the spread of HIV/AIDS (Fishbein, 2000:260).

HIV/AIDS is still spreading quickly among the youth of the world. Although some advances have been made in the treatment of HIV/AIDS, no cure has been found. In order to get the epidemic under control – and maybe even reverse its effects – the key lies with behaviour change. Individuals need to be encouraged, reinforced, and supported to change their high-risk behaviour into healthy behaviour in order to prevent the spread of the disease (Fishbein, 2000:261; Lee & Green, 1991:291). The studies by Fishbein (2000:261) and Fishbein, Middlestadt and Hitchcock (1991:250) have found that effective behavioural interventions can significantly reduce HIV/AIDS-inducing behaviour and consequently also infections.

During an extensive literature review of HIV/AIDS related risk-reduction research, Fisher and Fisher (1992:460) found that interventions differ in terms of their design and foundation. Interventions based on formal theory may have greater potential to be effective and may lead to more generalisable outcomes than those based on conceptual and logical grounds (Coates, 1990:61). Also, interventions that were based on group-specific needs were found to be more likely to succeed that those based on researcher's intuition, because this increased the sensitivity of interventions in terms of the target population's needs (Fisher & Fisher, 1989). Furthermore, Fisher and Fisher (1992:461) established that, overall, interventions that are broader in scope and that attempt to influence HIV/AIDS-risk-reduction information, motivation and behavioural skills are the ones that appear to produce the best HIV/AIDS-risk-reduction behaviour change. This was true among adolescents, students, gay men, and intravenous drug users.

4.3.2 Learning theory

One of the perspectives on learning and behaviour change is the cognitive and behavioural learning theories, discussed in Chapter 3. The cognitive learning approach assumes that learning is reflected by changes in knowledge (Engel et al., 1995: 247). The focus is on the mental process that underlies the way individuals learn information. The cognitive approach to learning thus entails recognition of a

goal, purposive behaviour to achieve the goal, insight into a solution and, finally, goal achievement (Assael, 1995:123).

Initial models of consumer behaviour supported the cognitive learning theory. The model has however been criticised for being linear and inflexible. It does not take into account external influences, such as culture, and puts too much emphasis on external stimuli. Several external influences on behaviour should be evaluated in conjunction with this learning theory, including culture, subculture, social class, reference groups and situational determinants (Belch & Belch, 2004:214).

The behavioural learning approach proposes that learning takes place as a result of observable responses to external stimuli (Engel et al., 1995:234). Learning theorists recognise that behaviour can be altered by providing appropriate rewards, incentives, and/or disincentives. While effective in bringing about behaviour change, such approaches require a high level of external dominance over the physical and social environment, and the incentives used to reinforce certain behaviours, like safe sexual behaviour, and discourage others, like risky sexual behaviour. The limitation of strict behaviourist approaches lies in the difficulty to maintain this dominance in real-life situations (Assael, 1995:123, Engel et al., 1995:234).

4.3.2.1 Social cognitive theory

Bandura's social cognitive theory formed the theoretical framework for a number of studies (Misra & Aguillon, 2001:23; Zimmerman, 1989:4). This theory advances the cognitive learning theory by stating that relationships exist among behavioural factors, personal factors (those coming from within an individual), and environmental factors (those forming the context within which behaviour takes place) (Bandura, 1986:115). Behavioural factors are usually the variables that we seek to explain and predict. Personal factors are chosen based on the context and objectives of the research and may include variables such as the respondents' personal characteristics, self-esteem, HIV/AIDS knowledge and perception of vulnerability to infection (self-efficacy), and number of partners (Misra & Aguillon, 2001:26). Self-efficacy is seen by Bandura (1986:116) as perhaps the single most important factor in promoting changes in behaviour, and refers to a person's confidence in the ability to take action. Measures of self-efficacy and some of the other key concepts from the social cognitive theory have also been identified as important determinants of

movement through the stages of change, which proposes that people go through various stages of change before behaviour change occurs (Oldenburg, Glanz & French, 1999:510; Zimmerman, 1989:22). Environmental factors include family structure, age, ethnicity, gender, cultural norms and peer influence on behaviours (Misra & Aguillon, 2001:26).

Bartholomew, Parcel, Kok and Gottlieb (2006:15) propose that health promotion programmes should be developed based on an intervention mapping procedure. This entails a systematic approach to intervention development that is founded on behaviour change theory and evidence. They also take into account the social and psychological environmental causes of health problems and risk behaviour. Bartholomew et al. (2006:16) proposes that intervention mapping uses several stages through which appropriate behaviour change interventions are developed: needs assessment, matrices, theory-based methods and practical strategies, the programme, adoption and implementation plan, and finally evaluation. Each of these stages has several sub-steps which should be implemented. The implication is that health promotion programmes should be tailored to specific populations and settings, it should involve participants in the planning process, and it should seek to institutionalise successful intervention components and be able to replicate them in other settings.

4.3.3 Information motivation behavioural skills model

The Information Motivation Behavioural Skills model advances from the learning theories where authors propose that *informational, motivational and behavioural* skills are central to behaviour change and enforcement (Fisher & Fisher, 1992:460; Winett, Altman & King, 1990:98). Fisher and Fisher (1992:461) proposed a conceptual model by using these three elements as the foundation to HIV/AIDS-risk reduction.

Information, in this instance, relates to knowledge of the means of HIV transmission and information concerning the prevention of HIV transfers. Some studies have focussed on the relationship between information and increased levels of HIV/AIDS-related risk reduction behaviour. It has also been found that very specific information on the subject of HIV/AIDS transmission and prevention are more effective than general information regarding the HIV virus (Fisher & Misovich, 1990:52; Catania, Kegeles & Coates, 1990:61).

Motivation relates to the wish to change high-risk HIV/AIDS behaviours and the intention to act on HIV/AIDS-related information. According to Fisher and Fisher (1992:462), even an informed and highly skilled person will still require a high level of motivation in order to implement and maintain HIV/AIDS-preventative behaviour.

Behavioural skills are needed to perform specific acts that are HIV/AIDS preventative. Without the skills, even a highly informed and motivated person might be unable to reduce his or her own high-risk behaviour. The HIV/AIDS-related behavioural skills identified by Fisher and Fisher (1992:462) include self-acceptance of sexuality, acquisition of behaviourally relevant information, negotiating HIV/AIDS prevention with a partner, public prevention acts (such as buying a condom in public), and consistent HIV/AIDS prevention and reinforcement.

Figure 4.1 illustrates the model proposed by Fisher and Fisher (1992:464). *Motivation* and *information* are independent constructs, which largely activate risk reduction behaviour through behavioural skills and leads to maintenance of change. Thus, behaviour change is mediated by skills. However, the information motivation behavioural skills model also supports the notion that information and motivation may directly influence risk-reduction behaviour, and that this is usually possible when the behaviour is simple to understand and perform.

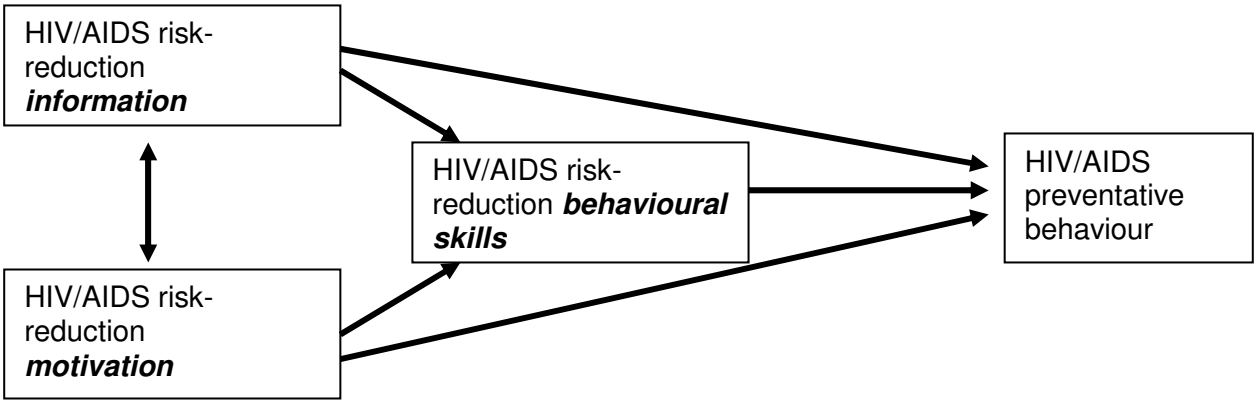


FIGURE 4.1

THREE FUNDAMENTAL DETERMINANTS OF HIV/AIDS RISK REDUCTION

Source: Fisher and Fisher (1992:463)

Motivation is also suggested to have several antecedent factors (Fisher & Fisher, 1992:467). HIV/AIDS risk-reduction motivation is in part determined by the

individual's attitude towards HIV/AIDS prevention, social norms (which are either pro-preventative or anti-preventative), perceived vulnerability to HIV/AIDS, and perceived benefits and costs of HIV/AIDS prevention. These are all pivotal in determining the level of individual motivation (Jemmott & Jemmott, 1990:353; Fisher & Misovich, 1990:53).

The power of the Information Motivation Behavioural Skills model lies in its ability to be generalised across populations of interest. Each dimension may also be manipulated to best suit the population and behaviour-change goals at hand.

4.3.4 Behavioural intentions model

One of the first models regarding information change and which is still relevant today is the behavioural intentions model (Fishbein & Ajzen, 1975). Attitudes both affect behaviour and are affected by it. Many studies have been conducted to establish the relationship between attitudes and behaviour, but the theory of reasoned action developed by Martin Fishbein and Icek Ajzen places attitudes within a sequence of linked cognitive constructs: beliefs, attitudes, intentions and behaviour. This model predicts behavioural intentions rather than behaviour, but it is assumed that under the right conditions, intentions will approximate behaviour itself. Thus behavioural intentions are a function of two factors namely the respondent's attitude towards behaving in a prescribed manner and his or her subjective norm (what the respondent believes others say about him or her acting a specific manner) (Foxall & Goldsmith, 1994:74).

4.3.4.1 Theory of reasoned action

Fishbein (1975:11) hypothesised that a person's behavioural intentions are determined by an *attitudinal* or personal component and also a *normative* or social component (as often defined by one's cultural background). The individual's attitude towards performing the behaviour or act is a function of the perceived consequences of the behaviour. The other component, the subjective norm(s), is a function of beliefs about the expectations of important referent others and one's intention to conform to these expectations (Lee & Green, 1991:293). The theory of reasoned action serves as a framework for the complex relationship between attitudes, beliefs, intentions and behaviour. The theory of reasoned action proposes that the behavioural intention of an individual determines the probability of performing a

particular behaviour, and is based on a weighted set of beliefs about the consequences of the particular behaviour under consideration (Delaney, Lough, Whelan & Cameron, 2004:5).

Figure 4.2 depicts the theory of reasoned action and explicates that the direct antecedent of behaviour is the intention to perform the behaviour. The model also assumes that people are logical and consistent in their information seeking and decision-making, and proposes that intention is solely determined by attitudes towards the behaviour and subjective norms (Delaney et al., 2004:5; Engel et al., 1995:387; Lee & Green, 1991:293).

Attitudes are influenced by beliefs about behavioural consequences and the evaluation of these consequences. Subjective norms are determined by normative beliefs (beliefs about others with respect to performing the behaviour) and the motivation to comply with such normative beliefs. At times, only attitudes will influence intention, and sometimes social norms will dominate the influence on intention. In some instances, both attitude and social norms will have an influence on intention (Engel et al., 1995:387; Foxall & Goldsmith, 1994:75).

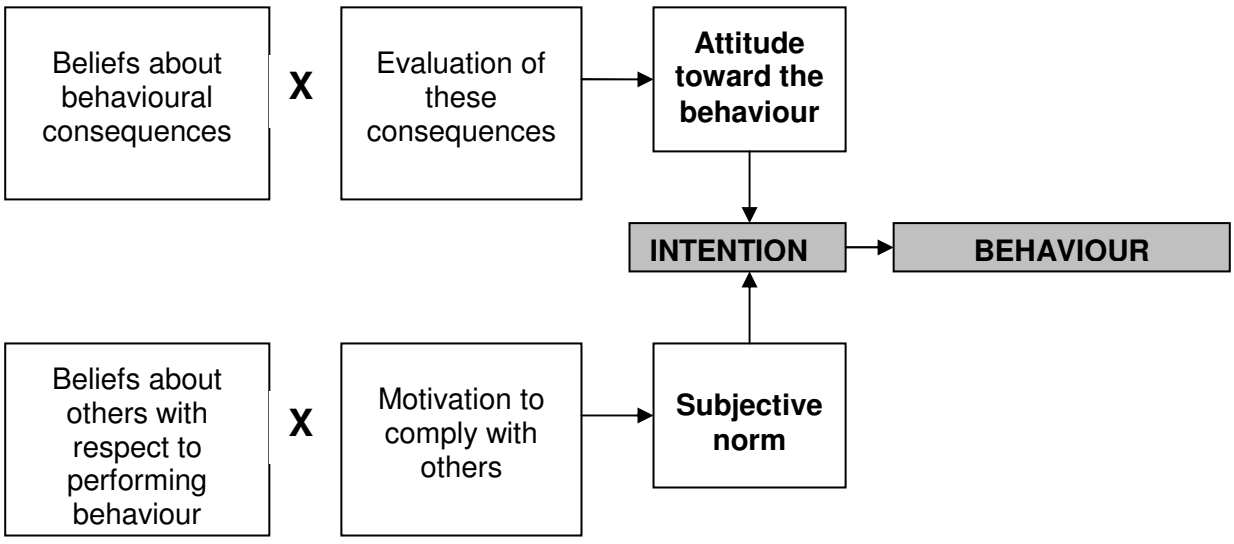


FIGURE 4.2

THE THEORY OF REASONED ACTION

Source: Delaney et al. (2004:5)

To explain the theory of reasoned action, the example of HIV/AIDS will be used. Attitudes refer the attitudes based on beliefs relating to safe sex and the results of safe sex. Subjective norms are established by an individual's perception of what significant others believe and do in terms of safe sex. Assessment of likely attitudes and normative beliefs can result in a more effective advertising campaign. For example, the behaviour of most individuals as far as safe sex is concerned, might be influenced largely by their attitude e.g., *"I practice safe sex because it makes me feel more protected"*, than their normative beliefs e.g., *"My friends think I should practice safe sex"* (Delaney et al., 2004:6).

Substantial research attention has been given to the theory of reasoned action and findings have been mostly supportive. The model was originally designed for, and has been widely applied to, health-related behaviours. Specific areas of application include health-risk messages about sexual practices and HIV/AIDS-related behaviours, testicular cancer prevention, exercise by schoolchildren, alcoholism, and cigarette smoking (Delaney et al., 2004:6; Foxall & Goldsmith, 1994:74; Lee & Green, 1991:293).

4.3.5 Integrated framework of behaviour

Following the theory of reasoned action, Fishbein (2000:82) later proposed another conceptual model of behaviour change. He states that, despite all behaviours being unique to an individual, several theoretical determinants are at the heart of each behaviour. Any given behaviour includes at least four elements: the action (e.g., using), the target (e.g., a condom), the context (e.g., sex with one's regular partner) and the period over which the behaviour is observed or expected (e.g., always) (Fishbein, 2000:83). If any one of these elements are changed, the observed behaviour will also change.

In Figure 4.3, Fishbein (2000:88) provides an integration of several different leading theories of behavioural prediction and behaviour change (Rosenstock, Strecher & Becker, 1994; Bandura, 1994; 1986; Fishbein, Bandura, Triandis, Kanfer, Becker & Middlestadt, 1992; Ajzen & Fishbein, 1980; Becker, 1974).

Fishbein (2000:210) stresses the multi-cultural applicability of this model. He believes that the model can be sensitised to unique cultural characteristics and that all of the

dimensions are found in cultures around the world. Furthermore, the model does not propose behaviour change to be implemented on a culture, but rather to be developed from the perspective of the individual.

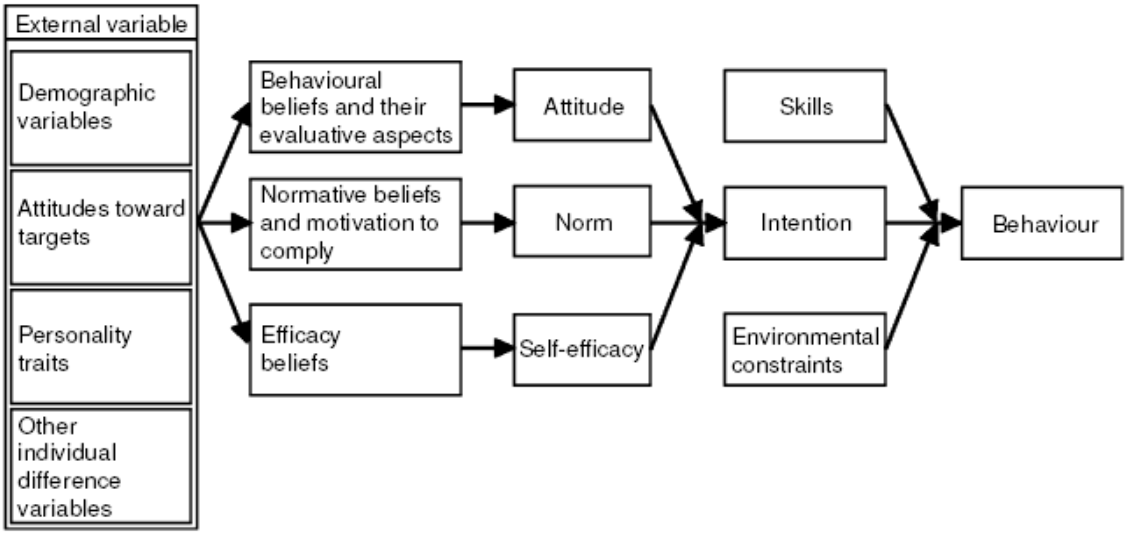


FIGURE 4.3
AN INTEGRATED FRAMEWORK OF BEHAVIOUR

Source: Fishbein (2000:88)

From Figure 4.3 it can be seen that any given behaviour is most likely to occur if one has a favourable attitude and strong intention to perform the behaviour, if one has the necessary skills and abilities required to perform the behaviour, and if there are no environmental constraints preventing behavioural performance (Fishbein, 2000:210).

Attitudes, normative beliefs and self-efficacy beliefs are the three primary determinants of intention. Attitudes toward performing the behaviour relate to the overall favourable or unfavourable evaluations of performing the behaviour. Perceived norms concern performance of the behaviour (including both perceptions of what others think one should do as well as perceptions of what others are doing).

Self-efficacy with respect to performing the behaviour, relates to believing one can practice the behaviour even under difficult circumstances. According to the self-efficacy construct, a person's expectations about whether he/she should and can execute component behaviour will determine initiation and persistence in achieving a

desired goal (Levinson, Sadigursky & Erchak, 2004:213; Fishbein, 2000:210; Bandura, 1994:43, 1986:120).

It is important to recognise that the relative importance of these three psychosocial variables as determinants of intention will depend upon both the specific individual and the population being considered (Fishbein, 2000:211).

On the subject of HIV/AIDS and sexual behaviour research, Albarracin, Johnson, Fishbein, and Muellerleile (2001:150) suggest that interventions that only accentuate norms and perceived behavioural control could be less effective than programmes that attempt to change perceptions of the outcomes of, for instance, condom use. Their findings suggest that changing attitudes will produce greater progress in reducing the current HIV/AIDS pandemic.

4.4 EXTERNAL INFLUENCES AND BEHAVIOUR CHANGE INTERVENTIONS

For the purpose of the main study, it is essential that the effect of external influences on behaviour change is examined more carefully. As seen from Fishbein's (2000:95) conceptual framework, the three variables attitude, norms and self-efficacy, are the function of underlying determinants. These determinants include beliefs about the outcome of behaviour and about the social and normative prescriptions within that population, and beliefs about the specific barriers to behavioural actions. External influences should also be considered when evaluating these beliefs: cultural background, perceived vulnerability to infection and personality traits are all included and may have a mediating influence on attitudes, norms and self-efficacy beliefs.

Culturally sensitive interventions have been found to create behaviour changes in high-risk populations such as adolescents effectively (Fitzgerald, Stanton, Terreri, Shipena, Li, Kahihuata, Ricardo, Galbraith & De Jaeger, 1999:56). This implies that interventions which are grounded on theoretical knowledge of behaviour change (e.g., social learning theory, the health belief model, and self-efficacy theory) and which also take into account cultural beliefs and attitudes are likely to succeed (Levinson et al., 2004:220).

One way in which HIV/AIDS-related risk-behaviour change may be addressed is through tailored health-communication behaviour change interventions according to Rimer and Kreuter (2006:193). Tailored health communication is any combination of information and behaviour change strategies which has been developed according to the unique needs of an individual (Rimer & Kreuter, 2006:196). It takes into account knowledge of behavioural effects and theories in general and also specific individual characteristics such as message relevance and disposition to change. Furthermore, it provides insight as to which communication effects should be leveraged and how to persuade an individual to change his/her health behaviour.

Social-psychological interventions to modify behaviour may involve diverse activities such as mass-media campaigns, education, reward campaigns, and many other programmes. In all of these programmes and activities the transfer of knowledge and attitude change plays a key role (Goldenbeld, Levelt & Heidstra, 2000:110).

People's behaviour can be influenced by many different social aspects: internalised social norms (conscience), social pressure, the role-models people have, the perception of the opinion of important others, etc. (Rothengatter, 1997:299; Connolly & Aberg, 1993:62; Zaidel, 1992:590). According to Goldenbeld et al. (2000:113), personality and other variables can explain part of peoples' attitude, and can be used in persuasion communication, but personality variables are unfortunately not always taken into account.

The subsequent paragraphs give insight into the external influence of culture and personality on behaviour. Finally, adolescents' behaviour as individuals and as a group demographic variable which has an external influence on behaviour is also discussed.

4.4.1 Influence of culture on behaviour

Culture is a comprehensive term, but also a sensitive term in the South African context, if racial issues are relevant. This study aims to understand racial characteristics based on certain perceived cultural differences between races.

4.4.1.1 Culture, ethnicity and race

A traditional view of culture by Lévi-Strauss (1963:295) describes culture as a section of humanity which could present significant connections in relation to the rest of humanity. The same group of people may however be considered to be part of many different contexts: universal, continental, national, regional, local, etc., as well as familial, occupational, religious and political.

Helman (1994:3) proposes a more modern view of culture as a set of guidelines inherited by individuals from a particular society. This directs individuals how to view the world, how to behave in it in relation to other people, to supernatural forces or gods, and to the natural environment. People also carry these guidelines over to the next generation by using symbols, language, art and rituals. Culture cannot be viewed as static by nature, since the interpretation of these guidelines change over time within the context of different circumstances (Swartz, 1998:12).

Abizadeh's (2001:27) view includes culture as a component of ethnicity. Ethnicity and race are seen as related concepts, with *ethnicity* being embedded in the idea of social groups, evident by shared nationality, tribal affiliation, ancestors, religious faith, language or cultural and traditional origins, while *race* is based on the idea of a biological classification of homo sapiens. All individuals have inheritable physical traits that set them apart from others.

Racial differences are believed to have developed according to the various laws of heredity. People were first classified in groups according to their skin type, colour, hair, eyes as well as body size and facial features. These external traits are still used today, since cultural differences have created some confusion in terms of religion, nationality and language (Abizadeh, 2001:29). Anthropologists generally agree on the division of mankind into three large groups namely Mongoloid, Caucasoid and Negroid (Rushton, 2000:7). For clarity purposes, the term *race* will therefore be used in this study.

4.4.1.2 Racial differences and behaviour

Modern science indicates a three-way pattern of race differences in both physical traits and behaviour. The differences between the three major races – Orientals (East Asians, Mongoloids), whites (Europeans, Caucasoids), and blacks (Africans,

Negroids) – are based on physical traits. Further physical and behavioural differences described in research includes that, on average, Orientals are slower to mature, less fertile, less sexually active, and less aggressive, while blacks are at the other pole. Whites fall in the middle, but closer to Orientals than to blacks (Rushton, 2000:7)

Understanding racial differences may assist in improving education and may also help to understand some chronic social problems better (Rushton, 2000:47; Gullone, 2000:432). Race differences are not 100% genetic, and environmental factors are important. A scientific argument exists between “hereditarians” and “egalitarians”. According to Hereditarians, the best explanation of why the races differ involves both genes and environment. Egalitarians claim the races differ for 100% cultural reasons, and some of them feel so strongly about this that they want to prevent discussion or research on the genetics of race (Rushton, 2000:43).

There is variation within each of the three races, but group averages are important. The full range of behaviours, good and bad, is found in every race. However, this pattern is true over time and across nations and this means that it cannot be ignored. The pattern of Oriental-white-black differences is found across history, geographic boundaries, and political-economic systems. It proves the biological reality of race. Theories based only on culture cannot explain all the data (Doucet et al., 2006:9; Lane et al., 2005:141; Rushton, 2000:10; Swartz, 1998:12).

4.4.1.3 Sexual behaviour and HIV/AIDS

Race differences can also be found in sexual behaviour. The races differ in how often they have sexual intercourse, and this affects rates of sexually transmitted diseases. Orientals are the least sexually active, blacks the most, and whites are in between (Rushton, 2000:18). Blacks are sexually active at an earlier age than whites, whereas whites are sexually active earlier than Orientals (Rushton, 2000:18). Surveys from the World Health Organisation (WHO, 2006; Rushton, 2000:18) show this three-way racial pattern to be true around the world. National surveys from Britain and the United States (Rushton, 2000:18) produce the same findings. Both male and female sex hormone levels are the highest in blacks, the lowest in Orientals, with whites in between. Sex hormones affect not only people’s bodies, but also the way they act and think about sexual behaviour (Rushton, 2000:19.)

Race differences in sexual behaviour have consequences in real life. These differences affect the rates of sexually transmitted diseases, and are also depicted in the current HIV/AIDS crisis (Levinson et al., 2004:221; Rushton, 2000:20). Over 30 million people around the world are living with HIV or AIDS, with more than 23 million adults in Africa living with HIV/AIDS. Currently, 8 out of every 100 Africans are infected with the HIV virus and the epidemic is considered out of control (Rushton, 2000:20).

4.4.1.4 Cross-cultural research

Cross-cultural or cross-racial studies are important to establish whether reported behavioural research findings can be generalised to other population groups (Gullone, 2000:432). The Fishbein behavioural intentions model has been evaluated in both the American and Korean context by Lee and Green (1991:294). The results suggest that this behaviour model can be used to explain behavioural intentions and change in both cultures. HIV/AIDS prevention research has illustrated that culturally sensitive prevention programmes have been able to bring about changes in sexual behaviour, specifically in terms of condom use with adolescents and other at-risk populations (Levinson et al., 2004:222; Fitzgerald et al., 1999:59).

Emotional appeals play an important role in persuasion (Vincent & Dubinsky, 2005:21). Arnold (1985:55) found that an individual is more likely to be persuaded to attitude change if such individual is emotionally aroused, in comparison to purely rational communication. One of these emotions, fear arousal, has become a controversial issue in public health campaigns, with researchers arguing that fear appeals should not be used because the results are unpredictable and even counterproductive (Vincent & Dubinsky, 2005:21).

Some authors have however called for a cross-cultural examination of the impact of fear appeals on persuasion (Vincent & Dubinsky, 2005:23). Vincent and Dubinsky (2005:24) examined differences in fear arousal responses between high- and low-uncertainty avoidance cultures (America and France). Uncertainty avoidance relates to the degree to which a culture is anxious and fretful regarding doubtful and uncertain situations so that such country develops protective measures against this anxiety (Hofstede, 1980:114). The results, however, where inconclusive. High or low levels of uncertainty avoidance did not indicate a significant difference in reactions to

fear appeals (Vincent & Dubinsky, 2005:29). Other external variables, such as age and the nature of the threat, may also have influenced the results.

In response, Green and Witte (2006:245) examined the cultural influence of responses to fear appeals more closely. They believe that American individuals do not respond in the desired manner to fear appeals, but that African individuals might be different. Their results supported this perception of African individuals and suggest that fear appeals in public health campaigns can work in promoting behaviour change, especially if paired with self-efficacy supporters. The reason for the results may lie in the fact that "a pragmatic realism based on personal experience underlies Africans acceptance of and use of fear arousal" (Green & Witte, 2006:251).

4.4.1.5 Race and marketing communication interventions

Marketing communication has to take into account the cultural and economic fabric of society, and the various types of markets that it targets. Within these markets, different types of people are present, all coming from different races. Thus advertising to these diverse races can be a complicated task and should be done after careful analysis and research (Lane, King & Russell, 2005:144).

Research on race and marketing communication interventions suggests that race groups differ in responses to communication, advertising effectiveness and attitudes towards messages. In political sociology, the encoding/decoding model was drawn from the work of Frank Parkin (Dines & Humez, 1995:114), who developed a theory of meaning systems. The primary concern of this model is the understanding of the communication process as it operates in a specific cultural context. The theory analyses cultural power and ideology and the way in which meaning is produced in that context. This theory explains three potential responses to a media message: dominant, negotiated or oppositional-based, which are all determined by cultural context (Dines & Humez, 1995:114).

A study by Barbeau, Wolin, Naumova & Balbach (2005:18) illustrated that advertising results and effectiveness are related to income, education, occupation and race. In a recent study by Doucet et al. (2007:151), it was found that public education communication has an important influence on race. Blacks tend to score higher on the smoking policy inventory (SPI), which suggests more favourable attitudes

towards smoking policies and public education in general. Specific subgroup differences were found and the authors suggest that these could be employed to guide the targeting of changes in policies and interventions to the specific concerns of the various groups.

4.4.2 Personality and behaviour

Phares (1991:4) gives a comprehensive description of personality as a blueprint of characteristic thoughts, feelings and behaviours that differentiate one person from another, while also enduring over time and between situations. In totality, personality is a combination of biologically based and learnt behaviour which forms a person's unique responses to environmental stimuli. The concept of personality should however be understood hypothetically (Ryckman, 1982:114). No apparent neurological ground can be found for personality, although attempts have been made to describe the basis of personality in terms of neurophysiology (Rowe, 1989:301) or cortical dopamine activity (Pickering & Gray, 2001:129).

The following paragraphs explain the development of personality based on two main approaches, namely the psychodynamic and social learning theories. Personality traits are likely to influence attitudes and behaviour and are explained in this context for the purpose of this study. There is also a common agreement in the field of Psychology that the five basic dimensions of the five-factor model of personality can be used to describe differences in cognitive, affective and social behaviour (Woods & Hampson, 2005:373; Van der Zee, Thijs & Schakel, 2002:104; Smith & Snell, 1996:284; Saucier & Goldberg, 1996:63), which is valuable for the measurement and understanding of personality in this study.

4.4.2.1 Development of personality

Throughout the centuries, personality has been described and measured by way of a range of theories and models. Theories developed by Freud and Jung explain the dynamics of personality as a whole. One of the basic concepts of Freud's psychoanalytical theory is the notion of different levels of consciousness. The theory emphasises the interplay of unconscious psychological processes in determining human thought, feelings and behaviours. Jung extended the unconscious concept to include the collective unconscious and the study of archetypes (Cox, Borger, Taylor, Fuentes & Ross, 1999:634; Revelle & Loftus, 1992:122).

Based on the principles of social learning theory, Bandura's (1986:113) personality theory suggests that all aspects of personality are learned. Children may well learn behaviour through direct and indirect reinforcement and through punishment. *Direct* reinforcement is found where children do something good and are rewarded by their parent giving them money or sweets, resulting in behaviour that the children are likely to repeat in the future.

Indirect reinforcement is found where children see someone else being rewarded and where the children are then likely to imitate that behaviour to achieve the same outcome (Bandura, 1986:113). When children are punished, it reduces the probability that specific behaviour will be repeated. Ultimately, personality characteristics in children may be strengthened or reduced depending on whether they are directly or indirectly rewarded or punished (Cox et al., 1999:633).

The psychology of personality is a complex concept and most personality theories share the basic assumption that personality is a specific pattern of behaviour and thinking that exists across time and situations and differentiates one person from another. The classical psychological nature versus nurture debate continues whether personality is inherited or developed through interactions with the environment (Cox et al., 1999:634).

4.4.2.2 Personality traits and behaviour

Personality is an important psychological dimension which guides behaviour. An individual has a unique pattern of feelings, thoughts and behaviours, formed by a reasonably constant combination of personality traits. These personality traits are likely to influence attitudes and behaviour (Phares, 1991:5; McCrae & Costa, 1997:510). Personality traits are dissimilar to variables such as attitude, which are defined as an evaluative condition with reference to a specific object. Traits are not evaluative, and do not refer to specific objects, so that, compared to attitudes, traits are more stable and more general (McCrae & Costa, 1997:511; Revelle & Loftus, 1992:131).

Personality theories essentially explain behaviour in terms of stable traits or behaviour patterns which are seen as resistant to change and retainable. The major limitation of personality theories is that aspects of the physical, social and economic

environments, or the previous experiences of an individual, are not taken into account. Personality theories alone are by and large considered inadequate to explain behaviour change (Rogers, 1983:144). Engel et al. (1995:156) propose that the best way to predict human responses to persuasive messages is to use an interaction approach, which combines personality traits and situation characteristics. Higgins (2000:392) supports this notion by stating that personality is a key source and its contribution to psychological states needs to be understood and investigated. Personality traits are however just one source of variability in general psychological principles and can therefore only provide selected explanations of behaviour change.

Studies conducted on the effect of personality traits on behaviour, albeit selected explanations, are conclusive in determining the effect of personality traits on behaviour change. Research on risky driving behaviour conducted by Ulleberg and Rundmo (2003:440) included personality measures like aggression, altruism, anxiety and normlessness. The results suggested that the relationship between personality traits and risky driving behaviour was mediated through attitudes. Ulleberg and Rundmo concluded that personality primarily influences risky driving behaviour indirectly by affecting attitude and ultimately behaviour.

A study on risky sexual behaviour among adolescents by Ingledew and Ferguson (2007:300) confirmed that personality traits influence motives for having sex, which in turn influence self-determination in terms of safer sex, which influences riskier sexual behaviour. Specific results in terms of personality traits indicated that agreeableness reduces riskier behaviour by increasing autonomous motivation for safer sex. Conscientiousness also reduces riskier sexual behaviour. This confirms that individual differences in personality should be taken into account when designing interventions to reduce riskier sexual behaviour (Ingledew & Ferguson, 2007:300).

4.4.2.3 The five-factor model of personality

There are five basic dimensions that can be used to describe differences in cognitive, affective and social behaviour. This forms the basis of the five-factor model of personality (Soldz & Vaillant, 1999:210; Revelle & Loftus, 1992:135). The five dimensions are stable across a lifespan, beginning in young adulthood, and seem to have a physiological base. People may vary continuously on them, but most people fall between the extremes. The factors are considered universal, having been used in

languages as diverse as German and Chinese (McCrae & Costa, 1997:511). After debate in trait theory over how many factors are necessary to provide a complete description of personality, consensus has been reached on the basic five dimensions. These dimensions can be described in the following order of decreasing strength based on previous personality scales:

- neuroticism (emotional stability);
- extraversion;
- openness to experience;
- agreeableness; and
- conscientiousness (Woods & Hampson, 2005:380; Soldz & Vaillant, 1999:210; McCrae & Costa, 1997:511; Revelle & Loftus, 1992:136).

Almost all existing personality tests today measure one or more of the five factors (Revelle & Loftus, 1992, 136). The "Big Five" personality scale or single-item measures of personality (SIMP) have been confirmed as a reliable and valid measure for research purposes of the five main personality constructs as determined by results from previous studies. The use of this scale is specifically recommended for research studies in the following cases:

- where time is limited;
- pilot research;
- studies where personality is not the main focus; and
- other research that requests respondents to provide multiple personality ratings of themselves (Woods & Hampson, 2005:373; Van der Zee, Thijs & Schakel, 2002:104; Smith & Snell, 1996:284; Saucier & Goldberg, 1996:63).

The five dimensions are depicted in Table 4.1.

TABLE 4.1

PERSONALITY DIMENSIONS AND THE POLES OF TRAITS FORMED

Personality dimension	High level	Low level
Neuroticism	sensitive, nervous	secure, confident
Extraversion	outgoing, energetic	shy, withdrawn
Openness to experience	inventive, curious	cautious, conservative
Agreeableness	friendly, compassionate	competitive, outspoken
Conscientiousness	efficient, organised	easy-going, careless

Source: Adapted from McCrae and Costa, 1997:510

The five personality dimensions can be explained as follows:
Neuroticism (nervousness or emotional stability) is a measure of affect and emotional control. Low levels of neuroticism indicate emotional stability, and high levels of neuroticism increase the propensity for experiencing negative emotions. People with high levels of neuroticism are reactive and more easily troubled by stimuli in their environment; they are more likely to become unstable, worried, temperamental and sad. People with low levels of neuroticism, on the contrary, need strong stimuli to be provoked (Soldz & Vaillant, 1999:210; McCrae & Costa, 1997:511; Revelle & Loftus, 1992:137).

The *extraversion-introversion* dimension compares an outgoing character with a reserved nature. People who are extraverts tend to be more physically and verbally active, they are adventurous, assertive, frank, sociable and talkative. On the contrary, introverts are independent, reserved, quiet, shy and steady, they like being alone and are unsociable. A person in the middle of the dimension prefers a mix between social situations and being alone (McCrae & Costa, 1997:511; Revelle & Loftus, 1992:137).

Openness to experience relates to intellect, openness to new ideas, cultural interests, educational aptitude and creativity, and also explains interest in varied sensory and cognitive experiences. This dimension measures depth, breadth and variability in a person's imagination and urge for experiences. People with a high openness to experience have broad interests, are liberal and like innovation. On the contrary, people with low openness to experience are conventional, conservative and prefer familiarity (Soldz & Vaillant, 1999:210; Revelle & Loftus, 1992:138).

The *agreeableness* dimension is connected to unselfishness, caring and emotional support versus competitiveness, hostility, indifference, self-centredness, spitefulness and jealousy on the other end of the scale. Agreeable people can thus be described as unselfish, gentle, kind, sympathetic and warm (McCrae & Costa, 1997:511; Revelle & Loftus, 1992:138).

Conscientiousness measures goal-directed behaviour and the control a person has over impulses. It has been linked to educational achievement and specifically to the will to achieve. A conscientious person is focussed and strives hard to reach a limited number of goals, thus the more conscientious a person is, the more competent,

dutiful, orderly, responsible and thorough he or she will be. In contrast, a flexible person is more impulsive and easier to persuade (McCrae & Costa, 1997:512; Revelle & Loftus, 1992:138).

Based on the personality traits as discussed, it can be confirmed that the more self-assured people are, the more actively they seek information. They therefore accept more new information and are prepared for possible changes. They also have a flexible cognitive structure and are more adjusted to a changing world (Heinström, 2003). This seems like the type of person that will be especially open to marketing communication and, based on the information conveyed, they will be more inclined to change their behaviour.

4.4.3 Adolescents and behaviour change

Adolescence is defined by the World Health Organisation as the age between 15 and 24 years. Adolescents recognise that they are different from adults. They have more advanced physical and emotional development compared to children but do not yet have the emotional maturity, self-reliance and responsibilities of adults (Nduati & Kiai, 1997:12).

Respect for the autonomy of the adolescent is of principal importance. Adolescent behaviour often cannot be controlled, and therefore respect for adolescent decisions, rather than forcing adult decisions on adolescents is paramount. Adolescents believe they have the right to make their own choices and will do so regardless of the thoughts of others (Deci & Ryan, 2002:114; Deci & Ryan, 1985:102).

Deci and Ryan (2002:131) identified a number of important dimensions of intrapersonal (within the person) and interpersonal (between people) factors that are likely to facilitate or inhibit decisions and behaviour change. Self-determination theory proposes that individuals are more motivated to make and sustain behaviour change when they perceive that they are doing it for internal reasons, like personally held values rather than for external reasons, for example pressure from family or friends. Consequently, adolescents who are intrinsically motivated are more likely to overcome inevitable obstacles to behaviour change, as opposed to those who are extrinsically motivated. Personally held values in adolescents should therefore be a key area in behaviour-change interventions.

In the East and Southern Africa regions, almost 30% of the population comprises adolescents aged 10 to 19 years (World Bank 1994, cited in Nduati & Kiai, 1997:16). It is obvious that adolescents are an important resource to these nations and it is critical to create an environment within which adolescents can learn skills that will help them negotiate life successfully, specifically in terms of sexual behaviour and HIV/AIDS.

4.4.3.1 Marketing interventions to change adolescents' sexual behaviour

Adolescent sexual behaviour is associated with a number of adverse outcomes that include pregnancy, interrupted education, reduced employment opportunities, low income, unstable marriages, and sexually transmitted diseases. For this reason, adolescents are a primary target for HIV/AIDS communication and intervention activities (Nduati & Kiai, 1997:27). Promoting health to adolescents is a major priority for health and marketing practitioners world-wide. Adolescence is a critical lifestage, since behaviour adopted at this age can have long-term enduring benefits for well-being and health (Nutbeam, 1997:399; Maggs, Schulenburg & Hurrelmann, 1997:531).

Understanding the way adolescents think can assist practitioners to develop effective communication strategies in order to reach adolescents with educational and marketing programmes (Nutbeam, 1997:400). The three broad categories of marketing interventions in Eastern and Southern Africa include mass media initiatives, behavioural modification interventions, and integrated media and behavioural programmes. Central messages to adolescents normally include abstinence and avoidance of other risks such as shared skin piercing instruments, faithfulness to one sexual partner, and dispelling misconceptions about HIV/AIDS. Information and skills required are also emphasised as assertiveness, communication with peers, parents and other adults, rational decision-making and coping mechanisms (Nduati & Kiai, 1997:35).

Nduati and Kiai (1997:36) confirm that research gaps that emerged from their study of adolescents and their behaviour include the need to determine communication strategies that can be effective in realisation of meaningful and lasting behaviour change in terms of sexuality and sexual practice. A reluctance to address cultural issues was also found, which was mostly related to individuals' notion that certain

ethnic groups may become stigmatised because of their cultural practices. Contrary to this, the World Bank Development Report published in 1993 (cited in Nduati & Kiai, 1997:36) emphasises that the youth need culturally sensitive programmes that provide an overt and honest explanation of sexuality, gender issues, safer sexual practices, sexually transmitted diseases and HIV/AIDS. The report further stressed that all potential behavioural change actions, including abstinence or condom use, should be presented.

Opposing the belief that education and information will facilitate behaviour change in high-risk populations, like adolescents, Baldwin and Baldwin (1988:191) examined college students and found that religion, perceived risk of contracting HIV/AIDS and sexual education were not effective in empowering behaviour change. They propose that HIV/AIDS-related education should not rely solely on information exchanges, but should rather focus on the value of fostering certain lifestyle habits such as risk reduction and social responsibility.

There is a widespread notion that adolescents are convinced of their immortality, and this is often found in literature on fear appeals (Henley & Donovan, 2003:9). The study by Henley and Donovan (2003:9) conducted amongst 16-25-year-old respondents, investigated whether presentation of a threat that can be averted if unhealthy behaviour is ceased or recommended behaviour is adopted, can persuade respondents. They specifically investigated death threats in health promotion, and concluded that death threats are effective with young people, since they do not feel immortal. Quinn, Meenaghan and Brannick (1992:360) also confirmed that segmentation and targeted-fear appeals to adolescents are successful. These authors found that higher fear levels were aroused in younger students (secondary students), compared to older (post-graduate) students, and suggested that older people are more critical, whereas younger people are more impressionable and susceptible.

4.5 CONCLUSION AND IMPLICATIONS

The success of behaviour interventions has been found to be largely reliant on established and proven behavioural principles. More important, it appears that theory-based approaches that are tailored to specific populations and behaviours can be effective in different cultures or racial groups and communities. A clear and

concise understanding of the social psychological processes and mechanisms is needed. It is these processes and mechanisms that power the likelihood of behaviour change.

HIV/AIDS-risk behaviour includes any type of individual behaviour which exposes the individual to HIV/AIDS infection and transfer. Specific behaviours have been identified which are highly likely to result in HIV/AIDS transfer. If it is accepted that HIV is transmitted primarily through risky behaviour, it should also be recognised that the disease can be prevented through appropriate behavioural change.

The design of marketing communication interventions to reach specific populations or racial groups requires an understanding of how these communities operate, their barriers and enablers to change, and that which influences their behaviour in general. When one investigates both genetic and environmental factors, it is possible to understand human problems and behaviour.

Personality traits are likely to influence attitudes and behaviour, but have to be investigated together with situational characteristics. Individual differences in personality and motivational processes should be taken into account when designing interventions to reduce riskier sexual behaviour.

A better understanding of how adolescents think and react to information can help marketing professionals to develop more successful marketing communication interventions. It is important to note that adolescents do not see themselves as immortal and threat or fear appeals can have the intended behavourial effect.

CHAPTER 5
FEAR APPEALS IN MARKETING COMMUNICATION

5.1 INTRODUCTION

The fear emotion motivates action, and marketers use this to develop fear appeal marketing communication in order to facilitate attitude and behaviour change. Normally, a solution is offered in the fear appeal communication to reduce individuals' tension and fear.

The appropriate severity or level of fear appeal is a question often raised by marketers and researchers. This causes many marketers to steer away from the use of fear appeals, but an increase in anti-social behaviour is forcing practitioners to review the use of fear appeals, specifically in social marketing. This chapter will review the numerous models developed over time to improve the effectiveness of fear appeals in marketing communication.

Copious criticism remains about the effectiveness of fear appeals and whether the utilisation of fear appeals should be segment-specific, since some studies have found that fear appeals influence various population segments differently. The final part of this chapter will investigate the segmentation bases that are used in fear appeals. These include moderating variables, such as individuals' coping styles and feelings of vulnerability, which may influence how individuals respond to fear appeals. Individual differences also influence responses and include a number of variables like age, gender, personality and culture or ethnicity.

5.2 FEAR APPEAL PRACTICE

Understanding the role of fear appeals in marketing practice requires an in-depth understanding of the fear emotion prior to the development of any marketing intervention. Fear appeals are often described in terms of the reaction they provoke from an audience or the extent of fear aroused and/or experienced. High fear appeals generally create greater levels of stated or aroused fear than low fear appeals.

5.2.1 Fear emotion

The fear emotion was discussed in Chapter 3, therefore a brief overview of fear is given as a basis to explain fear appeals. Fear is a negative emotion and is associated with a high level of arousal. It is caused by a threat that is perceived to be substantial and personally relevant to individuals (Ortony & Turner, 1990:319; Easterling & Leventhal, 1989:789). Fear can be expressed physiologically through verbal self-reports or through obvious acts like facial expressions (Mewborn & Rogers, 1979:246; Rogers & Deckner, 1975:227). Fear appeal literature has shown that fear can be described by mood adjectives, including feeling frightened, anxious or nauseous, and also via ratings of concern or worry (LaTour & Tanner, 2003:378; LaTour & Rotfeld, 1997:46; Henthorne, LaTour & Nataraajan, 1993:60; Sutton, 1982:309; Rogers, 1975:97, 1983:161).

Fear is therefore a primitive instinct intended to create anxiety and tension, and thus it motivates actions aimed at reducing such unpleasant emotions (LaTour & Zahra, 1989:61; Tanner et al., 1991:36). In recent times, fear has also become of interest to sociologists. This is partly because of the temporal dimension of fear – the expectation or anticipation of a negative outcome. Fear can thus be extended from the immediate physical experience and state of being, to expectations and anticipations of possible fearful future events. Fear is also central to other significant themes in modern social and political theory, namely risks and trust, and it relates to risk-taking behaviour which is now often addressed by social marketing efforts (Tudor, 2003:239). Marketers use this knowledge in order to facilitate behaviour and attitude change or to create interest in products and services which assist in fear reduction (Tanner et al., 1991:37).

5.2.2 Fear appeals

The use of fear in its simplest form is a three-step process. Firstly, marketers design or suggest a fearful situation which might cause anxiety and alarm. Then in the second phase, after fear has been generated, the individual must be made to believe that the situation is serious enough to warrant further attention and investigation. Finally, in the third phase, a solution is offered which may reduce the tension and fear. This solution often comes in the form of a product (condoms), service (health insurance) or recommended behaviour (refraining from drinking and driving; using a condom) (LaTour & Zahra, 1989:62). Fear and thus fear appeals are generally used

in social marketing (Rossiter & Thornton, 2004:946; Arthur & Quester, 2004:671; Ruiter, Abraham & Kok, 2001:613).

If a persuasive message conveys a personal relevant threat to an individual it is referred to as a fear appeal. The message can consist of verbal or non-verbal information that is intended to arouse fear in order to bring about change in attitude or behaviour (Barth & Bengel, 2000:23). Fear appeals can be explained in terms of their content, or by the reaction they provoke from the audience, therefore messages with shocking contents might not arouse fear, and fear might be aroused without shocking contents (Witte, 1992:331.) Rotfeld (2000:122) suggests that it would be more appropriate to refer to “appeals to audience fears” and not to “fear appeals”. Concurrently, Witte (1992:331) explains that when studies refer to a strong fear appeal they usually imply that the message depicts a large threat and that the message recipient perceives a large threat. Furthermore, fear appeals may be direct, by focusing on the welfare of the message recipient, or indirect, in which case the fear appeal focusses on the goal of motivating people to help others who are in danger (Bagozzi & Moore, 1994: 56).

Fear appeal research differentiates between a threat and fear. A threat is explained as an undesirable consequence that is the outcome of certain behaviour e.g., death caused by HIV/AIDS or unsafe driving (Rotfeld, 2000:122; Bagozzi & Moore, 1994:56; Witte, 1992:332). Conversely, fear is an emotional response to a threat that implicates some kind of danger to the individual (Belch & Belch, 2004:184; Arthur & Quester, 2004:672; Tanner et al., 1991:36). Advertisements often use fear appeals to evoke an emotional response in order to arouse individuals to take action to remove the threat (Bagozzi & Moore, 1994:56). A fear appeal usually offers achievable recommendations effective in preventing the threat. The three key constructs in fear appeals can thus be noted as fear, threat and efficacy. The outcomes of fear appeals include attitude or intention changes and finally adapted behaviour (Arthur & Quester, 2004:672; Witte, 1992:331).

5.2.2.1 Threat

If an individual thinks that a threat exists, then he or she perceives a threat. Threat is an external stimulus variable, namely an environmental or message sign that exists whether an individual is aware of it, or not. Threat messages depict the severity of

the threat (i.e. “AIDS can kill you”) and the targeted individuals’ susceptibility to the threat (i.e. “You are at risk of contracting AIDS if you do not use a condom”) (Witte & Allen, 2000:598; Witte, 1998; Witte, 1994:115; Rogers, 1983:162, 1975:98). Similarly, perceived severity are an individual’s beliefs about the seriousness of the threat, while perceived susceptibility are an individual’s beliefs about his or her likelihood of encountering the threat (Arthur & Quester, 2004:672; Witte & Allen, 2000:598; Witte, 1998; Witte, 1994:115; Witte, 1992:332). Witte and Allen (2000:598) and Witte (1998) explain that severity is thus the extent of harm expected from a threat (i.e. “AIDS is severe and serious”), and susceptibility is the likelihood that a threat will occur to an individual, a degree of vulnerability and personal relevance (i.e. “I am susceptible to getting AIDS”).

5.2.2.2 Efficacy

Efficacy is an environmental or message signal that may lead to perceived efficacy, which relates to an individual’s cognitions about efficacy. Messages that portray efficacy focus on the effectiveness of the suggested response (i.e. response efficacy) and on the target audience’s ability to carry out the suggested response (i.e. self-efficacy) (Arthur & Quester, 2004:672; Witte & Allen, 2000:598; Witte, 1998; Witte, 1994:115; Rogers, 1983:164, 1975:99). Similarly, perceived response efficacy refers to an individual’s beliefs that a response effectively prevents the threat (i.e. “I believe condoms prevent HIV contraction”), and perceived self-efficacy refers to an individual’s belief in his or her ability to perform a recommended response (i.e. “I think that I can use condoms to prevent HIV contraction”) (Witte & Allen, 2000:598; Witte, 1998; Witte, 1994:115; Rogers, 1983:164, 1975:99). Witte (1998) further explains that the inverse of self-efficacy can be referred to as barriers. Barriers are those things that inhibit an individual from carrying out a recommended response, which can include cost, time, language differences, cultural differences, etc. Benefits on the other hand are the rewards of positive consequences that arise from carrying out a recommended response, and can therefore be seen as somewhat similar to response efficacy.

5.2.2.3 Outcome variables

Message acceptance, defined as attitude (evaluation of recommended response or a belief), intention (plans to carry out recommended response), or behaviour change (actual action carried out) can be described as the typical outcome in fear appeal

research (Arthur & Quester, 2004:673; Witte, 1998). Other equally significant outcomes that are not often assessed are defensive avoidance and reactance. Defensive avoidance is a motivated refusal to accept the message, and can include denial or minimisation of the threat. Respondents may defensively avoid a message by being negligent to the communication, and by looking away from the message or by blocking out any thoughts about the threat over the long term (Witte, 1992:332; Janis & Feshbach, 1953:80). Caution is thus necessary when generating intense fear by emphasising the severity of a problem, because the audience's susceptibility to the problem can cause them to ignore an advertising campaign. The strength of a fear appeal increases the probability that the audience will change their attitudes, intentions, and behaviours. If these changes are maximised, defensive avoidance can be minimised when a fear arousing message is accompanied by specific information about actions that people can take to protect themselves (Elder, Shults, Sleet, Nichols, Thompson, Rajab, 2004:59). Reactance transpires when perceived freedom is reduced and individuals believe that the communicator is attempting to make them change (Witte, 1992:332). The individual becomes angry at an issue or source and reacts against the recommended response (Witte, 1998).

5.2.2.4 Low versus high fear appeals

Fear appeals are also described in terms of the extent of fear aroused and/or experienced (physiologically or psychologically) by an audience (Witte, 1992:331). Physical or social threats can be used to evoke fear. In some instances physical threats are emphasised, these occur if an individual's behaviour is not changed, such as anti-drug advertisements. Social threats, like disapproval or social rejection, when an individual smokes, can also be used (Belch & Belch, 2004:184). A study by Mewborn and Rogers (1979:247) established that a high fear motion picture produces higher self-ratings of fear, accelerated heart rate, and greater skin reactions than a low fear motion picture. Subsequently, Rogers (1983:164) states that verbal measures may be more sensitive than physiological measures, since self-rated fear more effectively reflects an overall emotional state, whereas physiological stimulation fluctuates during the presentation of a fear appeal.

Previous studies of fear appeal literature found that fear appeal manipulations are effective in producing different levels of fear according to different strengths of fear appeal messages used. Furthermore it is proposed that the stronger the fear appeal,

the greater the change in attitude, intention and behaviour (Mongeau, 1998; Boster & Mongeau, 1984; Sutton, 1982; Spence & Moinpour, 1972; Wheatly & Oshikawa, 1970; Stuteville, 1970; Ray & Wilkie, 1970; Higbee, 1969).

A more recent study by Barth and Bengel (2000:23) however, assumes a curvilinear relationship between fear arousal and attitudinal change, which is linked to previous research on fear appeals that found a non-monotonic curvilinear relationship between fear-arousing communications and persuasion. The curvilinear theory suggests that too weak fear appeals will not attract enough attention while too strong fear appeals may cause people to avoid or ignore the message, also referred to as defensive reaction (Ray & Wilkie, 1970:55; Janis & Feshbach, 1954:166; Janis & Feshbach, 1953:92). This stated negative relationship between fear arousal and persuasion (Janis & Feshbach, 1954, 1953) are connected to the cautious use of fear appeals in mass communication in the past (Sternthal & Craig, 1974:22).

It seems that the optimum level of fear arousal still eludes researchers. However, a number of studies have now concluded the debate by confirming that the effects of using fear appeals, namely creating awareness and intention to stop engaging in the dangerous behaviour, differ with the level of fear appeal used, and high fear appeals are more effective than low fear appeals (Delaney et al., 2004; LaTour & Tanner, 2003; Donovan, Jalleh & Henley, 1999; LaTour & Rotfeld, 1997; LaTour et al., 1996; Henthorne et al., 1993; Tanner et al., 1991).

Witte (1992:331) notes that by using a manipulation check, reported or aroused fear can be evaluated, with high fear appeals generating greater levels of stated or aroused fear than low fear appeals. In most fear appeal research, a strong fear appeal condition usually means that the message depicted a large threat and the audience perceived a large threat. This is assessed by manipulation checks. In a meta-analysis of more than a 100 fear appeal articles, Witte and Allen (2000:591) concluded that strong fear appeals produce high levels of perceived severity and susceptibility, and are more persuasive than low or weak fear appeals. Their results also indicate that fear appeals can either motivate adaptive danger control actions, such as message acceptance, or maladaptive fear control actions, such as defensive avoidance. They suggest that strong fear appeals and high-efficacy messages

engender the greatest behaviour change, whereas strong fear appeals with low-efficacy messages produce the highest levels of defensive responses.

5.2.2.5 Fear appeals and HIV/AIDS prevention

Heightening fear, anxiety and vulnerability have most often been used in social marketing aimed at changing health-related behaviour (Batrouney, 2004). Investigation into the role of fear, threat and efficacy in promoting protective health behaviour produces diverse results. Various behaviour models are applied by a number of studies that focus specifically on HIV/AIDS prevention (Vanlandingham, Suprasert, Grandjean & Sittirai, 1995; Grimley, Riley, Bellis & Prochaska, 1993; Prochaska, DiClemente & Norcross, 1992; Fishbein & Middlestadt, 1989; Bandura, 1989). A study by Witte (1991:241) examined fear, threat and efficacy amongst college students and reported that, when the threat of HIV/AIDS is high and efficacy for condom use low, people fail to use condoms. On the contrary, when both threat and efficacy are high, more condom use is reported. Overall threatening messages can influence behaviour change if the recommended response suggested is effective. However, the more fearful people are of HIV/AIDS, the more the threat of HIV/AIDS is denied and the more they feel manipulated.

The use of fear appeals in HIV/AIDS advertising campaigns are discussed in depth in Chapter 6. The following is a brief overview of fear appeal campaigns within the context of this chapter. Fear appeal campaigns are viewed by some academics and HIV/AIDS health-care practitioners as erroneous and even unethical because they are viewed as limiting in terms of an individual's ability to unemotionally consider a range of responses to a perceived health threat. Nevertheless, many African health-care professionals embrace fear-based campaigns and claim that this is one of the reasons HIV infection rates are on the decline in certain areas. It seems that pragmatism based on personal experience underlies this acceptance of fear-based strategies in HIV/AIDS prevention campaigns (Green & Witte, 2006:246).

Fear appeals were more prevalent during the early period from 1986 to 1991 and eventually led to an approximately 66% decline in HIV/AIDS prevalence in countries like Uganda (Low-Beer, 2002:347). After roughly the mid-1990s, these approaches were eventually replaced by softer approaches (Shelton, Halperin, Nantulya, Potts, Gayle & Holmes, 2004:328). This softer approach is also used in South Africa, with

the loveLife campaign. The loveLife campaign, launched in 1999, a national multimedia educational campaign emphasises condom use and ‘‘positive sexuality’’, interpreted by many people to mean guilt-free ‘‘protected’’ sex (Green, 2004, cited in Green & Witte, 2006:248). Green and Witte (2006:246) however conclude that according to their experiences and observations as well as published research fear-based campaigns can work and have worked in promoting significant and sustainable behaviour changes in HIV/AIDS prevention.

5.2.3 Impact of fear appeals on behaviour

Fear appeals hence play an important role in persuasion and can have a significant effect on behaviour by motivating individuals to find ways to remove the threat presented and therefore the depicted danger, or to cope with (Vincent & Dubinsky, 2005:19; Tanner et al., 1991:36). An earlier study by Arnold (1985:27) confirms that an individual is more likely to be persuaded to attitude change if that individual is emotionally aroused in comparison to purely rational communication. Ultimately fear appeals can be useful in inducing change in behaviour because such appeals highlight the risks an individual deals with in performing or not performing recommended actions (Murray-Johnson, Witte, Patel, Orrego, Zuckerman, Maxfield & Thimons, 2004:743).

Fear arousal has become a controversial issue in specifically public health campaigns. The use of fear as an advertising appeal raises the question on the appropriate severity of the threat. As a result, many marketing researchers, believing that it is too difficult to implement properly, question the use of fear appeal advertising messages (Rotfeld, 2000:124). Added to this, social threat advertisements may be considered unethical, even when used for socially beneficial causes. Conversely, a study by Arthur and Quester (2003:13) did not find a relationship between the amount of fear an advertisement generates and its perceived ethicality.

Witte (1992:329) construes that the empirical findings of previous research on fear appeals are inconsistent and contradictory. Some studies confirm the effectiveness of fear appeals, and others show their ineffectiveness, while others documented mixed results (Witte, 1992:329). Three main reasons for the lack of unification in fear appeal findings are stated:

- The first reason pertains to the similar use of conceptually different terms, where threat and fear are associated although fear and threat produce different outcomes (Witte, 1992:329; Sutton, 1982:313).
- Current theoretical explanations focus on processes related to message acceptance and disregard processes associated with message rejection. It is proposed that fear arousal is the key to understanding message rejection processes, and it is important to understand individuals' reactions to fear appeals, as well as when and why fear appeals fail, or when and why fear appeals work (Witte, 1992:329; Sutton, 1982:313).
- Not enough thought is given to interaction between threat and efficacy in fear appeal studies. Many researchers have not analysed the role of efficacy in their studies (Witte, 1992:330). It is argued that threat-by-efficacy interactions are the essential determinants of study outcomes, since these are causal variables (Witte & Allen, 2000:598; Witte, 1998; Witte, 1992:330).

However, the increase in various social problems and behaviours has forced many practitioners to reconsider the use of fear appeals in social advertising. Different models to improve the effectiveness of fear appeal have been proposed. Tay et al. (2000:1248) recommend that the utilisation of fear appeals should be segment-specific as fear appeals have been found to influence various population segments differently (Tay et al, 2000:1248; Quinn et al., 1992:360; Burnett and Wilkes, 1980:22; Burnett and Oliver, 1979). Segmentation may be based on a variety of variables including age, sex and their involvement in the behaviour under investigation (such as smoking, drunk-driving or unprotected sexual contact).

Individuals need to be encouraged, reinforced and supported to change their high-risk behaviour into healthy behaviour in order to prevent the spread of HIV/AIDS (Fishbein, 2000:129; Lee & Green, 1991:290). Three variables in particular, namely attitude, norms and self-efficacy, are the function of underlying determinants. These determinants include beliefs about the outcome of behaviour, social and normative prescriptions within a population, and specific barriers to beliefs. External influences should be included when evaluating the above-mentioned beliefs. Cultural background, perceived vulnerability to infection and personality traits may have a mediating influence on attitudes, norms and self-efficacy beliefs (Fishbein, 2000:129). Culturally sensitive interventions have been found to create behaviour

changes in high-risk populations, such as adolescents, more effectively. This finding implies that interventions which are based on sound theoretical knowledge of behaviour change (e.g., social learning theory, the health-belief model, and self-efficacy theory) and which also take into account cultural beliefs and attitudes are more likely to succeed (Levinson et al., 2004:213). A more detailed description of the impact of fear appeals on persuasion and behaviour change is presented in the following section by means of an overview of the major fear appeal theories and models.

5.3 FEAR APPEAL THEORY AND MODELS

Over the past five decades extensive research has been conducted on fear appeals. This has led to a large number of theories investigating levels and direction of fear. Janis and Feshbach (1953) first made the connection between message delivery and manipulation of fear appeal through psychological research. They focused on three different intensity levels of fear appeal and reported that the most lasting changes were made at low levels of fear appeal. They concluded that no significant changes in beliefs and attitudes came from moderate and strong fear appeals.

The work of Janis and Feshbach (1953) was followed by three major groupings that relate to three different time periods in the development of fear appeal theories:

(i) the drive models (Janis, 1967; Hovland, Janis & Kelly, 1953);
(ii) the parallel response model (Leventhal, 1971); and
(iii) the expectancy value theories (Sutton, 1982; Rogers, 1975, 1983).

Three main independent variables have been identified by these fear appeal theories: fear, perceived threat and perceived efficacy. Perceived threat and perceived efficacy were first acknowledged as important variables by Rogers (1975, 1983). The different models also propose distinctive approaches of how fear relates to persuasion; thus the link between induced fear and attitudinal change can be placed into two broad categories:

(i) outcomes related to acceptance of a message's recommendations (i.e. attitudes, intentions and behaviour in line with the recommendations), therefore assuming a linear relationship between fear intensity and persuasion (Witte & Allen, 2000:594; Barth & Bengel, 2000:23); and

(ii) outcomes related to rejection of the message (i.e. defensive avoidance, reactance and denial), thus assuming a curvilinear relationship between the intensity of fear appeal used and attitudinal change (Witte & Allen, 2000:594; Barth & Bengel, 2000:23).

Extensive reviews of fear appeal theories have been conducted over the years. Early reviews leaned toward criticism and identified conceptual, operational and methodological issues (Highbee, 1969; Miller, 1963). Later reviews applied quantitative methods to analyse fear appeal literature. This includes the meta-analyses of Mongeau (1998), Boster and Mongeau (1984), and Sutton (1982). Other reviews discussed the effective use of fear appeals within a disciplinary framework like marketing (Sternthal & Craig, 1974; Ray & Wilkie, 1970) and public health (Job, 1988). Further and more recent reviews have focused on extending previous theoretical perspectives by differentiating between different models (Prentice-Dunn & Rogers, 1986) or by including other emotions (Dillard, 1994).

Succeeding earlier fear appeal theories, some studies have attempted to manipulate fear, the way fear is processed and the message effects of fear appeals, specifically pertaining to important social health issues more accurately. Therefore focusing on a variety of health promotion and preventative behaviours, which include condom usage to prevent HIV/AIDS, smoking cessation, reduction of alcohol usage while driving, using sunscreen to prevent skin cancer, breast self-examinations, promotion of dental hygiene, and many more (Lewis, Watson, Tay & White, 2007; Ruiter et al., 2001; Witte & Allen, 2000; Rotfeld; 2000; Barth & Bengel; 2000; LaTour & Zahra, 1989; Beck and Frankel, 1981).

Various predominant theoretical models investigate how fear appeals influence and change behaviour. These models will be discussed in the following sections and include the fear drive models, the parallel response model, protection motivation theory, subjective expected utility theory, the extended parallel process model, activation theory, and the proposed revised protection motivation model. Figure 5.1 illustrates where these theoretical models fit into the development of fear appeal theory. This review is not all-encompassing, but rather an overview of the prevalent theoretical models referred to in the literature. The link between conventional theories and contemporary theories is also evident in Figure 5.1.

In addition to the fear appeal theories, one of the most regularly used models of health-behaviour change, the health-belief model, will also be discussed, since it specifically focusses on the variables of threat and efficacy commonly found in fear appeal research (Janz & Becker, 1984; Rosenstock, 1974). Other health-behaviour change models include the extended parallel process model, which was also used in fear appeal research and two more general behavioural models, namely the theory of reasoned action and social cognitive theory (Witte, 1998), discussed in Chapter 4.

5.3.1 Fear Drive Model

The initial fear appeal research conducted by Hovland, Janis and Kelly in 1953 used drive theories to explain results (Ruiter et al., 2001). Drive theories describe how fear appeals arouse fear and how fear then acts as a drive to motivate action (Lewis et al., 2007:209). The fear-as-acquired drive model (Hovland et al., 1953), the family of curves (Janis, 1967) and the non-monotonic models (McGuire, 1968) suggest that the level of fear aroused by a fear appeal acts as a drive to motivate actions (Lewis et al, 2007:210; Ruiter et al., 2001:615).

The fear drive model, Figure 5.2, proposes the following process. Firstly, the perceived danger acts as a stimulus (S) and generates an emotional response (R). This emotion creates a level of tension (s) followed by instrumental rehearsal (r). Instrumental rehearsal implies that the individual considers and pursues the suggested solution. If the recommended action provides relief of the fear (and tension) a ‘fear absent’ condition emerges. Otherwise, the person may engage in unrecommended instrumental responses when he or she believes recommended actions to be ineffective, such as defensive responses (i.e. denial and repression) (LaTour & Zahra, 1989:63; Sutton & Hallet, 1988:354).

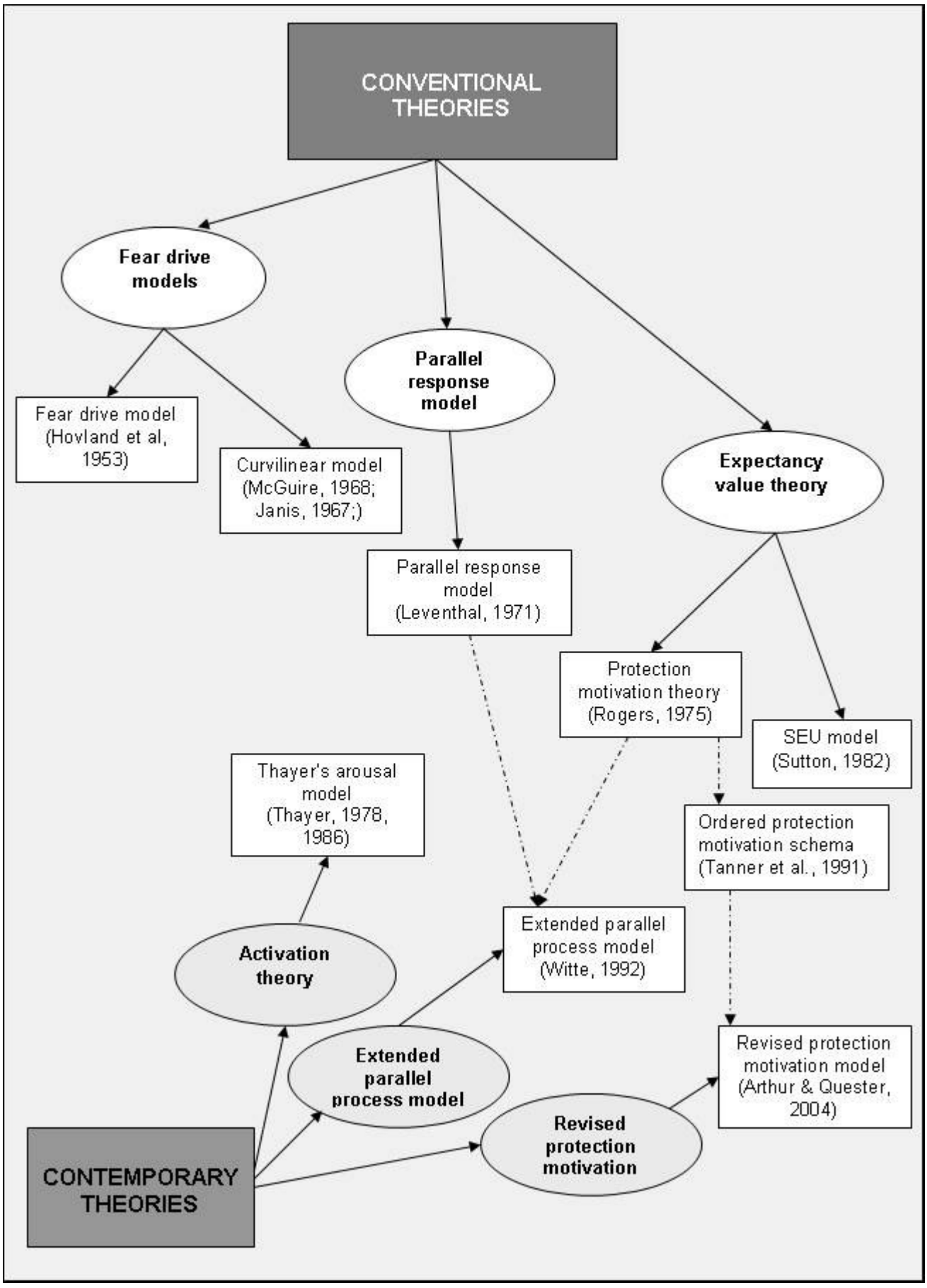


FIGURE 5.1

DEVELOPMENT OF FEAR APPEAL THEORETICAL MODELS

As the model suggests, the action to be taken by respondents depend on both the magnitude of the tension created and the perception of the instrumental alternatives available to eradicate this tension. The magnitude of fear (and consequent tension) increases as the situation becomes more imminent and dreadful. The perception of alternatives available to eradicate the fear can be managed through communication: the advertised behaviour must be positioned as the best alternative (Ruiter et al., 2001:616; LaTour & Zahra, 1989:63).

Overall, drive theories suggest an inverted U-shaped relationship between fear and attitude change, where moderate fear arousal was thought to produce the most attitude change. Janis and Feschbach (1954:155) suggested that the relationship between fear and persuasion could be best described by an inverted U-shape that indicates moderate fear levels to be optimal.

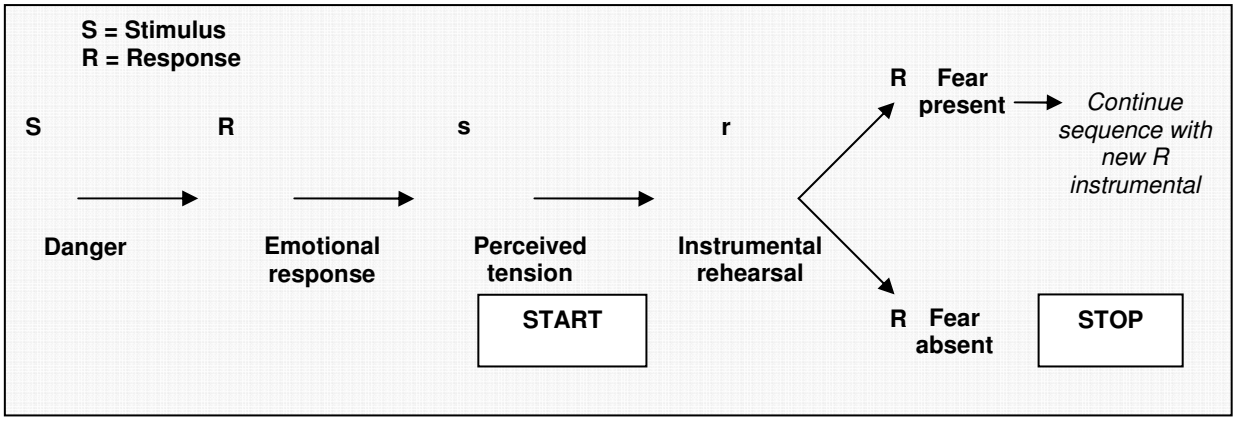


FIGURE 5.2

THE FEAR DRIVE MODEL

Source: Adapted from LaTour and Zahra (1989:63)

Janis (1967) extended the drive model with the family-of-curves model (representing inverted U shapes illustrated in Figure 5.3) and suggested that, as fear increases to a moderate level, individuals become more vigilant in response to the communication. However, as fear increases beyond that to higher levels, individuals either find weakness in the message, select non-recommended solutions to mitigate the fear or choose another form of denial (Tanner et al., 1991:37; Sternthal & Craig, 1974:27; Ray & Wilkie, 1970:55).

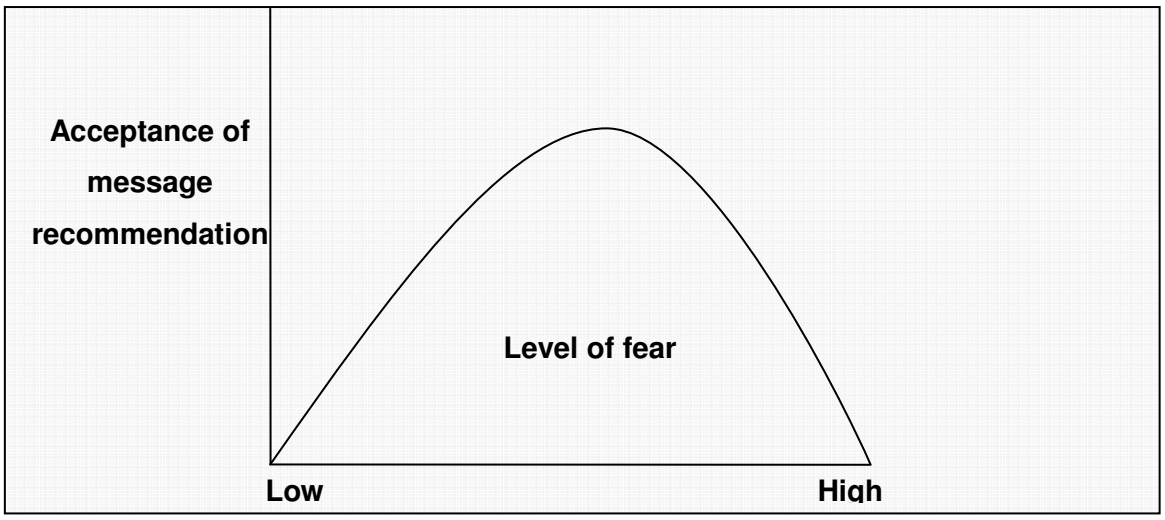


FIGURE 5.3
FAMILY OF CURVES OR INVERTED U-SHAPE MODEL

Source: Adapted from Ray & Wilkie (1970:57)

5.3.1.1 Criticism of the fear drive model

The fear drive models focus on the negative fear avoidance responses created by threatening messages. However, fear can also have facilitating effects in cases where it motivates appropriate self-protective responses and interfering or avoidance effects (Beck & Frankel, 1981:205). Contrary to the initial findings of the fear drive models, earlier studies on the fear drive model by Higbee (1969) and Leventhal (1971) confirmed a positive linear relationship between fear arousal and persuasion, thus the higher the fear arousal, the stronger the persuasion (Lewis et al., 2007:209). The fear drive models were rejected due to a lack of support for the inverted U-shaped model and, because the hypothesis that acceptance of a message occurs when fear is reduced, was not supported (Beck & Frankel, 1981:210; Mewborn & Rogers, 1979:249). In addition, the inherent logic of the fear drive models makes it appealing, but researchers have found it difficult to test these models empirically. Consequently, the creation of a generic test and determining the validity and reliability of the models are difficult. Furthermore, the models do not account for the complexity of human decision-making and perception, or individual characteristics (LaTour & Zahra, 1989:63).

More recently a study by LaTour et al. (1996) explored the effectiveness and ethicality of strong fear appeals versus mild fear appeals. Advertisement interventions for a protection device against assault and rape for women was

presented to respondents. The stronger fear appeal created more tension, but also had a more positive effect on purchase intention and attitude toward the advertisement. Furthermore, the stronger fear appeal was not perceived as less ethical than the mild fear appeals (LaTour et al., 1996:65).

Rossiter and Thornton (2004:945) examined the effect of drive reduction which is the central causal mechanism in the original fear drive model by Hovland, Janis and Kelley (1953). Continuous measurements of fear relief in advertisements aimed at reducing young drivers' speed choice on a simulated driving test were studied. This opposes single post-exposure measuring of fear and relief by previous studies of fear appeals (Rossiter & Jones, 2004:886). The findings indicate that the fear-relief pattern decreases speed choice of young drivers initially and after intense repetition. On the contrary, fear without relief is shown to increase the initial speed choice and after intense repetition to decrease speed choice. They conclude that the fear drive odel is valid when an appropriate methodological test is used, but caution that this study was done with a fairly executionable behaviour, thus the fear drive model remains to be tested by for addictive behaviours (Rossiter & Thornton, 2004:958; Rossiter & Jones, 2004:886).

5.3.2 Parallel response model

The more comprehensive parallel response model was developed by Leventhal (1971). Following studies in the 1960s on health-related issues like tetanus (Dabbs & Leventhal, 1966), as well as smoking and lung cancer (Leventhal & Watts, 1966), it was found that higher fear levels resulted in acceptance of messages (Leventhal, 1971:1209). This concluded that, although the original fear drive study by Janis and Feshbach (1954) supports mild fear levels the opposite is true for subsequent studies. Based on the unsupportive data of the model, Leventhal (1971:1209) rejected the fear drive model stating that it is not a reliable guide for persuasion or behavioural change.

The parallel response model proposes that individuals react to fear-based communication with two potentially interdependent parallel processes, namely danger control (i.e. efforts to control the threat/danger) and fear control (efforts to control the fear about the threat/danger). This model maintains that protective behaviour stems from attempts to control the danger or threat (cognitions), and not

from attempts to control the fear (emotions) when confronted with fear appeal communication (Barth & Bengel, 2000:35; Sternthal & Craig, 1974:26). Danger control guides adaptive behaviours, including problem-solving behaviour and action steps. Fear control guides emotional responses to the fear appeal. While intended as an independent process, fear control behaviour may not always work that way. Emotion may inhibit adaptive behaviour or performance may inhibit emotional response (Sternthal & Craig, 1974:26; Leventhal, 1971:1210).

As illustrated in Figure 5.4, situational stimuli (external messages) serve as sources of information and interpretation of stimuli leads to response processes. If a situation is interpreted as dangerous it can stimulate responses such as coping responses that aim to reduce the danger, and it can also induce emotions of fear. In certain instances, individuals will respond to the danger, referred to as danger control, and attempt to control the external environment by ignoring their own fear; therefore, a direct effort to avoid a risk. Individuals may also respond to internal cues generated by their own emotions and try to control their fear and reduce unpleasant emotions by way of fear control. It is clear that both responses are the result of the threatening message, but fear arousal does not necessarily lead to adaptive behaviour (Barth & Bengel, 2000:35; Leventhal, 1971:1208).

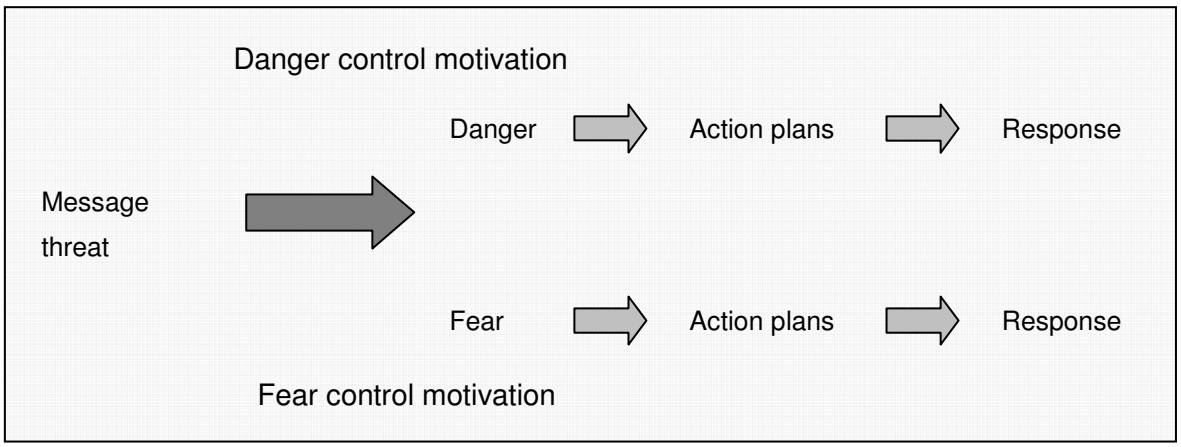


FIGURE 5.4

THE PARALLEL RESPONSE MODEL

Source: Adapted from Barth and Bengel (2000:35)

Ray and Wilkie (1970:56) combined the parallel response model with curvilinear theory and included a description of the facilitating and inhibiting effects of fear

appeals, depicted in Figure 5.5. Two forces are generated simultaneously in response to the fear emotion: danger control (facilitating effects) and fear control (inhibiting effects) (LaTour & Zahra, 1989:64; Ray & Wilkie, 1970:56).

Danger control, represented by the upper curve in Figure 5.5, is activated in an attempt to reduce the perceived treat which generated the fear. This supports the individual's search for alternatives. As the perceived danger increases, danger control is activated and the person more eagerly searches alternatives through which to avoid harm. This reaches a peak at a medium level of fear arousal. Beyond this level, the individual loses the ability to think calmly and rationally (LaTour & Zahra, 1989:65). Fear control, depicted by the lower curve, acts simultaneously to danger control, but is aimed at reducing the unpleasantness of the fear emotion. The two forces jointly determine the individual's reaction and act as inhibitor (fear control) and facilitator (danger control) of decisions and actions. The dashed line in the figure represents a possible net effect of the two forces. Finally, the shape of the curve is determined by which of the two components dominates as well as by the personality of the individual (LaTour & Zahra, 1989:66; Ray & Wilkie, 1970:55).

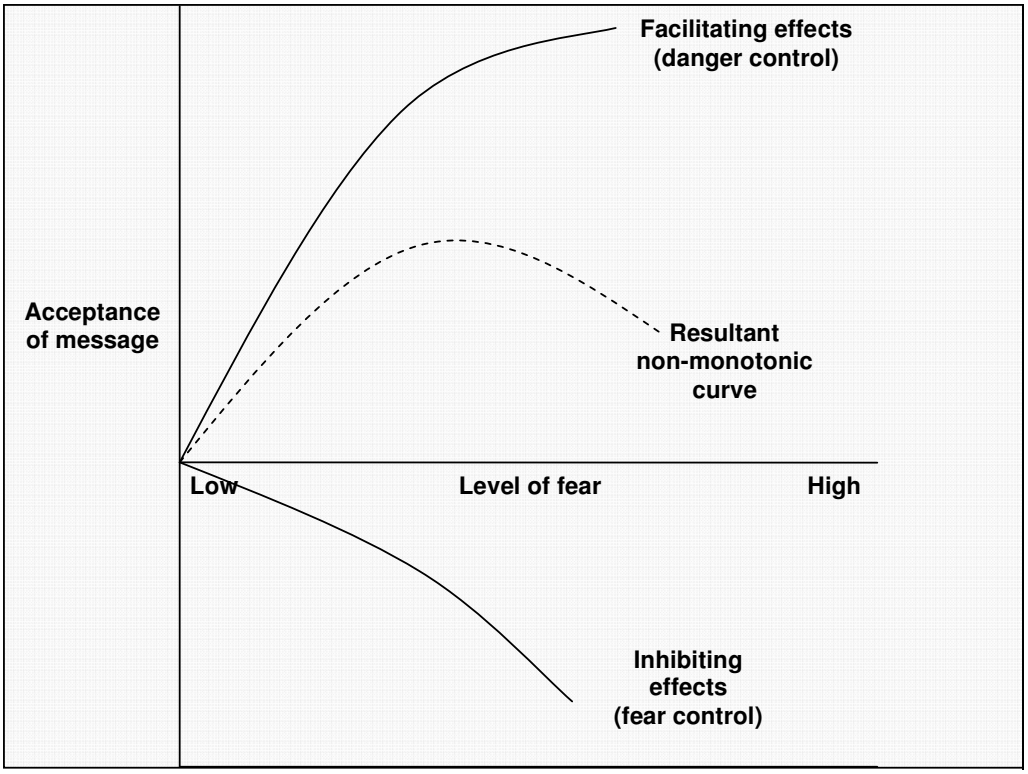


FIGURE 5.5

THE PARALLEL RESPONSE MODEL COMBINED WITH CURVILINEAR THEORY

Source: LaTour and Zahra (1989:64)

5.3.2.1 Criticism of the parallel response model

The parallel response model is predominantly criticised for over-simplifying the complex process of arousal, as well as its limited potential for empirical testing. Leventhal (1971) failed to state explicitly when danger control and fear control processes are initiated, since stimulus conditions that lead to fear and danger control processes are not specified by the model. The model was subsequently criticised as lacking specificity, which makes it difficult to formulate precise hypotheses on the manifestation of danger and fear control. It does however exceed the fear drive model's simplistic explanation of threat coping behaviour (Beck & Frankel, 1981:210; Rogers, 1975:109). LaTour and Zahra (1989:65) also criticise the parallel response for lack of testability and oversimplification. They further state that individual uniqueness, including unique patterns of feelings and thinking, are ignored by the parallel response model.

From the mid-1970s, other researchers continued to examine the danger control or cognitive/rational side of the parallel response model. The model also changed current thinking about fear appeals and separated emotional from cognitive processes (Witte, 1992:331; LaTour & Zahra, 1989:64; Rogers, 1975:109). Witte (1992) revisited Leventhal's framework as the basis for her theory (to be discussed later in this chapter).

5.3.3 Protection Motivation Theory

Expectancy value theories, also referred to as subjective expected utility (SEU) models, such as Rogers's protection motivation theory (PMT) (Rogers, 1975, 1983), Beck and Frankel's threat control explanation (1981) and Sutton's application of subjective expected utility SEU theory (1982) attempt to assess in a logical manner what makes a fear appeal effective. These models are noted for de-emphasising the role of fear arousal in favour of a cognitive focus. A tendency to act in a specific way is seen to be a function of the expectancy that a certain consequence will follow a given act, as well as the value of the consequence (Sutton & Eiser, 1984:20).

Rogers' (1975, 1983) protection motivation theory (PMT) is the theoretical framework for most fear appeal research since 1975. Rogers (1975, 1983) developed fear appeal research by specifying the message components and cognitive processes related to fear appeals. The protection motivation theory focusses on Leventhal's

(1970) danger control process (i.e. thoughts about danger or threat and how to prevent it), but specific fear control processes are not expanded on. Some researchers view Rogers' (1975) theory as superior to the curvilinear approach as it more clearly describes how messages should be developed to influence behaviour (Beck & Frankel, 1981:209).

Rogers' (1975) protection motivation theory, illustrated in Figure 5.6, suggests that three components of a fear appeal might influence responses to a persuasive message:

i) the magnitude of noxiousness of a depicted event (severity);
ii) the probability of that event's occurrence (vulnerability); and
iii) the efficacy of a recommended response.

A fear appeal can present any one of these components, or all at the same time (Severin & Tankard, 1997:191; Tanner et al., 1991:37). Each of these fear appeal components result in a corresponding cognitive mediator that combines to produce some level of protection motivation (a variable that arouses and directs activity). The cognitive mediators are appraised severity, expectancy of exposure, and belief in the efficacy of the coping response. This mediating process in turn results in an attitude change or intent to adopt the recommended response. As stated by Rogers (1983, 1975), protection motivation "is an intervening variable that has the typical characteristics of a motive: It arouses, sustains, and directs activity" (Rogers, 1975:98) and it is operationalised as intentions. The more protection motivation elicits, the greater the attitude, intention, or behaviour change (Rogers, 1983:157).

Operationally, the protection motivation theory suggests that intent to adopt suggested behaviour is mediated by the amount of protection motivation aroused and that three cognitive mediating processes, illustrated in Figure 5.6, work in a multiplicative way, where no motivation would be aroused if any of the three values was zero. Each of the three processes' variables is assumed to be equally strong in attitude change (Rogers, 1975:98). If an event is not appraised as severe, likely to occur and nothing can be done about it, no protection motivation is aroused and therefore there is also no intention to adapt behaviour (Rogers, 1975:99).

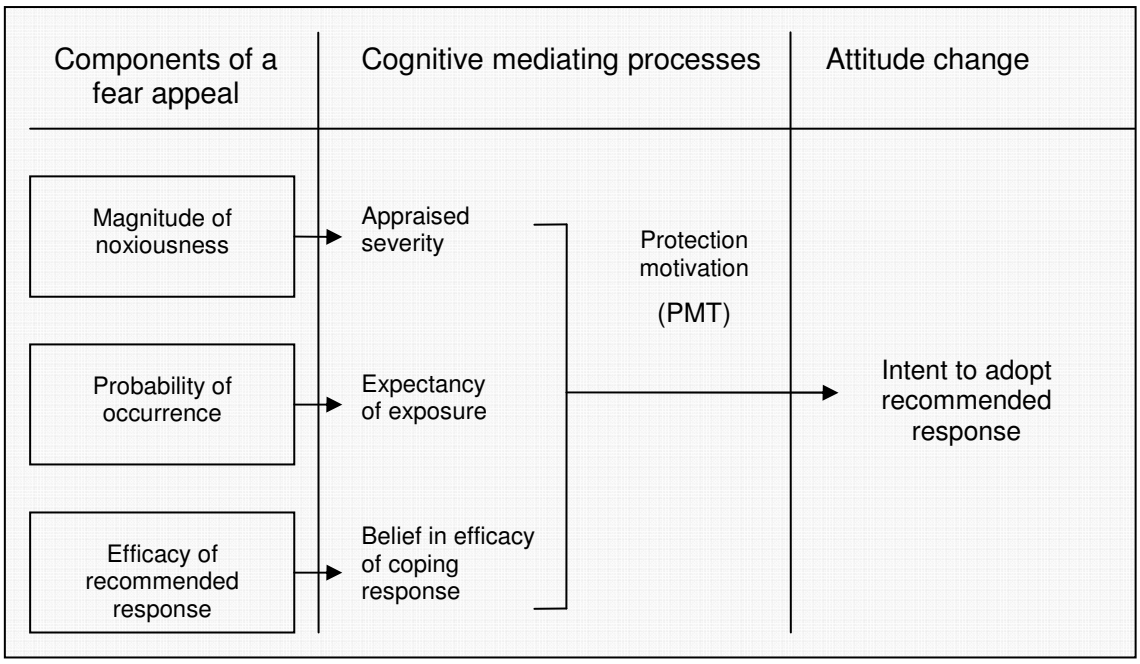


FIGURE 5.6

SCHEMA OF THE PROTECTION MOTIVATION THEORY

Source: Adapted from Rogers (1975:99)

5.3.3.1 Expanded protection motivation theory

Beck and Frankel (1981) advance protection motivation theory by distinguishing the difference between response efficacy and personal efficacy (later known as self-efficacy) and argue that both threat and threat control (i.e. response and personal efficacy) issues need to be addressed in a fear appeal. Rogers (1983) later expands his model to include the role of self-efficacy to severity, vulnerability and response efficacy, and states that these variables work together in either threat or coping appraisals. *Self-efficacy* refers to a subject's perception of his or her capability to perform the recommended action. Fear appeals may fail to influence attitudes or intentions because individuals perceive that they are not capable of modifying the problematic behaviour. Therefore, to change attitudes, the message must convince the individuals concerned that they are psychologically capable of performing the recommended action (Perloff, 1993:164).

In the expanded protection motivation model, Figure 5.7, Rogers (1983) extended the model into one that differentiates between maladaptive threat appraisal and adaptive coping appraisal processes. These two cognitive processes mediate persuasion of a fear appeal by eliciting protection motivation. In the threat appraisal process,

individuals may continue to engage in maladaptive behaviours if the rewards of performing the maladaptive behaviour are greater than the perceived severity of the danger and their perceived susceptibility to the danger. Increases in rewards increase the probability of a maladaptive response while enhanced perceived threat decreases the probability of a maladaptive response. In the adaptive coping appraisal, increases in perceived response or self-efficacy increase the likelihood of adaptive behaviour while increases in response costs decrease the likelihood of adaptive behaviour (Rippetoe & Rogers, 1987:597; Prentice-Dunn & Rogers, 1986:157).

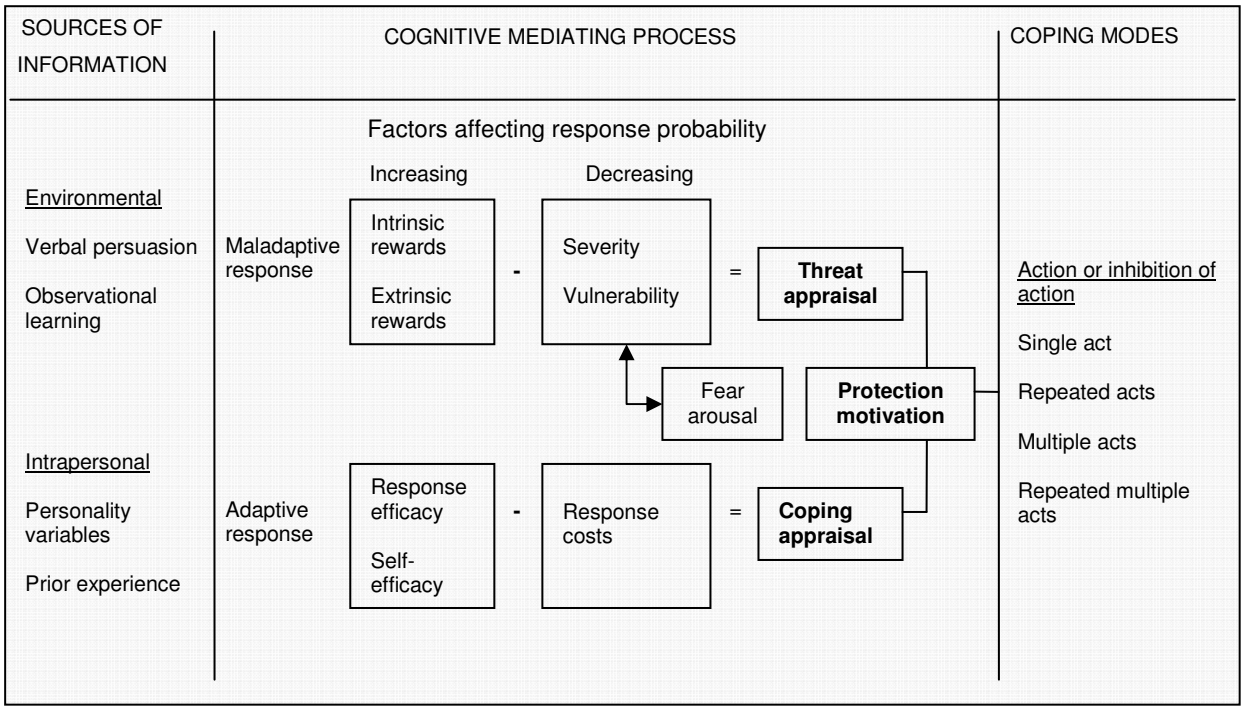


FIGURE 5.7

EXPANDED PROTECTION MOTIVATION SCHEMA

Source: Adapted from Rogers (1983:157)

5.3.3.2 The ordered protection motivation schema

Tanner et al. (1991) developed a prescriptive model, based on the protection motivation model, which proposes to enhance the effectiveness of the use of fear appeals in communications. The model, called the ordered protection motivation model, indicates that fear appeal advertisements should present certain materials in a specific order to facilitate enhanced efficiency.

Tanner et al. (1991:38) suggest that the protection motivation model can be improved by emphasising that emotional processes are important for cognitive appraisal and are indirectly linked to behavioural intentions via cognitive appraisal. The original protection motivation theory by Rogers (1975) was altered in the following four ways (Tanner et al, 1991:37):

(i) it emphasises the emotion component;
(ii) the appraisal processes occur in a sequential way;
(iii) maladaptive behaviour is addressed more thoroughly; and
(iv) the social context of the threat or danger is introduced and normative components are taken into account.

The ordered protection motivation model, Figure 5.8, proposes that the appraisal processes happen in a sequential order. Threat appraisal leads to fear when the probability of occurrence and the severity of the threat are perceived to be high. It assumes that the state of fear is created by the threat appraisal process, but there might be a possibility of fear being evoked by something else than the threat appraisal. Fear acts as the mediator to the coping appraisal. If the threat appraisal leads to fear then coping appraisal occurs.

The cognitive mediating process includes the appraisal of both self-efficacy and coping response efficacy. To move from the threat appraisal to the coping appraisal, the emotional state of fear is important as it increases attention and believability and ultimately the likelihood of engaging in coping appraisal (Tanner et al., 1991:38). A subsequent study by Geuens and De Pelsmacker (1999) confirms this in an investigation of the impact of affect intensity on the communication effects of different emotional appeals. Affect intensity is the constant individual differences in the intensity with which individuals feel emotion. This implies that some individuals consistently feel both positive and negative emotions more strongly than others, and affect intensity has an influence on both the cognitive and affective responses to emotional advertising (Geuens & De Pelsmacker, 1999:196). Unlike the protection motivation theory's assumption that maladaptive responses do not influence the appraisal processes, the ordered protection motivation model provides for appraisal processes that are influenced by maladaptive behaviour. Maladaptive coping responses thus reduce fear without reducing the threat or danger, and are influenced by the appraisal processes and by past experiences (Tanner et al., 1991:39).

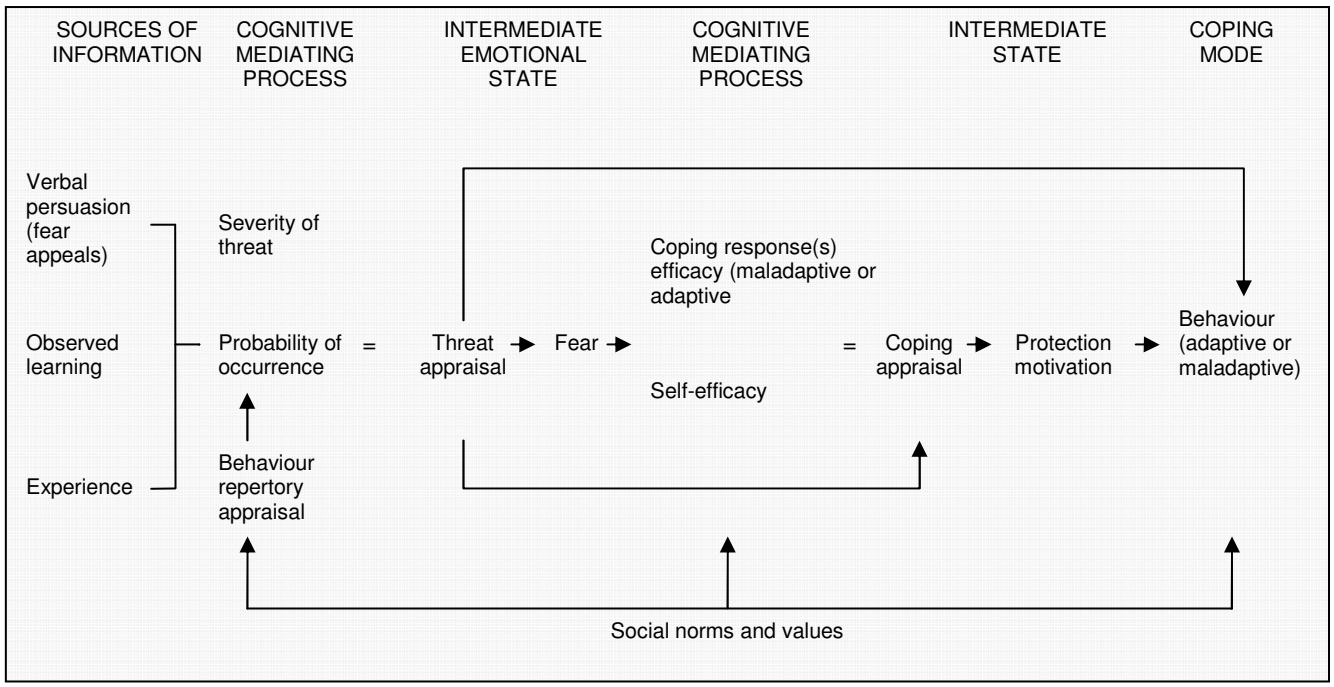


FIGURE 5.8

THE ORDERED PROTECTION MOTIVATION SCHEMA

Source: Adapted from Tanner et al. (1991:39)

5.3.3.3 Criticism of the protection motivation model

In both the original and extended protection motivation theory fear is predicted to affect message acceptance indirectly via the appraisal of severity (Rogers, 1983:169). Tanner et al. (1991:38) suggest that the protection motivation model can be improved by emphasising that emotions, like fear, are important for cognitive appraisal and such emotions are indirectly linked to behavioural intentions via cognitive appraisal. After reviewing the original protection motivation theory, Beck and Frankel (1981:211) noted that predictions derived from the theory have not been consistently supported by experimental research. The description of particular cognitive factors and communication variables was however an improvement from Leventhal's (1970) descriptions of the parallel response model.

Further criticism of the revised protection motivation theory includes that the model's predictions are inconsistent with the empirical data and that the model does not describe how interaction between threat appraisal and coping appraisal takes place, nor how interaction is related to protection motivation and subsequent behaviours. The original protection motivation theory (with self-efficacy added) however explains factors that lead to message acceptance. Furthermore, the original protection

motivation theory does not suffer from as much empirical inconsistency as the revised model. Finally, both models of protection motivation theory fail to explain the exact factors that may lead to rejection of a message (Witte, 1992:335).

5.3.4 Subjective expected utility theory

Following Rogers' (1975) protection motivation theory, another expectancy value theory was developed, namely Sutton's (1982) subjective expected utility (SEU) model. This begins as a meta-analytic review of the relationships between fear intentions, fear behaviours, fear response efficacy, specific instructions, position of recommendations, communication factors, and recipient factors. Finally, the model concludes with the presentation of an SEU model that points out that people choose a course of action that has the greatest SEU if compared to competing alternatives. The subjective expected utility is a function of the personal values linked to the possible outcomes of an alternative and the individual probability that the given alternative will lead to those outcomes (Witte & Allen, 2000:594).

Sutton (1982:326) states that decisions to accept a fear appeal's proposal are a function of three variables:

(i) the perceived utility of the threat;
(ii) the subjective probability that the threat will occur, if no changes in current behaviour occurs; and
(iii) the subjective probability that the threat will occur if individuals make the recommended changes.

In order to predict an individual's decision to accept a fear appeal's recommendations, each subjective probability is multiplied by the utility. Individuals thus choose the alternative that has the higher SEU value and the one that is related to a lower personal probability of occurrence, in order to avoid unpleasant consequences. In Sutton's SEU model, fear has no contributory role and it is regarded as simply a by-product of cognitions about a threat (Sutton, 1982:326).

5.3.4.1 Criticism of subjective expected utility theory

Empirical tests produce limited support for the SEU model. Sutton and Eiser (1984:33) conclude that there appears to be no specific evidence for the combination of utilities and subjective probabilities. They also subsequently find that, across studies, fear offered the most dependable impact on intentions, although this is not a

specific part of the SEU model (Witte & Allen, 2000:595; Sutton & Eiser, 1984; Sutton & Hallett, 1988, 1989).

5.3.5 Activation theory

Thayer (1978, 1967) developed an arousal theory based on activation theory. This forms the basis of Thayer's arousal model (1986, 1978) where arousal plays a key role in the generation of feelings and thoughts (LaTour & Zahra, 1988:9). The initial Thayer model (1978) consists of four dimensions, namely high activation (HA) (tension), general activation (GA) (energy), general deactivation (GD) (calmness), and deactivation sleep (DS) (fatigue). Thayer (1986, 1978) further suggests that arousal is a complex experience that involves the interactions of two major dimensions. The first dimension [A] is a continuum ranging from an energised feeling to a feeling of fatigue, and the second dimension [B] ranges from inner tension to a feeling of calm. The energy dimension is associated with positive cognitions, whereas the tension dimension relates to negative cognitions (LaTour & Pitts, 1989:6; LaTour & Zahra, 1988:10).

Thayer's arousal model, Figure 5.9, depicts tension and energy as intervening variables. The model can be explained as follows: An individual sees a stimulus (perceived threat); the stimulus (fear appeal advertisement) may generate tension in some, and energy in others, or a combination of both (LaTour & Pitts, 1989:7; LaTour & Zahra, 1988:10). When energy is generated, it leads to positive feelings towards the advertisement, but when tension is generated, it leads to negative feelings. The cognition component of the model is the feeling towards the advertisement. This feeling could be either positive (energy outweighs the tension aroused by the advertisement), or negative (tension outweighs the energy aroused by the advertisement) towards the advertisement (LaTour & Zahra, 1989:65). Thayer's model (1986) suggests that the dimension of arousal that dominates (energy or tension) differs for individuals (LaTour & Zahra, 1989:65). It is also possible for tension to create an overdose point over energy, which leads to maladaptive behaviours (Henthorne et al., 1993). The activation approach is based on the understanding that tension generates energy up to a certain point, but beyond this threshold, increasing tension creates anxiety that in turn depletes energy (Henthorne et al., 1993:60). This specific threshold has not been established (LaTour & Rotfeld, 1997).

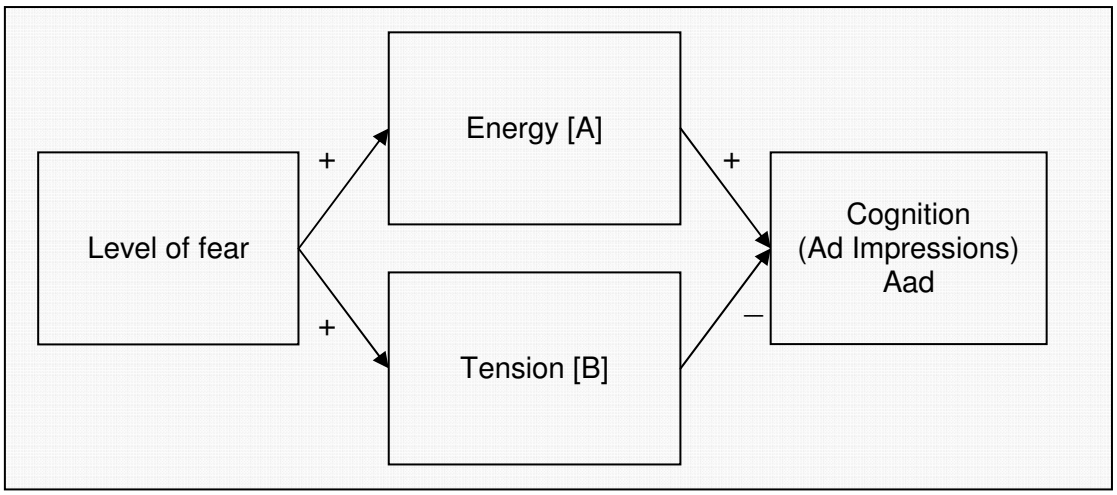


FIGURE 5.9
THAYER'S AROUSAL MODEL

Source: Benet, Pitts and LaTour (1993:51); LaTour and Zahra (1988:11)

Further research on Thayer's model suggests that a fear appeal stimulus can energise an audience to create excessive tension or anxiety, or it may lead to positive feelings about the fear appeal stimulus (Benet et al., 1993:51). Figure 5.10 illustrates that, if tension (HA) is not high enough to diminish energy (GA), this causes the relationship between tension and attitude toward the advertisement as well as between tension and behavioural intention to be positive. This will normally happen if a fear appeal is not too high (Henthorne et al., 1993:60). If tension is high enough to diminish energy, the relationship between tension and attitude toward the advertisement as well as between tension and behavioural intention will be negative. This can happen if a fear appeal is too high and leads to negative effects on attitude toward the advertisement and behavioural intention (Henthorne et al., 1993:62).

More recent fear appeal research (LaTour & Tanner, 2003; LaTour & Rotfeld, 1997; LaTour & Pitts, 1989) uses Thayer's (1967, 1986) model to further explicate arousal and its effect on attitude towards advertisements and behavioural intentions. LaTour and Pitts (1989) use the model in the context of fear appeals about HIV/AIDS, and find that tension and energy are generated using high fear appeals. They also find that the level of tension was not sufficient to generate negative attitude towards the advertisements.

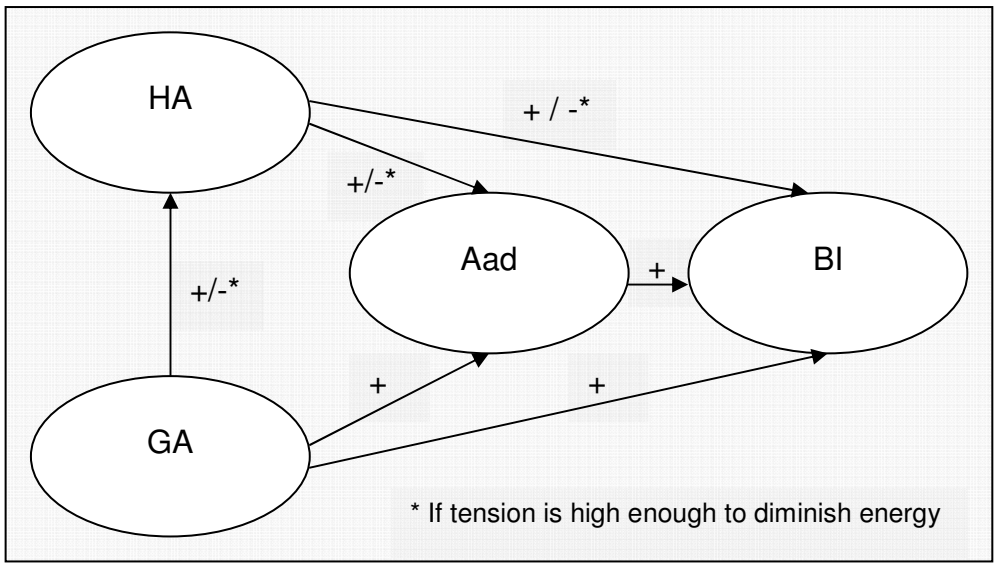


FIGURE 5.10

THAYER'S ADAPTED MODEL WITH TENSION AND ENERGY AROUSAL

Source: Adapted from Henthorne et al. (1993:61)

LaTour and Rotfeld (1997) find similar support for the relationship between tension, energy and positive attitudes towards advertisements. They used a "stun gun" safety device advertisement for female subjects. In each case, the stronger fear appeal create more positive attitude towards the advertisement. LaTour and Tanner (2003) propose that the threshold suggested by Henthorne et al. (1993), thus the overdose point where tension become overwhelming, did not occur in their study using radon gas fear appeals. They explain that attitude toward the advertisement was more favourable with stronger fear appeals compared to a weaker fear appeals.

5.3.5.1 Criticism of the arousal model

LaTour and Zahra (1989:66) maintain that the Thayer model is superior to the fear drive model and the parallel response model, because it is theoretically clear and practical. It also provides a basis for evaluating the impact of an advertisement in terms of tension and energy generation.

There seems to be one aspect of Thayer's model and fear appeals that still remain unconfirmed. Numerous studies failed to confirm the threshold where anxiety overrides tension to create negative behavioural consequences. Henthorne et al. (1993:67) examined the effects of two print advertisements and found that a stronger fear appeal does not cross the threshold. They consequently proposed that the print

medium is incapable of arousing a strong enough fear emotion. Adding to this, LaTour et al. (1996:65) also claim that the threshold is not reached even with stronger video fear appeal advertisements that create significant tension. LaTour and Rotfeld (1997:45) found similar results and also proposed that a possible reason for the inability to find the optimal level of fear could be that the focus is on the fear appeal and not on fear itself. They suggest that it is more coherent to measure the link between levels of fear arousal and advertising responses than measuring threats. Finally a study by LaTour and Tanner (2003:392) also found no evidence of tension overdose for fear appeal advertisements. It can therefore be concluded that very few fear appeal advertisements are able to pass the said threshold.

5.3.6 Extended parallel process model

One of the more recently developed models for fear appeal research is the extended parallel process model (EPPM). This model is based on Leventhal's (1971) danger control/fear control framework, which explains the danger control processes, describing how individuals cognitively deal with a given danger or threat by changing their attitudes, intentions, or behaviour to prevent the threat from occurring. These factors lead to message acceptance. The EPPM is also a development of preceding fear appeal theoretical approaches (Rogers, 1983, 1975; Janis, 1967; Leventhal, 1971). Elements of Rogers' (1975) original protection motivation theory (PMT) are integrated into the proposed theory, because the PMT explains the danger control processes that lead to message acceptance. Since neither Rogers nor Leventhal fully explained the fear control process leading to message rejection, the EPPM expands on earlier approaches by indicating why fear appeals fail. It also re-incorporates fear as a key variable and specifies the relationship between threat and efficacy in proportional forms (Witte, 1992:329).

5.3.6.1 Threat and efficacy

According to the EPPM, threat stimulates action, and perceived efficacy determines whether the action taken controls the danger (protective behaviour) or whether it controls the fear (inhibits protective behaviour). Individuals usually weigh their likelihood of actually experiencing the threat against actions they can take that would reduce or prevent the threat. The EPPM assesses perceptions of severity, susceptibility, response efficacy (the degree to which the recommended response effectively inhibits the threat from occurring), and self-efficacy (the degree to which

the audience perceive their ability to perform the recommended response to prevent the threat) (Cho, 2003:105; Witte, 1992: 338, Witte, 1994:118, Witte, 1998).

5.3.6.2 The role of individual differences and segmentation

Individual differences influence the assessment of threat and efficacy. Individuals evaluate the components of a message relative to their prior experiences, culture, and personality characteristics. Differing perceptions in different individuals influence subsequent outcomes. As an example, one individual may perceive high threat and low efficacy, whereas another may perceive high threat and high efficacy from the same message. The first individual will then be expected to engage in fear control processes, while the second will be expected to engage in danger control processes (Witte, 1992:339). Individuals who are anxious, lack coping skills, have low self-esteem or feel extremely vulnerable to a threat, are more likely to engage in fear control processes when confronted with a strong fear appeal than those who are not anxious, have high self-esteem or do not feel vulnerable to a threat (Hale & Mongeau, 1991; Dabbs & Leventhal, 1966; Leventhal & Watts, 1966; Janis & Feshbach, 1954).

In addition, individuals who can be classified as suppressors, poor copers or avoiders, tend to reject strong fear appeals, while those who are sensitisers or good copers tend to accept strong fear appeals (Self & Rogers, 1990; Hill & Gardner, 1980; Dziokonski & Weber, 1977; Goldstein, 1959). Thus, the EPPM proposes that low self-esteem individuals may assess a message recommendation as unfeasible and ineffective, as perceived threat increases with low perceived efficacy, and they might be more likely to engage in fear control processes. High self-esteem individuals, however, might be more likely to engage in danger control processes because they perceive both efficacy and threat as high (Witte, 1992:345).

5.3.6.3 The process

The EPPM, depicted in Figure 5.11, can be explained in more detail as follows: when an individual is exposed to a fear appeal message depicting the components of threat (i.e. severity and susceptibility), and the components of efficacy (i.e. response efficacy and self-efficacy) it initiates two appraisals in the individual. First, the individual evaluates the perceived threat of the danger, and if the appraisal of threat results in moderate to high perceived threat, then fear is caused (Murray-Johnson et

al., 2004:744; Easterling & Leventhal, 1989:789). The individual is motivated to begin the second appraisal, which is an assessment of the efficacy of the suggested response. When the threat is perceived as low or irrelevant, there is no motivation to process the message further. As a result, efficacy is not evaluated and there is no response to the fear appeal.

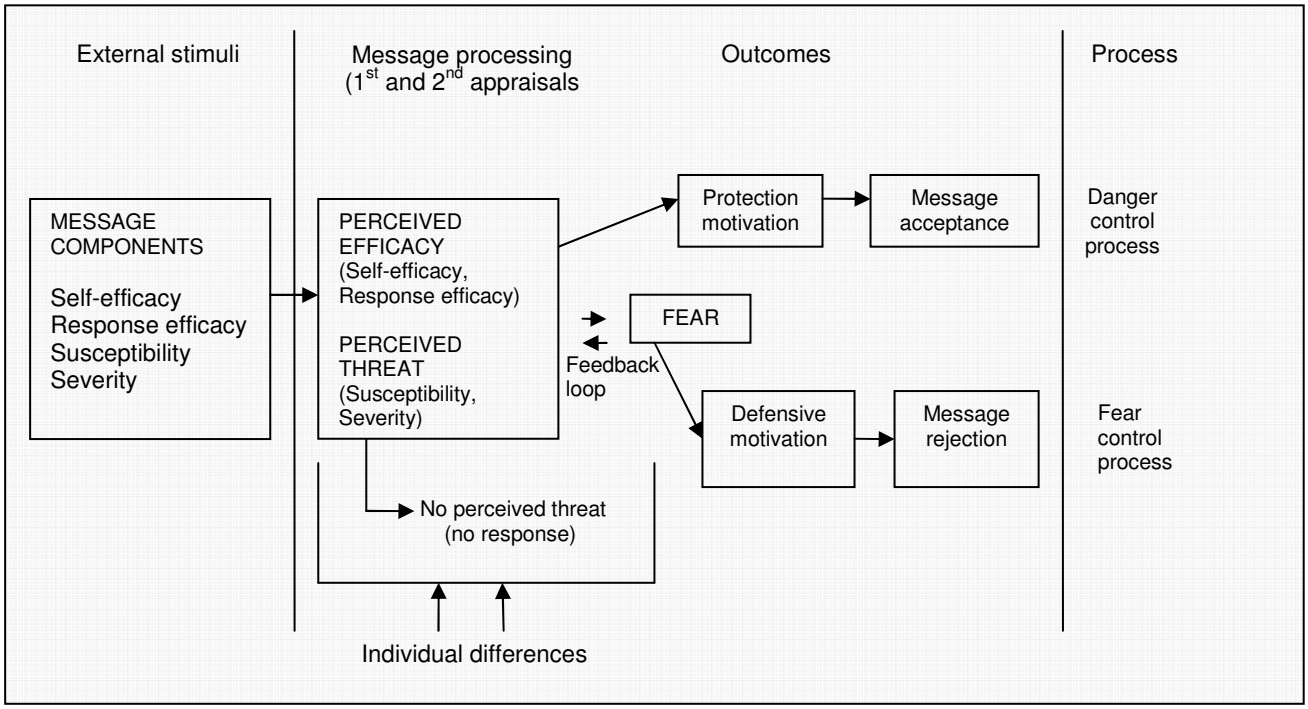


FIGURE 5.11

THE EXTENDED PARALLEL PROCESS MODEL (EPPM)

Source: Adapted from Witte (1992: 338)

When perceived threat and perceived efficacy are high, danger control processes are initiated. The thoughts occurring in the danger control processes bring about protection motivation, which stimulates adaptive actions such as attitude, intention or behaviour changes that control the danger (Murray-Johnson et al., 2004:744; Witte, 1998). If individuals fear a relevant and significant threat and perceive a response that would feasibly and effectively prevent the threat, they are motivated to control the danger (protection motivation), and when they think of ways to prevent the threat (adaptive outcomes) they respond to the danger, not to their fear. On the contrary, when perceived threat is high, but perceived efficacy is low, fear control processes are instigated. When individuals believe they are unable to effectively prevent the threat, the fear evoked increases and they become motivated to cope with their fear

(defensive motivation) by engaging in maladaptive responses (i.e. denial, avoidance, etc.), they respond to their fear, not to the danger (Witte, 1992:338). Perceived threat thus determines the degree or intensity of the reaction to a message, while perceived efficacy determines the nature of the reaction (i.e. which process is instigated – danger control or fear control) (Cho, 2003:106; Lazarus, 1991).

If results indicate high threat and low efficacy, then the theory shows that the intervention failed, because it was supporting fear control responses. On the contrary, if the results of a survey indicate high threat and high efficacy, it could be said that the intervention produced the desired actions (Cho, 2003:109; Witte & Allen, 2000:597). It is critical that high threat messages are accompanied by high efficacy messages for a campaign to be successful. If strong perceptions of efficacy are not promoted, then one should probably not use fear-arousing messages because they may fail (Witte & Allen, 2000:597; Witte, 1998).

5.3.6.4 The role of fear

The EPPM suggests that a threat message causes appraisal of a threat, and appraisal of a threat causes fear (i.e. message threat → perceived threat →fear). In addition, perceptions of efficacy determine what will transpire when fear is aroused. Fear produced by high perceived threat/low perceived efficacy conditions cause maladaptive responses, thus, fear is a direct cause of maladaptive responses (i.e. message threat → perceived threat → fear → maladaptive outcomes). This confirms what Rippetoe and Rogers (1987) found, namely that fear directly increases avoidance or coping patterns.

A simplified EPPM path model illustrates the indirect relationship between fear and adaptive outcomes, stating that the relationship is mediated by perceived threat when perceived efficacy is high, and it is depicted as fear (X) → perceived threat (Y) → adaptive outcomes (Z). Three criteria for establishing the existence of perceived threat as a mediator in the relationship between fear and adaptive outcomes are offered by Judd and Kenny (1981:610):

(i) X and Y must be correlated (fear and perceived threat);

(ii) X and Z must be correlated (fear and attitudes/behaviour); and

(iii) if X and Z are correlated, while controlling for Y, thus removing Y's influence, then the relationship between X and Z should disappear if Y is a mediator.

On the whole, it can be said that fear does not directly cause adaptive change but may influence adaptive changes when mediated by perceived threat in high perceived efficacy conditions (Witte, 1992:344).

5.3.7 Proposed revised protection motivation model

Arthur and Quester's (2004) study aimed to clarify the role of fear in establishing the effectiveness of advertising when using fear appeals. They also examined the moderating role of coping appraisal in determining consumers' responses to fear appeals and whether these processes apply equally to different segments of consumers.

5.3.7.1 Threat and efficacy

The protection motivation model (PMM) describes two separate processes that occur in sequence, namely threat appraisal and coping appraisal. Threat appraisal involves assessing the severity of harm and the probability of the threat occurring, whilst coping appraisal evaluates the effectiveness of a coping mechanism, namely response efficacy, to lessen the threat, as well as a person's ability to carry out the suggested coping response, namely self-efficacy (Arthur & Quester, 2004:675). LaTour and Rotfeld (1997:51) partly included probability of occurrence and self-efficacy in their hypothetical model and found that both have a significant relationship with intention. Anderson (2000:101) in a study of women's intentions to perform breast self-examinations found support for the question whether an increase in response efficacy will increase persuasion. Snipes et al. (1999:280) maintained that self-efficacy is an important component of the PMM, and moderates the effect that threatening stimuli may have on behaviour. Anderson's (2000:103) study also confirmed that self-efficacy increased behavioural intentions to perform breast self-examinations. Importantly, coping responses can be described as adaptive or maladaptive, where adaptive responses lead to behavioural change and reduce both fear and danger, whereas maladaptive responses reduce an individual's fear without reducing danger (Schoenbachler & Whittler, 1996:39; Tanner et al., 1991:40).

5.3.7.2 The role of individual differences and segmentation

A number of studies suggest that fear appeals should be considered in the context of specific market segments (LaTour & Tanner, 2003; Quinn et al., 1992; Burnett & Wilkes, 1980). In their study, LaTour and Rotfeld (1997:52) suggested that no optimal level of fear exists, only an optimal type of threat, because different people fear different things. However, LaTour and Tanner (2003:387) found that the household composition of an individual may determine the extent to which such person will be sensitive to the level of threat, thus substantiating the importance of a segmented approach to determining individuals' responses to perceived threats. Bennett (1996:190) supported this by confirming that some messages may scare one person, but have little impact on another person.

In their study, Arthur and Quester (2004) investigated the extent to which a revised protection motivation model can be applied to different consumer segments. They concentrated on two segmentation variables, namely social context and authoritarianism. The social context of a coping response can influence the effectiveness of communication, since people may select the most socially acceptable response instead of one that eliminates threat (Tanner et al., 1991:38). Brouwers and Sorrentino (1993:109) used the personality trait, certainty orientation, which in part relies on authoritarianism, and explained that the higher a person's degree of authoritarianism the greater the likelihood that a threat message will persuade that person to change his or her behaviour.

5.3.7.3 The process

The revised PMM supposes rational rather than emotional decision-making, and includes coping information, as well as reported differences in individuals' thought processes. Arthur and Quester (2004:680) investigated health hazards associated with smoking to create the perception of a threat and used print advertisements to compare the effects of social versus physical threats with the revised PMM model. The Arthur and Quester (2004:680) study also investigated individual differences in terms of social acceptance and physical threat reactions to messages, as well as authoritarianism as a segmenting psychographic variable.

The revised PMM model, illustrated in Figure 5.12, explains that the threat-appraisal processes indirectly influence behavioural change through the mediating variable

fear. An individual appraises threat via perceptions of severity and probability of harm. If an appraised outcome leads to fear, the individual may change his or her behaviour.

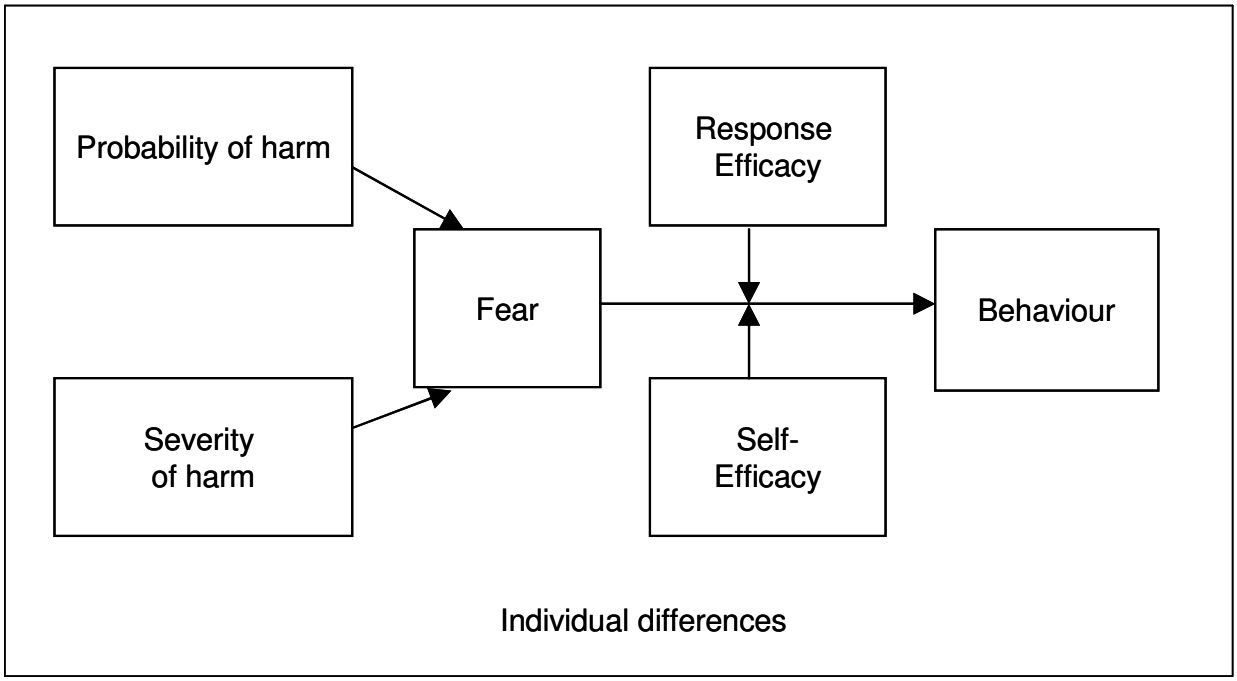


FIGURE 5.12
PROPOSED REVISED PROTECTION MOTIVATION MODEL

Source: Adapted from Arthur and Quester (2004:680)

The model also proposes that the components of coping appraisal, namely response efficacy and self-efficacy, will act as moderators of an individual's response to the fear generated at the threat-appraisal stage. If a threatening stimulus maximises fear experienced by an individual and provides evidence that the coping response will be effective in eliminating the fear, and if the individual will be capable of undertaking it, the stimulus will be effective in changing behaviour. Individual differences play a major role in individuals' appraisal processes and have therefore also been included in the model (Arthur & Quester, 2004:680).

The model thus implies that fear is an outcome of threat appraisal, since it increases attention and belief in persuasive messages. The efficacy of coping responses to eliminate threat moderates the relationship between fear and behavioural intentions. Fear has a greater positive effect on behavioural intentions for individuals with high perceived response efficacy than for individuals with low perceived response efficacy. Fear also has a greater positive effect on behavioural intentions for

individuals with high perceived self-efficacy than for those with low perceived self-efficacy (Arthur & Quester, 2004:680).

5.3.8 Health Belief Model

In addition to the fear appeal theories, one of the most regularly used models of health behaviour change is the health belief model (HBM) (Janz & Becker, 1984; Rosenstock, 1974). This model is often used to guide the development of intervention and evaluation efforts. It was originally developed by social psychologists as a framework on how to promote preventive behaviours, and will be briefly discussed in the context of this study.

The HBM proposes that preventive health behaviour is influenced by five factors:

(iv) perceived barriers to performing the recommended response;
(v) perceived benefits of performing the recommended response;
(vi) perceived susceptibility to a health threat;
(vii) perceived severity of a health threat; and
(viii) cues to action (Witte, 1998).

Ultimately, individuals weigh the potential benefits of a recommended response against the psychological, physical and financial costs of the action (the barriers) when deciding to behave in a specific way. The HBM also suggests that individuals evaluate whether or not they are really susceptible to a threat, and whether the threat is truly severe. According to Rosenstock (1974), the combination of perceived susceptibility and severity provide the motivation for action. Individuals compare perceived benefits to perceived barriers; this provides the pathway to action. Thus, the stronger the perceptions of severity, susceptibility and benefits, and the weaker the perception of barriers, the greater the likelihood that health-protective actions are taken. Prior experiences and demographics affect the aforementioned four variables. Janz and Becker (1984:24) reason that perceived barriers have been the best predictor of whether an individual engages in health-protective behaviour, or not. Perceived severity was deemed the weakest predictor of health-protective behaviour across studies employing the HBM (Witte, 1998).

The HBM has been empirically tested based on educational campaigns for numerous health behaviours, including risky sexual practices (Vanlandingham et al., 1995),

bicycle helmet use (Witte, Stokols, Ituarte & Schneider, 1993), and adolescent fertility control (Eisen, Zellman & McAllister, 1985).

In a meta-analysis of the HBM, Harrison, Mullen and Green (1992:115) found that 16 studies meet the minimal criteria for valid representation of the HBM dimensions. They indicate that future studies should focus on the testing of the HBM dimensions. Mahoney, Thombs and Ford (1995:39) subsequently investigated the ability of the health belief model's dimensions of self-efficacy and various behavioural variables (i.e. number of sex partners, number of diagnosed sexually transmitted diseases, etc.) and demographic measures to distinguish between three condom user groups (i.e. non-users, sporadic users and consistent users) among college students. Out of the variable subsets, the health belief model best identified sporadic users, whereas the self-efficacy measure was most relevant in the case of consistent use. Significant differences across condom user groups are stated for the measures, including perceived susceptibility of partner, perceived susceptibility of self, assertiveness, partner disapproval of condoms, number of sex partners, etc.

In the context of this study, it is of value to note that the combination of perceived susceptibility and severity provide motivation for action. This is supported by Witte's (1992) EPPM. Susceptibility also seems like an important dimension in the context of safe sexual behaviour. Perceived barriers (i.e. psychological, physical and financial costs) are also the best predictors of whether an individual engages in health-protective behaviour, or not, and finally demographics affect the aforementioned variables.

5.3.9 Contribution of fear appeal theory and models

The various fear appeal theories and models developed over the past five decades have provided mixed results (Tay, Ozanne & Santiono, 2000:1249). In a recent meta-analysis of fear appeals, Witte and Allen (2000:610) propose that overall the evidence is not conclusive that any fear appeal model is superior. Witte and Allen (2000:610) maintain that the initial fear drive model does not offer an adequate explanation of data, but that there is evidence supportive of the subjective expected utility model in the main effects and additive model tests. They also found supportive evidence of the extended parallel process model, and therefore by extension of the protection motivation theories, stating that fear appeals produce both danger and fear

control responses. Further, the stronger the threats in a message, the more motivated individuals appear to be to process a message. In total the authors suggest that fear appeals are effective when they convey a significant and relevant threat and when an effective and easily achievable response is suggested. Marketing communications should thus promote high levels of threat as well as high levels of efficacy to achieve attitude, intention and behaviour changes.

5.3.9.1 The role of fear appeal theory and models in health behaviour promotion

Research on persuasive messages to change risky health behaviour has been built on various theoretical frameworks, including protection motivation theory, the health belief model, and the theory of reasoned action. Recent meta-analyses of research on protection motivation theory suggest that increases in threat and coping appraisal are associated with adaptive coping (i.e. stopping risky behaviour, maintaining or starting protective behaviour) (Floyd, Prentice-Dunn & Rogers 2000:419; Milne, Sheeran & Orbell 2000:141). All of these models propose that health-protective behaviour is a function of the probability and severity of health outcomes, the perceived effectiveness of the protective behaviour, and the perceived costs and barriers to action (Milne et al., 2000:141).

Millar and Millar (1996:69) claim that the modest success of fear appeals can be ascribed to the failure to consider the type of health behaviour being promoted, and that health behaviour is about more than just health-protective behaviour. They distinguish between two types of behaviour, namely disease-detection behaviour and health-promotion behaviour. Disease-detection behaviour provides the opportunity to detect illness, but does not allow individuals to make themselves more healthy. In other words, this is simply a means of identifying or confirming health problems, but it does not provide any plan of action to deal with health threats. When individuals perform detection behaviour, there is the possibility that their perceptions about their good health may be threatened and they might discover a disease. Anxiety and fear are then associated with the detection behaviour, and if a plan of action is absent, this may motivate them to avoid this behaviour. Health-promotion behaviour on the contrary responds better to high fear appeals than to low fear appeals. An earlier study by Hill (1988:39) proposed that high-fear appeals speak to the morbid consequences of HIV/AIDS and may be viewed as too threatening, whereas

moderate fear appeals only mention the threat involved in risky sexual behaviour and may be more useful. Witte (1992) found that high-threat messages were more effective than low-threat messages in changing intentions to practice HIV/AIDS-preventing behaviour. Ruiter et al. (2001:620) added to this by stating that the strength of a threat influences attitude when a high level of emotional arousal is caused and individuals perceive a significant and personally relevant threat.

Bolton, Reed, Volpp and Armstrong's (2005) research suggests that consumers' relationships to a problem also moderate the effects of remedy. They establish that health-remedy messages increase risky behaviour, especially among those most at risk. They propose that smoking intentions increase and risk perceptions decline after exposure to a remedy message for a nicotine replacement product. They attribute their findings to consumers' motivated reasoning about the remedy as either a signal of risk or as a signal that the risk can be managed. Consumers unattached to the risky behaviour perceive the remedy as a signal of risk and this reinforces risk-avoidance. However, consumers attracted to the risky behaviour perceive the remedy as something that takes the risk out of risky behaviour, and this actually encourages the risky behaviour.

Furthermore, a consistent theme of the published research is that fear appeals only reinforce pre-existing health behaviours if the threat is present. There is a perceived susceptibility to the threat, and recommendations to avoid the threat are efficacious (Batrouney, 2004). This implies that individuals who are already aware of and possibly engage in the recommended behaviour are more likely to respond favourably to promotive advertising. However, unconvinced and unconverted segments respond negatively to high levels of cognitive dissonance caused by such advertising. They use motivated reasoning to discredit the source, the message information and the relevance of the message, making such advertising ineffective and potentially dangerous (Batrouney, 2004).

5.4 FEAR APPEALS AND SEGMENTATION

Market segments respond differently to various levels of fear appeals in advertising. It is thus necessary to determine how these segments can be identified and targeted. Many of the inconsistencies in current research can be ascribed to the differences in individuals' thought processes and this can be resolved by examining fear appeals in

a more segmented approach (Arthur & Quester, 2004:694). Tay et al. (2000:1248) confirm that fear appeals work target group-specific. The results of their study about the effects of fear appeals and alcohol abuse confirm previous findings that fear appeals are effective when used for certain groups and not the whole population. A number of earlier studies also recommend that research should be segment-specific as fear appeals have been found to influence specific population segments differently (Quinn et al. 1992; Burnett & Wilkes 1980; Burnett & Oliver 1979).

Segmentation may be based on several variables including age, sex and involvement in the behaviour under investigation (such as smoking, drunk-driving or unprotected sexual contact). Previous research also found that the subjects' psychological traits, such as self-esteem and coping styles, have a significant moderating effect on the acceptance of the advertising message (Tay et al., 2000:1249). Other moderators include enduring and situational involvement and marketing communication. Practitioners must choose the optimal message strategy after identifying the characteristic of targeted segments for health-related campaigns (Kim, 2003:257). It is clear that situational factors play an important role in determining an individual's susceptibility to persuasion, and also in predicting behaviour. Situational factors alone can however not be accountable for behaviour and perception changes. Theorists state that personality and the environment interact to shape behaviour. Therefore, the best way is to use the interaction approach, which integrates personality traits and situation characteristics together in predicting responses to persuasive messages (Engel, Blackwell & Miniard, 1995:156).

5.4.1 The role of individual characteristics

The same threat will not obtain a similar response from all individuals even if such individuals comprise a narrowly defined target group, because research confirms that different people fear different things (LaTour & Rotfeld, 1997:45). Researchers argue that a very strong appeal to fear will be needed to ensure effective responses among respondents for whom the subject has little relevance. Thus, individuals who are highly involved in a topic can be motivated and influenced by a relatively small amount of fear, whereas a more intense level of fear is required to motivate uninvolved, indifferent people (Tay et al., 2000:1249). LaTour and Tanner (2003:378) further point out that personal relevance has a moderating effect on persuasion in a study on the awareness of the threat of radon gas. A subsequent study by Morrison

(2005:239) examined the effectiveness of persuasive fear appeals in motivating women to enrol in self-defence classes against rape, and found that perceived vulnerability caused respondents to report positive intentions and behavioural responses.

It seems that, apart from relevance of a threat to an individual, personal characteristics also impact behavioural responses. Tanner and colleagues (1991:37) state that personality, product usage and socio-economic variables moderate the effectiveness of fear appeals. Findings of a more recent study by Elder et al. (2004:60) showed that the degree of persuasion of a fear appeal may be influenced by interactions between the message content and characteristics of individuals. Strong fear appeals are more effective for motivating a response among segments of an audience who initially do not deem the threat important or relevant to them, and may also be persuasive to those who are already engaging in the desired behaviour.

Understanding target audiences' individual risk-taking tendencies is also important in the development of effective fear appeal messages. The traditional method of inducing fear by portraying, for instance, the serious consequences of smoking, might not be effective with individuals who are highly rebellious risk-takers. They require a message where the intended outcome is not obvious (Lee & Ferguson, 2002:946). Another study also found that negative emotions, such as guilt, have strong motivational qualities on attitudes and behaviour. Furthermore, reactive guilt also influences respondents who are lower in self-control to feel more negative toward the message conveyed (LaBarge & Godek, 2005:260).

Witte and Morrison (2000:23) confirm that individual differences often affect the outcome of fear appeal communication. Their study investigated the relationship between trait-anxiety and behavioural intention, and they found no relation. Contrary to other research, these authors suggest that individual differences are not as important as threat and efficacy beliefs and therefore the focus should be on the latter. They do however caution that the situation should be treated differently if a population is already in defensive avoidance about a health threat. In another study, Blumberg (2000:789) found that all defensive responses should be minimised in order for a fear appeal message to be accurately decoded and understood. Positive message framing may also enhance respondents' willingness to assess their own

risk behaviour. Furthermore, Blumberg (2000:790) suggested that communication should be customised to different cultural groups and should focus on dispelling misconceptions and enhancing understanding, rather than simply be threatening.

5.4.2 Influence of culture

International research on values suggests that rational and emotional decision-making varies across cultures. Emotions are influenced by culture and some cultures embrace the showing of emotions, whereas others discourage it (Albers-Miller & Stafford, 1999:50). Individuals evaluate the components of a message relative to their prior experiences, culture and personality traits (Witte, 1992:339), and therefore external influences should be included when evaluating individuals' beliefs about a health risk. This includes cultural background, which may have a mediating influence on attitudes, norms and self-efficacy beliefs (Fishbein, 2000:129).

Vincent and Dubinsky (2005:18) propose that culturally sensitive models of fear effects are not only nonexistent, but in fact necessary for an accurate understanding and implementation of fear appeals for purposes of persuasion and behaviour change. They propose a model based on several previous studies (Schoenbachler & Whittler, 1996; Tanner et al., 1991; Rogers, 1983) which considered both the antecedents and effects of the fear emotion. Fear is predicted to be a mediator between the level of perceived threat and the coping response employed (Vincent & Dubinsky, 2005:19). Research by Tanner et al. (1991) showed that the severity of the threat and the probability of occurrence, determine the level of threat perceived. This produces various degrees of fear. Fear, together with individual and cultural characteristics, determines the type of coping responses employed and the behavioural intentions that follow the evaluation.

5.5 CONCLUSIONS AND IMPLICATIONS

Emotional appeals, specifically fear appeals, are popular in social advertising campaigns. This is because emotional arousal has an influential attraction and persuasion effect. Social marketing campaigns often focus on fear appeals in order to generate shock value and to create tension. The effectiveness of fear appeals has however come under question. It is difficult to determine the most appropriate level of fear that must be generated, and different levels of fear have been described with varying success.

Fear appeal research differentiates between a threat and fear, and also individuals' self-efficacy and response efficacy, which ultimately influence their behaviour. It has also been established that fear appeals have a definite impact on behaviour by influencing attitudes and intentions. Various fear appeal theories and models have been developed, but evidence is not conclusive that any fear appeal model is superior to another. Supportive evidence of the extended parallel process model and therefore, by extension, of the protection motivation theories used in the proposed revised protection motivation model exist.

Fear appeals have been tested in various health-promotion behaviours and more specifically HIV/AIDS-preventative behaviour. Also, during health-promotion behaviour, individuals respond more to high-fear appeals than to low-fear appeals. Furthermore, individuals who are already aware of and possibly engage in the recommended behaviour are more likely to respond favourably to promotive advertising. The stronger the threats in a message, the more motivated individuals appear to be to process a message. Fear appeals are also more effective when an easily achievable response is suggested.

Marketing communications should therefore promote high levels of threat and high levels of efficacy to achieve attitude, intention and behaviour changes. Finally, the importance of using fear appeals in terms of segmentation was established and specifically the role individual characteristics and culture play in the success of fear appeals to influence behaviour change.

CHAPTER 6
HIV/AIDS EPIDEMIC AND THE USE OF FEAR APPEALS IN HIV/AIDS ADVERTISING CAMPAIGNS

6.1 INTRODUCTION

South Africa is one of the countries in sub-Saharan Africa hardest hit by the HIV/AIDS epidemic. Given that marketing communications forms a crucial part of behaviour change interventions to motivate people to change their sexual behaviour, amongst other things to prevent the spread of this disease, it is valuable to investigate the magnitude of HIV/AIDS and prevention campaigns. Firstly, this chapter investigates the extent of the HIV/AIDS epidemic amongst the world population, within the context of the epidemiology, modes of transmission, and the prevalence of HIV/AIDS.

This is followed by a synopsis of HIV/AIDS in South Africa by means of a general population overview, the impact of the disease on the population, and more specifically adolescents, the focus group for this study. The implications of the disease and government efforts to prevent HIV/AIDS are also briefly discussed.

Thirdly, the use of fear appeals in HIV/AIDS marketing communication campaigns are investigated to ascertain how these types of appeals are used. HIV/AIDS marketing communication campaigns are examined, with an in-depth look at the South African loveLife campaign and two international campaigns that used fear appeals. Finally, a brief overview of various international HIV/AIDS advertising appeals and execution styles concludes this chapter.

6.2 HIV/AIDS OVERVIEW

Despite the increased awareness of the HIV/AIDS pandemic, the virus is still spreading over the world. At the end of 2005, approximately 38.6 million people worldwide were living with HIV/AIDS, and an estimated 2.8 million people lost their lives to HIV/AIDS. Compared with two years earlier, from 2003, the HIV prevalence increased by 6.5 percent (CDC, 2007; UNAIDS, 2006). Although it seems that the disease is on the decline, with 33.2 million people worldwide infected with HIV in 2007, the African continent and specifically sub-Saharan Africa, where more than two

out of three adults are infected with HIV, is still hardest hit by this pandemic (UNAIDS, 2007).

South Africa's HIV/AIDS epidemic is one of the worst in the world, with an estimated 5.41 million people living with HIV in 2006. This denotes that roughly 14.2 percent of the world's infected population lives in South Africa (AVERT, 2006; UNAIDS, 2006). In their report on the global AIDS epidemic of 2006, the Joint Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO) confirmed that public information campaigns about sexually transmitted infections should be strengthened (UNAIDS, 2006; WHO, 2006). The following paragraphs give a more in-depth view of HIV/AIDS.

6.2.1 Epidemiology of HIV/AIDS

Acquired immunodeficiency syndrome (AIDS) was first described in homosexual men in the United States of America during 1981 (WHO, 2006). In 1983, the etiology of HIV was identified to be the human immunodeficiency virus (HIV), the virus that caused acquired immune deficiency syndrome (AIDS) by replicating in and killing the helper T-cells. Since then the epidemic has spread all over the world and has become a major pandemic. It is speculated that the extensive spread of HIV/AIDS began in the late 1970s in Western Europe and sub-Saharan Africa. Three epidemiological patterns have been described based on the aforementioned assumptions (Nduati & Kiai, 1997).

The first pattern of the disease found in the Americas, Australia and Western Europe was characterised by a male:female ratio of 10:1 and was typified by homosexual transmission and IVDU (intravenous drug use) transmission. The second pattern of countries, which include sub-Saharan Africa and the Caribbean, were characterised by heterosexual contact and a male:female ratio of 0.83:0.91. Pattern three countries included mainly the Asian continent and were believed to have become exposed to the HIV epidemic in the mid 1980s, with heterosexual transmissions and IVDU as the main modes of transmission (Nduati & Kiai, 1997; WHO, 2006).

6.2.2 HIV/AIDS: A global view

On the whole, the HIV/AIDS incidence rate, in other words, the proportion of people who have become infected with HIV, was believed to have peaked in the late 1990s. It seemed that HIV/AIDS has stabilised worldwide subsequently, notwithstanding an increasing incidence in several countries. These include Africa, which remains the global focal point of the HIV/AIDS pandemic. South Africa's HIV/AIDS epidemic is seen as one of the worst in the world, and indicates no substantiation of a decline (CDC, 2007; UNAIDS, 2006).

There are also a significant number of weaknesses in the response to HIV/AIDS. Firstly, HIV/AIDS prevention programmes are not reaching those at greatest risk, and HIV/AIDS knowledge among young people remains insufficient. Secondly, surveys show that fewer than 50 percent of young people achieved adequate knowledge levels, whilst the international Declaration of Commitment on HIV/AIDS (AVERT, 2007) aimed for 90 percent of young people to be knowledgeable about HIV/AIDS by 2005. Thirdly, substantial numbers of people are ignorant about the spread of HIV/AIDS, and less than half of those infected with HIV is aware that they are infected (CDC, 2007; AVERT, 2007).

A recent report by UNAIDS (2007) revealed disconcerting numbers of HIV/AIDS infections and deaths related to the disease. Table 6.1 illustrates the global HIV/AIDS infections and deaths during 2007 (UNAIDS, 2007).

TABLE 6.1

GLOBAL OVERVIEW OF HIV/AIDS

Number of people living with HIV in 2007	
Total	33.2 million (30.6-36.1 million)
Adults	30.8 million (28.2-33.6 million)
Women	15.4 million (13.9-16.6 million)
Children under 15 years	2.5 million (2.2-2.6 million)
People newly infected with HIV in 2007	
Total	2.5 million (1.8-4.1 million)
Adults	2.1 million (1.4-3.6 million)
Children under 15 years	420 000 (350 000-540 000)
AIDS deaths in 2007	
Total	2.1 million (1.9-2.4 million)
Adults	1.7 million (1.6-2.1 million)
Children under 15 years	330 000 (310 000-380 000)

Source: UNAIDS (2007)

6.2.2.1 Prevalence of HIV/AIDS in sub-Saharan Africa

Sub-Saharan Africa remains the region most affected by the HIV/AIDS pandemic. According to UNAIDS (2007), an estimated 22.5 million people were infected with HIV at the end of 2007, and about 1.7 million additional people were infected with HIV during this period. During 2007, the HIV/AIDS epidemic caused the deaths of an estimated 1.6 million adults and children in this region. To date, more than 11 million children have been orphaned by HIV/AIDS. Approximately 68 percent of worldwide HIV infections and 76 percent of worldwide HIV/AIDS deaths occurred in sub-Saharan Africa during 2007 (UNAIDS, 2007; AVERT, 2007). Table 6.2 illustrates the regional HIV/AIDS statistics for sub-Saharan Africa for 2001 and 2007.

TABLE 6.2

SUB-SAHARAN AFRICA HIV/AIDS STATISTICS, 2001 AND 2007

Year	Adults and children living with HIV	Adults and children newly infected with HIV	Adult prevalence (%)	Adult and child deaths due to AIDS
2007	22.5 million (20.9-24.3 million)	1.7 million (1.4-2.4 million)	5.0% (4.6%-5.5%)	1.6 million (1.5-2.0 million)
2001	20.9 million (19.7-23.6 million)	2.2 million (1.7-2.7 million)	5.9% (5.5%-6.6%)	1.4 million (1.3-1.9 million)

Source: UNAIDS (2007)

The prevalence rates of HIV as well as the number of people dying from AIDS differed between African countries. Somalia and Senegal had HIV prevalence rates of less than 1 percent of the adult population, while prevalence rates in South Africa and Zambia were between 15-20 percent The four African countries with the highest HIV prevalence rates are Botswana (24.1%), Lesotho (23.2%), Swaziland (33.4%) and Zimbabwe (20.1%) (UNAIDS, 2007; AVERT, 2007).

West Africa is least affected by HIV/AIDS, whilst the HIV prevalence rates in some countries like Cameroon (5.4%), Côte d'Ivoire (7.1%) and Gabon (7.9%) are increasing. The country with the highest population in sub-Saharan Africa, Nigeria, experienced slow HIV prevalence rate increases, from below 2 percent in 1993 to 3.9 percent in 2005. In East Africa, the adult HIV prevalence exceeded 6 percent in countries like Uganda, Kenya and Tanzania (UNAIDS, 2007; AVERT, 2007).

According to earlier reports from the WHO (Freiden & Takacs, 1996:47), one in 40 Africans is infected with HIV, compared to only one in 250 Americans. In Africa, more than 90 percent of adult cases of HIV/AIDS are ascribed to heterosexual relationships, whereas in Europe and North America only 15 percent of HIV infections are due to heterosexual relationships (Freiden & Takacs, 1996:48).

Some African countries have implemented timeous and effective HIV/AIDS prevention campaign efforts. These countries include Senegal, with a HIV prevalence of 0.9 percent, and Uganda, with a declined HIV prevalence from 15 percent in the early 1990s to about 5 percent by 2001. Similar declines were also noted in Kenya, Zimbabwe and some urban areas of Zambia (UNAIDS, 2007). Conversely, the severe HIV/AIDS epidemic continued to grow in South Africa, Swaziland and Mozambique (AVERT, 2007). This emphasises the need for an intensification of prevention efforts.

6.2.3 Modes of transmission

A disturbing statistic in the prevention of HIV/AIDS is that less than half of the people infected with HIV know that they are infected (Freiden & Takacs, 1996:49). The main modes of transmission of HIV include sexual intercourse, contact with blood and blood products or blood transfusion, and mother-to-child transmission (MTCT). An estimated one third of infants born to HIV-infected women acquire HIV infection. In sub-Saharan Africa, sexual intercourse is estimated to cause three quarters of the transmission, whilst less than 10 percent occurs through blood transmission (Nduati & Kiai, 1997; AIDSinfo, 2006). One of the less familiar transmissions of HIV is transmission as a result of contaminated skin-piercing instruments, which are used in some health facilities and also outside health facilities. This also includes the use of intravenous drugs. HIV is not transmitted by everyday contact like hugging and kissing, or through food and water (Nduati & Kiai, 1997).

The HIV/AIDS pandemic is going into the second decade with a rising population of adolescents with HIV/AIDS contracted in their early childhood (Nduati & Kiai, 1997). A study by Freiden and Takacs (1996:49) pointed out that people are ignorant about the spread of HIV/AIDS, since one third of all adults believe that they can contract the virus by working with an infected person. Notwithstanding this, 13.8 percent of adults report that they engage in risky sexual behaviour, with multiple sexual partners, and

that they rarely use condoms. Based on the modes of transmission and ignorance about the transmission of HIV/AIDS, the threat of HIV/AIDS is severe and extensive. More education efforts and changes in human behaviour are needed to counter the effect of the HIV/AIDS pandemic.

6.3 HIV/AIDS IN SOUTH AFRICA

Various factors have been blamed for the increase in HIV/AIDS prevalence in South Africa. Government's response to the epidemic has been criticised as being insufficient, as well as communication efforts to inform people about the disease are seen to be lacking in effectiveness (Noble, 2007). South Africa is facing one of the most severe HIV/AIDS epidemics in the world. At the end of 2005, 5.5 million people were living with HIV in South Africa, and approximately 1 000 AIDS deaths occurred every day. The HIV prevalence amongst people between 15-49 years was 18.8 percent in 2006 (UNAIDS, 2006). In 2007, an estimated 5.41 million people were living with HIV in 2006, which is equal to about 11 percent of the total population (Noble, 2007).

It is predicted that the number of people living with HIV in South Africa will exceed 6 million by 2015, and that approximately 5.4 million South Africans will have died of AIDS (Noble, 2007; AVERT, 2006). Conversely, Bhattacharya (2003:134) suggests that the HIV/AIDS epidemic in South Africa has already reached an optimum. It projects that the number of AIDS-related deaths will reach a peak in 2008 at 487 000, and will decline after this to 470 000 deaths in 2010. The slowing down of the epidemic is ascribed to HIV/AIDS education and prevention programmes that could lead to changes in sexual behaviour, but also because death is reducing the number of HIV-positive people. A USAID report in 2002 (Bhattacharya, 2003:134) projected that in 2010, over 900 000 AIDS-related deaths per year will occur, with an alarming 38 percent of South Africa's sexually active population being HIV positive.

6.3.1 South African population profile

Before investigating the impact and implications of HIV/AIDS in South Africa, an overview of the South African population is given to serve as a basis for further discussions. The total South African population estimate for 2005 was 46.8 million. The country consists of nine provinces, with considerable differences in the respective populations and economic structures. Furthermore, South Africa has

11 official languages and four major racial groups (Martins, 2006). Mid-year population estimates conducted in 2004 indicated that the black African race (79.34 %) make up the majority of the country's population with white (9.34%) and coloured (8.84%) races following, close to each other. The Indian population is the smallest at 2.46 percent of the total South African population (Statistics South Africa, 2006).

The following section gives an overview of the size of the South African market segmented by race, gender, language and income groups. Figure 6.1 illustrates the population broken down into the four main racial groupings, indicating that black African is the largest population group.

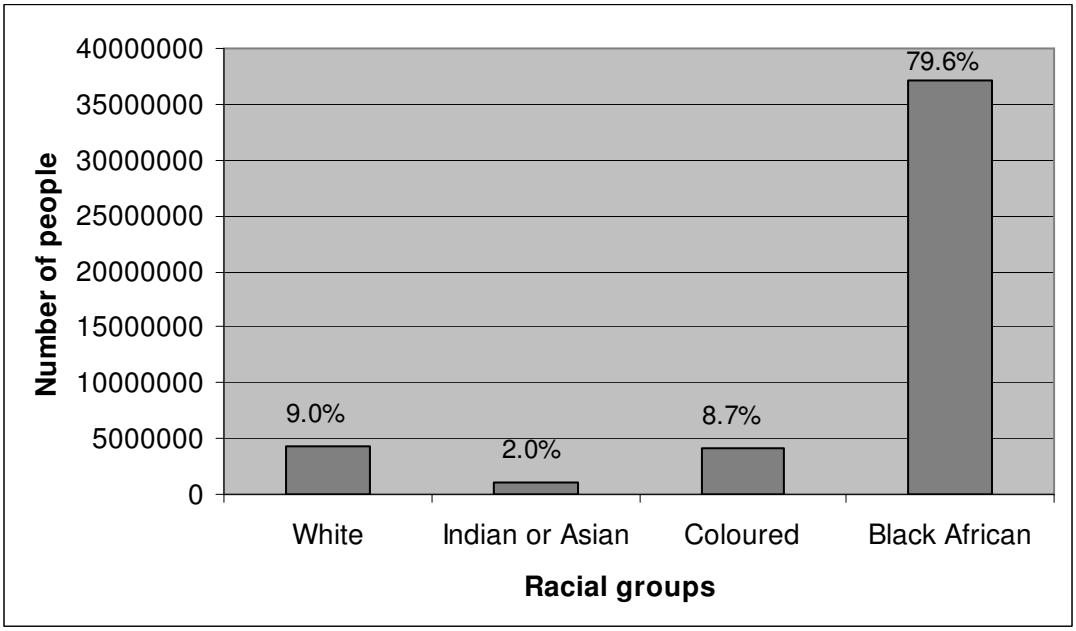


FIGURE 6.1

SOUTH AFRICAN POPULATION PER RACIAL GROUP

Source: Statistics South Africa (2005)

The target age group for this study (18 to 24 years) forms part of two of the South African census age groups: 15 to 19 years of age (10.4% of the total population), and 20 to 24 years of age (9.8% of the total population) (Statistics South Africa, 2005). The aforementioned age composition is illustrated in Figure 6.2.

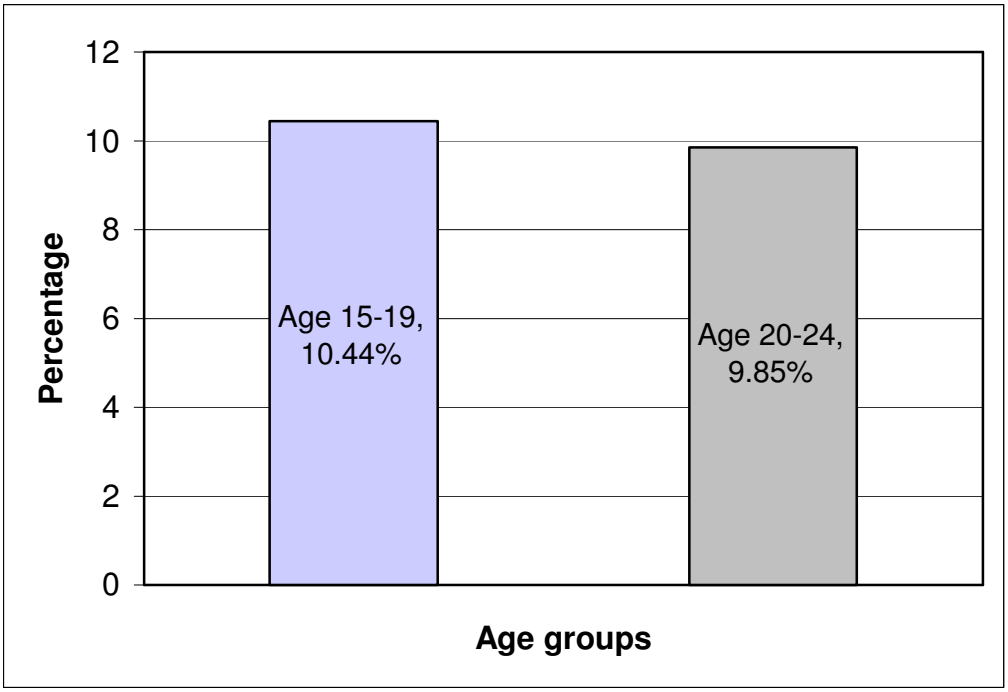


FIGURE 6.2
PERCENTAGE OF SOUTH AFRICAN POPULATION BETWEEN 15 AND 24 YEARS

Source: Statistics South Africa (2005)

An analysis of the percentage males and females in terms of the total population indicated that there are slightly more females in the South African population than males, as illustrated in Figure 6.3.

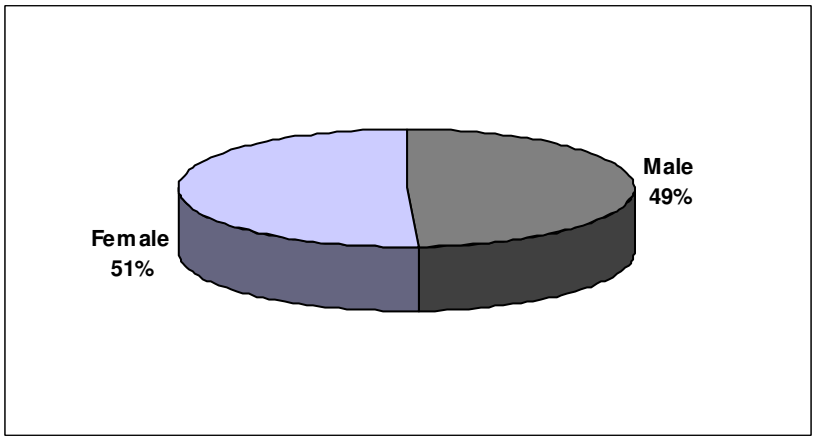


FIGURE 6.3
PERCENTAGE FEMALES VERSUS MALES OF THE SOUTH AFRICAN POPULATION

Source: Statistics South Africa (2005)

South Africa is divided into nine different provinces. Each of these provinces is unique in its own way in terms of culture and racial groups. Figure 6.4 indicates that KwaZulu-Natal has the highest population, followed closely by Gauteng Province.

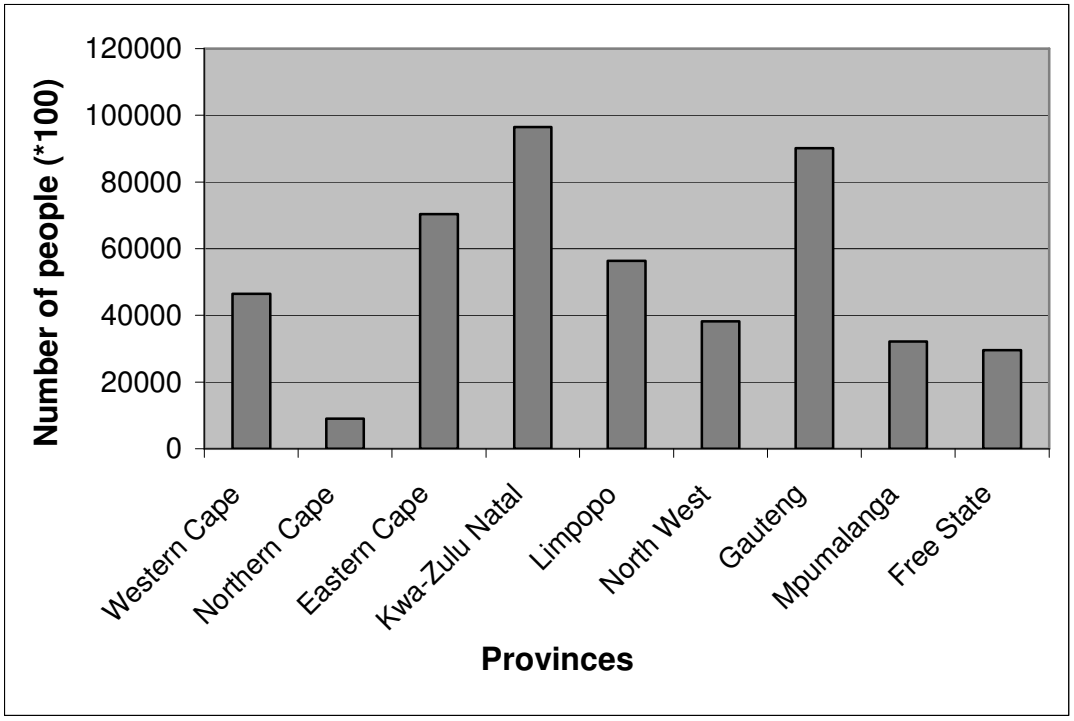


FIGURE 6.4
SOUTH AFRICAN POPULATION PER PROVINCE

Source: Statistics South Africa (2005)

The target age group (18 to 24 years) for this study comprised 20.8 percent of the population of the Western Cape Province. Furthermore, this age group comprised 20 percent of the population of KwaZulu-Natal, and 22 percent of the population of Gauteng Province (SAARF, 2007; Statistics South Africa, 2005)

South Africa has 11 official languages, as illustrated in Figure 6.5, with Zulu the largest language group, followed by Afrikaans, Xhosa and English.

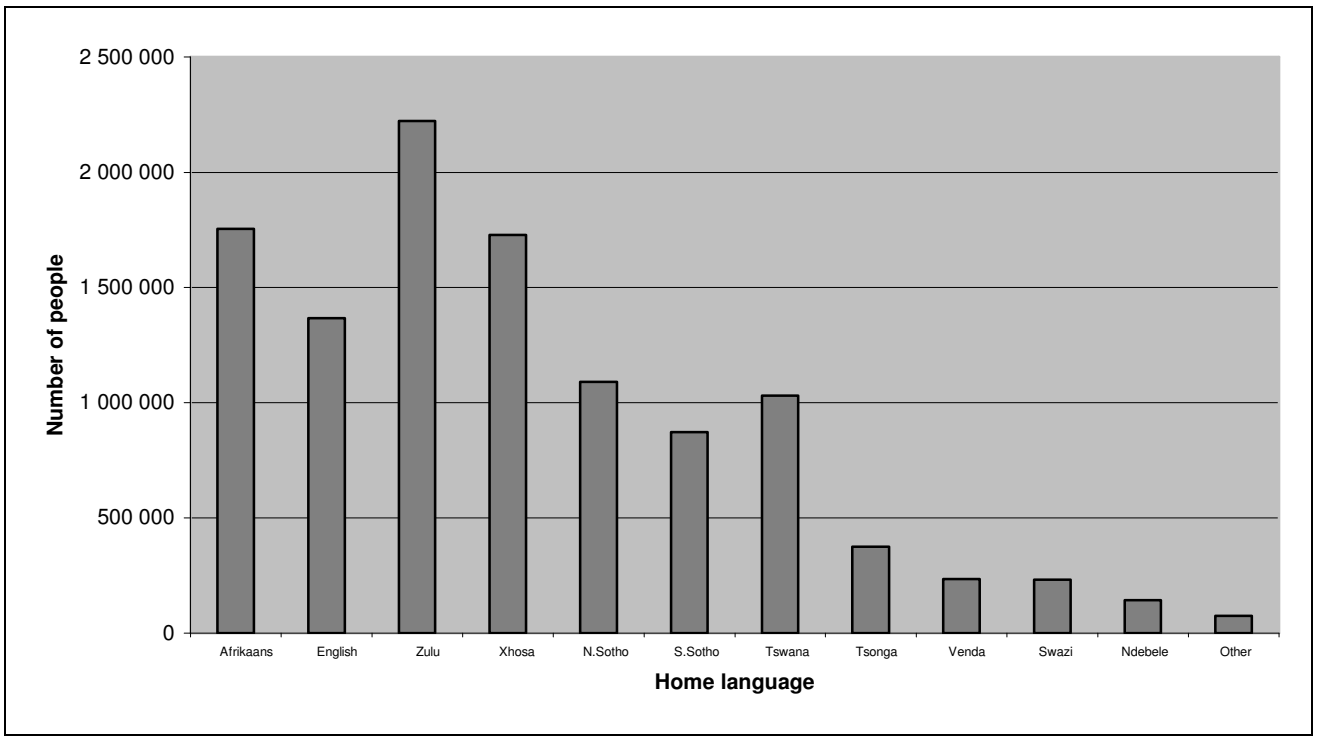


FIGURE 6.5

NUMBER OF PEOPLE PER LANGUAGE GROUP IN SOUTH AFRICAN

Source: SAARF (2007)

Figure 6.6 illustrates the per capita income per province, with Gauteng Province as the financial capital of South Africa, followed by KwaZulu-Natal and the Western Cape Province.

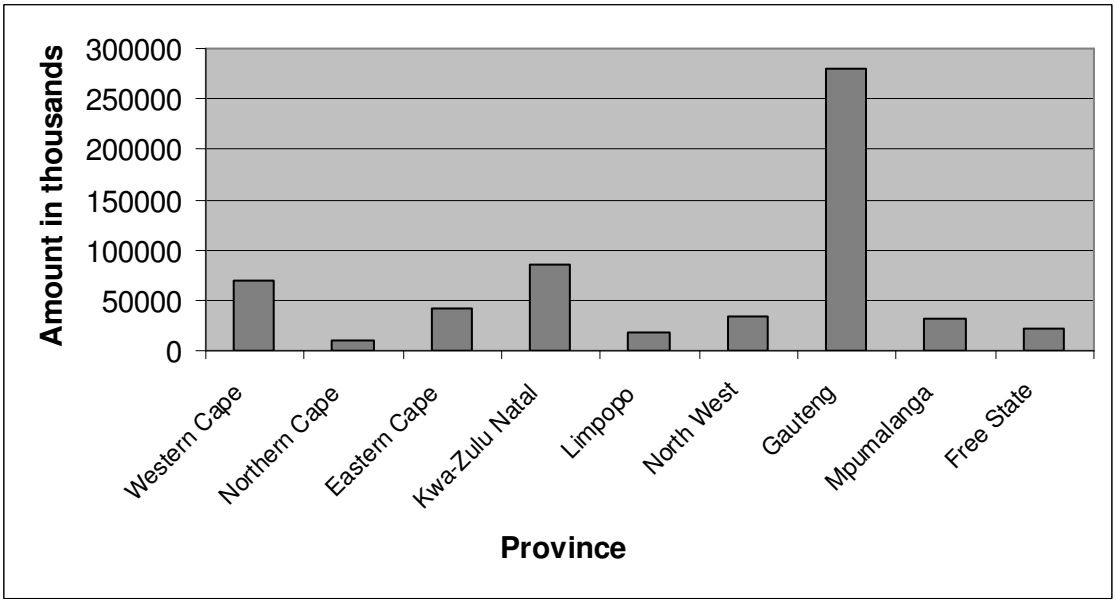


FIGURE 6.6

INCOME PER PROVINCE

Source: SAARF (2007)

6.3.2 Impact of HIV/AIDS

The impact of the HIV/AIDS pandemic on the South African society is a major concern. Research provides evidence that about 50 percent of HIV infections in South Africa are transmitted to people before the age of 20 (Irwin, 2003), with more than 5 million HIV positive people in a country with 46.8 million people (Martins, 2006). According to the African Centre for HIV/AIDS Management (2004), the Global Fund to fight HIV/AIDS, tuberculosis and malaria stated that the per capita growth in sub-Saharan African countries was declining by 0.5 percent to 1.2 percent each year as a result of HIV/AIDS. This could lead to increased poverty and inequality, because people die in their productive years. HIV/AIDS-related deaths could also cause a projected reduction in the total South African population to 40 million people by 2050. According to SAARF (2005), it is estimated that 9 million South Africans will die from HIV/AIDS by 2021. Half of all deaths in South Africa are HIV/AIDS-related, followed by degenerative diseases, such as cancer, heart disease, diabetes, etc. The life expectancy in years of blacks is 43.2, Indian 68.6, white 70.7, and coloured 59 years (SAARF, 2005).

This significant loss of population will influence all aspects of the economy and society, both on a micro and macro level. In the marketing and specifically media industry, it is projected that media structures will change, since entire sectors of the population will not exist anymore and some publications/programmes will become redundant and the advertising spend along with it (SAARF, 2005).

The HIV/AIDS epidemic affects all cultural groups in South Africa, although there is some variation in prevalence, which will be discussed in further paragraphs. It seems that South Africans are still not changing their attitudes and behaviour, although the disease is killing millions of people. In spite of millions of rands that have been spent on HIV/AIDS marketing campaigns, the results of public opinion surveys illustrate that risky sexual behaviour is on the increase (Markinor, 2007; AVERT, 2006).

Ipsos Markinor (Markinor, 2007) have been conducting face-to-face interviews annually since 2002, with 3 500 randomly selected respondents, representative of adult South Africans, 16 years and older. The results indicate that the proportions of South Africans in the medium- and high-risk groups are constantly increasing. During

2002, approximately 22 percent of sexually active adults formed part of the high-risk group. This increased to 30 percent in 2007. The medium-risk group accounted for 15 percent of the sexually active population during 2002, but has subsequently increased to 20 percent in 2007. The result is that the combined medium- and high-risk groups increased from 37 percent in 2002 to 50 percent in 2007. The explanations for this trend are varied, but one reason could be that people in the medium- and high-risk groups indicated that they did take precautions against HIV/AIDS initially, but do not do so any more. No specific explanation for this was given (Markinor, 2007). In view of the disturbing implications of HIV/AIDS in South Africa, the following paragraphs provide an overview of HIV/AIDS prevalence in the country.

6.3.2.1 HIV/AIDS prevalence in South Africa

Three different studies on the prevalence of HIV/AIDS in South Africa illustrated varied results: The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, the South African Department of Health Study, and the South African National HIV Survey. The results of these three studies will be discussed briefly to illustrate the extent of the HIV/AIDS pandemic in South Africa (AVERT, 2008; UNAIDS/WHO, 2006; AVERT, 2006; Department of Health, 2006).

The UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance (UNAIDS/WHO, 2006) estimated that the prevalence of HIV/AIDS among 15-24-year-old males and females during 2005 was 4.5 percent and 14.8 percent respectively. UNAIDS/WHO estimated the number of deaths due to AIDS during the same period at 250 000 (low estimated average) and 365 000 (high estimated average). They further suggested that the promotion of safer sexual behaviour should be at the core of HIV/AIDS programmes, and particularly among young people, since they are embarking on their sexual lives and should therefore be more open to behavioural change than adults.

6.3.2.1.1 Provincial prevalence

The South African Department of Health Study (2006) based their sample on 33 033 women attending 1 415 antenatal clinics across all nine provinces of South Africa. They estimated that approximately 29.1 percent of pregnant women were living with HIV in 2006. As illustrated in Table 6.3, the provinces that recorded the highest HIV

rates were KwaZulu-Natal, Mpumalanga and Free State (Department of Health, 2006). It is important to note that the inclusion of new clinics with lower HIV prevalence may have influenced results (AVERT, 2008).

TABLE 6.3
ESTIMATED HIV/AIDS PREVALENCE AMONG ANTENATAL CLINIC ATTENDEES PER PROVINCE

Province	2001 prevalence %	2002 prevalence %	2003 prevalence %	2004 prevalence %	2005 prevalence %	2006 prevalence %
KwaZulu-Natal	33.5	36.5	37.5	40.7	39.1	39.1
Mpumalanga	29.2	28.6	32.6	30.8	34.8	32.1
Free State	30.1	28.8	30.1	29.5	30.3	31.1
Gauteng	29.8	31.6	29.6	33.1	32.4	30.8
North West	25.2	26.2	29.9	26.7	31.8	29.0
Eastern Cape	21.7	23.6	27.1	28.0	29.5	29.0
Limpopo	14.5	15.6	17.5	19.3	21.5	20.7
Northern Cape	15.9	15.1	16.7	17.6	18.5	15.6
Western Cape	8.6	12.4	13.1	15.4	15.7	15.2
National	**24.8**	**26.5**	**27.9**	**29.5**	**30.2**	**29.1**

Source: Department of Health (2006)

6.3.2.1.2 Prevalence by age group

Table 6.4 illustrates the HIV prevalence by age group. Two age groups, namely 25-29 years and 30-34 years, had the highest HIV/AIDS prevalence.

HIV/AIDS infection rates vary between different groups of people, and thus the findings from antenatal clinics cannot be applied to men, newborn babies and children (Department of Health, 2006). Consequently, a survey of the national population was conducted, namely the South African National HIV Survey (2005). The sample included a proportional cross-section of the total population, including a large number of people from each geographical, racial and various social groups. The number of households that participated in the study was 10 584, and 23 275 people were interviewed. Sixty-five percent of people agreed to take an HIV test, which represented 55 percent of eligible people being tested (AVERT, 2006).

TABLE 6.4

ESTIMATED HIV/AIDS PREVALENCE AMONG ANTENATAL CLINIC ATTENDEES PER AGE GROUP

Age group (years)	2001 prevalence %	2002 prevalence %	2003 prevalence %	2004 prevalence %	2005 prevalence %	2006 prevalence %
<20	15.4	14.8	15.8	16.1	15.9	13.7
20-24	28.4	29.1	30.3	30.8	30.6	28.0
25-29	31.4	34.5	35.4	38.5	39.5	38.7
30-34	25.6	29.5	30.9	34.4	36.4	37.0
35-39	19.3	19.8	23.4	24.5	28.0	29.6
40+	9.8	17.2	15.8	17.5	19.8	21.3

Source: Department of Health (2006)

Findings from the South African National HIV Survey (2005), illustrated in Table 6.5, indicated that the HIV prevalence was highest among females in the 25 to 29 years age group. Among males, the highest incidence was in the 30-39 years age group. These results are similar to those for the age groups identified in the South African Department of Health Study (2006) discussed in previous paragraphs.

The results also denoted the difference in likelihood of infection between males and females, with an 8.2 percent likelihood in males and 13.3 percent in females. In the main age group pertaining to this study, namely the age group 20 to 24 years, the male prevalence was 6.0 percent and the female prevalence, 23.9 percent (AVERT, 2006).

TABLE 6.5

ESTIMATED HIV PREVALENCE AMONG SOUTH AFRICANS PER AGE GROUP IN 2005

Age (years)	Male prevalence %	Female prevalence %
2-4	4.9	5.3
5-9	4.2	4.8
10-14	1.6	1.8
15-19	3.2	9.4
20-24	6.0	23.9
25-29	12.1	33.3
30-34	23.3	26.0
35-39	23.3	19.3
40-44	17.5	12.4
45-49	10.3	8.7
50-54	14.2	7.5
55-59	6.4	3.0
60+	4.0	3.7
Total average	**8.2**	**13.3**

Source: AVERT (2006)

6.3.2.1.3 Racial prevalence

Estimated prevalence per racial group was also identified in the 2005 national HIV/AIDS survey. Table 6.6 illustrates the HIV prevalence among South Africans, stating that the incidence is highest among the black African racial group at 13.3 percent, and lowest among the white population at 0.6 percent (AVERT, 2006).

TABLE 6.6

ESTIMATED HIV PREVALENCE AMONG SOUTH AFRICANS AGED 2 YEARS AND OLDER BY RACE IN 2005

Race	Prevalence %
Black African	13.3
White	0.6
Coloured	1.9
Indian	1.6
National average	**10.8**

Source: AVERT, 2006

In an earlier study, Guthrie and Hickey (2004:104) stated the racial prevalence for HIV/AIDS as follows: black African, 18.4 percent; white, 6.2 percent, coloured, 6.6 percent, and Indian, 1.8 percent, therefore a much higher prevalence in all racial groups except for Indians than the 2005 national HIV/AIDS survey.

6.3.2.1.4 Reported deaths

The social stigma associated with HIV/AIDS prevents many people from speaking out about the causes of illness and deaths of family and friends. This also directs doctors to record uncontroversial diagnoses on death certificates (The Lancet, 2005).

In June 2007, Statistics South Africa published the report "Mortality and causes of death in South Africa, 2005". The report contains information on how many people had died from each cause according to death notification forms. This report showed that the annual number of registered deaths increased by 87 percent between 1997 and 2005. In the age group 25-49 years, the increase was 169 percent during this period. A portion of the overall increase can be ascribed to population growth, but this does not clarify the inconsistent rise in deaths among the 25 to 49 years age group (AVERT, 2006).

During 2004, HIV was recorded as a cause of death in 13 590 cases. Researchers from the Medical Research Council of South Africa (MRC) believe that this figure is an enormous underestimate, because the majority of deaths due to HIV are misclassified (AVERT, 2006). The dilemma is that people whose deaths are caused by HIV are not killed by the virus alone. MRC researchers suggested that, if HIV initiated the process leading directly to death, it should be recorded as an underlying cause. In many cases, this does not happen, because doctors do not know the deceased person's HIV status (AVERT, 2006).

Subsequently, MRC researchers analysed a 12-percent sample of death certificate data from the year 2000-2001, and compared this to the data from 1996. Based on their estimates, they concluded that 61 percent of deaths related to HIV had been wrongly attributed to other causes in 2000-2001. The MRC results indicated that HIV caused the deaths of 53 185 men in the 15-59 years age group, and that of 59 445 women in the same age group. In addition, 40 727 children younger than 5 years died of AIDS in the same period (AVERT, 2006). The head of the MRC stated in an

article in the *Washington Post* during August 2006 that AIDS killed approximately 336 000 South Africans between mid-2005 and mid-2006 (AVERT, 2006).

Furthermore, the UNAIDS/WHO workgroup on HIV/AIDS (2006) estimated that 320 000 people died because of AIDS in 2005, which is more than 800 people daily. According to the Centre for Actuarial Research of the MRC (MRC, 2006), an estimated 71 percent of all deaths in South Africa during 2006 were due to AIDS. It is clear from all these studies that HIV/AIDS is a severe epidemic that affects the total South African population, and tens of thousands of people are dying from this disease. Immense challenges remain in the area of HIV/AIDS education and prevention, especially in the age group under discussion in this study, namely adolescents.

6.3.3 Adolescents and HIV/AIDS

It is estimated that 60 percent of all new HIV/AIDS infections in South Africa occur in people between the ages of 15 and 25. This denotes that the impact of the HIV/AIDS epidemic will be felt extensively in the next decade (UNAIDS, 2006). Young women are significantly more likely to be infected with HIV/AIDS, at 15.5 percent, in comparison to young men at 4.8 percent (AVERT, 2006). Factors that influence the probability of HIV transmission to females include sexually transmitted diseases, high-risk sexual behaviour, which includes multiple lifetime sexual partners or older partners with HIV infection. Among young men and women, increasing partner numbers and inconsistent condom use were substantial causes of HIV infection (Pettifor, Reesa, Kleinschmidt, Steffenson, MacPhaila, Hlongwa-Madikizela, Vermaak & Padian, 2005:1532). Although women's greater biological susceptibility to HIV assists in explaining this difference, a number of socio-cultural and economic factors entrenched in gender power inequities intensify women's vulnerability to infection (Pettifor, Measham, Rees & Padian, 2004).

Based on the prevalence of HIV/AIDS among adolescents, it is alarming that almost 25 percent of females and an estimated 15 percent of males reported that they had never been tested for HIV. Furthermore, only 15 percent of women and 7 percent of men confirmed that they know their HIV status. Although the HIV infection rate amongst adolescents is high, more than 60 percent claim that they had changed their behaviour because of HIV/AIDS (Pettifor et al., 2005:1530).

These factors confirm that HIV/AIDS education programmes are of central importance in slowing down the spread of the disease among South African adolescents. It is important to promote partner reduction, consistent condom use and prompt treatment for sexually transmitted infections while also addressing contextual factors, like poverty, gender inequalities and social norms, which make it difficult for adolescents to implement behaviour change (UNAIDS, 2006; Pettifor et al., 2005:1532).

Austin (1995:123) suggested that an alternative approach about health education is required for adolescents compared to adults. Adolescents are in an experimentation phase; therefore health education should pay attention to moderation and intervention more than prevention. Adolescents seek solutions, not preaching. It is also important to involve them in the development of a solution. Furthermore, marketing communicators should seek to understand and respect the perspective of adolescents, by emphasising short-term negative effects rather than long-term abstract health dangers (Austin, 1995:123). Perloff (2001:132) also supports the notion of a short-term perspective in communication aimed at adolescents and verifies that adolescents do not have a long-term perspective, and typically think they will live forever. It is difficult for adolescents to imagine negative consequences that could happen in the remote future. Thus, in the context of fear appeals, HIV/AIDS communication programmes should focus on negative consequences that are pertinent to adolescents. Marketing communicators must not assume that what they find scary also scares adolescents (Perloff, 2001).

6.3.4 Implications of HIV/AIDS

HIV/AIDS has substantial consequences in the South African society. Misinformation is one area of concern, because the response to HIV/AIDS in South Africa has been hampered by denying the existence thereof. Some contest the mainstream idea that HIV causes AIDS. This has been the case with President Mbeki, who in the past has consistently refused to acknowledge that HIV is the cause of AIDS. He argued that HIV is just one factor among many that might contribute to deaths resulting from immunodeficiency, alongside others such as poverty and poor nutrition (Harvey, 2000; Cohen, 2000:590).

Misinformation about HIV/AIDS in South Africa has also led to stigmatisation, which hampers efforts to increase access to treatment, and also created a climate of confusion and prejudice towards people living with HIV. Even though HIV/AIDS is prevalent across all social groups in South Africa, it is sometimes seen as being a disease of the poor, because there is some correlation between extreme poverty and high HIV prevalence (Macan-Markar, 2000).

Gender inequality and sexual abuse are also a serious concern pertaining to HIV/AIDS infections. HIV/AIDS prevention campaigns usually encourage people to use condoms and to reduce their number of sexual partners, but women and girls in South Africa are often unable to negotiate safer sex. They are frequently involved with men who have a number of sexual partners, and are also vulnerable to sexual abuse and rape (Crime Information Analysis Centre, 2005).

The South African government has implemented a number of actions to counter the effect of HIV/AIDS. These include treatment, counselling and testing, as well as a number of preventative communication programmes, discussed in subsequent paragraphs.

6.3.5 Government efforts to prevent HIV/AIDS

In 1996, more affluent countries started using a combination of antiretroviral drugs (ARVs) to treat HIV. Unfortunately this treatment was initially only available to a minority of South Africans who could afford to pay for private healthcare. Eventually the government approved plans to provide public access to ARVs in November 2003, in the form of the Operational Plan for Comprehensive Care and Treatment for People Living with HIV and AIDS. Years of debate followed about the cost of implementing such a scheme and the effectiveness of antiretroviral drugs versus other treatment options (Harvey, 2000; Cohen, 2000:590).

6.3.5.1 Treatment, counselling and testing

The change in Government's attitude towards ARVs was partly the result of a court battle in which GlaxoSmithKline and other pharmaceutical companies agreed to allow low-cost generic versions of their drugs to be produced in South Africa (South African Government Information, 2005). This made South Africa one of the first African countries to produce its own HIV/AIDS drugs. The slow pace at which treatment is

being made available is however a major concern. According to an UNAIDS estimate, 79 percent of South Africans who needed ARVs at the end of 2005 were not receiving it (WHO, 2006; South African Government Information, 2005).

Voluntary counselling and testing forms an important part of the South African government's efforts to prevent HIV/AIDS. It is important for individuals who know that they are HIV positive to modify their sexual behaviour to prevent further infections. These individuals can also be directed to treatment (Department of Health, 2006).

6.3.5.2 HIV/AIDS education programmes

A number of HIV/AIDS education programmes have been developed by the South African government. These programmes have however only achieved limited success, a fact confirmed by the rising number of HIV/AIDS-infected individuals (Swanepoel, 2003:27). A fundamental problem with current HIV/AIDS education initiatives in South Africa is that limited information is available concerning the effectiveness of these programmes, and almost no scientific research has been conducted to evaluate the impact of such programmes (Kelly, 2000).

Furthermore, the majority of current HIV/AIDS programmes in South Africa promote positive messages instead of endeavouring to convince people that their current behaviour can be very dangerous. The latter can be done through the use of fear appeals, pointing out the negative consequences of people's behaviour. LoveLife, South Africa's largest HIV/AIDS prevention campaign, follows this positive strategy, with the aim to influence adolescents' sexual behaviour in a positive way (Kelly, 2000). Coulson (2003:21) supports this approach by stating that positive messages would be more effective than fear appeals, because fear appeals can induce anxiety and hence lead to message avoidance. The director of loveLife, Dave Harrison, agrees and maintains that "fear appeals feed directly into the sense of fatalism and pessimism young people experience in South Africa" (Barron, 2003:21).

A mass media approach is a critical component of HIV/AIDS prevention. In South Africa, three major education programmes utilise national mass media for HIV/AIDS prevention. These include the Beyond Awareness II campaign, the multimedia edutainment programme, Soul City, and the youth programme, loveLife. Beyond

Awareness II ended in October 2000 and consequently the Department of Health has commissioned a new group, the AIDS Action Team (ACT), to handle the next phase of government HIV/AIDS communication (Coulson, 2003).

Beyond Awareness I and II were commissioned by the Department of Health and involved working partnerships between government and civil society. Beyond Awareness II was a two-year campaign with a total budget of R26 million. The next phase of government HIV/AIDS communication will be handled by the ACT, and a number of strategic interventions at governmental level took place to ensure that the expectations of this consortium meet best practice in communication and health promotion. Soul City, the longest running educational programme is in its ninth year, and is developing its sixth television and radio series. This programme is mostly donor-funded and has received approximately R8 million from the Department of Health (Coulson, 2003). LoveLife is South Africa's major HIV/AIDS prevention campaign with an annual budget of approximately R150 million (Peng, 2006; Coulson, 2003). This programme will be discussed in detail in subsequent paragraphs.

Government is aware of the fact that the branding of government and Department of Health campaigns has been inadequate. They subsequently formed a partnership with the GCIS (Government Communication and Information System), who has been involved with a number of isolated HIV/AIDS prevention communication campaigns. The GCIS was instrumental in the launch of the Department of Health's Partnership against AIDS initiative, as well as amongst others the ABC campaign (*Abstain*, *Be faithful* and *Condomise*). In total, R13 million has been spent by the GCIS on these campaigns using radio, print and television advertising (Kelly, 2000; Japhet, 1999).

6.4 FEAR APPEALS AND HIV/AIDS MARKETING COMMUNICATION CAMPAIGNS

Marketing communication campaigns or anti-AIDS campaigns are media-oriented promotional campaigns to fight against the HIV/AIDS epidemic. Each anti-AIDS campaign has its own goals, depending on the country where it is applied. In countries like South Africa, where HIV/AIDS is a major problem and growing fast, anti-AIDS campaigns are mostly used to change people's behaviour to safe sexual behaviour or to convince them to use condoms. In other parts of the world, where

HIV/AIDS is not a rapidly growing disease, the goals of anti-AIDS campaigns are more focused toward support from people to fight against the disease worldwide or to gain financial support from the public, government and businesses (Stop Aids Now, 2006).

Together with the increase in the HIV/AIDS epidemic, the need to understand the effect of social factors on behavioural change has increased. Initially, HIV/AIDS prevention programmes were focused on sexual behavioural change on the individual level, and the programmes provided people with knowledge and skills needed for the performance of new behaviour. The approach proved unsuccessful, despite the knowledge and skills people had to protect themselves. The development of personal skills are becoming more important, as well as informing people about HIV/AIDS transmission and prevention. This indicates a shift from information-based to behaviour-based approaches, which means taking into account culture, tradition and religion (Peng, 2006). The micro-social aspects of HIV/AIDS also link sexual behaviour to the individual's character traits. At a macro-social level, economists have emphasised the influence of poverty, gender inequalities and global capitalism on the HIV/AIDS pandemic. Therefore special attention must be given to the potential impact local dynamics have on the goals of marketing communication programmes (Ellison, Parker & Campbell, 2003:148).

6.4.1 Effectiveness of the HIV/AIDS marketing communication campaign and media usage

The effectiveness of HIV/AIDS marketing communication campaigns must be measured to ensure that goals are reached. Furthermore, media usage forms an integral part of campaign exposure effects and ultimately knowledge about the disease, therefore media should be selected carefully.

A content analysis of 127 HIV/AIDS Public Service Announcements (PSAs) by Freimuth, Hammond, Edgar and Monahan (1990:780) verified that the majority of PSAs used rational appeals rather than emotional appeals. It was also confirmed that 60 percent of messages targeted at a general audience, used a factual approach (Freimuth et al., 1990:780). In a subsequent study, Kanins, Hein, Futterman, Tapley and Ellion (1993:14S) evaluated marketing communication messages aimed at adolescents from African countries. The messages were investigated to ascertain

whether they were informative and affective (appeal to emotions), or whether they developed skills. Results confirmed that in Zambia most HIV/AIDS prevention organisations concentrated on informative message content (69.2 percent). Only a few organisations aimed to reach adolescents emotionally (15.4 percent), and to build skills on negotiating behaviour within relationships (15.4 percent).

In Malawi, most organisations focused on informative messages (62.5 percent), whilst only 25 percent used messages with content on changing behaviour. Messages that build skills to alter behaviour and negotiation in relationships were used by 12.5 percent of organisations. Uganda had a considerably high proportion (50 percent) of organisations that focused on building skills in adolescents in their messages. Informative messages were used by 40 percent of organisations and affective messages by only 10 percent. Most messages used in Kenya (72.2 percent) also focused on an informative approach. Similar to other countries, only a small percentage of messages (11.1 percent) employed an emotional approach, while 16.7 percent were designed to build skills in adolescents pertaining to their sexuality (Kanins et al., 1993:14S).

In a more recent study by Dillard, Plotnick, Godbold, Freimuth and Edgar (1996:61) on the use fear appeals in HIV/AIDS public service announcements, specifically used in mass audiences of television in the United States, PSAs produced a significant increase in self-reported fear. The authors also found that fear was a compelling factor in ensuring that the PSA message was accepted. The conclusion from the Dillard et al. (1996:69) study was that fear messages were the most effective way to ensure that messages would be recognised and remembered.

The effectiveness of HIV/AIDS marketing communication campaigns needs to be measured. Indicators for determining success of HIV/AIDS prevention campaigns among adolescents include verification that measures disease burden and those that measure reduction in risk behaviour. The ultimate goal of an HIV/AIDS prevention programme is to reduce the incidence and prevalence of the disease. Consequently, an appropriate indicator of positive programme impact is to document a declining HIV/AIDS incidence (Nduati & Kiai, 1997).

Nduati and Kiai (1997) stress that the majority of effective HIV/AIDS prevention programmes utilise a mixture of media and behaviour modification techniques. Mass media has been the key method for promulgating HIV/AIDS prevention messages worldwide (Myhre & Flora, 2000). Findings by Bessinger, Katende and Gupta (2004:8) highlight the importance of mass media, by asserting that women and men exposed to messages in the mass media were at least twice as likely as those without any exposure to know about condoms as a means to avoid HIV/AIDS. Also, campaigns using multiple media channels may be most effective in improving sexual health knowledge. The authors affirmed that increased awareness at community level could eventually lead to behaviour change among individuals. Myhre and Flora (2000) stress that HIV/AIDS prevention efforts would benefit from increased attention to community wide intervention strategies, because HIV/AIDS prevention efforts have moved beyond media campaigns to comprehensive community-wide programmes.

Moreover, a study by Arnett (1995) pertaining to the role of media in the socialisation of adolescents suggests that media influences self-socialisation and individual preferences of adolescents to a large degree. Furthermore, there is often a lack of integration in the socialisation of adolescents when they receive different socialisation messages from media and peers than they do from adult socialisers in their immediate environment.

6.4.2 The loveLife campaign

South Africa applies a large-scale media campaign to fight against the HIV/AIDS epidemic. Nevertheless, the number of infected people is growing rapidly (Peng, 2006). The loveLife marketing communication campaign is the most prominent HIV/AIDS prevention campaign implemented in South Africa. The target group is adolescents between the ages of 15 and 24 (UNAIDS, 2006; Green & Witte, 2006:246). LoveLife was launched in 1999, with the aim of reducing rates of teenage pregnancy and HIV/AIDS, as well as sexually transmitted infections among young South Africans (UNAIDS, 2006; Green & Witte, 2006:246). Msimang (2005) added that the loveLife campaign specifically attempts to integrate HIV/AIDS prevention messages into young South Africans' culture, and that it promotes a new and healthy lifestyle.

LoveLife's main objective is to reduce the rate of HIV/AIDS infections among the target group by 50 percent in five years. The campaign combines a high-visibility sustained national multimedia education campaign with adolescent-friendly reproductive health services and other outreach and support programmes for young people in remote rural areas (Green & Witte, 2006:247; Coulson, 2003). The components of loveLife's marketing communication strategy support each other through a multimedia campaign, including outdoor media, broadcast media and print media (LoveLife, 2004). LoveLife endeavours to market sexual responsibility through the media as if it were a brand (UNAIDS, 2006). The positioning of loveLife as a brand is synonymous with young people's aspirations, achievements and sense of opportunity (LoveLife, 2004).

6.4.2.1 LoveLife's marketing communications budget

LoveLife has become the largest campaign aimed at HIV prevention in the world (UNAIDS, 2006). The annual budget for loveLife was R150 million for 2003, of which R60 million was spent on the media component, including television, radio and print advertising. LoveLife is funded by the Henry J. Kaiser Foundation, with a total of R75 million from government from 2001 to 2004 (Coulson, 2003). After more than five years and R780 million, more than half of this from the Henry J. Kaiser Foundation and other non-profit organisations in the United States, the HIV/AIDS infection rate among young South Africans remains distressingly high (Singer, 2005).

In 2006, loveLife became the world's first organisation to be defunded by the Global Fund for AIDS, tuberculosis and malaria, because infection rates increased instead of declined after 1999. The national youth HIV prevention campaign, then in its seventh year, was denied $56m in support. The cut reflects debate about the effectiveness of loveLife's HIV prevention programme and the viability of its behaviour-changing HIV/AIDS education (Peng, 2006; Green & Witte, 2006:247). LoveLife's chief executive officer's reaction was: "LoveLife is a victim of international politics, squeezed between the ideological right and progressives." LoveLife also stated that it is impossible to isolate the effects of a fear-appeals-free approach from other possible causal factors and reiterated that they are not aware of anyone researching fear appeals (Peng, 2006).

6.4.2.2 LoveLife's effectiveness

The main measure of loveLife's effectiveness is reported as declining HIV/AIDS infection rates among young South Africans (UNAIDS, 2006). During 2003, loveLife commissioned a study to analyse one of its billboard campaigns (LoveLife, 2004). The results indicated that between 19 percent and 62 percent of students (depending on the advertisement) understood the campaign. Those most at risk of contracting HIV/AIDS, namely poor, rural and black students had the most difficulty understanding the message. From these results it is clear that HIV/AIDS prevention among youth in South Africa is not addressed in a comprehensive manner (Singer, 2005). LoveLife also measures their effectiveness through a large-scale national survey study conducted every three years. This is combined with a 33-sentinel site survey that tracks behaviour trends, as well as the HIV prevalence among the target group (LoveLife, 2004). According to the 2004 survey, 85 percent of youth reported having heard of or seen loveLife, with no significant differences by age or gender. High levels of awareness across all geographic areas in South Africa were also reported (LoveLife, 2004).

6.4.2.3 Criticism against loveLife

LoveLife has been criticised by some for sexualising the epidemic. Criticism included further that the campaign is ill-conceived and poorly executed. Moreover, some HIV/AIDS activists feel that the campaign is poorly targeted and ineffective (UNAIDS, 2006; Carroll, 2003). Fierstein (2003) argued that enough time has elapsed to question how well the softer, gentler approach to HIV/AIDS education worked. In an effort to remove the stigma of having HIV/AIDS, it is possible that a culture of disease has been created. Advertisements for HIV/AIDS drugs show couples holding hands, sending the message that the road to true love and happiness is being HIV positive. Fierstein (2003) adds that this message could convey that HIV/AIDS equals popularity and acceptance, and mentions that this would be tragic.

Edward C. Green, a senior scientist at Harvard University's Centre for Population and Development Studies and an authority on HIV/AIDS (Singer, 2005) declared that HIV/AIDS prevention is failing. He maintained that nations throughout Southern Africa and national governmental organisations (NGOs) are no longer short of funds for prevention, but they are unexpectedly short of models for spending it effectively. In the absence of proven methods, money is being spent on programmes like

loveLife, which are expensive experiments in social engineering. Singer (2005) notes that various studies have shown that people also need to be afraid of HIV/AIDS, and that they should understand how to avoid it. LoveLife, however, avoids the standard "keep it zipped or risk death" messages. The campaign's message is further complicated with stylish but often cryptic advertisements. Green and Witte (2006:247) agree that the softer approach is ineffective and state that loveLife's approach emphasises condom use and "positive sexuality", understood by many young South Africans as guilt-free protected sex. In contrast, David Harrison, Chief Executive Officer of loveLife, maintains that the campaign is novel, effective and misunderstood (Peng, 2006).

6.4.2.4 LoveLife's marketing communications campaigns

LoveLife claims that young people exposed to loveLife programmes have lower chances of HIV/AIDS infection. They maintain that young people are attracted to loveLife because it has a strongly motivational and aspirational approach. In order to sustain young people's involvement with loveLife, the challenge is to prevent young people from being switched off by an excess of mundane HIV/AIDS-related communication (Msimang, 2005).

The loveLife campaign started off with national billboards, television and radio that were designed to generate discussion about the concept "attitude". The subsequent phases of the campaign confronted conventional attitudes that drive HIV/AIDS infection, and young people were encouraged to talk about factors that influence their attitude to different aspects of their lives (Msimang, 2005).

In the next section, a brief overview of loveLife's campaigns from 2005-2008 will be given. The 2005 loveLife campaign used billboards as a main communication medium and endeavoured to confront young South Africans with the reality of HIV/AIDS and to understand their personal risk. The campaign attempted to initiate discussion about testing for HIV/AIDS in order to convince young people to know their HIV/AIDS status. It was also aimed at enabling young people to understand pressures and social expectations that drive high risk sexual behaviour and deal with these (LoveLife, 2006). Figure 6.7 depicts the various executions of the loveLife billboards used in the 2005 campaign.

In 2006, loveLife introduced their HIV – Face it campaign. This campaign utilised 1 700 billboards throughout South Africa as part of a multimedia campaign designed to keep the attention of young people and to get them involved in loveLife's national services. The campaign was supported by extensive television and radio media, using the same characters as the billboards. The focus was on young people's pressures and expectations of relationships. It confronted issues of faithfulness, protection and HIV/AIDS testing, and also challenged parents to open communication within families about sex, sexuality and gender issues (Marsland, 2006; LoveLife, 2006). The various executions are illustrated in Figure 6.8.

FIGURE 6.7

LOVELIFE BILLBOARD CAMPAIGN (2005)

Source: LoveLife (2006)

LoveLife launched another new multimedia communications campaign in 2007. This billboard campaign, with various executions illustrated in Figure 6.9, was supported by monthly print publications, weekly hour-long programmes on 12 radio stations and

public service announcements on radio and television. The campaign aimed to capitalise on its motivational brand that is defined as synonymous with healthy lifestyle and safer sexual behaviour among young people. The campaign was built on earlier campaigns and urged young people to be part of a "love life generation" defined by ambition, the power to decide and a determination to live a healthy lifestyle and avoid HIV/AIDS infection (Marsland, 2007).

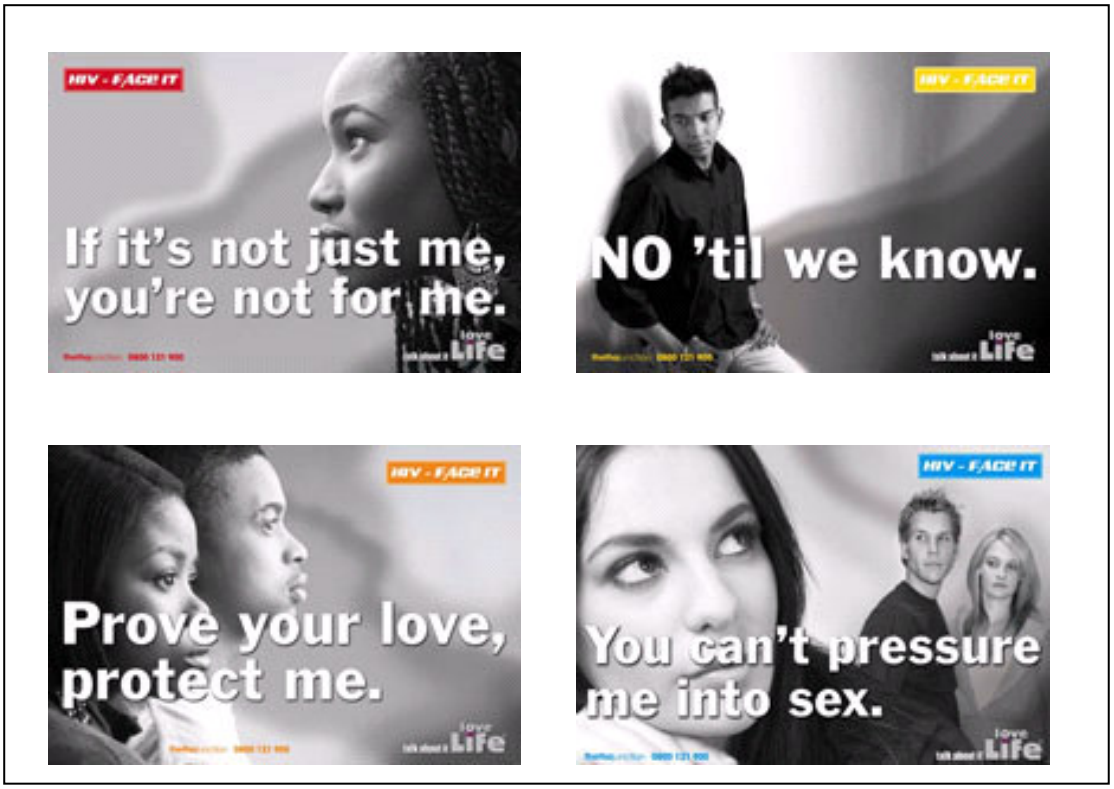


FIGURE 6.8

LOVELIFE BILLBOARD CAMPAIGN (2006)

Source: Marsland (2006)

In February 2008, loveLife launched a new phase of its campaign to reduce HIV/AIDS among young people. The campaign utilises television and print media. The aim of this Make YOUR Move campaign is to mobilise young South Africans to take control of their future. They are motivated to identify and seize opportunities. The new approach delivers from the premise that most young South Africans know about HIV/AIDS and how to avoid getting it, but are constrained by their perception of limited opportunity. A second phase is planned, which will involve young people, in up-front discussion about their personal expectations, personal initiative and responsibility (Marsland, 2008).

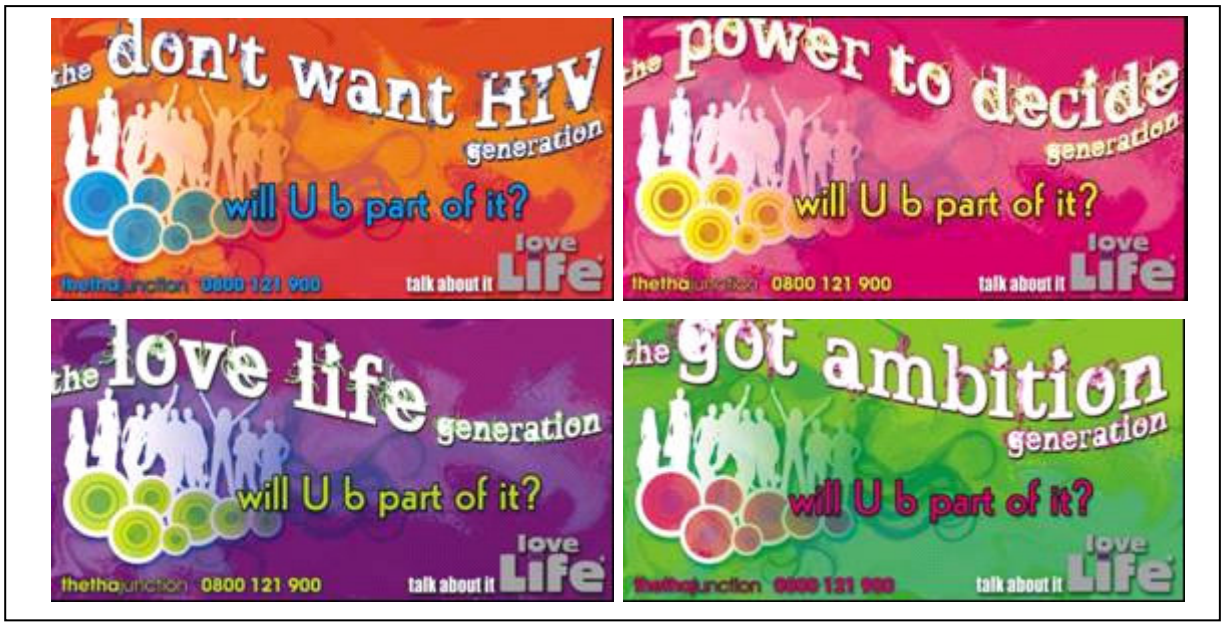


FIGURE 6.9

LOVELIFE BILLBOARD CAMPAIGN (2007)

Source: Marsland (2007)

6.4.3 International fear appeal HIV/AIDS campaigns

Although fear appeals in HIV/AIDS prevention campaigns have not been used in South Africa, various international campaigns have used fear appeals. A few of these campaigns will be discussed in the paragraphs below to demonstrate the approaches followed. This will be followed by an overview of a successful fear appeal HIV/AIDS campaign used in Uganda, and a proposed campaign for Australia.

Three different fear appeal campaigns from Canada, Italy and Bangladesh respectively show the consequences of getting HIV/AIDS. These campaigns have used a cause and consequence approach, and some illustrated how to avoid the consequences of HIV/AIDS. The Canadian advertisement, Figure 6.10, shows the cause and consequence, illustrating that sexual intercourse could be like playing on a vault. The copy line of the advertisement is “AIDS is still around” (Government of Quebec, 2004).

The advertisement from Italy, Figure 6.11, illustrates the consequence of HIV/AIDS. The Italian Benetton campaign (United Colors of Benetton, 2003) used a controversial photograph of a man dying of AIDS in his hospital bed, with his family

gathered around him. The reality of the image raised the shock value. The advertisement was used internationally, and in many countries it was the first campaign to go beyond preventative measures.

FIGURE 6.10
CANADA HIV/AIDS FEAR APPEAL ADVERTISEMENT

Source: Government of Quebec (2004)

The Bangladesh advertisement, Figure 6.12, illustrates the consequence of HIV/AIDS by using a skull. The copy of the advertisement includes “AIDS kills” and “Learn how to protect”. This advertisement also suggests seven ways to prevent HIV/AIDS, including “educate yourself about sexually transmitted diseases (STD)”, “abstain from promiscuous sex”, and “use protection” (MAAWS, 2002).

FIGURE 6.11

ITALY HIV/AIDS FEAR APPEAL ADVERTISEMENT

Source: United Colors of Benetton (2003)

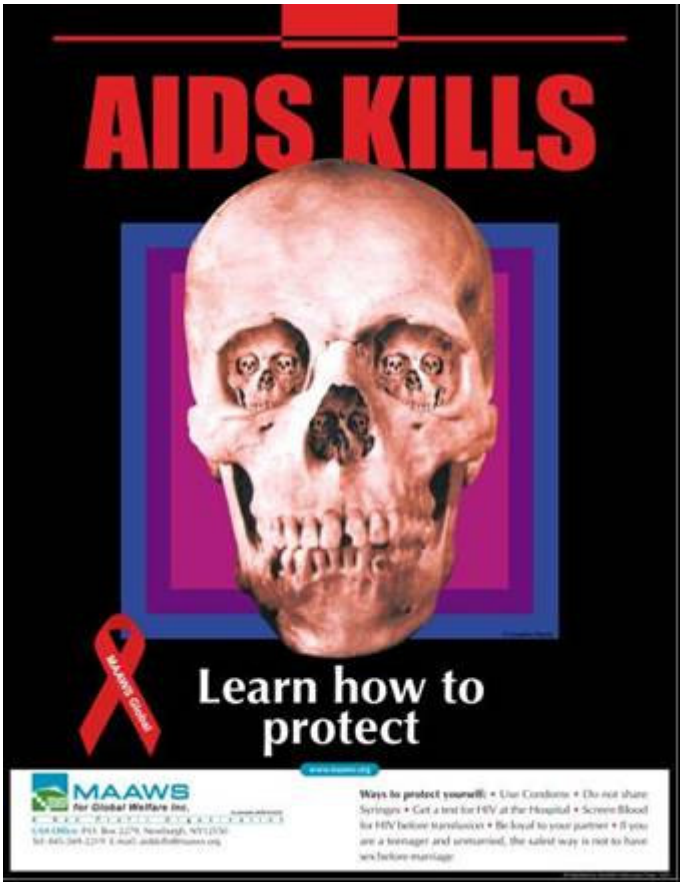


FIGURE 6.12

BANGLADESH HIV/AIDS FEAR APPEAL ADVERTISEMENT

Source: MAAWS, 2002

6.4.3.1 Fear appeal HIV/AIDS campaign in Uganda

Uganda used fear appeal messages, especially aimed at the youth, since the start of the national response to HIV/AIDS in 1986, until 1991. They emphasised returning to abstinence, or facing HIV/AIDS and death. This made people feel at risk of infection and had a major impact on the Ugandan society (Fierstein, 2003; Low-Beer, 2002). Recently analysts recognised that this early period of national response in Uganda differed from other HIV/AIDS prevention programmes, and even from Uganda's later response, during which a warning was communicated by all sectors of the country to change sexual behaviour fundamentally (Shelton, 2005; Allen & Heald, 2004; Green, 2003). There is still debate over what caused the HIV/AIDS prevalence decline of about 66 percent between 1992 and 2002 in Uganda. Green and Witte (2006:248) suggest that fear of HIV/AIDS resulting from deliberate interventions that included fear appeals motivated at a change in sexual behaviour to reduce HIV/AIDS infection rates. Ugandan officials confirmed that the initial national HIV/AIDS control programme involved initiating fear in the population. Options for avoidance of risk were also promoted and conveyed as avoidance of sexual contact (Okware, Opio, Musinguzi & Waibale, 2001:1114).

According to the Uganda Ministry of Health, the execution of Uganda's HIV/AIDS prevention campaign included awareness-raising alert messages, ghostly pictures, and drums that culturally symbolise danger. The immediate output was generation of fear, since the messages were related to death (Byangire, 2002). Uganda's earliest HIV/AIDS posters used imagery of human skulls, coffins, and grim reapers harvesting humans (see Figure 6.13). Fear appeal radio messages with the same theme were also used. This strategy increased personal threat perceptions and aroused fear, and people acknowledged that they could also get this disease, which motivated behavioural change (Green & Witte, 2006:249).

Wilson (2004:848) stated that the combined high fear approaches with openness and the capacity to rise above discrimination, paid off in Uganda. Surveys of Ugandans who asked people why they have changed their sexual behaviour also reflect a common response, namely "fear of AIDS" followed by the perception that "so many people are dying from AIDS" (Musinguzi, Okiror & Opio, 1996).

FIGURE 6.13
FEAR APPEAL HIV/AIDS POSTER
FROM UGANDA DURING THE 1980s

Source: Green & Witte (2006:249)

These messages appeared to have worked in changing three key behaviours: partner monogamy, abstinence, and condom use (Stoneburner & Low-Beer, 2004). Ugandans were made to fear HIV/AIDS, to feel personally at risk of infection, and to believe that their lives depended on their actions. The high level of fear, paired with strong efficacy perceptions, as well as the knowledge that they could do something to prevent infection, created favourable conditions for behavioural change (Green & Witte, 2006:250).

6.4.3.2 Fear appeal HIV/AIDS campaign in Australia

Evaluation of HIV/AIDS prevention campaigns, like the “Grim Reaper” in Australia (see Figure 6.14) has caused doubt about the effectiveness of evoking fear in health education, and questions the impact and effectiveness compared to the shock value (Ruiter, Kok, Verplanken & Brug, 2001:311). HIV/AIDS prevention and education in Australia exist in the gloom cast by the “Grim Reaper”, which appeared as part of a general HIV/AIDS awareness campaign for less than a month during 1987. The reaction to this campaign was immense, but it did not influence the development of subsequent HIV/AIDS prevention campaigns. Fear appeals in HIV/AIDS prevention in Australia were only considered again in 2004 (Batrouney, 2004).

FIGURE 6.14
THE GRIM REAPER FEAR APPEAL ADVERTISEMENT
FROM AUSTRALIA DURING THE 1980s

Source: Australian Department of Health (2001)

The Victorian AIDS Council, the Australian Research Centre in Sex Health and Society and the National Centre in HIV Social Research decided to examine fear appeals in HIV/AIDS prevention during 2004, since increases in HIV/AIDS prevalence were seen as substantial proof that current education strategies promoting safe sexual behaviour had failed. Subsequently it was suggested that a return to a fear appeal strategy might shock communities to consider that they have become undisturbed about the threat of HIV/AIDS (Batrouney, 2004).

The proposed fear appeal campaign differs from the 1987 “Grim Reaper” campaign in one important way, to depict the toxic side-effects of antiviral treatment for HIV/AIDS graphically. The campaign proposed to use the faces and bodies of people living with HIV/AIDS to reinforce HIV/AIDS prevention efforts. It was also suggested that the appalling quality of life endured by people using antiviral treatment had to be depicted (Batrouney, 2004). Critics concluded that the proposed campaign’s success could be hampered by the fact that, if relevance of the perceived threat exists and if the outcome of the threat is significantly deferred, the recipients of the message could engage in a variety of message-discounting responses including minimising the level of threat, likelihood of occurrence or personal relevance (perceived

susceptibility) and they could question the response efficacy and self-efficacy of the message (Kunda, 2003:489).

Batrouney (2004) also questions whether the proposed campaign will be "politically correct". This author further questions the campaign's ability to spur stigmatisation of HIV positive people. In addition, it is predicted that a fear-based campaign will not work to facilitate the desired outcome of reducing HIV transmission in Australia, based on societal perceptions of HIV/AIDS.

6.5 CONCLUSIONS

It is clear from this chapter that South Africa experiences an extremely severe HIV/AIDS epidemic. This epidemic affects all parts of the population, though women are more likely to be infected than men. Many tens of thousands of people are dying (as indicated by the statistics), and HIV/AIDS prevention programmes are failing to reach those at greatest risk. Marketing communications campaigns, like loveLife, attempts to increase HIV/AIDS knowledge among young people, but results remain inadequate. In addition, loveLife, similar to the majority of international public service announcements and HIV/AIDS prevention campaigns, uses rational informative appeals rather than emotional appeals. This contradicts the findings from various studies discussed in this chapter, which confirmed that fear appeal messages were the most effective way to ensure that messages would be recognised and remembered.

The ultimate goal of an HIV/AIDS prevention programme is to reduce the incidence and prevalence of the disease and an appropriate indicator of positive programme impact is declining HIV/AIDS incidence. This underlines the importance of measurement of effectiveness of HIV/AIDS marketing communication campaigns, also specifically pertaining to adolescents, the target group for this study. It was also confirmed that a multimedia approach in HIV/AIDS marketing communication campaigns is most effective. Tremendous challenges remain in the fields of HIV/AIDS education, prevention and care. This study attempts to address one of these challenges, namely using fear appeals aimed at adolescents to achieve behaviour change. Chapter 7 will address the methodology used to address this challenge.

CHAPTER 7
METHODOLOGY AND EMPIRICAL ANALYSIS

7.1 INTRODUCTION

The research problem of this study was to ascertain whether fear-based advertising appeals influence behavioural intent among different racial groups. In Chapter 5 of the literature review, the fear appeal literature and previous studies on the topic were investigated to identify variables relevant to the measurement of fear, attitude and behavioural intent.

The main objective of the study was to establish the influence of fear-based advertising appeals pertaining to HIV/AIDS in terms of the impact on behaviour and whether the use of fear increases the likelihood of adopting appropriate behaviour among different racial groups. The persuasive power of different levels of fear appeals was also investigated.

The purpose of this chapter is to describe the research methodology used in the empirical analysis of this study. Firstly, the focus will be on the qualitative exploratory phase used to explore in-depth responses to the way respondents think and feel about HIV/AIDS and in particular about fear appeal advertisements. Secondly, the quantitative phase conducted by means of an experimental study to assess the persuasive power of fear appeals on behaviour will be explained. Thirdly, the conceptual model proposed to measure the influence of fear appeals on behaviour is discussed. The last section of this chapter will focus on statistical techniques and procedures used to analyse the data.

7.2 STRUCTURE OF THE EMPIRICAL RESEARCH

Data can be categorised as either primary or secondary, and may also be quantitative or qualitative. Primary data refers to information obtained through a formalised research process for a specific problem. Secondary data, on the contrary, include information that has already been collected and interpreted as per the literature review in Chapters 2 to 6 of this study (Malhotra & Birks, 2007:9). Both qualitative and quantitative data were collected for this study and the empirical

research thus consisted of two phases. The description of these two phases is depicted in Figure 7.1.

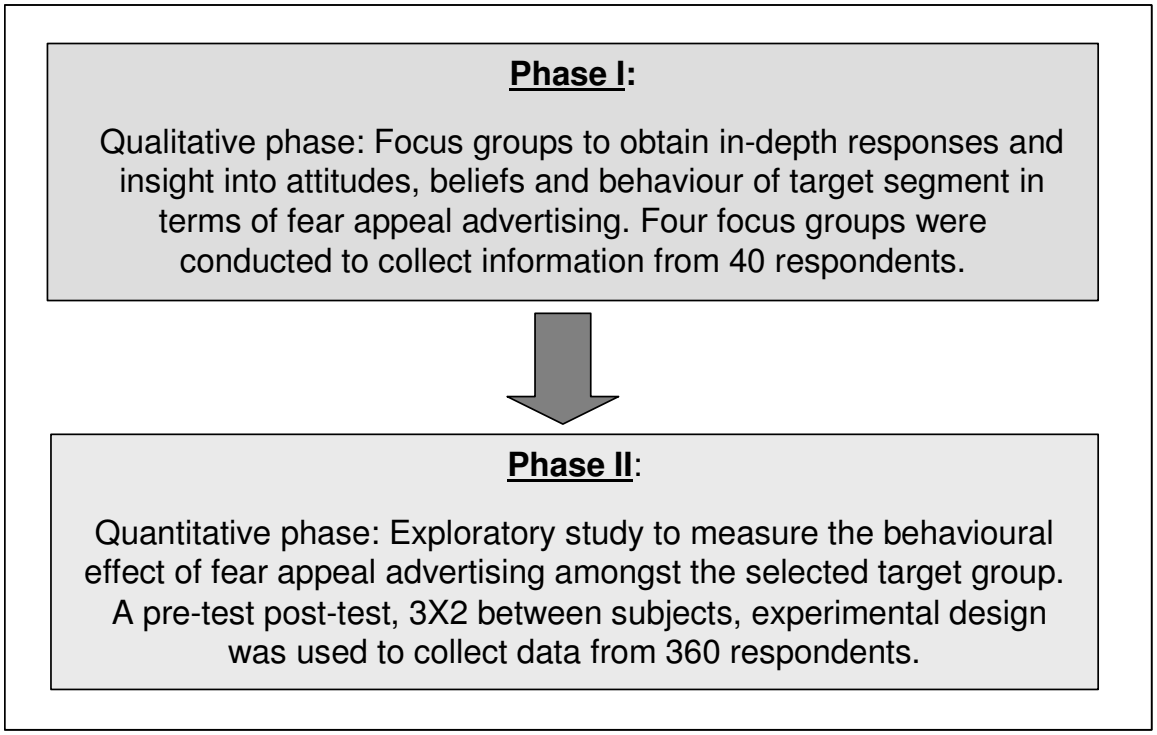


FIGURE 7.1

PHASES I AND II OF THE EMPIRICAL STUDY

The purpose of Phase I was to gain in-depth responses about HIV/AIDS and to investigate respondents' attitudes and beliefs pertaining to HIV/AIDS and HIV/AIDS communication. This phase was also used to test and select different levels of fear appeal advertisements to be used in the second phase of the study. This phase was achieved through four focus groups among adolescents in the main metropolitan areas of South Africa (Western Cape and Gauteng).

Phase II was used to measure the variables identified in Phase I. This phase consisted of six experimental groups to test the influence of low, medium and high fear appeal advertisement on behaviour by using two different media types. A pre-test post-test 3x2 between subjects experimental design was used (Malhotra & Birks, 2007:217). Firstly, self-efficacy, response efficacy, severity and susceptibility were measured as pre- and post-test constructs based on a behaviour scale from the fear appeal literature. Secondly, fear, attitude and intention were measured as post-test

constructs based on fear appeal and behavioural theory. Thirdly, personality was measured as a separate post-test construct based on psychological theory.

7.3 PHASE ONE: QUALITATIVE STUDY

7.3.1 Objective

Many researchers use surveys or interviews of a sub-sample of their target audience to determine the audiences' significant beliefs on the theoretical variables of interest. It is essential to determine whether the target audience views the main negative consequence or threat the same as defined for the study (Malhotra & Birks, 2007:234; Witte, 1998). The focus groups were therefore used to explore in-depth responses about how respondents think and feel about the threat of HIV/AIDS.

The main objective of this phase of the study was to assess the attitudes and beliefs of adolescents from different racial and gender groups pertaining to HIV/AIDS and HIV/AIDS advertising. In addition, the intent was to select different levels of fear appeal advertisements to be used in the second phase of this study, and to ascertain whether low, medium or high fear appeal advertisements could have an impact on sexual behaviour.

7.3.2 Sampling procedure

The study was conducted amongst adolescents between the ages of 18 and 24 years, from different racial groups within South Africa. Mid-year estimates (2005) of the South African population indicate that the black African race make up the majority of the country's population (79.6%), followed by white (9%), coloured (8.7%) and Indian or Asian (2%) (Statistics South Africa, 2006). The study was conducted in Gauteng and the Western Cape, two major metropolitan areas. Although language was not a key determinant of the sample construction, Afrikaans-speaking respondents were represented in the Western Cape, and English-speaking respondents in the Western Cape and Gauteng. According to the literature review, young people (between the ages of 18 and 24) in South Africa are at high risk of contracting HIV/AIDS. In the target group, 15-24 years old, the HIV prevalence amongst males are 9.2% and amongst females 33.3 % (Avert, 2005).

The racial group classification system used by the South African national government for the South African population was used. Ethnicity and race are seen as related

concepts, with *ethnicity* being embedded in the idea of social groups, evident by shared nationality, tribal affiliation, ancestors, religious faith, language or cultural and traditional origins, while *race* is based on the idea of a biological classification of homo sapiens (Abizadeh, 2001). South Africa's population can be divided into four distinct racial groups, namely black African, Indian or Asian, coloured and white.

A convenience sample was drawn from the target population. According to Malhotra and Birks (2007:421), as well as Hair, Bush and Ortinau (2000:354), non-probability techniques, like convenience sampling, are ideal for exploratory research. A sample size of 10 respondents per focus group was drawn. More than 10 respondents per group were recruited to ensure that 10 respondents per group were available to participate. Screening questions determined that participants should not have any family members working for a research company or an advertising agency. An independent research company was used to recruit respondents according to a prescribed brief from the researcher on the target audience.

Respondents represented educated, middle- to upper-income groups. The focus on this specific demographic group can be explained based on their similarity to the target audience of South Africa's major HIV/AIDS advertising campaign, loveLife, as well as the fact that this group is sexually active. They have income levels of between R1 900 and R20 000+ per month that enable them to acquire media, like television and magazines. They are also educated and literate with matric (completed high school) or higher education, which enables them to understand advertising messages aimed at them. This demographic group is in line with LSM (living standards measure) 6-10 groups. LSM is a description based on a number of variables to segment markets, and is essentially a wealth measurement based on standard of living (SAARF, 2006). Both working respondents and students were recruited based on the assumption that the two groups could have different viewpoints based on their activities and lifestyles. Females and males were recruited separately for individual groups on account of the sensitivity of the topic and to ensure that both groups would feel free to discuss HIV/AIDS and sexually-related topics.

The composition of the sample of respondents in the different focus groups is summarised in Table 7.1.

TABLE 7.1

FOCUS GROUP SAMPLES

Province	Sample for focus groups
Western Cape (pilot group)	5 white and 5 coloured females; bilingual (Afrikaans and English); 18-24 years old; 6 working and 4 students
Western Cape	5 white and 5 coloured males; bilingual (Afrikaans and English); 18-24 years old; 6 working and 4 students
Gauteng	5 white and 5 black females; English-speaking; 18-24 years old; 6 working and 4 students
Gauteng	5 white and 5 black males; English-speaking; 18-24 years old; 6 working and 4 students

7.3.3 Advertisement stimuli selection

From the literature, it was ascertained that a positive relationship between the level of fear appeal and the attitude toward the advertisement and intention to stop dangerous behaviour existed when presented with television (audio-visual) fear appeal advertisements (LaTour & Rotfeld, 1997:56; LaTour, Snipes & Bliss, 1996:65; Henthorne, LaTour & Nataraajan, 1993:67). To determine whether different reactions were present when respondents are presented with print advertisements, it was decided to also include print advertisements in the study.

Nine print advertisements and ten television commercials, included in Addendum A, were selected and used as experimental stimuli to be tested in order to ascertain whether the different levels of fear (low, medium and high) were actually present. A selection of advertisements was taken from various sources, including fifty different websites using a key word search for 'HIV/AIDS advertising', and all the main South African and international campaigns for HIV/AIDS prevention were investigated. Using the above criteria, 105 television and 77 print advertisements were found.

Experts in the field of marketing research and the advertising industry were consulted to ensure that the selected advertisements were appropriate for the target audience. The team of experts included two marketing research specialists, two advertising specialists and two marketing academics.

During this selection process, the following types of HIV/AIDS prevention campaigns were omitted:

1) All other types of HIV/AIDS prevention campaigns that do not include print and electronic (television);
2) HIV/AIDS campaigns which are especially developed against HIV/AIDS discrimination;
3) HIV/AIDS prevention campaigns which address the problem of children and HIV/AIDS (age twelve years or younger with HIV/AIDS); and
4) HIV/AIDS prevention campaigns which are especially directed at the homosexual target group.

The main criteria for selecting advertisements were:

1) People used in advertisements had to be between 18 and 30 years of age, to ensure that the target audience can relate to them.
2) Advertisements had to include different racial and gender groups.

This study made use of three of the six advertising categories prevalent in HIV/AIDS advertising, namely factual messages, personality symbols and dramatisation. Fear appeal advertisements were best represented in the three categories. Both low/no fear and high fear in the factual messages appeal advertisements were chosen for testing. Only low- and medium-fear advertisements were chosen from personality symbols and only high-fear advertisements were chosen from the dramatisation category, due to the nature of the category. The advertisements had not been seen by respondents previously, except for the two South African loveLife advertisements used. Consequently, this did not have significant implications in relation to halo effects, in other words respondents did not have preconceived ideas about the advertisements.

7.3.4 Discussion guide and questionnaire development

Before conducting the focus groups, a discussion guide was developed for use in all the focus groups. The discussion guide was based on the literature and theoretical work by Du Plessis (2005:109) and Wardle (2002:67, 68). Issues raised in the discussion guide permitted insight into the attitudes, beliefs, motives and behaviours of the target segment in terms of sexual behaviour and HIV/AIDS. See Addendum B for the discussion guide.

Respondents were also given a self-completion questionnaire based on the literature and theoretical work of Du Plessis (2005:152), Arthur and Quester (2004:684),

Ruiter, Kok, Verplanken and Van Eersel (2003:398). Experts in the fields of marketing research and advertising, as well as two marketing academics were consulted to ensure the face validity of the questionnaire. Respondents had to give their immediate reaction to a specific advertisement in an open-ended question. Following this, 14 statements about an advertisement were included in the questionnaire and every respondent had to evaluate each print and television advertisement on a 5-point Likert scale to indicate whether they "agree completely" (scored as 5) or "disagree completely" (scored as 1) with a statement. Finally, two open-ended questions asked them to give the main message of an advertisement and to explain if anything evoked a feeling of discomfort about a specific advertisement. See Addendum C for the questionnaire. Questionnaires were bound in a booklet and marked with codes representing the individual advertisements. Each respondent received a booklet, and when booklets were handed in the moderator's assistant indicated on each booklet the gender and race of the respondent for capturing purposes.

7.3.5 Data collection and focus groups

Focus groups were conducted at similar focus group venues in Cape Town and Johannesburg of the research company used to recruit respondents. The first focus group was used as a pilot group in case any changes to the discussion guide or questionnaire were needed. No changes were however necessary, and the other three groups followed the exact same format. The focus groups were used to get in-depth opinions on how respondents think and feel about HIV/AIDS, HIV/AIDS education and communication, as well as their own sexual behaviour. Moderators from a commercial research company were used to moderate the focus groups. This was done to ensure that respondents could relate to the moderator being female in the case of female groups and male in the case of male groups, and also due to the sensitive nature of the discussions.

Respondents were informed that the focus groups were recorded and videotaped to assist the researcher in writing up results. The researcher was present at all the groups and observed the proceedings through a one-way window. This first part of the focus groups generated in-depth information about the various research objectives, and was followed by a ten-minute break and refreshments.

After the previous in-depth group discussions of about an hour, respondents were asked to evaluate each print advertisement and television commercial. Following that, they had to answer questions without discussing the questions or their answers with others in the group. The advertisements had not been seen by respondents previously, except for the two South African loveLife advertisements used, and would therefore not have had significant implications in relation to halo effects. Respondents in the four focus groups from different races and gender were asked to rate each advertisement according to the level of fear. Three different levels of fear appeals (low/no, medium and high) and the various execution styles were shown to subjects. Nine print advertisements and ten television commercials were selected and used as stimuli to be tested in order to ascertain whether the different levels of fear (low, medium and high) were actually present. The respondents were asked to rate each advertisement according to the level of fear appeal (low/no, medium and high) that they perceived the individual advertisement to contain. The rating was done by completing the self-completion questionnaire. Two qualitative research experts were consulted about the number of advertisements to be used in a focus group, and both confirmed that not more than twenty advertisements should be used.

Finally, the different print and television advertisements were ranked by each group on a continuum of low/no fear to high fear. Initially, advertisements were shown from low to high fear to prevent desensitisation of the respondents. Randomisation was applied to the order of advertisements shown to respondents the second time to minimise order effects (Hair, Bush & Ortinau, 2000:290; Cardwell, 1999:191). The individual ratings of the advertisements on the survey and group rating on the scale were used to determine the six advertisements used in the final study. See Chapter 8 for the findings of the study. Respondents were thanked for their time and participation and each respondent received a small monetary reward afterwards to thank them for attending the focus groups.

7.3.6 Data analysis

Data from the focus group surveys was manually captured in Excel, and statistically analysed by the researcher to ascertain the level of fear experienced from each advertisement, as well as the behavioural intent of respondents based on the individual advertisement interventions.

Transcripts were compiled from the recordings of the four focus groups – see Addendum D. Transcripts, recordings and video tapes were used to compile findings on the group discussions based on the discussion guide. Finally, transcripts were imported to Atlas Ti, a qualitative research investigation tool, to analyse specific content and to derive findings about detailed relationships between aspects, as well as thoughts and feelings on the issues discussed.

7.4 PHASE TWO: EXPERIMENTAL STUDY

7.4.1 Objective

The main objective of this phase of the research study was to measure the influence of fear-based advertising appeals pertaining to HIV/AIDS in terms of the impact on behaviour, and to determine whether the use of fear increases the likelihood of adopting appropriate behaviour among different racial groups.

The specific research objectives included:

2) assessing the potential impact of low-, medium- and high-fear appeal-based HIV/AIDS advertising on fear, attitude towards the advertisements, behavioural intent, threat and efficacy levels;
2) determining the influence of racial groups on the persuasive power of fear appeal advertising;
3) determining the above by using a selected number of print and television advertisements; and
4) using the extended parallel process model (EPPM) in the SA context to test interventions and evaluate outcomes.

Witte's Extended Parallel Process Model (1992) was replicated and tested in the South African context to ascertain whether this model and its behaviour scale can be applied in local circumstances. The EPPM is a development of preceding fear appeal theoretical approaches (Rogers, 1983, 1975; Leventhal, 1971; Janis, 1967). Elements of Rogers' (1975) original protection motivation theory (PMT) are integrated into the proposed theory, because PMT explains the danger control processes that lead to message acceptance. The EPPM expands on earlier approaches by including fear as a key variable, and also specifies the relationship between threat and efficacy (Witte, 1992:329).

7.4.2 Sampling procedure

The current study was conducted amongst adolescents between the ages of 18 and 24 years, from the three main racial groups within South Africa. The same population and target market described in the qualitative phase were used. Screening questions determined that participants should not have any family members working for a research company or an advertising agency. An independent research company was used to recruit respondents according to a prescribed brief from the researcher on the target audience. A convenience sample was drawn from the target population, but only from the Western Cape (because of budget constraints). No significant differences were found between regions during Phase 1 of the research and therefore selecting one region was deemed sufficient. The respondents from the various racial groups were represented in the Western Cape's population.

A number of previous fear appeal studies also employed convenience sampling (Rossiter & Thornton, 2004:949; Arthur and Quester, 2004:682; Ruiter et al., 2003:398; Tanner et al., 1991:40). In addition, probability sampling does not always result in more accurate results and sampling choices should be based on inter alia the nature of the research, variability in the population and statistical considerations. Non-probability sampling is often used in concept tests and copy tests where interest focusses on the proportion of the sample that gives various responses or expresses certain attitudes (Malhotra & Birks, 2007:421,422).

The sample size of 360 included 60 respondents per experimental group with a 50:50 ratio of male and female respondents. Respondents who were employed (working/had a job) comprised 24 per group and students 36 respondents per group; thus percentage-wise, a 40:60 ratio. Each group comprised of 20 respondents per racial group, namely black, white and coloured respectively. Respondents were over-recruited to ensure that 60 respondents per group were available to participate. Random assignment of respondents to the six experimental groups was applied. Each group was exposed to a different advertisement intervention. The minimum sample size suggested by Malhotra and Birks (2007:409) for advertising studies is 150 respondents. The total sample in this experimental study comprised of 360 respondents. Table 7.2 illustrates the sample size of this experimental study phase.

TABLE 7.2

EXPERIMENTAL GROUP SAMPLE

Type of appeal/ Type of advertisement	Low fear appeal	Medium fear appeal	High fear appeal
Print advertisement	60 respondents	60 respondents	60 respondents
Television advertisement	60 respondents	60 respondents	60 respondents

7.4.3 Advertisement stimuli selection

Based on the results from the qualitative research, three advertisements, including low, medium and high fear appeals for print and television respectively (6 advertisements in total), were selected for use in the experimental study. The selection of advertisements was based on individual assessment of advertisements by respondents from the four focus groups as well as group assessments where advertisements were placed on a continuum from low fear to high fear. It is important to note that advertisements were selected based on the fear level evoked, and not on the content or execution of the various advertisements, as this was important for the purpose of the experimental study. Advertisements were also evaluated by experts in the marketing research and advertising industries to ensure face validity.

The following advertisements (see Addendum A) were selected for use in the experimental study:

Print advertisements: Low fear; code H4 (He knows, She knows loveLife campaign)
Medium fear; code H5 (Paramedic)
High fear; code H8 (Tombstone)

Television advertisements: Low fear; Tsepo and Busi (loveLife campaign)
Medium fear; Chain Reaction
High fear; Tsunami

7.4.4 Questionnaire development

During this phase, information was gathered using a questionnaire containing closed-ended questions. A nominal scale was used to obtain demographical detail including age, gender, race, education level and income level of respondents. A Likert scale was used for items measuring the constructs identified for the study, and numerical values were assigned from favourable to unfavourable. A bi-polar scale was used for questions pertaining to personality (Malhotra & Birks, 2007:237; Hair et al., 2000:428). Questionnaires were chosen as research instrument for their flexibility to measure demographics, fear arousal, attitude and behavioural intent, as well as threat, efficacy and personality dimensions (Kotler, 2003:133). In order to develop a questionnaire for use in all the experimental groups, various literature sources were consulted, as reported in previous chapters. A summary of sources is provided in Section 7.4.4.2.

Based on the objective of this phase of the research, it was important to use a behaviour scale that measured respondents' behavioural responses before (pre) and after (post) advertisement intervention. Fear arousal, attitude change and behavioural intent were measured via self-ratings of mood adjectives that had been used in other fear appeal studies (LaTour & Tanner, 2003; LaTour & Rotfeld, 1997; Henthorne et al., 1993). A risk behaviour diagnosis scale from the extended parallel process model by Witte (1992, 1994, 1998) was used to test interventions and to evaluate outcomes of threat and efficacy. The "Big Five" psychological personality scale was also included to measure respondents' personality dimensions for comparison with other constructs measured, and to ascertain whether specific personality dimensions influence the aforementioned measures (Woods & Hampson, 2005).

Experts in the fields of marketing research and advertising, as well as two marketing academics were consulted to ensure the face validity of the questionnaire. The questionnaire was coded beforehand for administrative and capturing purposes.

7.4.4.1 Number of items

The number of items included in the questionnaire had to take into account respondent fatigue, the length of the various experimental groups conducted and the statistical analyses to be conducted.

The first section, Section A, contained six questions collecting demographic information. Respondents were requested to provide their age, gender, racial group, first language, highest level of education, and income grouping before exposure to any advertisements. See Addendum E for the questionnaire used in this phase of the study.

Section B included the 18-item behaviour scale to measure threat and efficacy in terms of HIV/AIDS. This section was completed before advertisement intervention. This 18-item scale assessed perceptions of threat and efficacy. The threat dimension was measured with six questions. Perceived threat comprised of perceived susceptibility to the threat and perceived severity of the threat. Both susceptibility and severity were measured by means of three questions respectively. The efficacy dimension assessed perceptions of response efficacy and self-efficacy toward using condoms and safe sexual behaviour. Response efficacy and self-efficacy were measured with six questions respectively, three questions each about condom usage and safe sexual behaviour. The order of the items was randomised in the questionnaire to prevent respondents from forming a pattern in answering the questions. A 5-point Likert scale was used ranging from “strongly disagree” (scored as 1) to “strongly agree” (scored as 5). Table 7.3 illustrates the items per dimension of the behaviour scale.

Section C comprised of the same behaviour scale as that used in Section B. Respondents were requested to complete Section C after the advertisement intervention. Respondents were only allowed to turn to Section C after the advertisements had been shown.

Fear arousal, attitude change and behavioural intent were measured in Section D by way of self-ratings of mood adjectives that had been used in other fear appeal studies. It has been found in previous studies that self-rating is a reliable method to measure arousal, attitude and intention (LaTour & Tanner, 2003:384; LaTour & Rotfeld, 1997:51; LaTour et al., 1996:63; Henthorne et al., 1993:64).

TABLE 7.3

ITEMS PER DIMENSION OF THE BEHAVIOUR SCALE

Dimension	Items used
Threat	
Susceptibility	It is likely that I will get infected with HIV
	I am at risk of getting infected with HIV
	It is possible that I will get infected with HIV
Severity	I believe that HIV infection is a severe medical condition
	I believe that HIV infection is extremely harmful
	I believe that HIV infection has serious negative consequences
Efficacy	
Response efficacy (condom usage)	Using condoms is effective in preventing HIV infection
	If I use condoms I am less likely to get HIV infection
	Using condoms works in preventing HIV infection
Response efficacy (safe sexual behaviour)	If I have one sexual partner I am less likely to get HIV infection
	Having one sexual partner is effective in preventing HIV infection
	Practicing safe sex with one partner works in preventing HIV infection
Self-efficacy (condom usage)	I can maintain condom use to prevent HIV infection
	I can easily use condoms to prevent HIV infection
	I am able to use condoms to prevent getting HIV infection
Self-efficacy (safe sexual behaviour)	I can easily have one sexual partner to prevent HIV infection:
	I am able to have one sexual partner to prevent getting HIV infection
	I can practice safe sex with one partner to prevent HIV infection

These constructs were measured after the advertisement intervention only. Six items were used to measure fear arousal, 6 items measured attitude towards the advertisement, and 4 items measured behavioural intent. All these questions were based on previous research studies discussed in section 7.4.4.2. A 5-point Likert scale was used ranging from “not at all/no definitely not” (scored as 1) to “very much so/yes definitely” (scored as 5). Table 7.4 illustrates these items per dimension.

TABLE 7.4

ITEMS PER DIMENSION OF FEAR, ATTITUDE AND BEHAVIOURAL INTENT

Dimension	Items used
Fear (*When you viewed the previous advertisement, to what extent did you FEEL*)	Fearful
	Tense
	Nervous
	Scared
	Nauseated
	Uncomfortable
Attitude (*Indicate how you feel about the advertisement that you have just seen)*	Easy to understand
	Informative
	Good
	Interesting
	Useful
Behavioural intent	After seeing this advertisement, I will not engage in risky sexual behaviour in the future
	I will be careful in developing sexual relations in the future
	Even if I get the opportunity, I will be careful to have sex with someone I don't know
	I would be stupid to have sex with someone I do not know well

Finally respondents were requested to complete a personality questionnaire, based on a bi-polar scale. Five single-item measures, of which some were reversed scales, were used to measure the five main aspects of respondents' personality. This scale is referred to in literature as the "Big Five" personality scale or Single-Item Measures of Personality (SIMP) (Woods & Hampson, 2005). The five personality constructs measured are extraversion, agreeableness, emotional stability, conscientiousness, and openness/intellect. See Addendum E for the questionnaire.

7.4.4.2 Source of questionnaire items

Several fear appeal studies in the past, have identified the most important dimensions driving behavioural intent. An analysis of these studies provided a detailed list of all the items used to measure the dimensions relevant to this study. A combination of these items relevant to the threat of HIV/AIDS measured in this study were finally selected. A number of psychology studies used the "Big Five" personality scale or Single-Item Measures of Personality (SIMP) to measure personality

dimensions. Results from previous studies (Woods and Hampson, 2005; Van der Zee et al., 2002; Smith and Snell, 1996; Saucier and Goldberg, 1996) indicated that the SIMP is a reliable and valid measure of the main five personality constructs for research purposes. These literature sources and items appears in Addendum F.

Table 7.5 provides information on the source of each item included in the second phase of the study.

TABLE 7.5

ORIGINS OF QUESTIONNAIRE ITEMS

Dimension	Items	Source
Susceptibility	It is likely that I will get infected with HIV; I am at risk for getting infected with HIV; It is possible that I will get infected with HIV	Witte, Cameron, McKeon and Berkowitz, 1996; Witte, 1992, 1994
Severity	I believe that HIV infection is a severe medical condition; I believe that HIV infection is extremely harmful; I believe that HIV infection has serious negative consequences	Witte et al., 1996; Witte, 1992, 1994
Response efficacy (condom usage)	Using condoms is effective in preventing HIV infection; If I use condoms I am less likely to get HIV infection; Using condoms works in preventing HIV infection	Witte et al., 1996; Witte, 1992, 1994
Response efficacy (safe sexual behaviour)	If I have one sexual partner I am less likely to get HIV infection; Having one sexual partner is effective in preventing HIV infection; Practicing safe sex with one partner works in preventing HIV infection	Witte et al., 1996; Witte, 1992, 1994
Self-efficacy (condom usage)	I can maintain condom use to prevent HIV infection; I can easily use condoms to prevent HIV infection; I am able to use condoms to prevent getting HIV infection	Witte et al., 1996; Witte, 1992, 1994
Self-efficacy (safe sexual behaviour)	I can easily have one sexual partner to prevent HIV infection; I am able to have one sexual partner to prevent getting HIV infection; I can practice safe sex with one partner to prevent HIV infection	Witte et al., 1996; Witte, 1992, 1994
Fear	Fearful; Tense; Nervous; Scared; Nauseated; Uncomfortable	Arthur and Quester, 2004
Attitude	Easy to understand; Informative; Good; Interesting; Useful	La Tour and Tanner, 2003; La Tour and Rotfeld, 1997; LaTour et al., 1996; Henthorne et al., 1993

Dimension	Items	Source
Behavioural intent	After seeing this advertisement I will not engage in risky sexual behaviour in the future; I will be careful in developing sexual relations in the future; Even if I get the opportunity I will be careful to have sex with someone I don't know; I would be stupid to have sex with someone I do not know well	Arthur and Quester, 2004; LaTour and Tanner, 2003; Snipes, LaTour & Bliss, 1999; Henthorne et al., 1993
Personality		
Extraversion	Someone who is talkative, outgoing, is comfortable around people, but could be noisy and attention seeking/Someone who is a reserved, private person, doesn't like to draw attention to him/herself and who can be shy around strangers	Woods and Hampson, 2005; Van der Zee, Thijs and Schakel, 2002; Smith and Snell, 1996; Saucier and Goldberg, 1996
Agreeableness	Someone who is forthright, tends to be critical and finds fault with others and doesn't suffer fools gladly/Someone who is generally trusting and forgiving, is interested in people, but can be taken for granted and finds it difficult to say no	Woods and Hampson, 2005; Van der Zee et al., 2002; Smith and Snell, 1996; Saucier and Goldberg, 1996
Emotional stability	Someone who is sensitive and excitable, and can be tense/Someone who is relaxed, unemotional, rarely gets irritated and seldom feels blue	Woods and Hampson, 2005; Van der Zee et al., 2002; Smith and Snell, 1996; Saucier and Goldberg, 1996
Conscientiousness	Someone who likes to plan things, likes to tidy up, pays attention to details, but can be rigid or inflexible/Someone who doesn't necessarily work to a schedule, tends to be flexible, but disorganised and often forgets to put things back in their proper place	Woods and Hampson, 2005; Van der Zee et al., 2002; Smith and Snell, 1996; Saucier and Goldberg, 1996
Openness/intellect	Someone who is a practical person, who is not interested in abstract ideas, prefers work that is routine and has few artistic interests/Someone who spends time reflecting on things, has an active imagination and likes to think up new ways of doing things, but may lack pragmatism (realism)	Woods and Hampson, 2005; Van der Zee et al., 2002; Smith and Snell, 1996; Saucier and Goldberg, 1996

7.4.5 Method of data collection and analysis

7.4.5.1 Data collection

The experiment, particularly the true experimental design, is mostly the preferred measure when attempting to determine a cause-and-effect relationship. The pre-testing and post-testing of an experimental group allows control for more confounding variables than any other research method. The experimental method is the only method where one can say that a change in the dependent variable was caused by a

change in the independent variable. If random assignment is used, the design is called a *randomised* or *true experiment*. It is therefore presumed that any pre-existing differences in subjects (such as skill level, race, etc.) are evenly distributed. Conventional evaluation methodology is basic experimental comparison between individuals or groups randomly assigned to an intervention group. This type of experimental design can include a pre-test and a post-test, or a post-test only. The size of intervention groups is determined according to estimates to detect significant differences between the groups. Normally a minimum of 20 per group can provide an adequate degree of power (Malhotra & Birks, 2007:313; Trochim, 2002:46).

In this study, a pre-test post-test, 3 x 2 between subjects, experimental design was used to collect data from 360 respondents randomly assigned to the six experimental groups. The presentation of various fear appeal advertisements was the experimental intervention, while the likelihood of changing behaviour, the outcome. Table 7.6 illustrates the different interventions used at the six experimental groups.

TABLE 7.6
SAMPLE SIZE OF EXPERIMENTAL GROUPS

STELLENBOSCH		CAPE TOWN	
Level of fear appeal	**Number of respondents**	**Level of fear appeal**	**Number of respondents**
Print Low fear	60	Television Low fear	60
Television High fear	60	Print High fear	60
Television Medium fear	60	Print Medium fear	60

Respondents were informed that the researcher is busy with a study on advertising and that they could assist in providing worthwhile information if they participated in the study. They were given a self-completion questionnaire prior to any intervention, and were told that it was anonymous, and that they should not discuss answers with each other. Respondents were also requested to answer all the questions.

The demographical section of the questionnaire was completed first. After this, the behaviour scale section was completed (pre-intervention). The advertisement intervention was shown, and the same behaviour scale was completed post-

intervention. Three experimental groups were exposed to print advertisements, and three to television advertisements. Each cell of the six experimental groups was exposed to only one type of appeal, namely low, medium, or high fear. Fear arousal, attitude, behavioural intent and personality dimensions were measured post-intervention by having respondents complete the final sections of the questionnaire. The individual experimental groups lasted for an hour. Respondents were thanked for their time and participation, and each respondent received a small monetary reward afterwards to thank them for attending the groups.

7.4.5.2 Data analysis

Data from this phase of the study were captured manually in MSExcel according to the coded questionnaires. Capturing was done twice to eliminate capturing errors. A senior statistician analysed the data in Statistica, and missing data were replaced with mean scores. To analyse results, the effects of the independent variable (the intervention) on the dependent variables were assessed. Dependent variables measured on the post-test survey included variables like fear, attitude towards the advertisement and behavioural intention. Average scores per construct and group were calculated and then compared between groups. Comparisons between groups assessed the impact of the intervention. Perceptions of severity, susceptibility, response efficacy and self-efficacy were examined in an attempt to determine the underlying causes for the results. Findings of the study are presented in Chapter 9.

7.5 CONCEPTUAL MODEL

Based on the results from the experimental study, as well as evidence from the literature, a proposed model to measure the impact of fear appeal on behavioural intent was constructed. The new model proposed in this study focused on the equivalence of the proposed revised protection motivation model (Arthur and Quester, 2004) and the extended parallel process model (Witte, 1992). The new model proposed that, if a threatening stimulus (fear appeal) maximised fear experienced by individuals, and the coping response was effective in eliminating the fear, while individuals were capable of undertaking the coping response, the stimulus would be effective in changing their attitude towards the stimulus and behavioural intent. The model construed that threat-appraisal processes indirectly influence behavioural change through the mediating fear variable. The model also proposes that the components of coping appraisal, namely response efficacy and self-efficacy,

act as moderators of an individual's response to the fear generated at the threat-appraisal stage.

Figure 7.2 illustrates the proposed theoretical model, namely a fear appeal and behavioural intent association model.

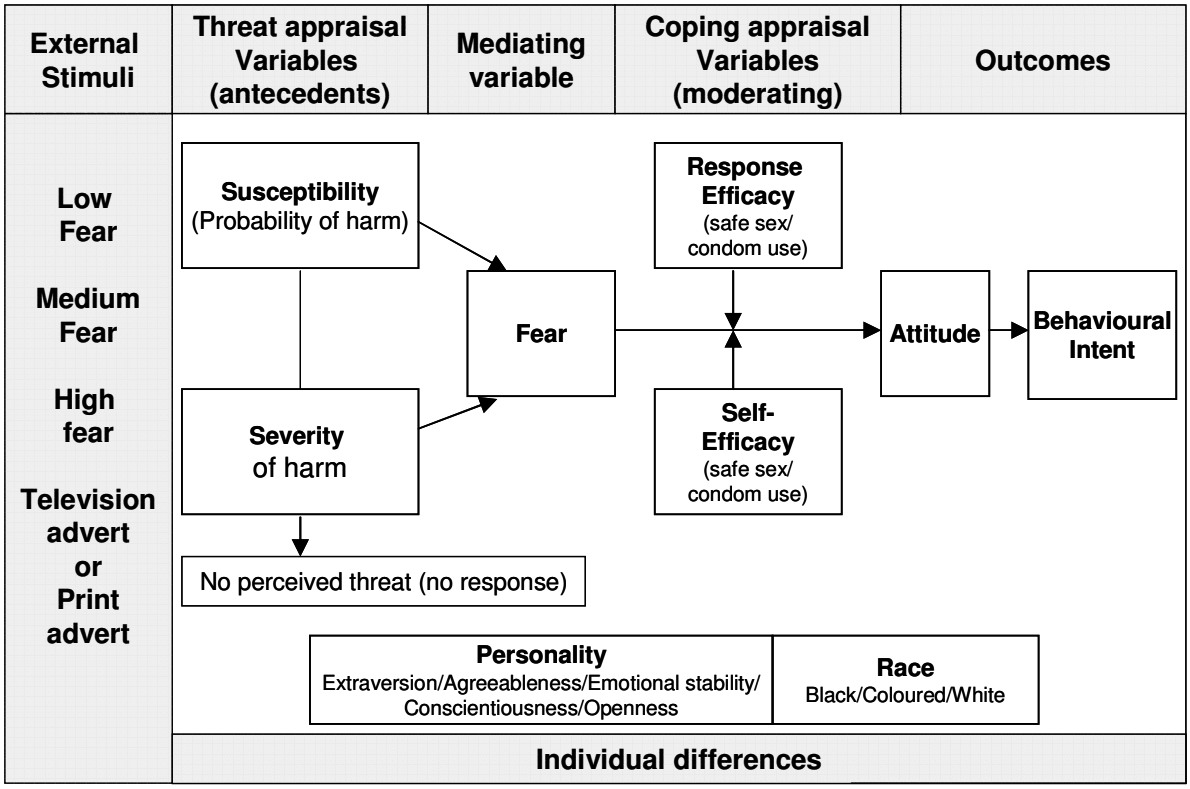


FIGURE 7.2

PROPOSED FEAR APPEAL AND BEHAVIOURAL INTENT ASSOCIATION MODEL

7.6 HYPOTHESES

In order to test different levels of fear appeal and the influence on fear arousal, attitude and behavioural intent for different racial groups, the following hypotheses were proposed when using low-, medium- and high-fear appeal advertising stimuli respectively. Each of the 14 hypotheses in Table 7.7 was empirically tested in the second phase of the study.

TABLE 7.7

HYPOTHESES TO BE TESTED IN THE SECOND PHASE OF THE STUDY

Ho^1	Fear arousal is not influenced by the level of fear appeal.
Ha^1	Fear arousal is influenced by the level of fear appeal.
Ho^2	Fear arousal is not influenced by advertisement type.
Ha^2	Fear arousal is influenced by advertisement type.
Ho^3	Fear arousal is not influenced by the level of fear appeal and racial group.
Ha^3	Fear arousal is influenced by the level of fear appeal and racial group.
Ho^4	Attitude towards the advertisement is not influenced by the level of fear appeal.
Ha^4	Attitude towards the advertisement is influenced by the level of fear appeal.
Ho^5	Attitude towards the advertisement is not influenced by the level of fear appeal and racial group.
Ha^5	Attitude towards the advertisement is influenced by the level of fear appeal and racial group.
Ho^6	Intention to adapt sexual behaviour is not influenced by the level of fear appeal.
Ha^6	Intention to adapt sexual behaviour is influenced by the level of fear appeal.
Ho^7	Intention to adapt sexual behaviour is not influenced by the level of fear appeal and racial group.
Ha^7	Intention to adapt sexual behaviour is influenced by the level of fear appeal and racial group.

7.7 STATISTICAL TECHNIQUES

This section provides an overview of the statistical techniques used in the study. The measurements to assess the reliability and validity of the data are discussed, followed by a discussion of the statistical techniques used to analyse the data.

7.7.1 Reliability

Different approaches may be used to test the reliability of a research instrument. Reliability is the extent to which a scale produces consistent results if repeated measurements are made on the characteristic (Malhotra & Birks, 2007:159). Seven summed scales were used to measure the constructs incorporated in the study. The reliability of these scales was confirmed in previous studies (LaTour & Tanner, 2003; LaTour & Rotfeld, 1997; Henthorne et al., 1993; Witte, 1992, 1994). To confirm the

reliability of the scales, the internal consistency of the scales was tested by calculating Cronbach Alpha coefficients. Cronbach Alpha coefficients exceeding 0.7, is the generally accepted lower limit (Hair, Black, Babin, Anderson & Tatham, 2006:102).

Item-to-total correlations were used to assess whether Cronbach Alpha coefficients can be improved by deleting some items. The removal of items did not result in higher Cronbach Alpha coefficient scores and items were thus retained in subsequent analysis.

7.7.2 Validity

Validity of a measuring instrument has to be assessed to ascertain whether that which was attempted to be measured was actually measured, thus, the extent to which a measurement represents characteristics that exist in the objects under investigation. Three different types of validities can be assessed, namely content (face) validity, criterion validity and construct validity (Malhotra & Birks, 2007:358; Zikmund, 2003:284).

Content validity is often confirmed by agreement between expert and/or non-expert judges regarding the suitability of the measure, and can thus be subjective. It evaluates how well the content of a scale represents the measurement task at hand (Malhotra & Birks, 2007:359). Content validity in this study was confirmed and agreement was reached by expert judges from the marketing research and advertising industries.

Criterion validity examines whether the measurement scale delivers as expected relative to other variables selected as important criteria. Investigation of the relationship between the measure and a criterion is often used to assess criterion validity (Hair et al., 2006:106; Zikmund, 2003:280). The questionnaire used in this study was based on a literature review, discussed in Section 7.4.4.2, that indicated relationships between the constructs, and can be regarded as evidence of criterion validity.

Construct validity addresses what construct or characteristic a scale is measuring. Theoretical questions of why a scale works are answered and deductions are made

about the underlying theory (Malhotra & Birks, 2007:363). The questionnaire used in this study sufficiently discriminated between the different constructs measured, and these constructs did not correlate with other constructs. The questions or dimensions used to measure the different constructs were all based on a literature review of previous studies, discussed in Section 7.4.4.2, that measured the same constructs.

Internal validity, which applies to the accuracy of an experimental situation, and *external validity*, relating to the generalisability of the cause and effect relationships, are also important issues to address (Malhotra & Birks, 2007: 366). The internal and external validity pertaining to this study is discussed in the following paragraphs.

7.7.2.1 Internal validity

In this study, internal validity was enhanced through elimination of extraneous variables by requesting respondents to complete Sections C and D immediately after viewing the advertisements to ensure that the experiment measured respondents' exact perceptions of threat and efficacy, as well as fear arousal, attitude and behavioural intent. This was done to increase the likelihood that the manipulation of the independent variables actually caused the effect on the dependent variable.

7.7.2.2 External validity

Cardwell (1999:94) states that external validity can be addressed by using similar venues and through randomisation of respondents allocated to experimental groups, and was applied in this study for venues at Stellenbosch and Cape Town respectively. This action enhances the possibility of generalising results obtained from the experimental study at a specific setting to other settings and other participants (Cardwell, 1999:94). Furthermore, the different fear appeal advertisements used in this study were realistic advertisements and were also randomised across the venues. It is accepted that external validity can be influenced by using a convenience sample, since the sample may not be an exact demographic representation of adolescents in South Africa.

7.7.3 Statistical analysis

Descriptive statistics to describe the characteristics of the data, and inferential statistics to make inferences from the data to more general conditions were employed (Trochim, 2002:49). Frequencies were used to illustrate the actual number

or percentage of responses to demographical questions, and these were depicted by histograms (Malhotra & Birks, 2007:503). Mean scores of the various values measured for all observations of a variable were calculated to obtain the average response of respondents (Hair et al., 2006:67). The standard deviation measures the average distribution of the values in a set of responses around the mean (Malhotra & Birks, 2007:510).

Various techniques were applied to compare scores between groups (pre-and post-test and post-test only) and race was used as one of the most important independent variables. Analyses of variance (ANOVA) tests were conducted to test mean differences of variables among groups. ANOVA tests calculated F-values, degrees of freedom, and significance levels as well as p-values. A p-value of 0,05 or less was considered significant and was used as a guideline to judge results (Malhotra & Birks, 2007:357).

One-way analysis of variance (ANOVA) was used to compare different groups on the post-tests only. These tests of significance were used for data analyses of the single variables, namely fear, attitude and behavioural intent (Malhotra & Birks, 2007:493). Further investigation of specific group mean differences via post hoc methods, including Bonferroni tests were also conducted (Hair et al., 2006:384)

Two-way analysis of variance (ANOVA) was used to address two main factors: the influence of time (pre- and post-test measures) and group (the different experimental groups). These measures were employed for the single variables of the extended parallel process model as well as for combined variables, namely threat and efficacy. Tukey HSD post hoc tests were used to ascertain whether there are significant differences between cells for pre-and post-tests for all groups (Malhotra & Birks, 2007:493).

Analyses of variance (ANOVA) and the Kruskal-Wallis one-way ANOVA were conducted to test mean differences among the groups for personality dimensions. A 95% significance level was used as a guideline to assess statistical significance (Malhotra & Birks, 2007:357, 565).

Correlation coefficients were also calculated to measure the degree of association between two variables, for the various personality variables and each of the following variables: fear, attitude, intention, efficacy condoms and efficacy safe sexual behaviour. Spearman's p_s was used as a measure of non-metric correlation to examine the correlations between the said variables. The measures relied on rankings, and varied between -1.0 and +1.0 (Malhotra & Birks, 2007:581).

7.7.4 Structural equation modelling (SEM)

Structural Equation Modelling (SEM), a technique that measures a set of dependent relationships simultaneously was also used for this study (Hair et al., 2006:711). A path diagram was used to depict the relationships between the constructs of the model. Multiple regression analysis was used to analyse the relationship between the dependent variable (behavioural intent) and the various independent variables (Hair et al., 2006:176). Further investigation of the model was also conducted by using partial least squares (PLS) analyses, where the focus is on prediction (Hair et al., 2006:878). Only the inner model (path model) of the proposed model, see Figure 7.3, was analysed to offer a more simplistic view of the proposed relationships, and because the sample size was not big enough to analyse the full model. Larger samples generally produce more stable solutions. Individual differences, including race and personality, were not measured separately. Figure 7.3 illustrates the path diagram that was used in this study.

Model validity was assessed by calculating an estimated covariance matrix to assess the degree of fit of the model to the observed covariance matrix. Several goodness-of-fit indices quantify the degree to which the actual correlations (or the covariance matrix used as input) are predicted by the model (Hair et al., 2006:730). The following indices were used to assess model fit:

- the Normal Theory Weighted Least Squares Chi-Square and the test of close fit of the Root Mean Square Error of Approximation (RMSEA);
- Normed Fit Index (NFI);
- Comparative Fit Index (CFI);
- Goodness of Fit Index (GFI); and
- Adjusted Goodness-of-Fit Index (AGFI) (Hair et al., 2006:749).

The results of these measurements are presented in Chapter 9.

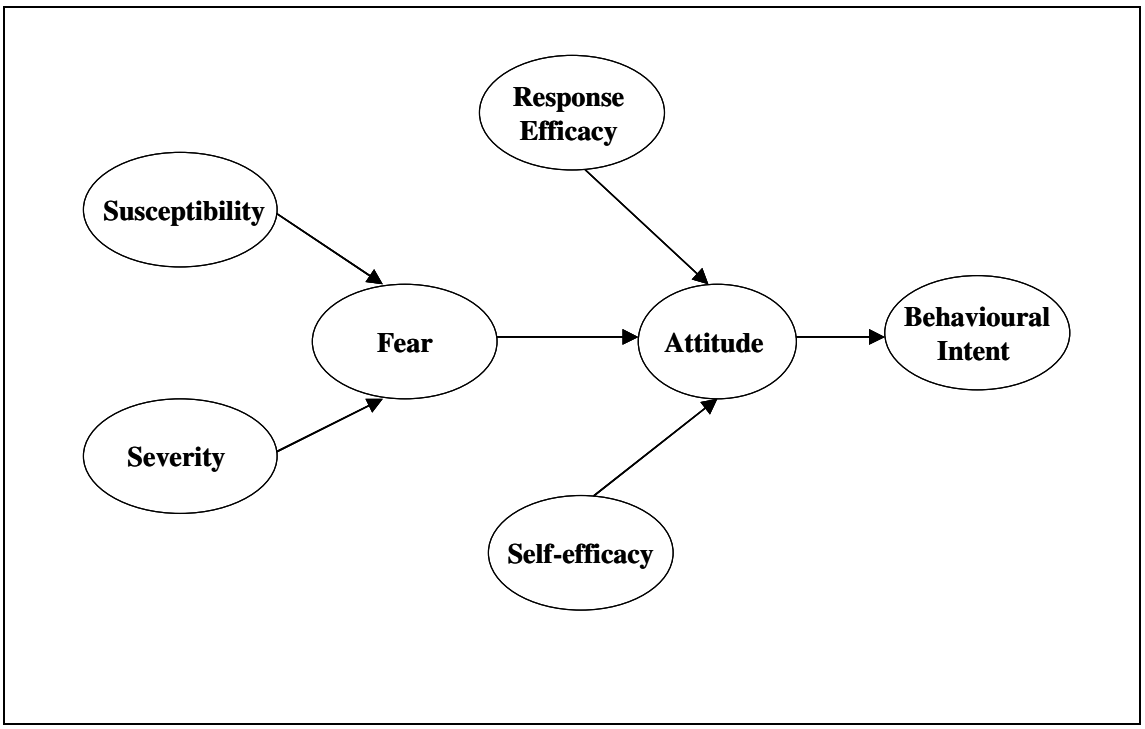


FIGURE 7.3

THEORETICAL MODEL TO PREDICT BEHAVIOURAL INTENT

Various statistical packages are available to conduct SEM, but LISREL version 8.8 was selected for this study, as it is a flexible package which allows for a variety of different applications (Hair et al., 2006:730).

Partial Least Squares (PLS), an alternative estimation approach to traditional SEM, was also used. A non-parametric method of determining pathways through bootstrapping was followed. Re-sampling procedures, such as bootstrapping, can complement parametric methods by providing confidence interval estimates (Hair et al., 2006:878). Bootstrapping was used to identify significant pathways in the proposed models. The confidence intervals in bootstrapping are not estimated by a sampling error but are directly observed by examining the distribution of the estimates around the mean. A non-significant pathway would be indicated if the lower and the upper limits of the 95% confidence interval include a zero (Hair et al., 2006:881). The statistical package used to conduct PLS was Smart PLS version 2.0.

7.8 CONCLUSIONS AND IMPLICATIONS

In this chapter, the methodology used during the different phases of the empirical study was described. At the outset, methods used during the qualitative exploratory

phase of the empirical research were explicated. Focus groups were used during this phase to gain in-depth insight into adolescents' behaviour pertaining to HIV/AIDS and the use of fear appeal advertising. The focus was placed on the sampling procedure, selection of advertisement stimuli, questionnaire and discussion guide development, and lastly on data collection and analysis.

The subsequent part of this chapter focused on the methodology employed during the second phase of the empirical study. The discussion entailed the methodology used for the experimental study, and provided information pertaining to sampling procedures, questionnaire development, data collection and analysis. This was followed by a description of a conceptual model to measure the impact of fear appeal on behavioural intent. Following that, the proposed hypotheses tested in this study were elucidated.

Finally, different statistical techniques that were used to analyse the results obtained during the empirical study were explained. The empirical findings of the qualitative research are presented in Chapter 8, and those of the experimental research in Chapter 9.

CHAPTER 8
FINDINGS OF QUALITATIVE RESEARCH

8.1 INTRODUCTION

This chapter reviews the results of the qualitative research exploratory phase. The qualitative study explored in-depth responses via focus groups. The objective of this phase of the study was, firstly, to assess attitudes and beliefs of adolescents from different racial and gender groups pertaining to HIV/AIDS and HIV/AIDS advertising. A second objective was to select different levels of fear appeal advertisements to be used in the second phase of this study, and to ascertain whether low, medium or high fear appeal advertisements have an impact on sexual behaviour. This phase of the study was achieved through four focus groups among adolescents in the main metropolitan areas of South Africa.

The findings comprise, firstly, of a demographic overview of the sample used in this phase. Secondly, in-depth findings about respondents' attitudes and beliefs pertaining to HIV/AIDS and HIV/AIDS advertising are presented. This is followed by the selection of print and television advertisements ranked on a continuum from low to high fear. Thirdly, findings based on individual questionnaires completed by respondents are discussed, and the individual selection of different levels of fear appeal advertisements to be used in the second phase of the study, is reported.

8.2 DEMOGRAPHIC PROFILE OVERVIEW

The study was conducted amongst adolescents between the ages of 18 and 24, from different racial groups within South Africa. Respondents were recruited by means of convenience sampling from Gauteng and the Western Cape, two main metropolitan areas, where the focus groups were conducted. Focus groups included 10 respondents per focus group, and were selected after screening questions, which included that participants should not have any family members working for a research company or an advertising agency. An independent research company was used to recruit respondents according to a prescribed brief from the researcher on the target audience.

Although language was not a key determinant of the sample construction, Afrikaans-speaking respondents were represented in the Western Cape, and English-speaking respondents in the Western Cape and Gauteng. Respondents drawn represented educated, middle- to upper-income groups. These groups are in line with LSM (living standards measure) 6-10 groups. Both employed adults and students were recruited based on the assumption that the two groups could have different viewpoints in terms of their activities and lifestyles. Females and males were recruited separately for individual groups based on the sensitivity of the topic and to ensure that they would feel free to discuss HIV/AIDS and sexually-related topics.

The composition of the sample of respondents in the different focus groups is illustrated in Table 8.1.

TABLE 8.1

FOCUS GROUPS DEMOGRAPHIC REPRESENTATION

Province	Sample for focus groups
Western Cape (pilot group) (Cape Town)	5 white and 5 coloured females; bilingual (Afrikaans and English); 18-24 years old; 6 working and 4 students
Western Cape (Cape Town)	5 white and 5 coloured males; bilingual (Afrikaans and English); 18-24 years old; 6 working and 4 students
Gauteng (Johannesburg)	5 white and 5 black females; English-speaking; 18-24 years old; 6 working and 4 students
Gauteng (Johannesburg)	5 white and 5 black males; English-speaking; 18-24 years old; 6 working and 4 students

8.3 FINDINGS BASED ON FOCUS GROUP DISCUSSIONS

A pilot study was conducted in the Western Cape to ensure that the discussion guide and questionnaire were usable and complete. All the focus groups followed the same format. The discussion guide was based on the literature and theoretical work of Du Plessis (2005:109) and Wardle (2002:67, 68). Issues raised in the discussion guide permitted insight into the attitudes, beliefs, motives and behaviours of the target segment in terms of sexual behaviour and HIV/AIDS. See Addendum B for the discussion guide. The first part of the focus groups generated in-depth information about the various research objectives.

The first part of the focus groups was followed by the presentation of nine print and ten television advertisements selected by experts (as described in Chapter 7),

included in Addendum A. The advertisements were used as stimuli to ascertain whether the different levels of fear (low, medium and high) were actually present. The advertisements had not been seen by respondents previously, except for the two South African loveLife advertisements used. The advertisements therefore did not have significant implications in relation to halo effects. Advertisements were shown from low to high fear to prevent desensitising respondents. Respondents were given a self-completion questionnaire bound in a booklet and marked with codes representing the individual advertisements, based on the literature and theoretical work of Du Plessis (2005:152), Arthur and Quester (2004:684) and Ruiter et al. (2003:398). Respondents had to give their immediate reaction to each advertisement. See Addendum C for the questionnaire.

Finally, the different print and television advertisements were ranked by each focus group on a continuum of low/no fear to high fear. Randomisation was applied to the order of advertisements shown to respondents to minimise order effects (Hair et al., 2000:290; Cardwell, 1999:191). The individual ratings of the advertisements on the survey and group ratings on the continuum scale were used to identify the six advertisements to be used in the final study.

Moderators from a commercial research company were used to moderate the focus groups. This was done to ensure that respondents could relate to the moderator being female in the case of female groups, and male in the case of male groups, and also on account of the sensitive nature of the discussions. Respondents were informed that the focus groups were recorded and videotaped. The researcher was present at all the groups and viewed the proceedings through a one-way window.

8.3.1 Findings of in-depth discussions

Transcripts were compiled from the recordings of the four focus groups (see Addendum D for completed transcripts). Transcripts, recordings and video tapes were used to compile findings on the group discussions based on the discussion guide. Finally, transcripts were imported to Atlas Ti, a qualitative research investigation tool, to investigate specific content and to reach conclusions about detailed relationships between items, as well as thoughts and feelings on the issues discussed during the focus groups.

8.3.1.1 Adolescents general views about HIV/AIDS

An important theme that emerged from the focus group discussions is that, although not in the teenage category, this age group (18-24 years) clearly demonstrated a sense of "invincibleness" – that "nothing can happen to them". They seem to think that HIV/AIDS is a disease that affects mainly the rural areas, and it is believed that too little is being done to bring the message of safe sex and the dangers of HIV/AIDS across to these communities. There is also a belief that HIV/AIDS is a disease more common amongst black people, a perception mostly held by white respondents. The disease is also perceived as being more prevalent amongst gay people, a view frequently expressed by male respondents. The males in this study were adamant that females are more likely to become infected with HIV/AIDS and that males therefore do not have to take too many precautions. Males seem to believe that men only have a 10%-20% chance of contracting HIV/AIDS. The female respondents seemed to have a much higher fear of becoming pregnant through unprotected sex than of contracting HIV/AIDS. Some respondents also held the view that "one must die anyway and once you have HIV/AIDS there are ways of dealing with it and you don't have to be an outcast". It seems that the general view about HIV/AIDS amongst adolescents include numerous misperceptions about the disease and its prevalence.

8.3.1.2 HIV/AIDS associations

A mind-mapping exercise was used to explore respondents' feelings regarding HIV/AIDS. Respondents were prompted to feel free to say what they think. The following statements were some of those made by respondents:

- *"I get a hateful feeling when I hear the word."*
- *"It is putting boundaries on our lives."*
- *"We know it is there, but we don't want to know it is there."*
- *"I wouldn't know how to handle it."*
- *"With AIDS you don't really see it until you see a person before they die."*
- *"People say you are going to die anyway. You could get into a car accident and die. The risk is just the same as having unprotected sex and catching AIDS and at the end of the day we are all going to die."*
- *"Community will judge you."*
- *"So many senior people in government have many different opinions about HIV/AIDS and this does not help the situation."*
- *"It puts boundaries on our lives in a lot of ways."*

Figure 8.1 illustrates the HIV/AIDS associations compiled based on the mind-mapping exercise.

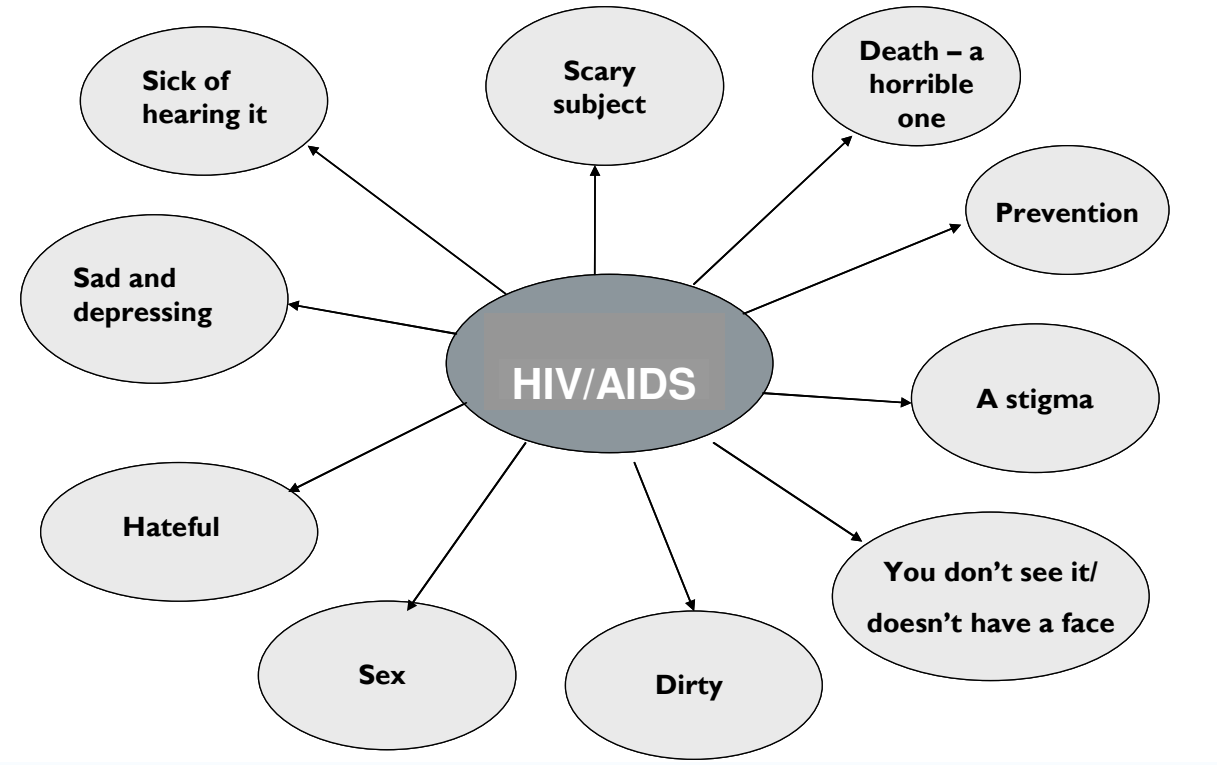


FIGURE 8.1
HIV/AIDS ASSOCIATIONS

It is evident from the HIV/AIDS associations (see Figure 8.1) that adolescents hold a fairly negative view about the disease and prefer to avoid hearing about HIV/AIDS.

8.3.1.3 Feelings and emotions related to HIV/AIDS

Based on an in-depth discussion about respondents' feelings and emotions regarding HIV/AIDS, as well as their chances of being infected, the following conclusions were eminent:

- Female respondents from white, coloured and black racial groups (Western Cape and Gauteng) indicated that they had a chance of being infected if they had casual sex. Some indicated that it would never happen to them by stating, *"In my position, when I hear about it, I think I don't need to hear about it because it won't happen to me."* They also mentioned that there were too many messages about HIV/AIDS and that they do not want to hear about it.

- Male respondents from white and coloured racial groups (Western Cape) indicated that they could be infected through sport or blood transfusions, and some indicated that they could contract the disease if their girlfriends were unfaithful. They mentioned that the disease had a dirty connotation, and said, *"It makes you feel dirty as though you have slept around".*
- Male respondents from white and black racial groups (Gauteng) indicated that they had a fairly high chance of being infected. They also indicated that the disease was associated with fear and death, but stated, *"It only becomes reality when the people you know become affected and die."*

Figure 8.2 illustrates the various emotions respondents experience about HIV/AIDS, and was compiled based on discussions in all four focus groups.

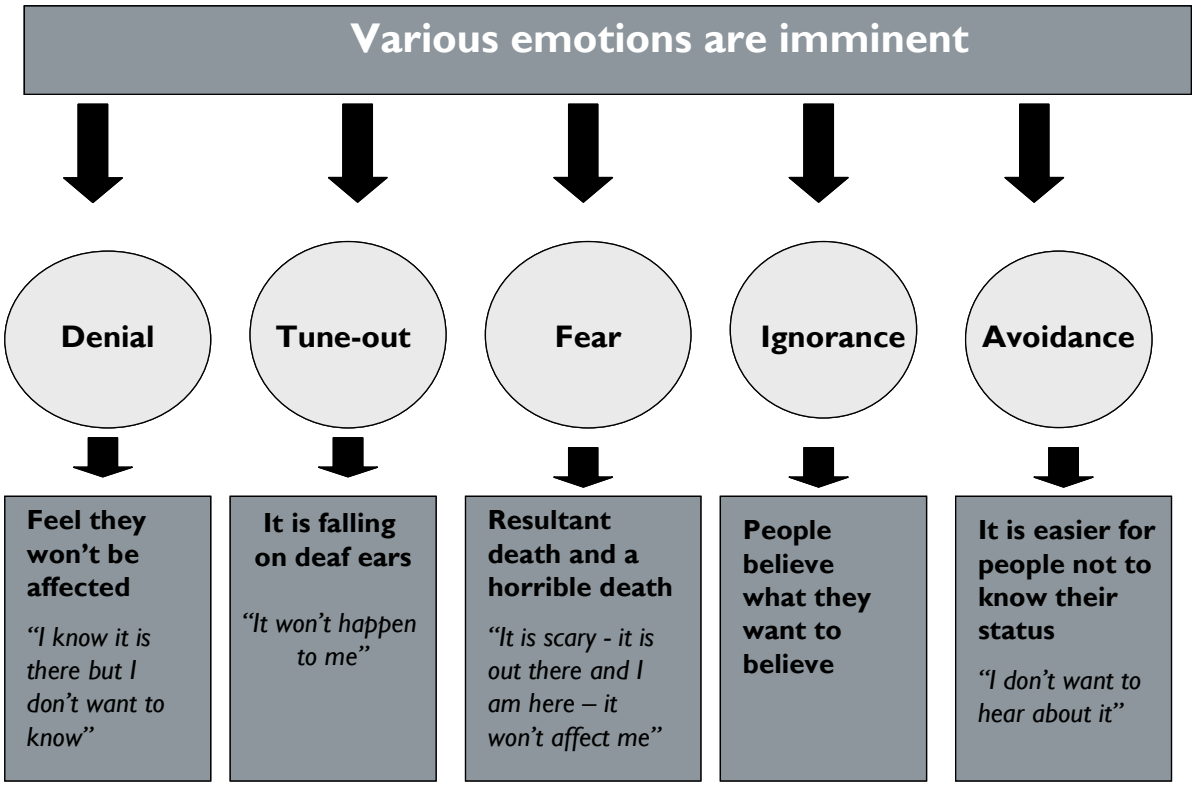


FIGURE 8.2

EMOTIONS RELATED TO HIV/AIDS

It seemed that a continuum from denial through fear to avoidance was prevalent. This indicated that, although respondents were denying the existence of HIV/AIDS, they also experience fear and know that it could result in death.

8.3.1.4 HIV/AIDS education

Most respondents agreed that, at the age when most children are exposed to HIV/AIDS education for the first time, around Grade 7, those children are not mentally mature enough to absorb what is being told. Respondents mentioned that at that age everything is a joke and the HIV/AIDS topic is not taken seriously. This view does however not imply that children are not already experimenting with unsafe sex. This situation seems to cause a dichotomy, as exposure to HIV/AIDS education at this age is critical, but the communication and education are falling on deaf ears. Most respondents were in agreement that HIV/AIDS education had to be made relevant to children at a young age.

Based on the discussion about respondents' exposure to HIV/AIDS education, the following were found.

- Female respondents from white, coloured and black racial groups (Western Cape & Gauteng) indicated that they had received education about HIV/AIDS at school, but they were too young to feel that it was relevant.
- Male respondents from white and coloured racial groups (Western Cape) indicated that they had received basic education about HIV/AIDS at school.
- Male respondents from white and black racial groups (Gauteng) indicated that education at school was limited, especially in rural areas.

The following spontaneous statements were made by respondents:

- "*As teenagers, you know everything, you think you have seen everything and nothing will touch you – you are an immortal person."*
- *"People think it will happen to someone else and not them."*
- *"At home, you don't listen to your family."*
- *"The AIDS education at school had no structure – it wasn't relevant."*
- *"I think they are more aware of sex at an early age due to sex education and therefore start doing it at an early age. There is too much exposure."*
- "Aids education has to be more intense. We need to see people vomiting and be sick."
- "It is being done wrongly – using mock cartoons turning it into a joke when it is a very serious issue."

8.3.1.5 HIV/AIDS communication

Respondents were also asked what they thought the best way was to go about telling people of the dangers and prevention of HIV/AIDS, and why. After initial comments, respondents were prompted on whether they thought one should use humour, fear or basic information (statistics) to raise awareness and to take notice about HIV/AIDS.

Based on the discussion about the best way to handle HIV/AIDS communication the following were found:

- Female respondents from white, coloured and black racial groups (Western Cape and Gauteng) indicated that fear would keep their attention and will have a lasting effect. They also indicated that "real ads" should be used and these must be intense and scary. The message should be "*HIV can kill you*."
- Male respondents from white and coloured racial groups (Western Cape) mentioned, "*AIDS doesn't have a face*" and felt that advertisements should convey the message that AIDS is "*real and scary*". They also indicated that caution and prevention should be conveyed, as well as what the AIDS disease does to you.
- Male respondents from white and black racial groups (Gauteng) were more likely to feel that people should be shocked by advertisements showing people who have the disease, saying, *"A fearful thing will stick in your head."* and *"Tell them they will die from it."* They also felt that advertising they have been exposed to previously had not been effective, and said, *"Show pictures of people dying. It will lead to death."*

The conclusions can be summarised as illustrated in Figure 8.3. Two main themes were evident. Firstly, fear and realism will have the biggest impact on behaviour. Secondly, solution-based communication seemed inevitable to influence behaviour, with realistic visual communication.

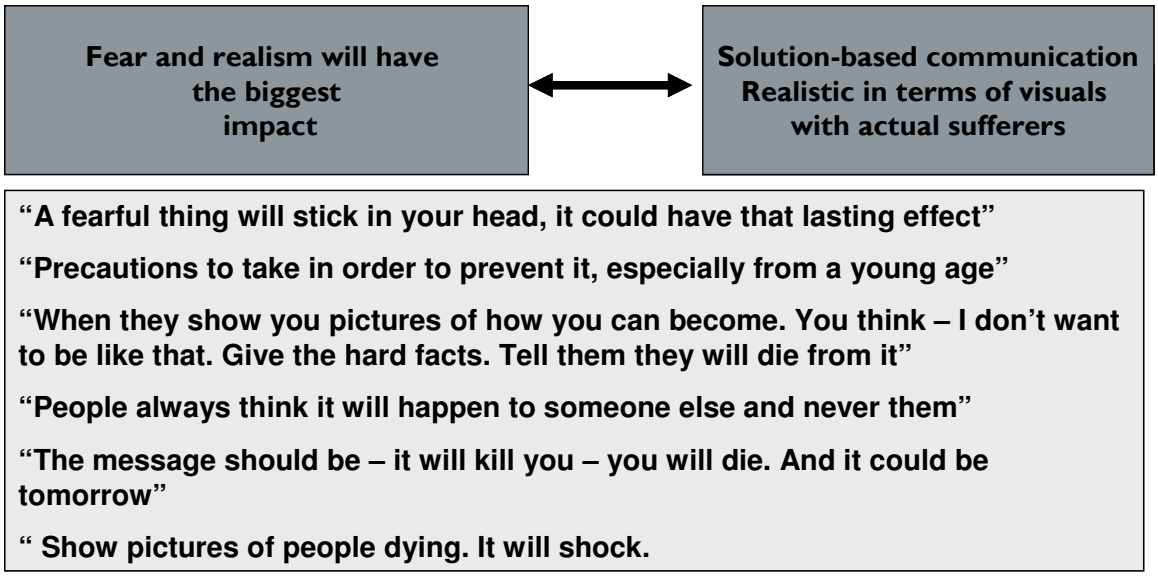


FIGURE 8.3

HIV/AIDS COMMUNICATION SOLUTIONS

8.3.1.6 HIV/AIDS brand recognition

The purpose of asking respondents about brand recognition was to establish a basic idea of brand awareness within the HIV/AIDS communication category. The current South African HIV/AIDS prevention campaign's loveLife brand was mentioned, as well as a number of international and retail brands. The loveLife brand was mentioned as a campaign about protection against HIV/AIDS, but it was seen as aimed at teenagers. The Mandela foundation and MTV were also mentioned as being used to convey preventative HIV/AIDS messages. Respondents did not elaborate on the brands mentioned.

Findings based on the spontaneous mention of HIV/AIDS brands that respondents were aware of included the following:

- loveLife
- Techno Junction
- MTV
- Levi's
- Mandela foundation
- Johnson & Johnson
- Choice
- The Red Ribbon

8.3.1.7 Relationships of themes measured

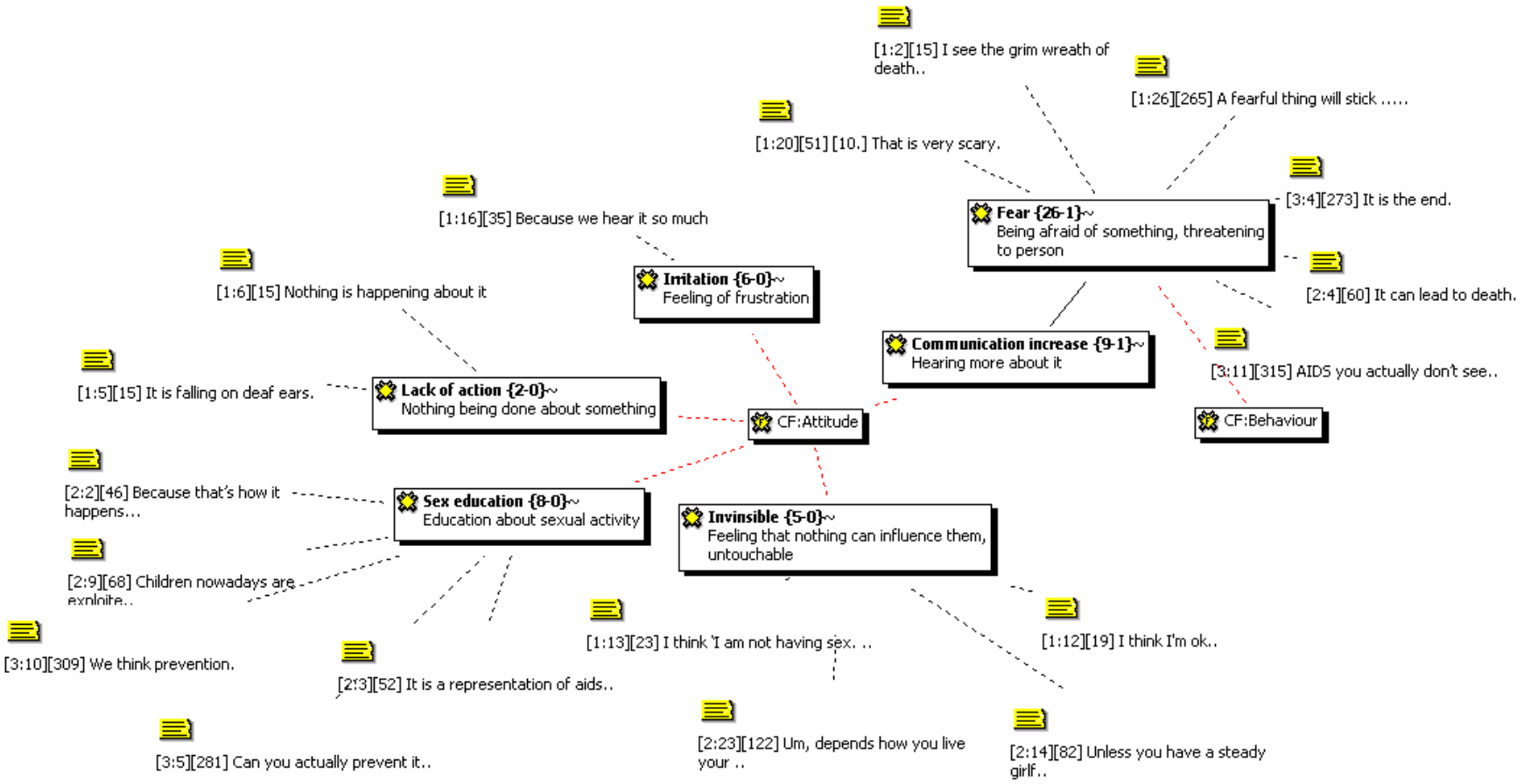
The in-depth discussions transcripts were imported to Atlas Ti, a qualitative research investigation support tool. The findings were combined to derive at a summary of detailed relationships between themes, as well as thoughts and feelings on the issues discussed. Four main themes were identified, namely attitude, fear, behaviour and consequences of HIV/AIDS. Respondents' attitudes were linked to a number of sub-themes, which revealed their feelings about HIV/AIDS. These included feeling invincible, poor sex education, lack of action, and irritation. Attitude was associated with fear via communication increase, which suggested that the increased communication (fear appeal advertisements) increased respondents' fear associated with HIV/AIDS. Finally, fear was linked with behaviour, which implied that increased fear can lead to behaviour change and ultimately communicate the consequence of HIV/AIDS. A summary of these findings appears in Figure 8.4.

8.4 FINDINGS OF GROUP RATINGS OF ADVERTISEMENTS

The moderator led the focus groups to comment on each of the advertisement stimuli (nine print and ten television advertisements) to which they were exposed. Each advertisement was discussed in terms of spontaneous thoughts, feelings and moods evoked, the main message of the advertisement, and the product/brand being advertised. The level of self-relevance was explored and respondents were asked: *"After seeing these advertisements and talking about them, would you say that you are likely to change your sexual behaviour in any way from now on? If so, how?"*

After initial comments, safe sex (using protection), lifestyles (having less sex/1 partner) and abstinence were probed to ensure that detailed comments were given.

- Female respondents from white, coloured and black racial groups (Western Cape & Gauteng) revealed that they would change their behaviour and be more careful (safe sex and abstinence) after seeing the medium- and high-fear advertisements, remarking, *"It is not out there; it is here."*
- Male respondents from white and coloured racial groups (Western Cape) suggested that they would change their behaviour (safe sex and lifestyle), because the medium- and high-fear advertisements were real and scary, remarking, *"Quite hectic knowing that one will die before one reaches 50"*.



Notes: [ ]: *indicate lines from transcripts.*

{ }: *indicate number of comments linked to element for illustration purposes (not all comments are shown due the comprehensive extent of comments*

FIGURE 8.4

RELATIONSHIPS OF THEMES AND RESPONDENTS COMMENTS

- Male respondents from white and black racial groups (Gauteng) mentioned that they would change their behaviour (safe sex and lifestyle) based on medium-fear advertisements, and said, *"They are giving you what is there, what is real."*

Respondents were also asked about the level of fear used in the print and television advertisements, and the way they felt about it.

- Female respondents from white, coloured and black racial groups (Western Cape & Gauteng) believed that medium- and high-fear advertisements would work for them and would influence their behaviour, commenting, *"AIDS is still living – it is not dead."*
- Male respondents from white and coloured racial groups (Western Cape) said that medium-fear and informational advertisements highlighting statistics may influence their behaviour, and mentioned, *"That is the type of ad that will stay with you afterwards.*"
- Male respondents from white and black racial groups (Gauteng) said that medium-fear and informational advertisements are scary and likely to influence people's behaviour, and offered comments such as, *"It makes you want to read more and the more you read, the scarier it gets."*

8.4.1 Ranking of advertisements

The advertisement were tested for face validity by marketing academics, as well as practitioners in the field of advertising and marketing research to assess the level (low, medium or high fear) assigned to the print and television advertisements. This was also the initial order of presentation to the various focus groups, illustrated in Table 8.2. Randomisation was applied when advertisements were shown to the respondents

TABLE 8.2

INITIAL RANKING OF ADVERTISEMENTS AND ORDER OF PRESENTATION

Fear ranking of advertisements	Print Advertisements	Television advertisements
Low	H1 "Prove your love. loveLife"	C1 "Tsepo & Busi"
Low	H2 "Spreading"	C2 "No excuses"
Low	H3 "Stop AIDS"	C3 "Don't turn your back"
Medium	H4 "He knows, she knows"	C4 "Chain reaction"
Medium	H5 "Paramedic"	C5 "Dumpster"
Medium	H6 "If"	C6 "No protection"
Medium/High	H7 "Someone like me"	C7 "Old age home"
High	H8 "Tombstone"	C8 "Orphan boy"
High	H9 "Scorpion"	C9 "Tsunami"
High	n/a	C10 "Human ball"

8.4.1.1 Level of fear print advertisements

The different print advertisements were ranked by respondents on a continuum from low/no fear to high fear per focus group, and combined to illustrate the total rankings on a continuum. Individual ratings from the questionnaires will be discussed in subsequent sections. Figure 8.5 illustrates the continuum.

FIGURE 8.5

PRINT ADVERTISEMENT FEAR CONTINUUM

Respondents' comments per print advertisement combined with their ranking order are illustrated in Table 8.3.

TABLE 8.3

RANKING ORDER AND COMMENTS PER PRINT ADVERTISEMENTS

Fear ratings of advertisements	Print Advertisements		Comments
Low	H2 "Spreading"		❖ Little impact ❖ Unclear message ❖ Pretty design
Low	H1 "Prove your love. loveLife"		❖ Low/no fear with no impact ❖ Does not give a clear message ❖ Somewhat of a "so what" ❖ Seen as boring

Low	H4 “He knows, she knows”		❖ Little or no impact ❖ Not sure if these are meant to be celebrities ❖ Seen as warm-hearted ❖ They are perceived as cool people – everyone wants to do what cool people do
Medium	H7 “Someone like me”		❖ Mixed feelings regarding this one ❖ The words were perceived as being catchy but did not seem to have staying power ❖ Some felt it to be boring
Medium	H3 “Stop AIDS”		❖ This ad made the males feel like one wouldn’t want to pass a great opportunity and that it is promoting sex more than anything else ❖ She is not likely to have AIDS as she is a beautifully happy woman ❖ Would not improve awareness of Aids or affect behaviour
Medium	”H5 “Paramedic”		❖ Message here was that one can have Aids and live life, so it is okay to have Aids ❖ *“Who cares if you have Aids – this paramedic has it and it made no difference to his life”* ❖ Others felt that the message here is the fact that anybody can contract Aids – and that it’s not just sex
High	H9 “Scorpion”		❖ Was mentioned as most scary by many, some misconception in terms of the message portrayed ❖ Some respondents felt this to be humoristic with a few thinking it could be quite ‘kinky’ ❖ Others felt it got the message across and that they are almost repulsed by it ❖ Also seen as sexist and unfair to women

High	H6 "If"		❖ Favoured by most due to its realism – could all relate to it ❖ This is aimed at the average person ❖ *"Not just stats but makes one stop and think"* ❖ Message is clear and simple ❖ Most likely have impact on behaviour ❖ The message is opening one's eyes to go and get tested
High	H8 "Tombstone"		❖ Regarded as high fear and an ad that could change behaviour ❖ It was seen to have staying power ❖ Seen as intense ❖ Would also assist in making one cautious ❖ Quite shocking for most ❖ *"It is like rose petals on a grave that die"*

8.4.1.2 Level of fear television advertisements

The different television advertisements were ranked on a continuum of low/no fear to high fear per focus group, and combined to illustrate the total rankings in Figure 8.6. Individual ratings from the questionnaires will be discussed in subsequent sections.

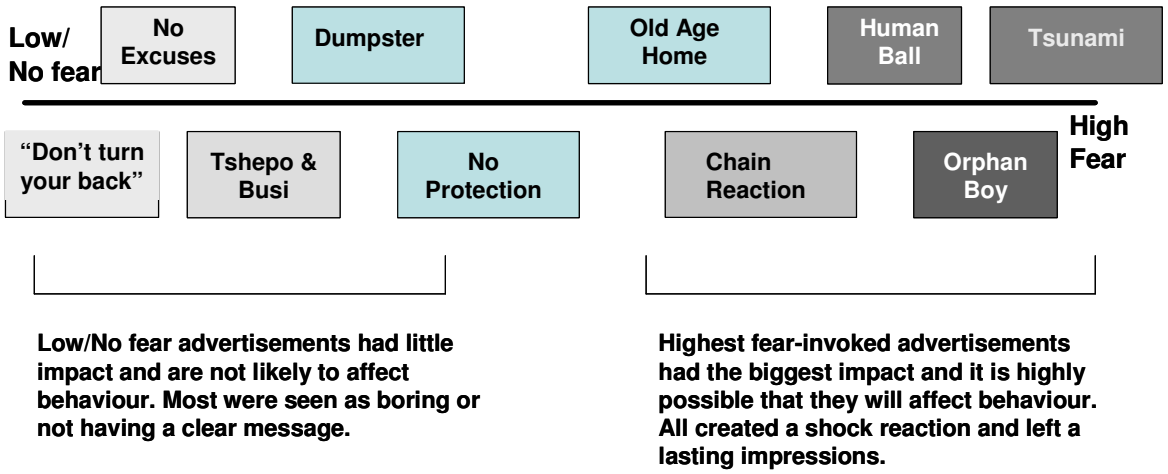


FIGURE 8.6

PRINT ADVERTISEMENT FEAR CONTINUUM

Respondents comments per television advertisement combined with their ranking order are illustrated in Table 8.4.

TABLE 8.4

RANKING ORDER AND COMMENTS PER TELEVISION ADVERTISEMENTS

Fear ratings of advertisements	Television Advertisements	Comments
Low	C1 "Tsepo and Busi"	❖ The way the virus is moving is quite effective ❖ Does not have lasting effect
Low	C2 "No excuses"	❖ Girls often do not want to use condoms – so this does not seem realistic to most
Low	C3 "Don't turn your back"	❖ Displays the wrong message – almost an acceptance of AIDS ❖ Aimed at people dealing with others that have the virus ❖ Young people do not like to be preached at
Medium	C5 "Dumpster"	❖ Gives hope ❖ Easy to understand message
Medium	C6 "No protection"	❖ Unsure about the message that is portrayed ❖ Distracting – nakedness ❖ First thought is of sex and not Aids
Medium	C4 "Chain reaction"	❖ Very grabbing as it is "real life" and makes one wonder ❖ Males related less to this than the females ❖ Reality check for many – *"it is not out there; it is here"*
Medium	C7 "Old age home"	❖ *"Quite hectic knowing that one will die before one reaches 50"* ❖ Creates a feeling of nothingness
High	C10 "Human ball"	❖ Felt that is was aimed more at black people ❖ A feeling that this is unstoppable ❖ Seen as shock tactic by most
High	C8 "Orphan boy"	❖ This relates more to family members being left behind – not top of mind amongst youth ❖ Created heightened awareness of the impact of Aids on others ❖ Has lasting affect – *"that is the type of ad that will stay with you afterwards*" ❖ Is realistic – *"they are giving you what is there, what is real"*
High	C9 "Tsunami"	❖ Very clear message ❖ Realistic that all can relate to as everyone knows what damage a tsunami and AIDS do ❖ The seconds ticking are very hectic – lasting effect ❖ Also the actual devastation of the last Tsunami is still in people's minds

This study made use of three of the six advertising execution styles prevalent in HIV/AIDS advertising, namely factual messages, personality symbols and dramatisation. When comparing the advertising categories of factual and personality symbols, the advertisements that had the biggest impact are those on the high-fear level end of the scale, irrespective of the category. This illustrates the fact that it is the fear appeal that is having the impact and not necessarily the advertising execution being used.

When comparing the reactions of the 18-24 year olds to the print advertisements versus the television advertisements, it seems clear that television advertisements have a much higher impact than print. This can be ascribed to the visual and auditory sensory systems combined, which have a bigger impact in terms of awareness, acknowledgement and a call to action than merely a static visual aid. This is underlined by the literature stating that a positive relationship between level of fear appeal and attitude toward the advertisement and intention to stop dangerous behaviour existed when presented with television (audio-visual) fear appeal advertisements (LaTour & Rotfeld, 1997:56; LaTour et al., 1996:65; Henthorne et al., 1993:67).

8.5 FINDINGS BASED ON INDIVIDUAL QUESTIONNAIRES

Data from the respondents' completed questionnaires was manually captured in MSExcel and analysed to ascertain the level of fear experienced after each advertisement, as well as the behavioural intent of respondents based on the individual advertisement interventions. Missing responses were substituted with the mean response for an item used (Malhotra & Birks, 2007:312).

8.5.1 Individual responses to print and television advertisements

Different print advertisements were shown to the respondents. These were rotated from no/low fear to high fear and respondents were asked to complete the self-completion questionnaires without talking to each other or influencing each other in any way. This procedure was repeated for the television advertisements.

One of the objectives of the qualitative research was to establish how the focus group participants rated the print advertisements and the television advertisements in

terms of ability to communicate fear. To determine the participants' rating of fear, respondents had to rate every print or television advertisement on a five-point Likert scale (where 5 was scored as low fear and 1 as high fear) in terms of the following statement: "*The advertisement evoked a feeling of fear inside me".* The major findings in respect of the fear communicated by the print and television advertisements are discussed in the following sub-sections.

8.5.1.1 Level of fear print advertisements

Generally speaking, the extremes of low- and high-fear communication were confirmed by the participants. The coloured males and females rated most of the medium- and high-fear print advertisements consistently, agreeing that these advertisements evoked a feeling of fear inside them. The white and black respondents rated some of the medium- and high-fear print advertisements as not communicating much fear. Table 8.5 illustrates respondents' ratings in terms of the statement "*the advertisement evoked a feeling of fear inside me*" of the various print advertisements. The ratings were used to identify the three print advertisements to be selected and used as experimental interventions in the following phase of the research study.

TABLE 8.5

EVOKED FEAR OF PRINT ADVERTISEMENTS

Advertise-ment	White male	White female	Coloured male	Coloured female	Black male	Black female	Average
H1	4.1	3.6	2.0	1.6	4.0	4.0	3.22
H2	3.6	3.6	4.0	1.6	4.2	4.0	3.50
H3	3.4	3.0	2.6	3.2	5.0	2.8	3.33
H4	3.4	3.1	4.0	3.0	3.6	3.4	3.42
H5	2.4	2.0	2.4	3.0	2.6	2.8	2.53
H6	3.1	2.4	1.2	1.2	3.4	3.6	2.48
H7	2.4	2.4	2.6	1.4	3.0	2.8	2.43
H8	2.4	1.7	2.4	1.6	1.6	2.2	1.98
H9	3.1	2.0	2.6	1.2	2.4	2.4	2.28

1= Yes, I agree completely; 5= No, I disagree completely

Respondents were presented with 14 items for individual evaluation of each print advertisement. Scores were out of 5 (1 = agree completely, 5 = completely disagree),

where 1 was scored as high fear and 5 as low fear. Table 8.6 provides a brief overview of the deviations by advertisement.

TABLE 8.6

INDIVIDUAL EVALUATIONS PRINT ADVERTISEMENTS

Items	Description of interpretation
The ad is very relevant to me and the things that happen in my life	Generally agree. Agree more with H6 and H7 than average
The ad caught my attention immediately	H1 and H2 not rated high on attention
The ad made me feel uncomfortable	Average ratings around 3.4 except for H5 and H9
The ad evoked a feeling of fear inside me	Highest fear were for H5-H9 (from medium to high fear)
The ad is realistic	Least realistic were H9 and H3
This ad made me feel tense/nervous	Most nervous were from H5 onwards along the fear continuum
I like this ad	Low likeability ratings achieved for H1, H2 and H7
I felt involved with this ad from the beginning	Least involvement for H1, H2 and H7
This ad taught me something	H5 and H6 did not teach respondents much
I felt untouched/unmoved by this ad	All the ads touched respondents in one way or another, but lowest rating for H1 and H2
This ad was easy to understand	H2 received a very poor understanding rating
I believe what this advertisement is saying	All ads received good believability ratings, however H9 was the least believable
This ad will most likely make me stop engaging in dangerous sexual behaviour	Biggest impact on intention was with H5 and H8
Nothing will make me stop engaging in risky sexual behaviour unless my health suffers	Mainly disagreement

8.5.1.2 Level of fear television advertisements

The responses to the television advertisements compared favourably with the expected ratings of low, medium and high fear. It was especially the high fear advertisements that were consistently rated high by all the participants. The medium-fear commercials were also rated consistently by the participants, agreeing that these advertisements evoked a feeling of fear inside them.

Table 8.7 illustrates respondents' ratings in terms of the statement *"the advertisement evoked a feeling of fear inside me"* in terms of the various television advertisements. This rating was used to identify the three television advertisements to be selected and used as experimental interventions in the next phase of the research study.

Based on the individual ratings, one can thus conclude that the television advertisements used in this study were more successful in communicating different levels of fear than the print advertisements. This could be due to the combination of visual and audio elements that have a bigger and combined impact on the senses than only print.

TABLE 8.7

EVOKED FEAR OF TELEVISION ADVERTISEMENTS

Advertise-ment	White male	White female	Coloured male	Coloured female	Black male	Black female	Average
C1	3.8	3.5	4.2	2.8	4.0	4.2	3.75
C2	4.0	2.8	2.6	1.6	4.0	4.0	3.17
C3	3.2	2.3	3.6	1.6	3.6	2.4	2.78
C4	1.9	1.2	2.4	1.9	2.6	2	2.00
C5	3.5	2.9	2.4	2.6	3.2	3.6	3.03
C6	2.6	2	1.7	2.1	2.2	2.5	2.18
C7	3.8	2.6	1.6	2.6	2.6	3.4	2.77
C8	2.1	1.4	2.2	1.4	1.8	1.6	1.75
C9	1.9	1.0	1.8	1.0	1.0	1.0	1.28
C10	2.9	2.3	1.4	1.2	1.2	2.6	1.93

1= Yes, I agree completely; 5= No, I disagree completely

Respondents were presented with 15 attributes for individual evaluation of each television advertisement. Advertisements were referred to as “commercials” to prevent respondents from getting confused between print and television advertisements. Scores were out of 5 (1 = agree completely; 5 = completely disagree). Table 8.8 gives a brief overview of the deviations by advertisement

TABLE 8.8

INDIVIDUAL EVALUATIONS TELEVISION ADVERTISEMENTS

Items	Description of interpretation
The commercial is very relevant to the youth today	Equally relevant across all commercials
The commercial is very relevant to me and the things that happen in my life	High ratings for relevance across the commercials with no single one standing out more than the others
The commercial caught my attention immediately	All caught attention with "Tsunami" having the strongest agreement level
The commercial made me feel uncomfortable	The most discomfort was experienced with "Tsunami" and "Orphan Boy"
The commercial evoked a feeling of fear inside me	"Tsunami" had highest fear impact followed by "Orphan boy", "Human Ball" and "Chain reaction"
The commercial is realistic	Least realistic were "Dumpster" and "No protection" commercials
This commercial made me feel tense/nervous	"Tsunami" returned strongest rating, followed by "Orphan Boy" and "Old age home"
I like this commercial	Highest level of likeability for "Tsunami", "Old age home", "Orphan boy" and "Chain reaction"
I felt involved with this commercial from the beginning	Again highest level of involvement for "Tsunami and Orphan Boy"
This commercial taught me something	"Tsunami and Orphan boy " again topped the highest rating for commercials teaching respondents something
I felt untouched/unmoved by this commercial	Average ratings across all ads were around 3.5 with none standing out in particular
This commercial was easy to understand	"Tsunami, Orphan Boy and Old age home" most agreement
I believe what this commercial is saying	Mostly agreement across all the commercials
This ad will most likely make me stop engaging in dangerous sexual behaviour	All the low-fear commercials were rated the weakest, whilst the high-fear commercials would likely impact on behaviour

8.5.1.3 Correlation between evoked fear and behavioural intention

To assess the potential of a particular print or television advertisement to change intended behaviour, correlations were calculated for the response values assigned to the following two statements:

- *The ad/commercial evoked a feeling of fear inside me (*1 was scored as high fear and 5 as low fear)
- *This ad/commercial will most likely make me stop engaging in risky sexual behaviour (*1 was scored as high likelihood and 5 as low likelihood)

Tables 8.9 and 8.10 contain the results of correlation analysis for the print and television advertisements respectively. Low-, medium- and high-fear print and television advertisements were grouped for calculation and reporting purposes. The major findings in respect of this analysis are reported in the following sections.

8.5.1.3.1 Print advertisements

In general, the different strengths of associations between low- and high-fear communication indicated that evoked fear is strongly associated with respondents' behavioural intent. Medium-fear communication indicated a poor or no relationship between fear appeal and behavioural intent. The white (correlation 0.82) and coloured males (correlation 0.97), as well as white (correlation 0.72) and black females (correlation 0.52) indicated a strong association between evoked fear and behavioural intent for high-fear advertisements. Coloured females (correlation 0.03) and black males (correlation 0.0) indicated a poor to no relationship between evoked fear and behavioural intent for medium- and high-fear advertisements. A strong inverse correlation existed for low-fear advertisements among white females (correlation – 0.95) and medium-fear advertisements among white males (correlation -0.93).

One may conclude that print advertisements used in this study elicited a strong relationship between evoked fear and behavioural intent for both low- and high-fear advertisements for most respondents. In other words, a decrease in evoked fear in general lead to a decrease in behavioural intent, whereas an increase in evoked fear pointed to an increase in behavioural intent across most racial groups.

TABLE 8.9

CORRELATIONS BETWEEN EVOKED FEAR AND BEHAVIOURAL INTENTION: PRINTED ADVERTISEMENTS

		AD1	AD2	AD3	AD4	AD5	AD6	AD7	AD8	AD9	Correlation coefficients		
											AD 1-3(L)	AD 4-6(M)	AD 7-9(H)
WM	1* (AVE)	3.9	4.0	3.3	3.6	2.2	3.1	3.0	3.4	3.0			
	2*	3.5	3.5	2.4	2.4	2.6	2.4	2.3	2.7	2.5	0.991	-0.933	0.826
WF	1 (AVE)	3.4	3.7	2.7	3.2	2.2	2.2	2.9	2.8	1.9			
	2	2.8	2.8	3.1	2.9	3.1	2.3	2.7	2.3	2.2	-0.956	0.277	0.721
CM	1 (AVE)	2.8	4.1	3.2	3.9	1.7	1.5	2.6	2.8	3.2			
	2	1.6	2.4	1.6	1.6	2.0	1.4	1.4	1.6	3.0	0.954	-0.115	0.976
CF	1 (AVE)	2.3	1.9	2.7	3.0	1.8	1.9	2.1	2.3	1.5			
	2	1.8	1.8	2.6	1.8	2.2	1.2	2.4	1.6	1.8	0.866	0.040	0.038
BM	1 (AVE)	4.2	4.1	4.9	4.1	2.7	3.4	3.1	1.7	2.5			
	2	2.8	3.4	3	2.4	2.2	1.6	1.6	1.6	1.6	-0.300	0.240	0.000
BF	1 (AVE)	4.5	4.3	3.2	3.6	3.3	2.5	4.1	2.0	3.7			
	2	3.2	3.6	2.4	2.2	1.6	1.4	1.8	1.4	3.2	0.888	0.859	0.528

* Average values per response group and printed advertisement: 1* = evoked fear & 2* = behavioural intent; L, M & H = Low, medium and high fear
AD = Printed advertisement; WM = White male; WF = White female; CM = Coloured male; CF = Coloured female; BM = Black male and BF = Black female

8.5.1.3.2 Television commercials

The different strengths of associations between low-, medium- and high-fear communication suggest that evoked fear is strongly associated with respondents' behavioural intent, except for one or two exceptions. White males and females, as well as black males and females showed a strong positive association between the two correlation variables for low-, medium- and high-fear commercials, with one exception. In the case of coloured males (correlation 0.32), evoked fear is weakly associated with behavioural intent. Coloured females (correlation 0.0) did not show any relationship between evoked fear and behavioural intent for high-fear commercials, and it was evident that an inverse relationship for low-fear commercials

existed, thus signifying that the lower the evoked fear the higher their behavioural intent.

TABLE 8.10

CORRELATIONS BETWEEN EVOKED FEAR AND BEHAVIOURAL INTENTION: TELEVISION ADVERTISEMENTS

		CO1	CO2	CO3	CO4	CO5	CO6	CO7	CO8	CO9	CO 10	Correlation coefficients		
												CO 1-3(L)	CO 4-7(M)	CO 8-10(H)
WM	1* (AVE)	3.7	3.9	3.4	1.9	3.5	2.6	3.3	2.1	2.0	2.9			
	2 *	3.1	2.8	2.9	2.4	2.9	2.3	2.8	2.5	2.4	2.7	-0.217	0.856	0.973
WF	1 (AVE)	3.4	2.7	2.4	1.2	2.9	2	2.4	1.3	1.0	2.4			
	2	3.5	2.6	2.7	1.9	2.9	2.1	1.9	2.3	1.4	2.8	0.922	0.731	0.886
CM	1 (AVE)	4.0	3.0	3.4	2.4	2.7	1.7	2.0	2.5	2.0	2.1			
	2	2.6	2.4	2.2	3.2	2.0	1.0	1.8	1.8	1.8	1.4	0.596	0.650	0.327
CF	1 (AVE)	3.2	2.0	2.3	1.9	2.8	2.1	2.6	2.1	1.3	1.7			
	2	1.4	1.6	1.8	1.4	1.6	1.2	2.6	1.6	1.6	1.4	-0.721	0.561	0.200
BM	1 (AVE)	4.1	3.5	3.7	2.6	3.3	2.2	2.8	1.8	1.0	1.3			
	2	2.8	1.8	1.8	2.4	3.2	1.2	2.2	1.2	1.0	1.0	0.945	0.952	0.929
BF	1 (AVE)	4.2	4.1	2.7	2.0	3.4	2.5	3.3	1.7	1.1	2.7			
	2	3.0	2.4	1.6	1.4	2.2	1.8	2.4	1.4	1.4	2.0	0.928	0.967	0.929

* Average values per response group and television commercial: 1* = evoked fear & 2* = behavioural intent; L, M & H = Low, medium and high fear; CO = Commercial; WM = White male; WF = White female; CM = Coloured male; CF = Coloured female; BM = Black male and BF = Black female

In general, the strong association between evoked fear and behavioural intent for medium- and high-fear television advertisements used in this study made it clear that these commercials have a higher impact than print advertisements and they are more likely to point to a strong relationship between evoked fear and behavioural intent, thus influencing respondents to stop engaging in risky sexual behaviour.

One can conclude that a general indication for television advertisements used in this study was that there is a strong relationship between evoked fear and behavioural intent for low, medium and high fear advertisements for most respondents. This result

suggests that a decrease in evoked fear in general indicates a decrease in behavioural intent, whereas an increase in evoked fear indicates an increase in behavioural intent across most racial groups.

8.5.1.4 Final selection of advertisements for experimental study

The final three print and three television advertisements (in the categories low, medium and high level of fear appeal) were selected after taking into consideration data from the individual questionnaires and qualitative data from the focus groups. The six advertisements featured in Table 8.11 were selected for use as experimental interventions in the next phase of this study.

TABLE 8.11

FINAL SELECTED PRINT AND TELEVISION ADVERTISEMENTS

Fear-appeal category	Print advertisements	Television advertisements
Low	H1 (“Prove your love. loveLife”)	C1 (“Tsepo & Busi. loveLife”)
Medium	H5 (“Paramedic”)	C4 (“Chain reaction”)
High	H8 (“Tombstone”)	C9 (“Tsunami”)

The impact of the different levels of fear of the final selection of advertisements will be discussed further in Chapter 9.

8.6 CONCLUSIONS AND IMPLICATIONS

This qualitative study offered insight about the attitudes and beliefs of adolescents from different racial and gender groups pertaining to HIV/AIDS and HIV/AIDS advertising. It seems that this target group believes that HIV/AIDS is a severe disease, but that it will not necessarily affect them. After exposure to different levels of fear appeal advertising to assess the differences between high/strong fear, medium fear and low/no fear-appeal based advertising on attitude towards an advertisement and the intention to modify behaviour, respondents indicated that their perceptions about HIV/AIDS did change.

Some patterns about the influence of racial group in South Africa on the persuasive power of fear appeal advertising and how this differs on type of fear emerged. Most male respondents from white and black racial groups indicated that medium fear

advertisements will influence them to change their behaviour, whilst male respondents from the coloured racial group and some from the white racial group, indicated that medium and high fear appeal advertisements will influence their behaviour (safe sex and lifestyle). Female respondents from white, coloured and black racial groups indicated that they will change their behaviour and be more careful (safe sex and abstinence) after exposure to the medium- and high fear appeal advertisements.

Based on the results of this qualitative phase of the study, and using the selected advertisements, the quantitative phase of the research could be conducted. Further quantitative research will offer more insight into understanding the influence of fear appeals on behaviour in HIV/AIDS-related communications.

CHAPTER 9
FINDINGS OF QUANTITATIVE RESEARCH

9.1 INTRODUCTION

Based on the results of the qualitative phase of the study, and using the selected advertisements, the quantitative phase of the research could be conducted. This chapter reviews the results of the quantitative research. The findings based on the experimental groups conducted are explicated, and comprise of an overview of the demographic profiles of respondents, reliability results, as well as a means analysis of the various constructs measured across the six experimental groups.

Firstly, fear, attitude and intention are discussed as separate post-test constructs. These constructs were measured based on fear appeal and behavioural theory. Secondly, the six constructs of the extended parallel process model (EPPM), namely self-efficacy, response efficacy, severity, susceptibility, control condoms and control safe sexual behaviour, all measured as pre- and post-test constructs, are presented. The EPPM was used as an additional measure to test its applicability in the South African context; hence the behaviour scale measuring the various constructs derived from the EPPM. Thirdly, the personality construct is reviewed. This construct was measured as a separate post-test construct. Finally, a proposed model to measure advertising effectiveness based on the findings of the study is presented.

9.2 DEMOGRAPHIC PROFILE OVERVIEW

The sample sizes of the six experimental groups were 60 per group. A 3x2 pre-test post-test experimental design was used and the total number of respondents was 360. Respondents were recruited from Stellenbosch and Cape Town, two main metropolitan areas in the Western Cape. Employed (working) respondents and student respondents were recruited and exposed to the various treatments on a 40:60 basis.

TABLE 9.1

SAMPLE SIZE OF EXPERIMENTAL GROUPS

STELLENBOSCH		CAPE TOWN	
Level of fear appeal	**Number of respondents**	**Level of fear appeal**	**Number of respondents**
Print **low fear**	**Students**: 6 black males 6 black females 6 white males 6 white females 6 coloured males 6 coloured females **Working:** 4 black males 4 black females 4 white males 4 white females 4 coloured males 4 coloured females	**Television** **low fear**	**Students:** 6 black males 6 black females 6 white males 6 white females 6 coloured males 6 coloured females **Working:** 4 black males 4 black females 4 white males 4 white females 4 coloured males 4 coloured females
TOTAL	**60**	**TOTAL**	**60**
Television **high fear**	**Students:** 6 black males 6 black females 6 white males 6 white females 6 coloured males 6 coloured females **Working:** 4 black males 4 black females 4 white males 4 white females 4 coloured males 4 coloured females	**Print** **high fear**	**Students:** 6 black males 6 black females 6 white males 6 white females 6 coloured males 6 coloured females **Working:** 4 black males 4 black females 4 white males 4 white females 4 coloured males 4 coloured females
TOTAL	**60**	**TOTAL**	**60**
Television **medium fear**	**Students:** 6 black males 6 black females 6 white males 6 white females 6 coloured males 6 coloured females **Working:** 4 black males 4 black females 4 white males 4 white females 4 coloured males 4 coloured females	**Print** **medium fear**	**Students** 6 black males 6 black females 6 white males 6 white females 6 coloured males 6 coloured females **Working:** 4 black males 4 black females 4 white males 4 white females 4 coloured males 4 coloured females
TOTAL	**60**	**TOTAL**	**60**
Grand Total	**180**	**180**	**360**

Table 9.1 provides an overview of the total sample for the six experimental groups recruited in the two different areas. Respondents were requested to complete all questions of the survey. At the end of the final study, 360 completed surveys were handed in by respondents and no surveys were discarded. A preliminary analysis was done in order to compare the profiles of the experimental groups to confirm that randomisation was present (Malhotra and Birks, 2007:212). This was done through cross-tabulations and histograms. The only differences in terms of demography and other personal information were for age, home language, education level and income. This discrepancy could be expected with random assignment of the respondents to the experimental groups. The two main recruitment factors, namely gender and race, were the same across the six groups.

9.2.1 Gender profile of respondents

The equal allocation of male and female respondents across all the experimental groups was purposely done to ensure that combined gender reactions to the different types of fear were constant across the groups, since female and male respondents could possibly react differently to different levels of fear.

9.2.2 Race profile of respondents

The three different racial groups, namely black, coloured and white were equally allocated across all the experimental groups. Race is a critical variable of this study, and therefore one third of each race group had to be represented in each of the experimental groups.

9.2.3 Age profile

The core target group for this study was 18 to 25 years of age. The average age of respondents was 20.5, which depicts an average age for the combination of older working respondents and younger student respondents. Most respondents (61%) were between the ages of 19 and 21 years.

9.2.4 Language profile

A large number of respondents (42%) reported English as their home language. This could be expected since the study was conducted in the Western Cape where English, Afrikaans and Xhosa are the main languages spoken. A number of coloured and black respondents speak English at home and are included in the English group.

English is accepted as one of the main languages used in education; it is therefore often spoken as a home language. Twenty-four percent of respondents reported Afrikaans as their home language and 16% indicated Xhosa as their home language. An English/Afrikaans combination as well as other languages made up the balance of responses.

9.2.5 Education profile

Respondents included students and working individuals and therefore the level of education was high. Most respondents (48%) specified that they had a higher education. This included most working respondents and some of the students who already have a higher education degree or diploma. A number of respondents (43%) indicated that they had a matric (Grade 12) education, and this group mostly comprised of the student respondents who are studying towards a higher education. The balance of respondents (9%) stated that they have primary or some secondary education, and this group included working respondents. In total, the experimental groups comprised of educated and therefore literate respondents who would have been able to understand advertising messages communicated to them.

9.2.6 Income profile

Almost half of the respondents (49%) specified their income as less than R4 999. This group probably comprised of mostly student respondents. The group of respondents who indicated the highest income (25%) would generally have included working respondents. The balance of respondents (26%) noted their income between R5 000 and R19 999 and this would have included some students, but mostly working respondents. In total, the experimental groups included respondents with fairly high income levels, which would give them access to different media types and information and therefore add to their understanding of advertising messages.

9.3 FINDINGS BASED ON FEAR, ATTITUDE AND INTENTION

The following section provides an overview of the reliability, evaluation and measures of the fear, attitude and intention constructs. These findings are based on post-test measures. Table 9.2 illustrates the context of these findings within the larger schema of the findings of the study and the relevant sections pertaining to findings.

TABLE 9.2

OVERVIEW OF FINDINGS

Constructs	Pre-test	Post-test	Notes
Fear, attitude and intention		√	The findings based on these constructs are discussed in Section 9.3
Efficacy (self efficacy and response efficacy) and Threat (severity and susceptibility)	√	√	The findings based on these constructs are discussed in Section 9.4
Personality		√	The findings based on this construct are discussed in Section 9.5
Model to measure advertising effectiveness		√	The findings based on the model to measure advertising effectiveness are discussed in Section 9.6

9.3.1 Reliability results for fear, attitude and intention

Three summed scales were used to measure the constructs fear, attitude towards the advertisement, and intention to engage in risky sexual behaviour. Missing data in the data set were replaced with mean scores before conducting the data analysis (Malhotra & Birks, 2007:448). Internal reliability was measured with Cronbach alpha tests for the summed scales.

9.3.1.1 Evaluation of summed scale measures

The fear and attitude scales were found internally reliable with all the alpha coefficients exceeding 0.7, the accepted lower limit for Cronbach alpha (Hair et al., 2006:102). The lower limit of 0.7 was also the standard used by other fear appeal studies (LaTour & Tanner, 2003:385; LaTour & Rotfeld, 1997:52). The internal reliability of the intention scale was slightly less than the previously mentioned scales. Although the alpha coefficient was less than 0.7 at 0.55, it was still deemed reliable, since this variable measures respondents' intention to adapt their behaviour, a complex measurement, because respondents were asked to predict their future behaviour. No specific items were indicated as lower in terms of mean scores, and removal of items did not result in higher alpha coefficient scores. Previous fear appeal studies used only one or two items to measure intention (LaTour & Tanner, 2003:386; Snipes et al., 1999:279; LaTour & Rotfeld, 1997:52), whereas this study used four items to measure each dimension.

Reliability of mood adjectives used to measure fear, and summed scale measures for attitude and intention were confirmed with Cronbach alpha scores as indicated in Table 9.3.

TABLE 9.3
CRONBACH ALPHA SCORES OF SUMMED SCALES

Summed scales	Cronbach Alpha
Fear	**0.81**
Attitude	**0.72**
Intention	**0.55**

9.3.2 Means analysis of fear, attitude and intention

Comparisons of various different groupings for the constructs fear arousal, attitude towards the advertisements and intention to adopt appropriate behaviour were performed. Analyses of variance (ANOVA) were conducted to test mean differences among these groups. A 95 percent significance level was used as a guideline to evaluate levels of significance (Malhotra & Birks, 2007:357).

9.3.2.1 Fear construct

Univariate tests of significance for fear indicated significant mean differences for fear appeal ($p < 0.01$), advertisements exposed to ($p < 0.01$), as well as an interaction between fear appeal and race ($p = 0.015$). The results are illustrated in Table 9.4.

Fear arousal increased significantly with the level of fear appeal across all six experimental groups ($p<0.01$). A positive trend for fear mean scores from the low group to the high group was evident. A relatively greater increase in fear arousal was experienced from the medium-fear (mean score 2.35) compared to the groups exposed to high-fear (mean score 2.72) advertisements. This is evidence of face validity and confirms the findings of the qualitative phase. Respondents experienced the lowest level of fear from low fear appeal advertisements and the highest level of fear from high fear appeal advertisements.

TABLE 9.4

ANALYSIS OF VARIANCE OF THE FEAR CONSTRUCT

Low fear appeal	**Medium fear appeal**	**High fear appeal**	**p-value**
2.22 (n=113)	2.35 (n=110)	2.72 (n=112)	<0.01
Television	**Print**		
2.63 (n=165)	2.23 (n=170)		<0.01
Low fear appeal black	**Low fear appeal coloured**	**Low fear appeal white**	
2.26 (n=37)	2.28 (n=36)	2.12 (n=40)	
Medium fear appeal black	**Medium fear appeal coloured**	**Medium fear appeal white**	=0.015 *__Interaction__
2.60 (n=34)	2.18 (n=36)	2.27 (n=40)	
High fear appeal black	**High fear appeal coloured**	**High fear appeal white**	
2.52 (n=37)	3.14 (n=36)	2.49 (n=39)	

** The p-value indicates the interaction between fear appeal and race*
A score of 1 = low fear and 5 = high fear on a 5-point Likert scale
n = number of respondents

Previous fear appeal researchers confirmed that high fear appeals generate higher levels of stated fear than low fear appeals (Witte, 1992:331; Tanner et al., 1991:37; Sutton & Hallett, 1988:359; Ray & Wilkie, 1970:55). An increase in fear arousal from low to medium and high fear appeals were also confirmed by the qualitative research conducted.

Further investigations of specific group mean differences via post hoc methods, including Bonferroni tests, were conducted (Hair et al., 2006:384). Bonferroni tests showed significant mean differences between high fear and low fear, as well as high fear and medium fear for all the groups ($p<0.01$). Ha^1 was thus supported, revealing that fear arousal is influenced by the level of fear appeal.

The mean scores for fear by advertisement type, namely print or television, showed that respondents experienced greater fear arousal after viewing television advertisements (mean score 2.63) than printed advertisements (mean score 2.23). Fear arousal increased significantly from print to television across all six experimental

groups ($p<0.01$). This could be due to the fact that television is a combination of visual and audio stimuli, whilst print is only visual and is an inert medium.

Previous research (LaTour et al., 1996:65; Henthorne et al., 1993:67; Mewborn & Rogers, 1979:247) suggested that a high fear motion picture or video-produced higher self-rated levels of fear than a low fear motion picture or video. This finding was also confirmed by the qualitative research, where respondents indicated higher levels of fear arousal after exposure to television advertisements than print advertisements. Ha^2 was thus supported, denoting that fear arousal is influenced by advertisement type.

Fear appeal among the race groups revealed a significant interaction ($p < 0.02$) with the three levels of fear. The means plot, Figure 9.1, for fear and race illustrates that all race groups experienced similar levels of fear when exposed to low fear and medium fear appeals. A trend revealed that coloured respondents reported the highest level of fear (mean score 3.14) when exposed to high fear appeals, with black (mean score 2.52) and white (mean score 2.49) respondents experiencing similar levels of fear. Mean scores reveal a slight upward trend for white respondents' fear from low to high fear appeals, whereas coloured respondents' fear increased substantially after exposure to high fear appeals. Black respondents' fear increased gradually to medium fear appeals and their fear level decreased slightly after this.

Some researchers indicated that external influences, like cultural background and cultural beliefs, should be taken into account when developing fear appeal advertising, and that culturally sensitive interventions are more likely to succeed (Levinson et al., 2004:213; Fishbein, 2000:129). This notion is supported by the results from the qualitative research, where black respondents indicated that medium fear appeals induced the highest level of fear. Coloured and white respondents indicated that medium and high fear appeals induced higher levels of fear. Ha^3 was thus supported, specifying that fear arousal is influenced by the level of fear appeal and racial characteristics.

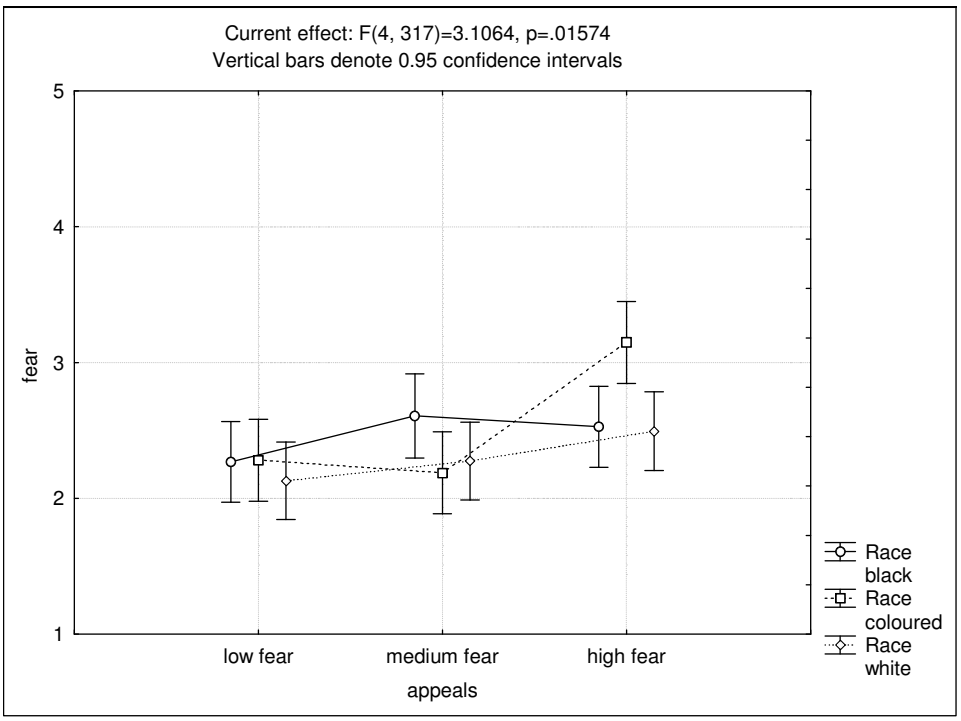


FIGURE 9.1
MEANS PLOT FOR FEAR AND RACE

9.3.2.2 Attitude construct

Analyses of variance (ANOVA) tests were conducted to test mean differences among the various different groups. Univariate tests of significance for attitude indicated significant mean differences for fear appeal ($p < 0.01$) and significant interactions for advertisement with fear appeal ($p < 0.01$), and fear appeal with race ($p = 0.03$). An advertisement effect ($p = 0.05$) was also found, and, although not significant at the 5 percent level, this effect indicated a trend in the data. The results are summarised in Table 9.5.

An increasing (positive) trend for attitude towards the advertisement from print advertisements (mean score 3.56) to television advertisements (mean score 3.73) across the six experimental groups was evident. Attitude towards the television advertisements was greater than attitude towards the print advertisements. This trend suggests that respondents who viewed the television advertisement had a slightly more positive attitude about the advertisements than those who viewed print advertisements.

TABLE 9.5

ANALYSIS OF VARIANCE OF THE ATTITUDE CONSTRUCT

Television	**Print**		**p-value**
3.73 (n=171)	3.56 (n=173)		=0.05
Low fear appeal	**Medium fear appeal**	**High fear appeal**	<0.01
3.36 (n=116)	3.76 (n=115)	3.82 (n=113)	
Low fear appeal print	**Medium fear appeal print**	**High fear appeal print**	<0.01 ***Interaction**
3.52 (n=58)	3.55 (n=59)	3.60 (n=56)	
Low fear appeal television	**Medium fear appeal television**	**High fear appeal television**	
3.19 (n=58)	3.96 (n=56)	4.05 (n=57)	
Low fear appeal black	**Low fear appeal coloured**	**Low fear appeal white**	=0.03 ****Interaction**
3.37 (n=37)	3.51 (n=39)	3.19 (n=40)	
Medium fear appeal black	**Medium fear appeal coloured**	**Medium fear appeal white**	
3.87 (n=38)	3.74 (n=37)	3.66 (n=40)	
High fear appeal black	**High fear appeal coloured**	**High fear appeal white**	
3.48 (n=35)	3.96 (n=38)	4.03 (n=39)	

** The p-value indicates the interaction for advertisement with fear appeal*
*** The p-value indicates the interaction for fear appeal with race*
A score of 1 = poor attitude towards the advertisement and 5 = good attitude towards the advertisement on a 5-point Likert scale
n = number of respondents

The mean scores for attitude between levels of fear appeal differed significantly across all experimental groups ($p < 0.01$) according to the ANOVA analyses. This difference indicated that respondents' attitudes toward the advertisements were more positive after exposure to medium fear appeals (mean score 3.55) than low fear appeals (mean score 3.36), as well as for high fear appeals (mean score 3.60) than low fear appeals. A smaller increase in attitude was evident from the medium to high groups than from the low to medium groups. Bonferroni tests showed significant mean differences for attitude between high fear and low fear appeals, as well as medium fear and low fear appeals, but no difference between medium and high fear.

According to theory (Engel et al., 1995:365) consumers' behaviour is dependent on their attitude and intention to perform certain behaviour, and is considered to intensify as their attitude becomes more favourable. The contemporary view of the relationships among beliefs, feelings, attitude, behavioural intent and behaviour, proposes that attitude is a mediating variable between feelings, measured by fear arousal, and behavioural intent (Engel et al., 1995:365). Respondents' attitude toward a specific advertisement thus seems to be of key importance (LaTour et al., 1996:61). A number of studies have found that high fear appeals are more effective than low fear appeals in influencing attitude and finally behaviour (LaTour & Tanner, 2003:384; Snipes et al., 1999:280; Donovan et al., 1999:250; LaTour & Rotfeld, 1997:46; LaTour et al., 1996:65; Henthorne et al., 1993:61).

The results from the qualitative research also suggested an increase in attitude towards the advertisement from low to medium and high fear appeals, thus confirming that higher fear appeals created a more positive attitude towards the advertisements among respondents. Ha^4 was supported, indicating that attitude towards the advertisement is influenced by the level of fear appeal. It should be noted that a non-significant difference between the medium and high fear appeal groups was indicated by Bonferroni tests, although an upward trend in attitude from medium to high fear appeals was evident.

Fear appeal and advertisement type indicated a significant interaction ($p < 0.01$). The means plot, Figure 9.2, illustrates an upward trend for attitude from low fear appeals to high fear appeals after viewing television advertisements. Only a marginal increase in attitude was evident for print advertisements across the same fear appeals.

From the results of the Bonferroni tests it was evident that, after viewing medium and high fear appeal television advertisements, respondents' attitudes were more positive than after viewing low fear appeal television advertisements ($p<0.01$). This could again be attributed to the visual and audio impression of television advertisements compared to print advertisements. The low fear appeal television advertisement received the lowest attitude score, although not significantly lower than the low fear print advertisement.

The interaction between fear appeal and race revealed a significant interaction (p = 0.03). Figure 9.3 illustrates a positive trend for attitude towards the advertisement from low fear appeals to high fear appeals for both coloured and white respondents. This trend was more prominent for whites, with post-hoc p-values indicating a significant difference between low fear appeal (mean score 3.19) and high fear appeal (mean score 4.03) measures. Black respondents' attitude presented a positive trend from low fear appeals (mean score 3.37) to medium fear appeals (mean score 3.87), with a downward trend for attitude from medium to high fear appeals (mean score 3.48), although not strictly significant in terms of post-hoc p-values. It is evident that all race groups' attitudes were similar for low fear appeals and increased slightly to medium fear appeals.

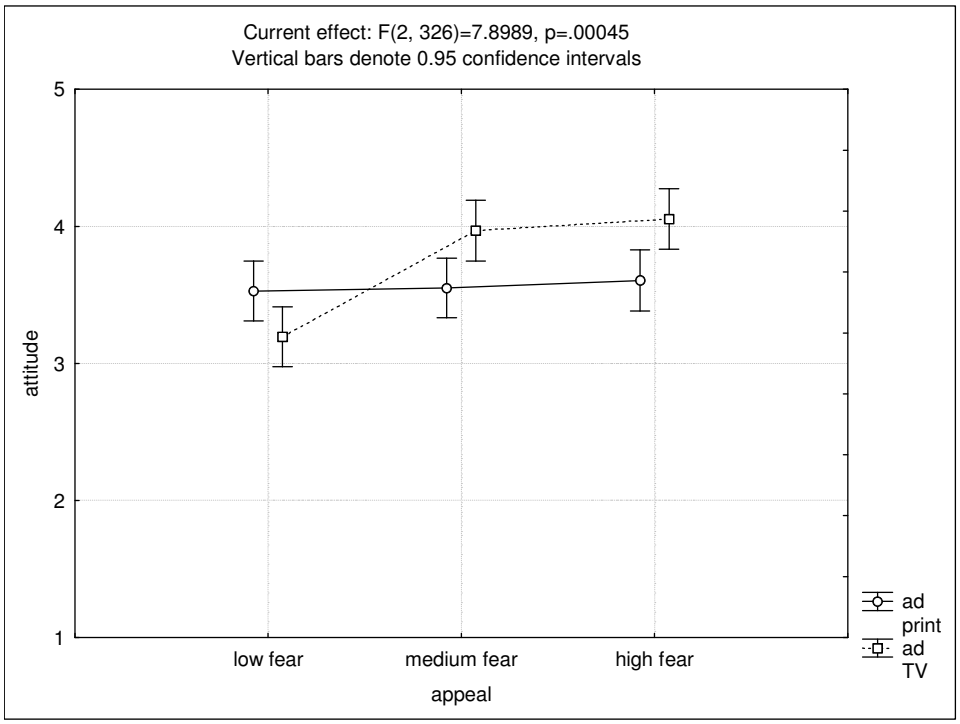


FIGURE 9.2
MEANS PLOT FOR ATTITUDE, FEAR APPEAL AND ADVERTISEMENT TYPE

Previous research reflects two main themes of relationships between the intensity of fear appeal and attitudinal change, namely a curvilinear relationship between the intensity of fear appeal used and attitudinal change (Ray & Wilkie, 1970:55; Janis & Feshbach, 1954:166; Janis & Feshbach, 1953:92), and a linear relationship between fear intensity and persuasion (Barth & Bengel, 2000:23). The former was evident to a slight extent in the attitudes of black respondents, whilst the latter was evident in the

attitudes of white and coloured respondents. Minor coping behaviour was also evident from the attitudes of black respondents in this study, after exposure to high fear appeals, in that respondents tried to remove the threat of HIV/AIDS and relieve the fear that could be associated with a threat by possibly cutting out the message effect (Tanner et al., 1991:39; Rippetoe & Rogers, 1987:597). Burnett and Wilkes (1980:21) and Ray and Wilkie (1970:54) suggested that it may be more valuable to view the usefulness of fear appeals within particular market segments. Other researchers agreed with this and recommended that the utilisation of fear appeals should be segment-specific as fear appeals have been found to influence various population segments differently (Quinn et al., 1992; Burnett & Oliver, 1979).

This notion is also supported by the results from the qualitative research, where black respondents revealed that medium fear appeals will influence them to change their behaviour. Coloured and white respondents indicated that medium and high fear appeals will influence them to change their behaviour. Ha^5 was thus supported, suggesting attitude towards the advertisement is influenced by the level of fear appeal and racial group.

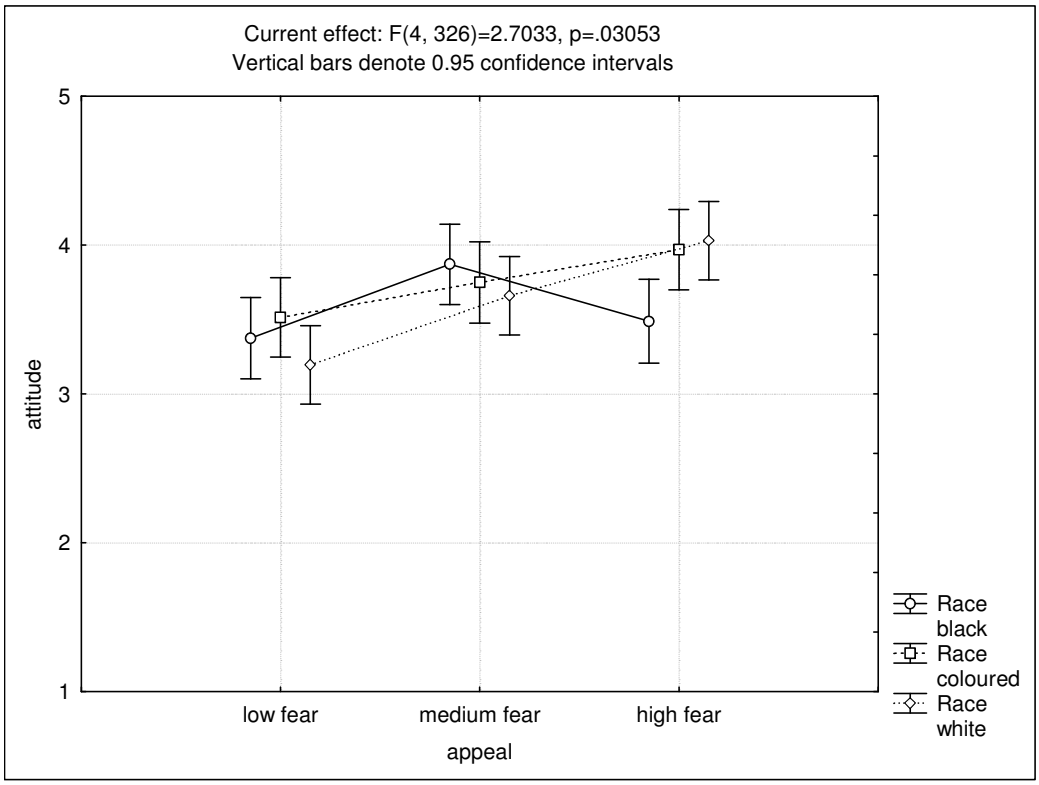


FIGURE 9.3

MEANS PLOT FOR ATTITUDE, FEAR APPEAL AND RACE

9.3.2.3 Intention construct

Analyses of variance (ANOVA) were conducted to test mean differences among the various different groups. Univariate tests of significance for intention revealed a slight advertisement effect (p = 0.06), as well as an interaction for fear appeal with advertisement (p = 0.07). Although not significant at the 5 percent level, this was used to denote a trend in the data. The results are illustrated in Table 9.6.

TABLE 9.6

ANALYSIS OF VARIANCE OF THE INTENTION CONSTRUCT

Television	Print		p-value
4.18 (n=174)	**4.01 (n=178)**		=0.06
Low fear appeal print	**Medium fear appeal print**	**High fear appeal print**	=0.07 ***Interaction**
4.06 (n=59)	**3.99 (n=60)**	**3.98 (n=59)**	
Low fear appeal television	**Medium fear appeal television**	**High fear appeal television**	
3.94 (n=58)	**4.26 (n=57)**	**4.33 (n=59)**	

** The p-value indicates the interaction for fear appeal with advertisement*
A score of 1 = weak intention to adapt behaviour and 5 = strong intention to adapt behaviour on a 5-point Likert scale
n = number of respondents

An increasing (positive) trend for intention to adapt behaviour from both print and television advertisements across the six experimental groups was evident. Intention to adapt behaviour was greater after viewing television advertisements (mean score 4.18) than intention to adapt behaviour after viewing print advertisements (mean score 4.01). This suggested that respondents who viewed the television advertisement had a slightly higher intention to adapt their behaviour than those who were exposed to print advertisements, which could be the result of television involving more senses than print advertisements.

Fear appeal and advertisement type suggested a slight (but not significant) interaction. The means plot, Figure 9.4, denotes an upward trend for intention from low fear appeals to high fear appeals after viewing television advertisements. No increase in intention was evident for print advertisements across the same fear appeals. This trend could again be ascribed to the visual and audio impression of television advertisements compared to print. Both low fear appeal television (mean score 3.94) and print advertisements (mean score 4.06) received the lowest intention

score. It is of value to note that all intention mean scores were high, indicating that respondents confirmed that they would change their behaviour due to the message of the advertisements.

Previous studies (Murray-Johnson et al., 2004:743; Tanner et al., 1991:36) found that fear appeals are useful in inducing change in behaviour, because they motivate individuals to find ways to remove or cope with a threat presented. Researchers (Tanner et al., 1991:37; Ray & Wilkie, 1970:55) also indicated that the effect of using fear appeals, such as creating awareness and intention to stop engaging in dangerous behaviour, differs with the level of fear appeal exposed to, namely weak, moderate or strong. If an event is not appraised as severe, likely to occur and nothing can be done about it, no protection motivation is aroused and thus no intention to adapt behaviour, since intention is determined by attitudes towards the behaviour (Delaney et al., 2004:5; Rogers, 1975:99).

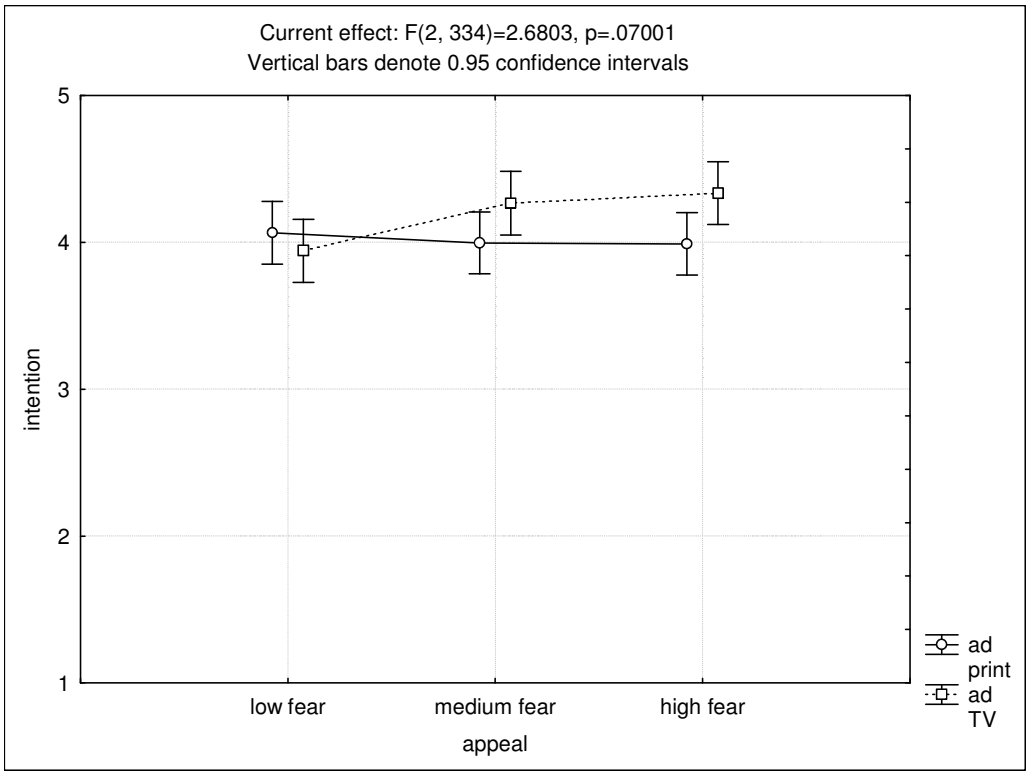


FIGURE 9.4

MEANS PLOT FOR INTENTION, FEAR APPEAL AND ADVERTISEMENT TYPE

Conflicting findings in the literature are reported about the effectiveness of high threat versus low threat in persuasion to adapt behaviour. LaTour and colleagues (1996:65)

contend that the outcome of changing behaviour is better achieved, the stronger the fear appeal used, and indicated that the relationship between emotional response to fear and persuasion is positive and linear (Sutton, 1982:357: Higbee, 1969:441). Others found a curvilinear relationship between fear arousing from communications and persuasion, based on findings that suggest that too weak a fear appeal will not attract enough attention whereas too strong fear appeals may cause people to avoid or ignore the message (Ray & Wilkie, 1970:55; Janis & Feshbach, 1954:166; Janis & Feshbach, 1953:92).

The results from the qualitative research confirmed that respondents said they will change their sexual behaviour based on medium and high fear appeals. The results further confirmed that the low fear appeals do not attract respondents' attention and is unlikely to motivate them to change their sexual behaviour. Ha^6, suggesting that intention to adapt sexual behaviour is influenced by the level of fear appeal, was thus partly supported in the case of television advertisements.

No significant interaction was found between fear appeal and race. This finding was not in line with the findings on attitude towards the advertisement and levels of fear experienced by respondents, where differences amongst races were evident. This finding could point to the fact that it may be more difficult for respondents to predict their actual future behavioural intention. The results from the qualitative research indicated that black respondents confirmed that medium fear appeals will influence them to change their behaviour, whereas coloured and white respondents confirmed that medium and high fear appeals will influence them to change their behaviour. Ho7 was thus supported, suggesting that intention to adapt sexual behaviour is not influenced by the level of fear appeal and racial group.

9.4 THE EXTENDED PARALLEL PROCESS MODEL (EPPM) RESULTS

The following section provides an overview of the reliability, evaluation and measures of the constructs of the EPPM, namely self-efficacy, response efficacy, severity, susceptibility, control condoms and control safe sexual behaviour. These findings are based on pre- and post-test measures.

9.4.1 Reliability results for constructs of the extended parallel process model

Six summed scales were used to measure the constructs (latent variables), namely response efficacy, self efficacy, severity and susceptibility. Both efficacy measures were conducted for condom usage and safe sexual behaviour. All measures were used during pre-testing and post-testing of advertisement appeals. The low, medium and high fear appeal television and print advertisements served as interventions for the experimental groups. Missing data in the data set were replaced with mean scores before conducting the statistical analysis (Malhotra & Birks, 2007:448). Internal reliability was measured for the summed scales with Cronbach alpha tests.

9.4.1.1 Evaluation of summed scale measures

The reliability of the constructs of the extended parallel process model was tested with the aid of Cronbach alpha tests. All Cronbach alpha scores ranged between 0.6 and 0.7. Efficacy measures included both response efficacy and self-efficacy.

The response efficacy (safe sexual behaviour), severity and susceptibility pre-test scales' internal reliability was less than the other scales used in this study. Although the alpha coefficients were lower than 0.7, they were still deemed acceptable, since the post-test Cronbach alpha scores for these scales were higher. This notion could indicate that respondents' understanding of the questions were better after they had been exposed to this for a second time. It is also important to note that questions were based on previous international studies and applied in local conditions for different racial groups. No specific items were indicated as lower in terms of mean scores and removal of items did not result in higher alpha coefficient scores.

The reliability of the various summed scale measures as confirmed with Cronbach alpha scores are illustrated in Table 9.7.

TABLE 9.7

CRONBACH ALPHA SCORES OF SUMMED SCALES

Summed scales	Cronbach alpha
Pre-test measures	
Response efficacy (condom usage)	0.61
Self efficacy (condom usage)	0.65
Efficacy (condom usage)	0.74
Response efficacy (safe sexual behaviour)	0.53
Self efficacy (safe sexual behaviour)	0.66
Efficacy (safe sexual behaviour)	0.65
Severity	0.57
Susceptibility	0.52
Post-test measures	
Response efficacy (condom usage)	0.64
Self efficacy (condom usage)	0.72
Efficacy (condom usage)	0.70
Response efficacy (safe sexual behaviour)	0.63
Self efficacy (safe sexual behaviour)	0.71
Efficacy (safe sexual behaviour)	0.65
Severity	0.73
Susceptibility	0.66

9.4.2 Means analysis of constructs of the extended parallel process model (EPPM)

Comparisons among the different groups for the constructs self-efficacy (control condoms and safe sexual behaviour), response efficacy (control condoms and safe sexual behaviour), severity and susceptibility, were performed for both pre- and post-tests. Analyses of variance (ANOVA) teste were conducted to test mean differences among the different groups.

9.4.2.1 Efficacy construct

Response efficacy (the degree to which the recommended response effectively prevents the threat of HIV/AIDS from occurring), and self-efficacy (the degree to which the respondents perceive their ability to perform the recommended response to prevent the threat of HIV/AIDS) scores were combined to form the efficacy construct (Witte, 1992:12, Witte, 1994:118, Witte, 1998). In this study, efficacy was measured for condom usage and safe sexual behaviour.

Repeated measures analysis of variance performed for all advertisements (television and print) and time (pre- and post-tests) pertaining to the variables efficacy condom usage and efficacy safe sexual behaviour revealed a non-significant interaction (not strictly 5%). This interaction could be expected since respondents were only exposed to an advertisement intervention once for a brief period of time.

9.4.2.1.1 Efficacy condom usage

Efficacy measures for condom usage included combined scores of self-efficacy and response efficacy. ANOVA comparisons and the use of Tukey HSD post-hoc tests for significant differences between sub-groups indicated that pre- and post-tests for all groups pertaining to efficacy for condom usage resulted in a significant interaction for time with fear ($p=0.007$). The means plot, Figure 9.5, for time and fear denotes respondents' efficacy showed a downward movement after exposure to medium and high fear appeals, and an upward movement when exposed to low fear appeals. Medium and high fear appeal exposure thus influenced respondents to be slightly more afraid of HIV/AIDS and less in control (lower efficacy) in terms of condom usage in general, and believing they can easily use condoms to prevent HIV infection.

According to the EPPM, threat motivates action, and perceived efficacy determines whether the action taken controls the danger (protective behaviour) or the fear (inhibits protective behaviour). Individuals typically weigh their risk of actually experiencing the threat against actions they can take that would minimise or prevent the threat (Witte, 1998; Witte, 1994:118; Witte, 1992:12). It was evident from the findings that respondents' efficacy levels for condom usage were high even after exposure to medium and high fear appeal messages, which caused a slight decline in efficacy. In line with EPPM research, this finding suggests that respondents

believe they can use condoms to prevent HIV/AIDS infection even after exposure to medium and high fear appeal advertising.

The results of the qualitative study confirm these findings. In the qualitative study respondents reported that low fear appeal advertisements had little impact on them and that such advertisements are not likely to affect their behaviour. The high fear appeal advertisements had the biggest impact and respondents remarked that it was highly possible that high fear appeal advertisements would affect their behaviour. Response efficacy indicates how the threat of HIV/AIDS can be prevented from occurring, and respondents' comments on HIV/AIDS communication requirements included *"We need precautions to take in order to prevent it, especially from a young age. They can't stop it so they have to give a solution."* Self efficacy denotes the perceived ability to perform the recommended response, by using condoms in this instance. Here respondents' comments on HIV/AIDS included *"It is scary and I think it is out there and I am here – it won't affect me."* This could imply that respondents do not believe they are at risk, or that they believe they can use condoms to prevent HIV/AIDS infection.

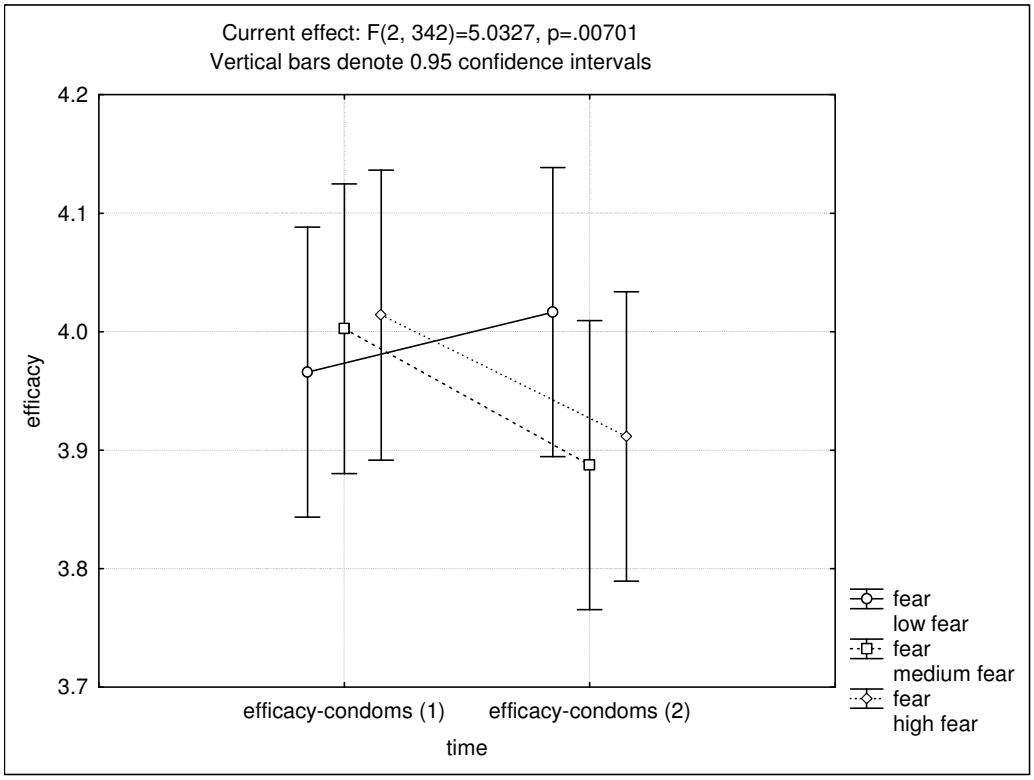


FIGURE 9.5

MEANS PLOT FOR EFFICACY CONDOM USAGE, TIME AND FEAR APPEAL

9.4.2.1.2 Efficacy safe sexual behaviour

Efficacy measures for safe sexual behaviour included combined scores of self-efficacy and response efficacy. ANOVA comparisons and Tukey HSD post-hoc tests for significant differences between cells revealed that pre- and post-tests for all groups pertaining to efficacy in terms of safe sexual behaviour resulted in a significant interaction for advertisement, with fear and with race ($p=0.006$). Black and coloured respondents' efficacy measures followed the same trend in all the groups. White respondents' efficacy measures followed a different trend, but were not significantly different from the other race groups. Tukey post-hoc tests did not reveal any specific differences among the racial groups. No significant time effect was noted, which suggested that respondents' efficacy in terms of safe sexual behaviour did not change after exposure to the various fear appeal advertisements.

Respondents from all race groups reported similarly high efficacy levels pertaining to safe sexual behaviour, concurring with previous research. In other words, if perceived efficacy is high, the action taken will control the danger (protective safe sexual behaviour). Respondents would weigh their risk of actually experiencing the threat (high fear appeal) against actions they can take that would minimise or prevent the threat (Witte, 1998; Witte, 1994:118; Witte, 1992:12), and in this instance revert to safe sexual behaviour.

Fishbein (2000:129) pointed out that self-efficacy is one variable that can be seen as a function of underlying determinants. These determinants include beliefs about the outcome of behaviour, social and normative prescriptions within a population, and specific barriers to such actions. Therefore external influences should be included when evaluating the following beliefs: cultural background, perceived vulnerability to infection and personality traits which may have a mediating influence on attitudes, norms and self-efficacy beliefs. In this instance, it is evident that cultural background does not have a major mediating influence on self-efficacy, which forms part of total efficacy, pertaining to safe sexual behaviour.

The results of the qualitative study revealed stronger mediating influences based on feedback from respondents after levels of self-relevance and feelings about HIV/AIDS were discussed. White and black racial groups stated that they have a

chance of being infected if they have casual sex; however some in contrast indicated that it will never happen to them.

9.4.2.1.3 Self efficacy

Self efficacy measures included respondents' self-efficacy for condom usage and self efficacy for safe sexual behaviour. Self efficacy refers to respondents' perceived ability to perform the recommended response, by using condoms or practicing safe sexual behaviour. ANOVA comparisons and Tukey HSD post-hoc tests for significant differences between sub-groups indicated that pre- and post-tests for all groups relating to self efficacy in terms of condom usage and safe sexual behaviour resulted in significant interactions for time (from pre- to post-tests) with fear ($p<0.05$). This is in line with results found for total efficacy and condom usage, where efficacy showed an upward trend after exposure to low fear appeals and a downward trend after exposure to medium and high fear appeals. No time (from pre- to post-tests) with fear effect was found for total efficacy safe sexual behaviour, but the self-efficacy trend showed that there was an underlying increased trend in perceived ability to perform safe sexual behaviour after exposure to low fear appeals and an increased trend after exposure to medium and high fear appeals.

Self-efficacy in terms of safe sexual behaviour revealed significant interactions for advertisement, with fear and with race ($p=0.02$). This interaction is in line with the trend found for total efficacy, where all respondents' self-efficacy was similar in the high fear groups, and coloured and black respondents' self-efficacy followed the same trend in most groups.

9.4.2.1.4 Response efficacy

Response efficacy measures included respondents' response efficacy for condom usage and response efficacy for safe sexual behaviour. Response efficacy reveals how the threat of HIV/AIDS can be prevented from occurring by using condoms or practicing safe sexual behaviour. ANOVA comparisons and Tukey HSD post-hoc tests for significant differences between sub-groups indicated that pre- and post-tests for all groups relating to response efficacy in terms of condom usage indicated a significant interaction for time with fear ($p=0.04$). This interaction is in line with results found for total efficacy and condom usage, where efficacy showed an upward trend

after exposure to low fear appeals and a downward trend after exposure to medium and high fear appeals.

Response efficacy for safe sexual behaviour resulted in significant interactions for advertisement with fear and with race (p=0.01). This is in line with the trend found for total efficacy and self-efficacy with fairly high response efficacy levels across all race groups. This finding implies that respondents had a fairly strong belief that HIV/AIDS can be prevented by practicing safe sexual behaviour.

9.4.2.2 Threat construct

Susceptibility and severity were measured as separate constructs measuring different outcomes (Witte & Allen, 2000:598). The EPPM model uses the Z scores of severity and susceptibility to calculate a threat score (Witte, 1992:336). In this instance, the statistical analysis revealed the individual alpha scores of severity and susceptibility respectively was reliable. This study construes that severity and susceptibility measure different things and can therefore not be added together to get a threat score. Respondents in the South African context see HIV/AIDS as a serious disease, but it is possible that HIV/AIDS communication fatigue could influence the way they interpret the severity of this disease per se. Susceptibility was interpreted differently, since the individual measures of this construct determine whether respondents perceive themselves as being susceptible to this disease (Witte, 1998; Witte, 1994:118; Witte, 1992:331), and it is therefore seen as a more accurate measure of the threat that HIV/AIDS holds for them and indicates personal relevance.

The following two paragraphs provide an overview of the findings for the two constructs severity and susceptibility measured individually.

9.4.2.2.1 Severity

Severity measures included respondents' perceptions about the severity of HIV/AIDS and whether they believed the disease to be a harmful, severe medical condition, with serious negative consequences. ANOVA comparisons and Tukey HSD post-hoc tests for significant differences between sub-groups denoted that pre- and post-tests for all groups pertaining to severity resulted in significant mean differences for racial groups (p<0.001).

Analysis of variance tests performed for all advertisements and time (from pre- to post-test) pertaining to severity revealed an interaction, not significant at the 5 percent level, but it was used to indicate a trend in the data. This implied that respondents' perception about the severity of HIV/AIDS did not change after exposure to the various fear appeal advertisements.

The means plot, Figure 9.6 for race illustrate substantial mean differences between white and black respondents, as well as white and coloured respondents, where white respondents' severity measures were significantly higher than those for black and coloured respondents.

Previous studies indicated that, if an individual thinks a threat exists, then he or she perceives a threat. Threat is an external stimulus variable, namely an environmental or message sign that exists whether an individual is aware of it, or not. Threat messages depict the severity of the threat (i.e. "AIDS can kill you") (Rogers, 1983:162; 1975:98). Similarly, perceived severity is an individual's beliefs about the seriousness of the threat (Witte, 1992:332). Witte (1998) suggests that severity is thus the extent of harm expected from a threat (i.e. "AIDS is severe and serious"). LaTour and Rotfeld (1997:47) believe that threat is an undesirable consequence and does not evoke the same response from everyone. These authors suggested that, because fear is an emotional response to a threat, the link between levels of fear arousal and advertising response need to be measured, rather than threat. Overall, Levinson et al. (2004:213) confirmed that interventions which take into account cultural beliefs and attitudes are more likely to succeed. The results of the present study reiterated differences in responses of severity where white respondents' perceptions about the seriousness and extent of harm expected from HIV/AIDS were higher than black and coloured respondents.

Feedback from the qualitative research confirmed that respondents' perception of the severity of HIV/AIDS points to denial about the seriousness of the threat with statements like: "*We know it is there, but we don't want to know it is there*" and "*It only becomes reality when the people you know become affected and die.*"

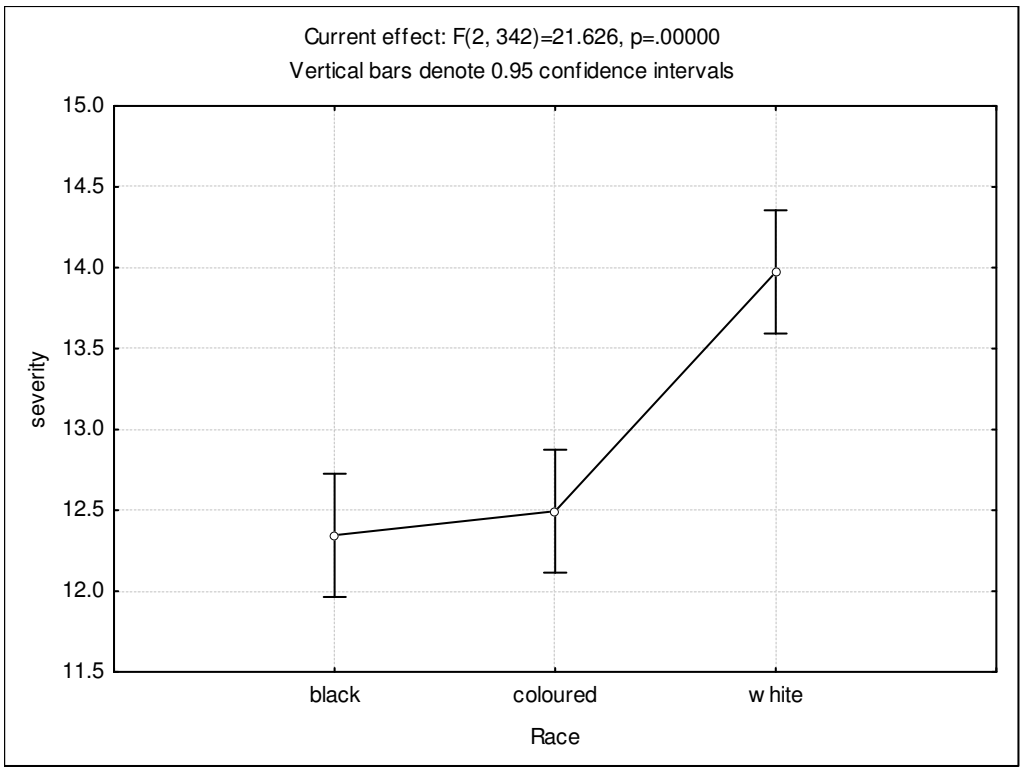


FIGURE 9.6

MEANS PLOT FOR SEVERITY AND RACE

9.4.2.2.2 Susceptibility

Susceptibility measures refer to respondents' perceptions about their susceptibility to HIV/AIDS and whether they believed that they were at risk of contracting HIV/AIDS. ANOVA comparisons and Tukey HSD post-hoc tests for significant differences between sub-groups showed that pre- and post-tests for all groups pertaining to susceptibility resulted in significant mean differences among different racial groups (p=0.002), as well as a significant interaction for time (from pre-to post-test) with advertisement (p=0.01), and an interaction for time with race (p=0.08). Although the latter was not strictly significant at the 5 percent level, it is useful to point out a trend in the data and reveal significant findings from the Tukey post-hoc test.

The means plot, Figure 9.7, for race reveals substantial mean differences between respondents. White respondents' susceptibility measures were significantly lower than those of coloured and black respondents.

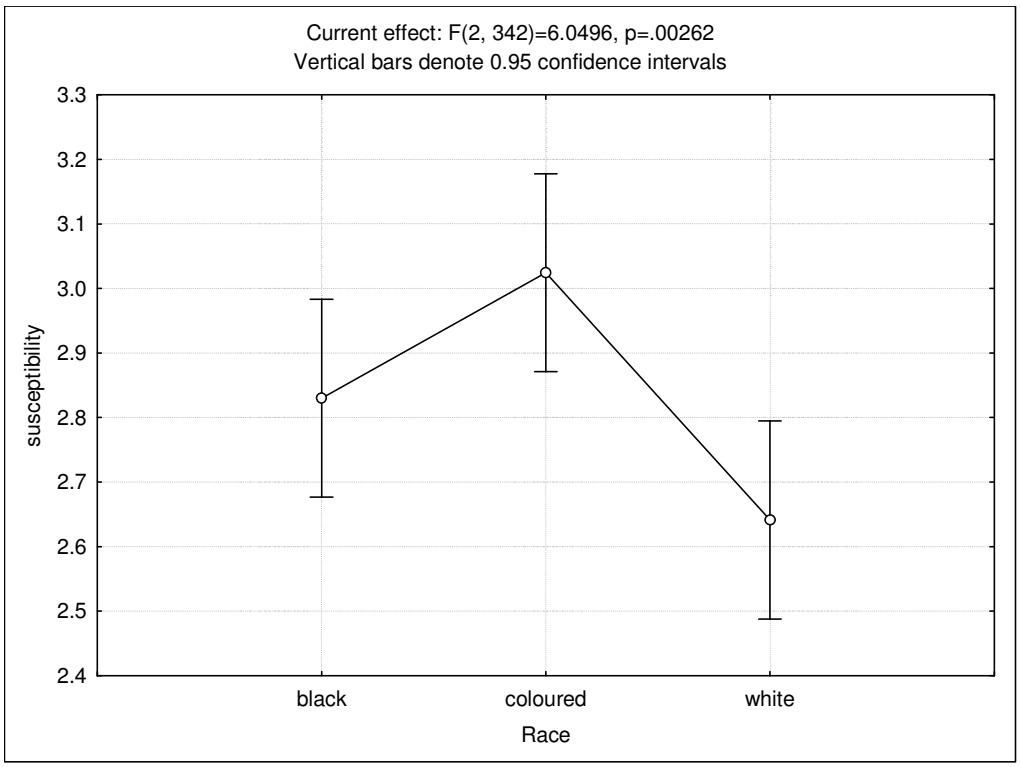


FIGURE 9.7

MEANS PLOT FOR SUSCEPTIBILITY AND RACE

From the means plot, Figure 9.8, it was evident that the interaction for time (from pre- to post-test) with advertisement (p=0.01) indicated an increase in respondents' susceptibility after exposure to television advertisements. Tukey post-hoc tests revealed significant increase in susceptibility for post-test (2) versus pre-test (1) measures.

No increase in susceptibility was indicated after exposure to print advertisements. This could be ascribed to the audio and visual impact of television advertisements, conveying a stronger susceptibility and personal relevance for HIV/AIDS.

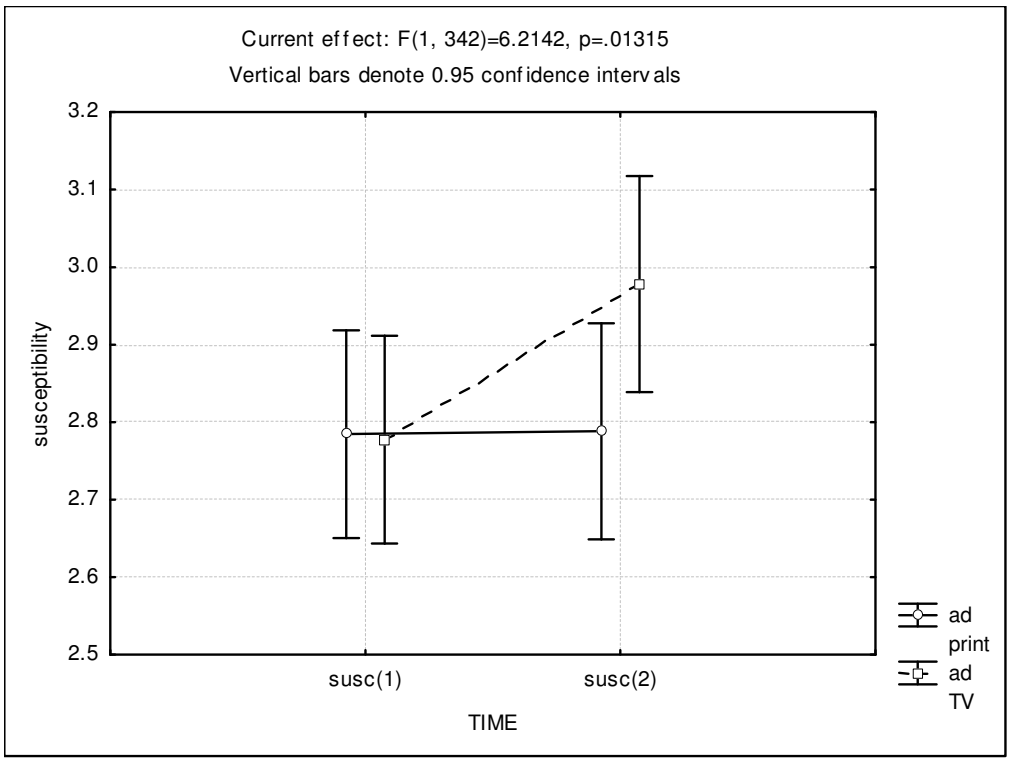


FIGURE 9.8
MEANS PLOT FOR SUSCEPTIBILITY, TIME AND ADVERTISEMENT

The means plot, Figure 9.9, illustrates an interaction for time with race. It was evident that coloured respondents experienced higher levels of susceptibility after exposure to advertisements. This finding was confirmed with Tukey post-hoc tests, which indicated significant differences between pre- and post test measures for this race group. White respondents had the lowest susceptibility scores, with significant differences between their post-test scores and the post-test scores of coloured respondents according to Tukey post-hoc tests. Black respondents' pre- and post-test scores showed no increase.

Prior studies noted that threat messages depict the severity of the threat (i.e. "AIDS can kill you") and the targeted individuals' susceptibility to the threat (i.e. "You are at risk of contracting AIDS if you do not use a condom") (Rogers, 1975:98; 1983:162). Perceived susceptibility is an individual's beliefs about his or her likelihood of encountering the threat (Witte, 1992:332). Witte (1998) describes further that susceptibility is the likelihood that a threat will occur to an individual, a degree of vulnerability and personal relevance (i.e. "I am susceptible to getting AIDS"). Previous studies (Levinson et al., 2004:213) furthermore pointed out that

interventions which take into account cultural beliefs and attitudes are more likely to succeed. The results of the present study reiterated differences in responses from racial groups pertaining to susceptibility, where white respondents' perceptions about the likelihood that the threat of HIV/AIDS will happen to them, their degree of vulnerability and personal relevance expected from HIV/AIDS, were significantly lower than those for coloured respondents, and also lower than those for black respondents.

Results of the current qualitative study indicated that many white and black respondents thought they have a chance of being infected with HIV/AIDS, but personal relevance seemed ambiguous, based on statements like:

"It is easier for people not to know their status"

"I don't want to hear about it"

"In my position, when I hear about it, I think I don't need to hear about it because it won't happen to me."

Coloured respondents mentioned that the disease has a negative connotation, and stated:

"When people watch the ads they are not conscious of it. They always think it will happen to someone else and never them."

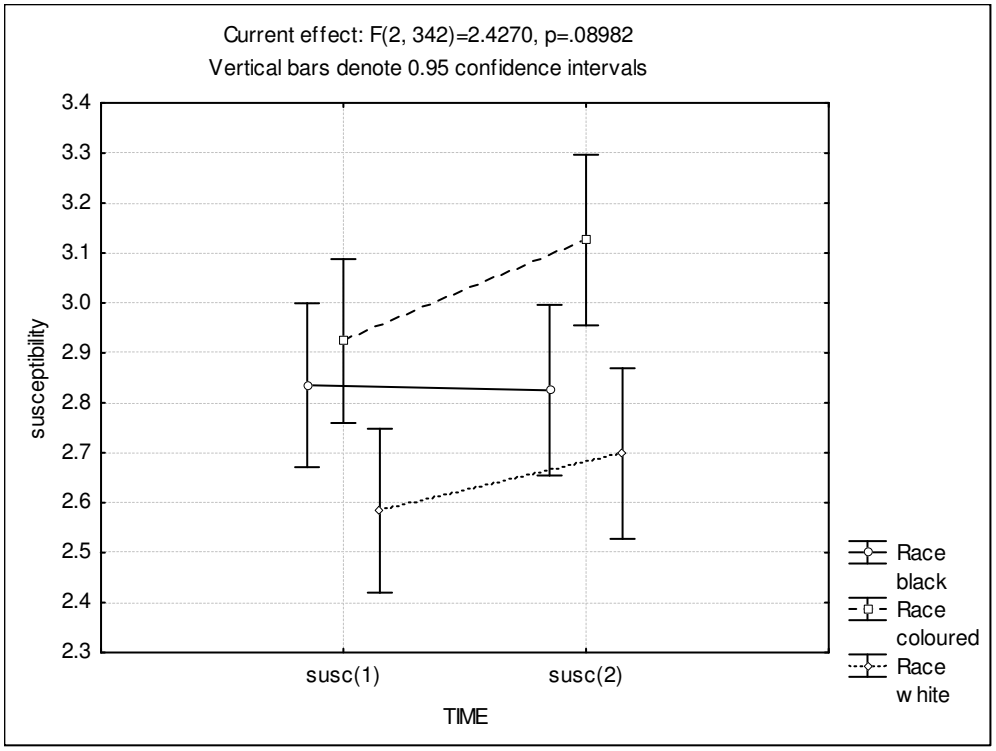


FIGURE 9.9

MEANS PLOT FOR SUSCEPTIBILITY, TIME AND RACE

9.4.3 Reliability results for outcomes of the EPPM: control condoms and control safe sex

Based on the previous discussion about the threat construct (that susceptibility and severity cannot be combined to form a threat score in the South African context), only susceptibility was used as a threat score. The various summed scale scores used to measure the constructs efficacy and susceptibility were used to calculate the dependent variables control condoms (efficacy for condom usage minus threat) and control safe sex (efficacy safe sexual behaviour minus threat).

The reliability of the extended parallel process model's various constructs was confirmed previously with Cronbach alpha scores ranging between 0.6 and 0.7.

9.4.4 Outcomes of the EPPM: control condoms and control safe sex

Comparisons of the different groups for the dependent variables, control condoms and control safe sex, were performed for both pre- and post-tests. Analyses of variance (ANOVA) were conducted to test mean differences among the different groups.

9.4.4.1 Control condoms

ANOVA comparisons and Tukey HSD post-hoc tests for significant differences between sub-groups revealed that pre- and post-tests for all groups pertaining to control condoms resulted in significant mean differences for race ($p=0.001$), as well as for time ($p<0.001$). Repeated measures analysis of variance performed indicated a significant interaction for time with advertisement ($p=0.003$).

The means plot, Figure 9.10, for race revealed substantial mean differences between white and coloured respondents, which was confirmed by Tukey post-hoc test. White respondents' control condom scores were significantly higher than those for coloured respondents. Black respondents' control condom scores were slightly higher than those for coloured respondents' and slightly lower than white respondents' control condom scores.

These scores indicated that white respondents experienced lower threat and higher efficacy levels. White respondents seem to believe that they can control the danger of HIV/AIDS by using condoms. Coloured respondents however experienced higher

levels of threat combined with sufficient efficacy. They believed to a much lesser extent that they can control the danger of HIV/AIDS by using condoms. Black respondents experienced moderate threat levels and sufficient efficacy to motivate condom usage and positive behavioural changes.

Substantial mean differences for time revealed that respondents' control condom scores showed a downward trend for post-test measures, indicating that after viewing advertisements they felt less in control in terms of using condoms to prevent HIV/AIDS and experienced a higher level of threat, but still had sufficient efficacy levels to promote danger control and thus positive behavioural action.

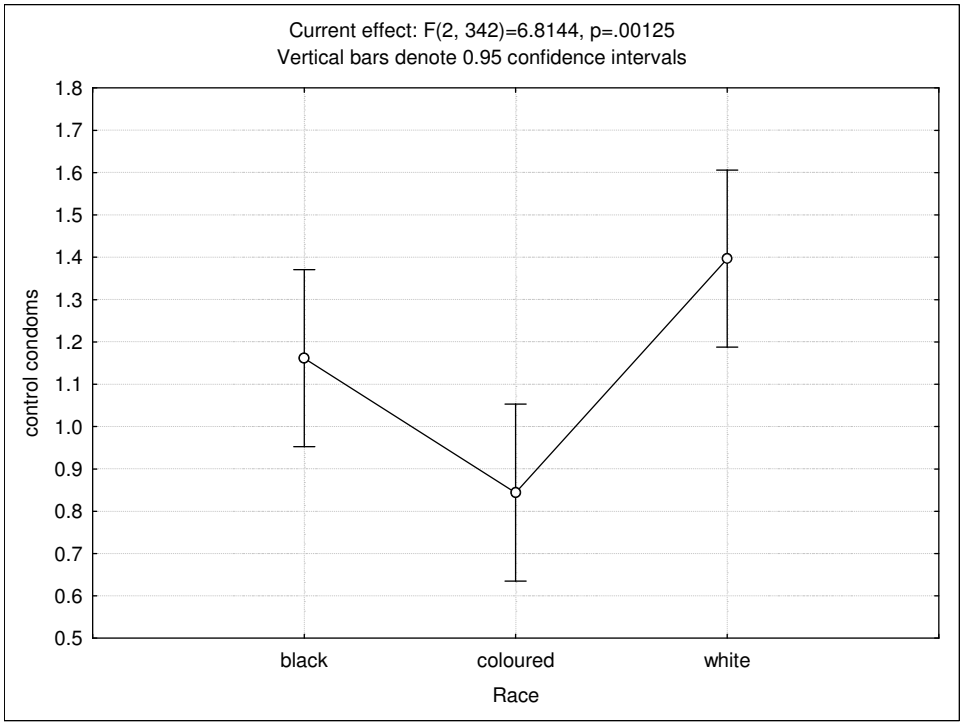


FIGURE 9.10
MEANS PLOT FOR CONTROL CONDOMS AND RACE

From the means plot, Figure 9.11, it was evident that the interaction for time with advertisement showed a downward trend in control condom scores after viewing television advertisements, which was confirmed by Tukey post-hoc tests where control condom pre-tests and control condom post-tests showed significant mean differences. Print advertisements did not achieve a change in control condom scores from pre- to post-tests. Television advertisements thus caused respondents to be more afraid of HIV/AIDS (higher threat) and less in control (lower efficacy) than

before in terms of condom usage in general and to believe they can easily use condoms to prevent HIV infection. This could again be ascribed to the audio and visual elements of this medium having a stronger impact.

According to the EPPM, threat motivates action, and perceived efficacy determines whether the action taken controls the danger (protective behaviour) or controls the fear (inhibits protective behaviour). Individuals typically weigh their risk of actually experiencing the threat against actions they can take that would minimise or prevent the threat (Witte, 1998; Witte, 1994:118; Witte, 1992:12).

If results revealed that high threat and low efficacy, then the theory (Witte & Allen, 2000:597) states that one would know that the intervention was failing, because it was promoting fear control responses. However, if the results of a survey indicated high threat and high efficacy, then it could be interpreted that the intervention was producing the desired actions (Witte & Allen, 2000:597).

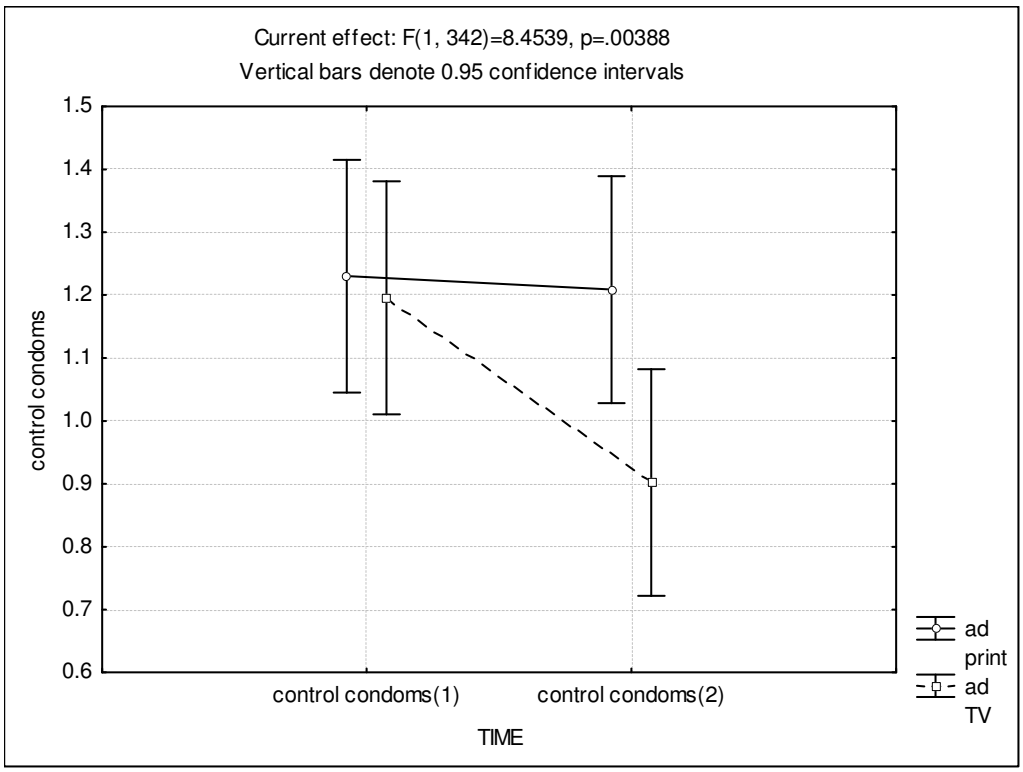


FIGURE 9.11

MEANS PLOT FOR CONTROL CONDOMS, TIME AND ADVERTISEMENT

9.4.4.2 Control safe sex

ANOVA comparisons and Tukey HSD post-hoc tests for significant differences between sub-groups denoted that pre- and post-tests for all groups pertaining to control safe sex resulted in significant mean differences among racial groups (p=0.006), as well as for time (p=0.006). Repeated measures analysis of variance tests conducted showed that there are significant interactions between time and advertisement exposed to (p=0.08), and between time with racial group (p=0.06). Although the interactions were not strictly significant (not strictly 5%), it was useful to point out a trend in the data and reveal important findings from the Tukey post-hoc tests.

The means plot, Figure 9.12, for race illustrate the same trend as control condoms with substantial mean differences between white and coloured respondents, which was confirmed by Tukey post-hoc tests. White respondents' control safe sex scores were significantly higher than those for coloured respondents. Black respondents' control safe sex scores were slightly higher than those for coloured respondents' and slightly lower than white respondents' control safe sex scores. White respondents thus experienced lower threat and higher efficacy levels, and believed that they can control the danger of HIV/AIDS by practicing safe sex. Coloured respondents however experienced higher threat combined with sufficient efficacy, and they believed to a much lesser extent that they can control the danger of HIV/AIDS by practicing safe sex. Black respondents experienced moderate threat levels and sufficient efficacy to motivate safe sex and positive behavioural changes.

Substantial mean differences for time were found, which suggested that respondents' pre-test control safe sex scores were higher than the post-test control safe sex scores. The advertisement interventions thus caused respondents to be more afraid of HIV/AIDS (higher threat) and less in control (lower efficacy) in terms of safe sexual behaviour in general, and believing they can easily practice safe sex to control the danger and prevent HIV/AIDS infection.

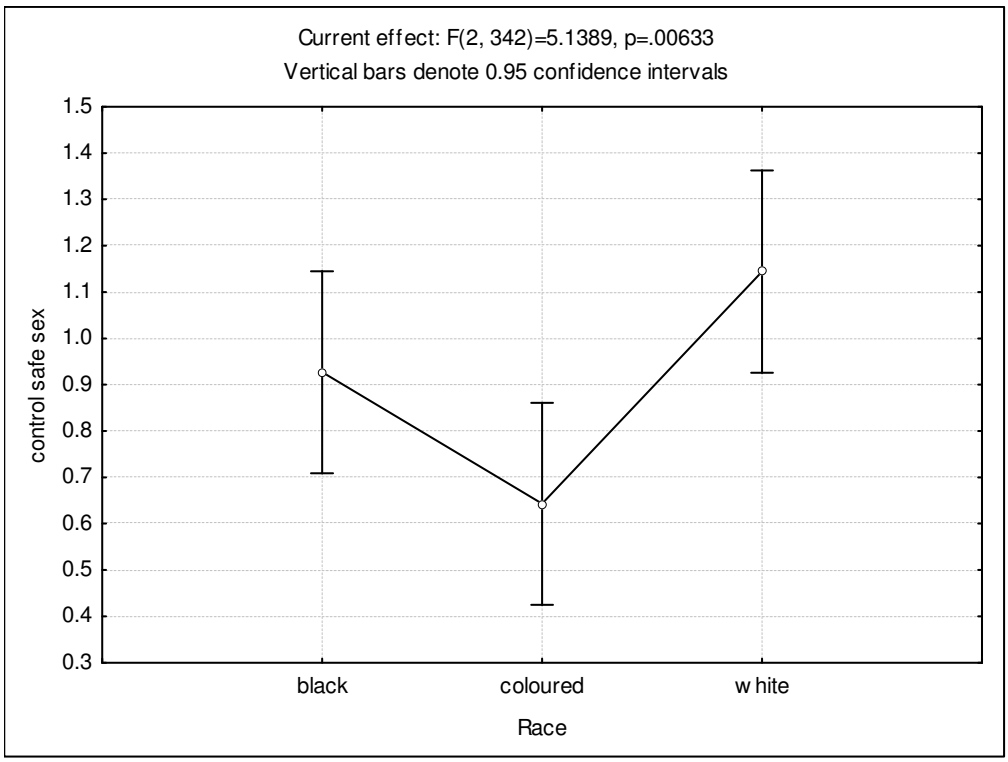


FIGURE 9.12

MEANS PLOT FOR CONTROL SAFE SEX AND RACE

From the means plot, Figure 9.13, it was evident that the interaction for time with advertisement showed a downward trend in safe sex control after viewing television advertisements, which was confirmed by Tukey post-hoc tests where control safe sex pre-tests and control safe sex post-tests showed significant mean differences. Exposure to print advertisements did not lead to a change in control safe sex scores from pre- to post-tests. Television advertisements thus caused respondents to be more afraid of HIV/AIDS (higher threat) and less in control (lower efficacy) in terms of practising safe sex in general and believing they can easily practise safe sexual behaviour to prevent HIV infection. This finding could again be subscribed to the audio and visual elements of this medium having a stronger impact.

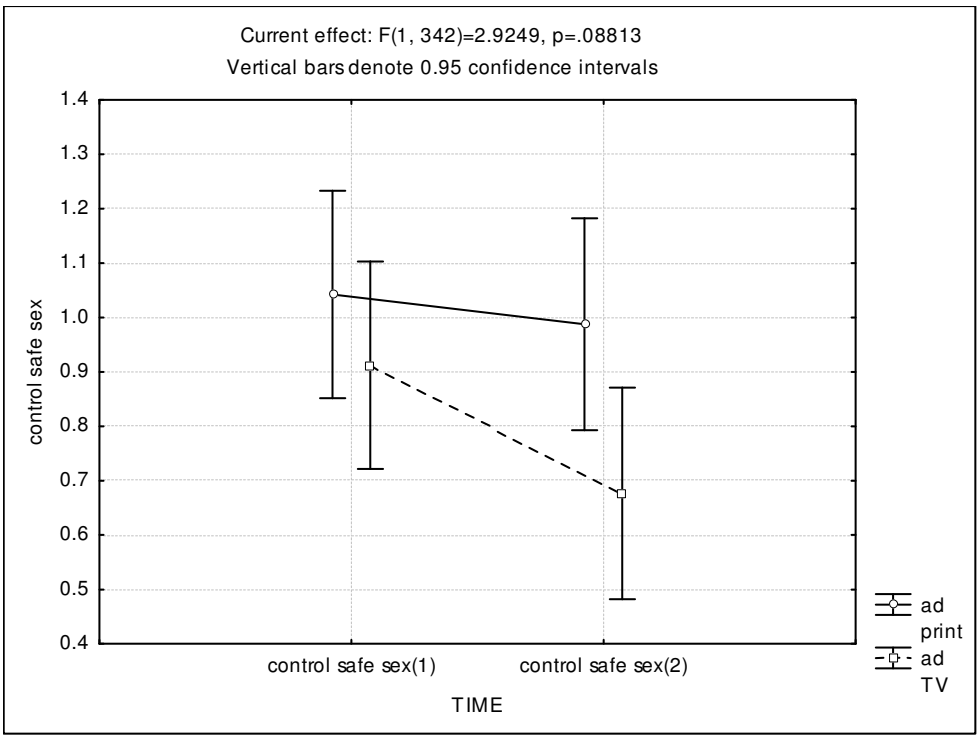


FIGURE 9.13

MEANS PLOT FOR CONTROL SAFE SEX, TIME AND ADVERTISEMENT

The means plot, Figure 9.14, indicated an interaction for time with race. Tukey post-hoc tests revealed significant differences between coloured and white respondents' pre- and post-test control safe sex scores. This difference implied that white respondents' control safe sex pre-test scores were higher than coloured respondents' control safe sex pre-test scores. White respondents thus experienced lower levels of threat and higher efficacy levels prior to advertisement intervention. White respondents thus believed that they can control the danger of HIV/AIDS by practicing safe sex. Coloured respondents, however, experienced higher levels of threat combined with sufficient levels of efficacy before advertisement intervention. Coloured respondents thus believed to a much lesser extent that they can control the danger of HIV/AIDS by practicing safe sex. A downward trend was visible for both white and coloured respondents after advertisement interventions, thus indicating that both white and coloured respondents believed to a lesser extent that they can control the danger of HIV/AIDS by practicing safe sex. White and coloured respondents' threat increased making them feel more vulnerable to the threat of HIV/AIDS. Black respondents' control safe sex scores remained the same from pre- to post-tests, which demonstrated that their control safe sex perceptions, and thus their threat and efficacy, were not affected by advertising interventions.

The findings correspond with previous research stating that threat motivates action, and perceived efficacy determines whether the action taken controls the danger (protective behaviour). Respondents weighed their risk of actually experiencing the threat of HIV/AIDS against actions (safe sexual behaviour) they can take that would minimise or prevent the threat (Witte, 1998; Witte, 1994:118; Witte, 1992:12). Coloured respondents displayed high threat and high efficacy, and this could be interpreted that the advertisement intervention was producing the desired actions (Witte & Allen, 2000:597).

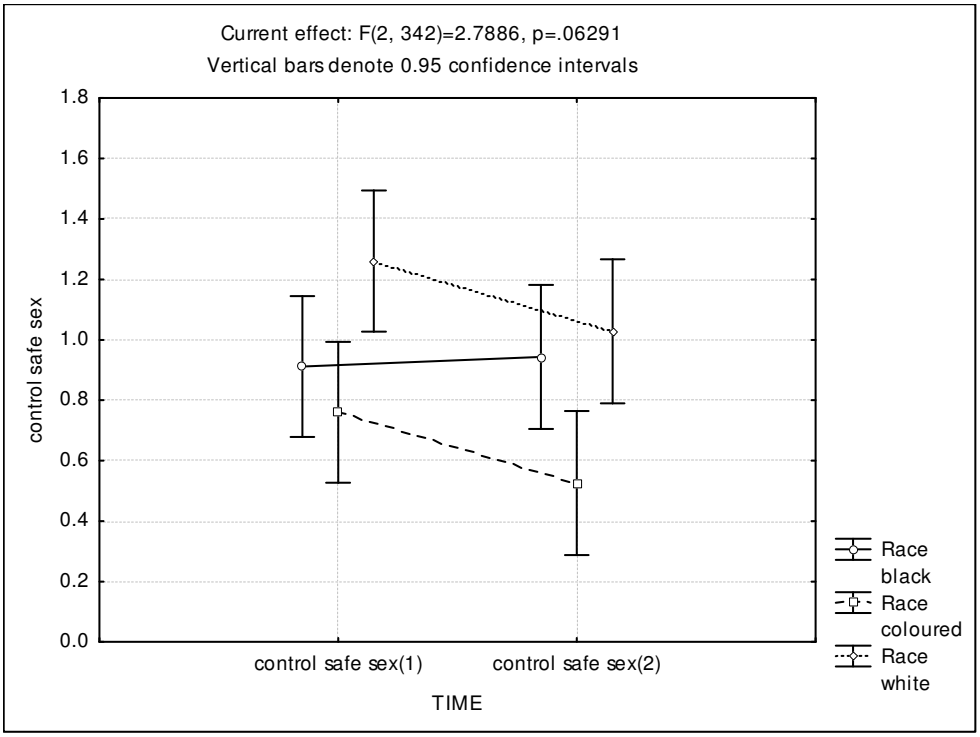


FIGURE 9.14

MEANS PLOT FOR CONTROL SAFE SEX, TIME AND RACE

9.5 FINDINGS BASED ON PERSONALITY

The following section provides an overview of the reliability, evaluation and measures of personality. These findings are based on post-test measures of respondents' personality. Personality was included in this study as an additional variable based on theory which pointed out that external influences should be included when evaluating beliefs. These influences included cultural background, perceived vulnerability to HIV/AIDS infection and personality traits, which may have a mediating influence on attitudes, norms and self-efficacy beliefs (Fishbein, 2000:129).

9.5.1 Reliability results for personality

Five single item measures, using bi-polar response scales, of which some were reversed scales, were used to measure the five main aspects (extraversion, agreeableness, emotional stability, conscientiousness and openness/intellect) of respondents' personality. This scale is referred to in literature as the "Big Five" personality scale or Single-Item Measures of Personality (SIMP) and has been tested and evaluated in terms of convergent and off-diagonal divergent properties, as well as for pattern of criterion correlations and reliability when compared with four longer personality measures. An upper-bound coefficient alpha of 0.71 was reported by Woods and Hampson (2005:376). The SIMP demonstrated acceptable reliability, self-other accuracy and divergent correlations, and a closely similar pattern of criterion correlations when compared with longer scales. Results from previous studies indicated that the SIMP is a reliable and valid measure of the five main personality constructs. Its use is specifically recommended for research studies where time is limited, for pilot research, studies where personality is not the main focus and for other research that require respondents to provide multiple personality ratings of themselves (Woods & Hampson, 2005:373; Van der Zee et al., 2002:104; Smith & Snell, 1996:284; Saucier & Goldberg, 1996:63).

9.5.2 Means analysis of personality

Comparisons of the five personality constructs, namely extraversion, agreeableness, emotional stability, conscientiousness and openness/intellect with race were performed. Analyses of variance (ANOVA) and the Kruskal-Wallis one-way ANOVA were conducted to evaluate mean differences among the groups. A 95 percent significance level was used as a guideline to evaluate statistical significance (Malhotra & Birks, 2007:357,565).

9.5.2.1 Extraversion construct

The one-way analysis of variance for extraversion revealed a slight difference in mean scores for different race groups ($p = 0.08$). Although not significant at the 5 percent level, this indicates a trend in the data. The means plot, Figure 9.15, show a slight increase in extraversion for white respondents. A lower score pointed out the highest level of extraversion, with a score of 5 as average. In this instance, all respondents rated themselves as average to more extraverted. In this instance, white respondents were slightly more talkative, outgoing and comfortable around people

and they also revealed that they could be slightly noisy and attention-seeking. Black and coloured respondents were slightly more reserved, but not to the point of introversion (Woods & Hampson, 2005:388).

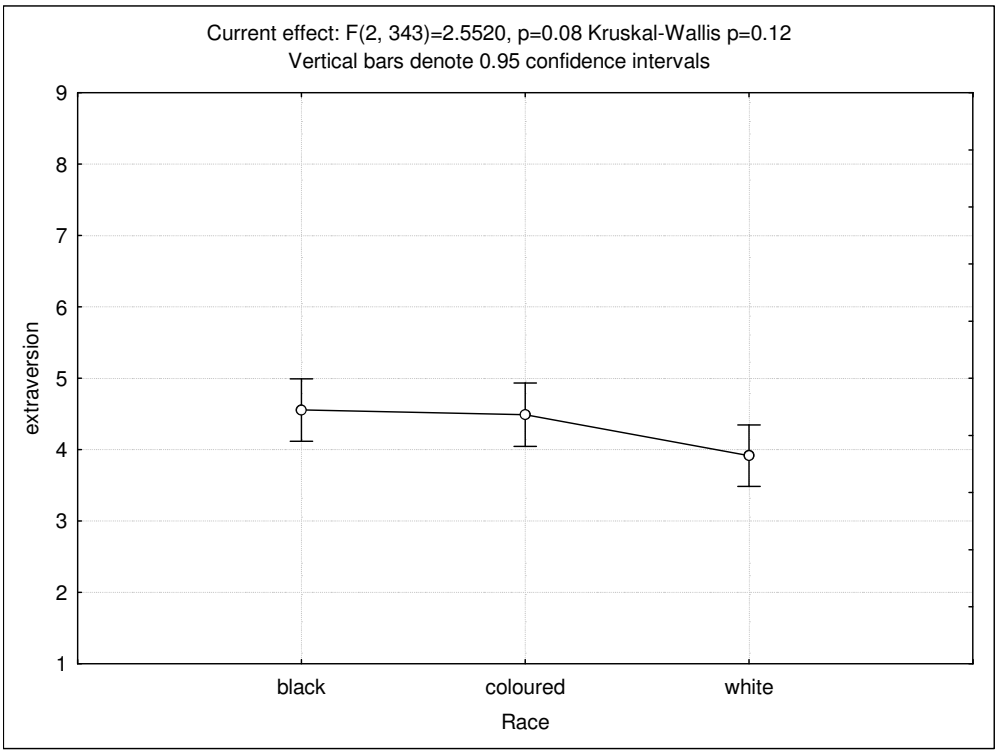


FIGURE 9.15
MEANS PLOT FOR EXTRAVERSION AND RACE

9.5.2.2 Agreeableness construct

The one-way analysis of variance results when comparing the different racial groups for agreeableness did not indicate any significant mean differences. The means analysis illustrated that all respondents' agreeableness scores ranged between 6 and 6.5, which was just above the average of 5 on the scale for agreeableness. All racial groups thus saw themselves as generally trusting and forgiving, interested in people, but can sometimes be taken for granted (Woods & Hampson, 2005:388).

9.5.2.3 Emotional stability construct

A one-way analysis of variance for emotional stability indicated significant mean differences for race ($p < 0.02$). The means plot, Figure 9.16, illustrates a downward trend for white respondents. White respondents thus felt less emotionally stable than black and coloured respondents, and saw themselves as below average in terms of emotional stability. This finding was confirmed with Bonferonni tests indicating

significant differences between black and white respondents, as well as between coloured and white respondents. Both black and coloured respondents rated themselves as average in terms of emotional stability.

In this instance, white respondents felt more sensitive and excitable and indicated that they can be tense. Black and coloured respondents rated themselves as somewhere in between, thus somewhat sensitive and relaxed, somewhat excitable and unemotional, somewhat tense and rarely irritated (Woods & Hampson, 2005:388).

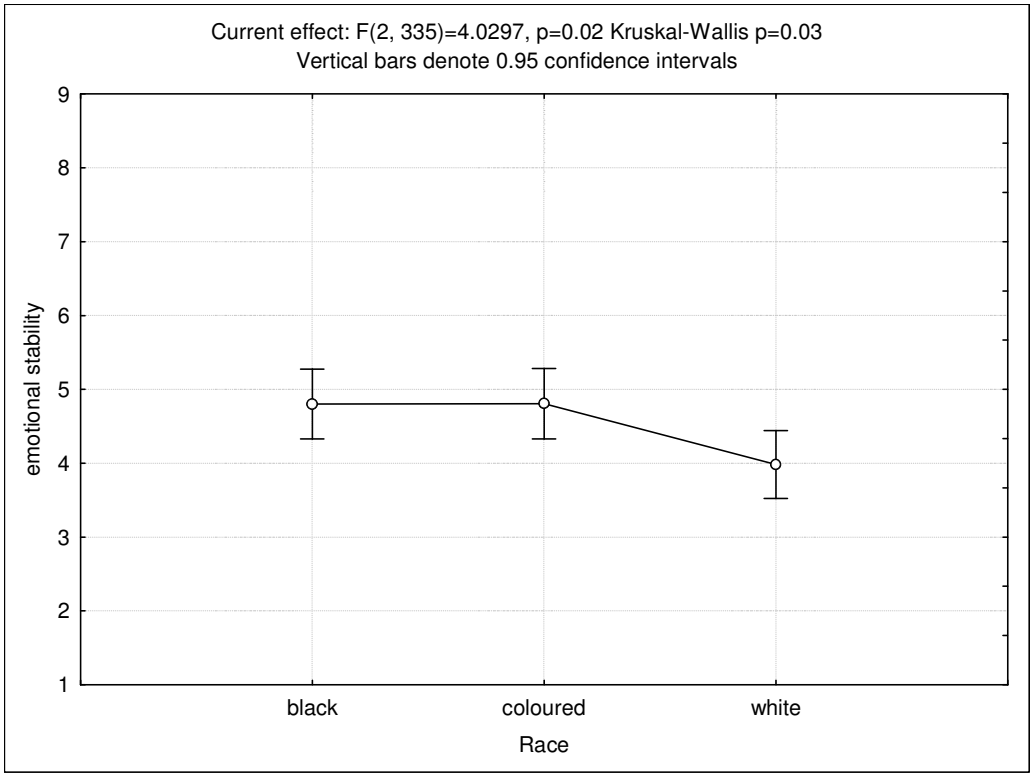


FIGURE 9.16
MEANS PLOT FOR EMOTIONAL STABILITY AND RACE

9.5.2.4 Conscientiousness construct

When a one-way analysis of variance for conscientiousness was conducted it did not indicate any significant mean differences for race. The means analysis illustrated that all respondents' conscientiousness scores ranged between 4.4 and 5.1, which was average for conscientiousness. All racial groups thus saw themselves as somewhat diligent and precise, and somewhat inflexible (Woods & Hampson, 2005:388).

9.5.2.5 Openness/intellect construct

One-way analysis of variance for openness/intellect did not indicate any significant mean differences for race. The means analysis illustrated that all respondents' openness/intellect scores ranged between 5.7 and 6.1, which was slightly above average for openness/intellect. All racial groups thus saw themselves as somewhat more reflective, with an active imagination, and all like to think up new ways of doing things to a certain extent (Woods & Hampson, 2005:388).

9.5.3 Personality correlations

The correlation coefficient between the various personality variables (extraversion, agreeableness, emotional stability, conscientiousness and openness/intellect) and each of the variables measured previously in this study, namely fear, attitude, intention, efficacy condoms and efficacy safe sexual behaviour, were calculated. The latter variables were measured previously as outcomes after viewing the various levels of fear appeal advertisements, and the correlation with personality was investigated to ascertain whether respondents' personality had an influence on the outcomes of these variables. Spearman's p_s were used as a measure of non-metric correlation to examine the correlations between the said variables. The measures relied on rankings and varied between -1.0 and +1.0 (Malhotra & Birks, 2007:581).

It is important to note that correlation coefficients were not strongly associated, but were still deemed useful in indicating a relationship between variables. Only Spearman p-values between 0.01 and 0.09 were used to indicate correlations. The following relationships between variables were evident.

9.5.3.1 Correlation for agreeableness and efficacy condoms

A positive correlation (r = 0.10) was found between agreeableness and efficacy condoms (belief that they can use condoms to prevent HIV/AIDS). This pointed out that respondents' agreeableness was associated with their efficacy levels for condom usage; consequently, the higher respondents measured on agreeableness, the higher their efficacy levels for condom usage. Respondents' agreeableness, (the fact that they are trusting and forgiving and interested in people, but can sometimes be taken for granted) thus added to their belief that they can use condoms to prevent HIV/AIDS infection even after exposure to medium and high fear appeal advertising.

9.5.3.2 Correlation for emotional stability and attitude

Emotional stability and attitude returned a negative correlation (r = -0.09). This finding indicated that respondents' emotional stability was negatively associated with their attitudes towards the various advertisements, consequently, the higher they measured on emotional stability, the lower their attitude towards the various fear appeal advertisements. This indicated that respondents' emotional stability, thus the less tense and sensitive they were, influenced their attitudes towards the various advertisements negatively. In this instance, white respondents rated the lowest on emotional stability, and this could be translated into the positive trend for attitude towards the advertisement from low fear appeals to high fear appeals being more prominent for whites.

9.5.3.3 Correlation for emotional stability and intention

A negative correlation (r = -0.10) was found for emotional stability and intention. This revealed that respondents' emotional stability was negatively associated with their intention to adapt their sexual behaviour. Consequently, the higher their level of emotional stability, the lower their intention to adapt their sexual behaviour. This indicated that respondents' emotional stability, thus the less tense and sensitive they were, influenced their intention to adapt their sexual behaviour negatively. In this instance, white respondents rated the lowest on emotional stability, and it could be expected that they will be more likely to adapt their sexual behaviour, as indicated in the results of the qualitative study.

9.5.3.4 Correlation for conscientiousness and attitude

Conscientiousness and attitude towards the advertisements returned a negative correlation (r = -0.14). This revealed that respondents' conscientiousness was negatively associated with their attitudes towards the various advertisements. Consequently, the higher they measured on conscientiousness, the lower their attitude towards the various fear appeal advertisements. It is important to note that a low score for conscientiousness, on the reversed scale, indicated that respondents were highly conscientious. This indicated that respondents' conscientiousness (the more diligent, precise and inflexible they were) influenced their attitudes towards the various advertisements positively. In this instance, all respondents rated average on conscientiousness and this would therefore have somewhat of a positive effect on attitude.

9.5.3.5 Correlation for openness/intellect and fear

A negative correlation (r = -0.10) was found for openness/intellect and fear. This indicated that respondents' openness/intellect was negatively associated with their fear experienced after viewing the various advertisements. Consequently, the higher they measured on openness/intellect, the lower their fear experienced. This indicated that respondents' openness/intellect (the more reflective, with an active imagination and likely to think up new ways of doing things they were) influenced their fear experienced negatively. In this instance, all respondents rated themselves above average on openness/intellect and this would therefore cause them to experience slightly less fear.

9.5.4 Implications of personality findings

Overall the findings of the personality correlations support the notion that HIV/AIDS advertising can be tailored to specific combined personality measures for adolescents, taking into account racial differences that influence attitude towards advertisements.

High agreeableness adds to adolescents' efficacy beliefs that they can use condoms to prevent HIV/AIDS infection even after exposure to medium and high fear appeal advertising. Black and coloured racial groups measure higher on *emotional stability,* and this lowers their attitude and intent towards fear appeal advertisements, but also implies that they can cope with higher fear appeals. All adolescents are average on *conscientiousness* and this has a positive effect on attitude. Finally, *openness/intellect* of this group is also high and this aspect causes them to experience slightly less fear.

9.6 PROPOSED MODEL TO MEASURE FEAR APPEAL EFFECTIVENESS

Based on the findings of this study in previous paragraphs, a proposed theoretical model was developed based on Arthur and Quester's (2004) Proposed Revised Protection Motivation model and Witte's Extended Parallel Process Model (Witte, 1998; Witte, 1992; Witte & Allen, 2000).

9.6.1 Objectives of previous models

Arthur and Quester's (2004) study aimed to clarify the role of fear in assessing the effectiveness of advertising when using fear appeals. They also examined the moderating role of coping appraisal in determining consumers' response to fear appeals and whether these processes apply equally to different segments or individual differences of consumers.

Witte's (1992) extended parallel process model assesses perceptions of severity, susceptibility, response efficacy (the degree to which the recommended response effectively inhibits the threat from occurring), and self-efficacy (the degree to which the audience perceive their ability to perform the recommended response to prevent the threat) (Witte, 1998; Witte, 1994:118; Witte, 1992:338). Witte (1992:339) also believes that individual differences influence the assessment of threat and efficacy. Individuals evaluate the components of a message relative to their prior experiences, culture, and personality characteristics. Differing perceptions in different individuals influence resultant outcomes.

9.6.2 Processes of previous models

The Proposed Revised Protection Motivation model explains that the threat-appraisal processes indirectly influence behavioural change through the mediating variable fear. According to the model an individual appraises threat via perceptions of severity and the probability of harm. If an appraised outcome leads to fear, the individual may change his or her behaviour. The model also proposes that the components of coping appraisal, namely response efficacy and self-efficacy, will act as moderators of an individual's response to the fear generated at the threat-appraisal stage. If a threatening stimulus maximises fear experienced by an individual and provides evidence that the coping response will be effective in eliminating the fear, and if the individual will be capable of undertaking it, the stimulus will be effective in changing behaviour. Individual differences influence individuals' appraisal processes and two variables, namely social context and authoritarianism, have been included in the model (Arthur & Quester, 2004:680-682).

According to the Extended Parallel Process Model a threat stimulates action, and perceived efficacy determines whether the action taken controls the danger (protective behaviour) or controls the fear (inhibits protective behaviour). Individuals

usually weigh their likelihood of actually experiencing the threat against actions they can take that would reduce or prevent the threat. Thus, when an individual is exposed to a fear appeal message depicting the components of threat (i.e. severity and susceptibility), and the components of efficacy (i.e. response efficacy and self-efficacy) it initiates two appraisals in the individual. First, the individual evaluates the perceived threat of the danger and, if the appraisal of threat results in moderate to high perceived threat, then fear is caused (Easterling & Leventhal, 1989:789). The individual is motivated to begin the second appraisal, which is an assessment of the efficacy of the suggested response. When the threat is perceived as low or irrelevant, there is no motivation to process the message further, efficacy is not evaluated and there is no response to the fear appeal. When perceived threat and perceived efficacy are high, danger control processes are initiated and these bring about protection motivation, which stimulates adaptive actions such as attitude, intention or behaviour changes that control the danger (Witte, 1998). When perceived threat is high, but perceived efficacy is low, fear control processes are instigated and individuals become motivated to cope with their fear (defensive motivation) by engaging in maladaptive responses (i.e. denial, avoidance, etc.), and they respond to their fear, not to the danger (Witte, 1992:338).

9.6.3 The context of this study

The new proposed model in this study (see Figure 9.17) focuses on the equivalence of the proposed revised protection motivation model and the extended parallel process model. The model proposes that, if a threatening stimulus (fear appeal) maximises fear experienced by individuals, and the coping response will be effective in eliminating the fear, while individuals are capable of undertaking it, the stimulus will be effective in changing their attitude towards the stimulus and behavioural intent. The threat-appraisal variables, susceptibility and severity, will therefore indirectly influence behavioural change through the mediating variable fear, whereas the coping-appraisal variables, response efficacy and self-efficacy will have a moderating influence in determining individuals' response to fear appeals. If a threat is perceived as irrelevant, there will be no motivation to process the stimulus (message) further and there will be no response. Finally it is proposed that individual differences will influence individuals' appraisal processes and ultimately their attitude towards the stimulus and their behavioural intention.

Arthur and Quester (2004:694) suggested that future studies should investigate the following:

- The effectiveness of different types of threat. This was addressed in the current study by three different levels of fear, as well as print and television executions of advertisements.
- The inclusion of individuals' coping repertoires which may enhance the revised model of protection motivation. The current study included safe sexual behaviour and condom usage as separate coping repertoires.
- Future research should examine other individual differences that could make the theory of protection motivation more comprehensive. This was achieved by including in the current study five personality dimensions and three different racial groups as individual differences. In order to keep the model as simplistic as possible, individual differences were not explicitly reported on separately.

Figure 9.17 illustrates the proposed theoretical model, namely a fear appeal and behavioural intent association model.

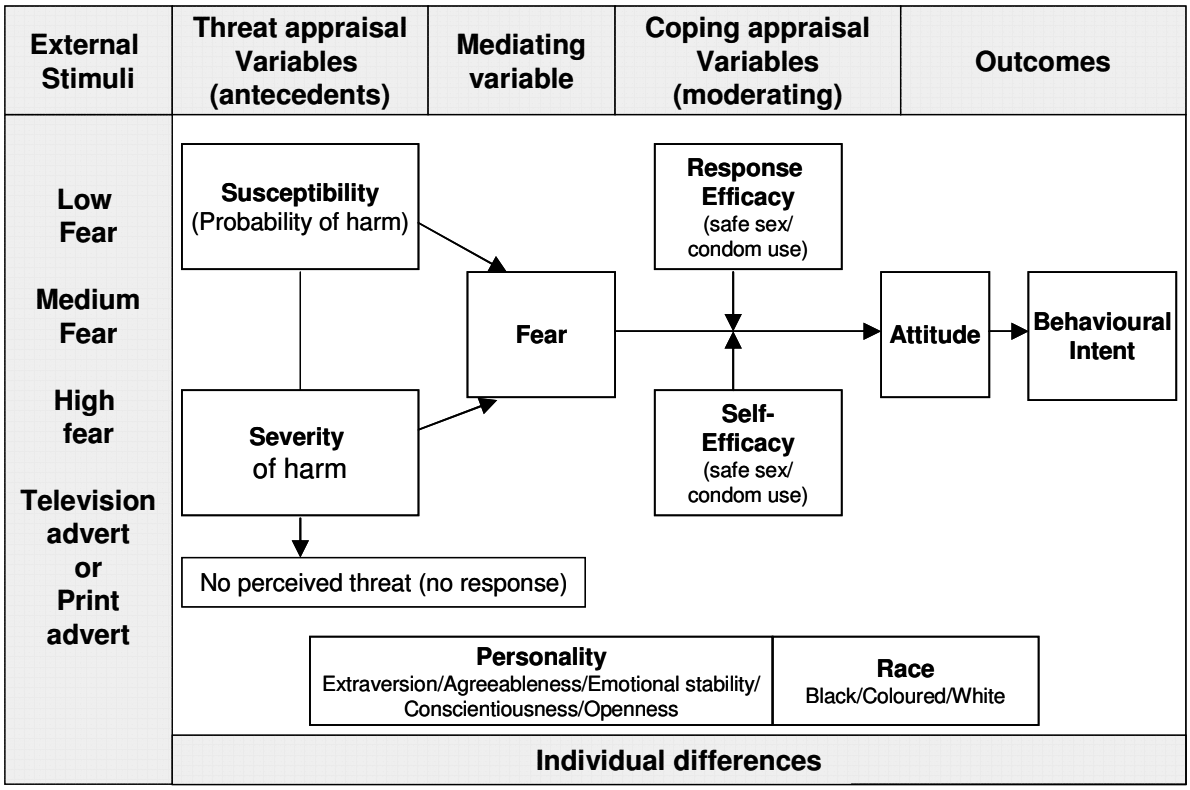


FIGURE 9.17

PROPOSED FEAR APPEAL AND BEHAVIOURAL INTENT ASSOCIATION MODEL

9.6.4 Results of tests of hypothesised model

Structural Equation Modeling (SEM), a technique that measures a set of dependent relationships simultaneously, was used for the current study to test the proposed model (Hair et al., 2006:711). The proposed model for this study was therefore a path diagram that depicted the relationships between the constructs of the model. In order to further investigate the model, and for validation purposes analyses were also conducted by using partial least squares (PLS), where the focus is on prediction, whereas SEM is concerned with explanation (Hair et al., 2006:878). Only the inner model (path model) of the proposed model was used to give a more simplistic view of the proposed relationships, and because the sample size was not big enough. Individual differences, including race and personality, were therefore not included in the measurement. Figure 9.18 illustrates the path diagram that was used in this study.

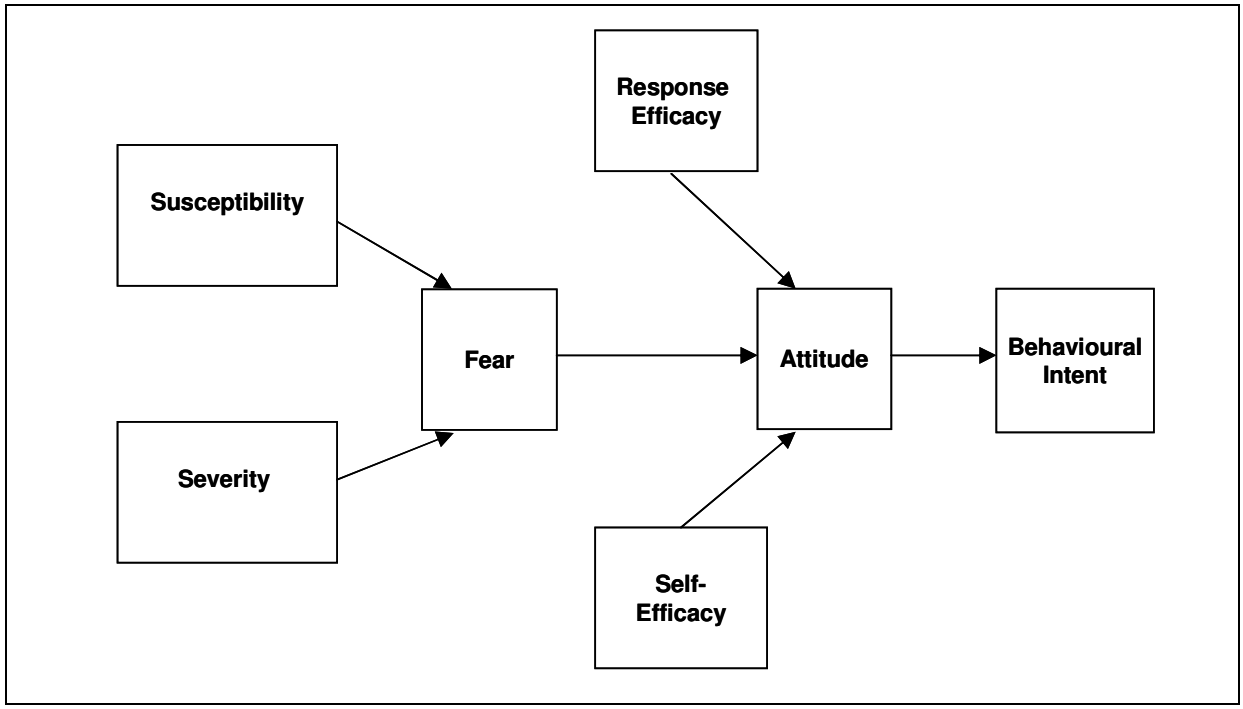


FIGURE 9.18

PATH DIAGRAM (THEORETICAL MODEL) USED FOR ANALYSIS

All relationships are illustrated by arrows with the arrow head pointing to the dependent construct, referred to as an *endogenous construct*, illustrating that they were the outcome of at least one relationship (Hair et al., 2006:762). In line with the contemporary view of the relationships among beliefs, feelings, attitude, behavioural

intent and behaviour, attitude was proposed as a mediating variable between feelings (as measured by fear arousal) and behavioural intent (Engel et al., 1995:365).

Structural Equation Modelling was done in LISREL to estimate the dependence relationships in the model. The model was constructed simultaneously for all six experimental groups to determine the causal relationships between the constructs at all levels of fear appeal, from low to high. This combined model used data of all experimental groups to empirically assess the fit of the conceptual model.

9.6.4.1 Results of Structural Equation Modeling

An estimated covariance matrix was computed to assess the degree of fit to the observed covariance matrix. Goodness-of-fit indices reflect the degree to which the actual correlations (or the covariance matrix used as input) were predicted by the model. In this instance, the model produced an estimated covariance matrix that was within sampling variation of the observed covariance matrix and therefore illustrates a good model that fitted well (Hair et al., 2006:730). Table 9.8 lists the goodness-of-fit indices for the model.

TABLE 9.8

GOODNESS-OF-FIT INDICES FOR MODEL

Goodness-of-fit indices	Values
Normal theory weighted least squares chi-square	19.31 (P = 0.023)
Root mean square error of approximation (RMSEA)	0.057
P-value for test of close fit (RMSEA < 0.05)	0.33
Normed fit index (NFI)	0.93
Comparative fit index (CFI)	0.96
Goodness-of-fit index (GFI)	0.98
Adjusted goodness-of-fit index (AGFI)	0.95

The *p*-values for the normal theory weighted least squares chi-square and the test of close fit of the RMSEA resulted in no statistically significant ($p<0.01$) differences indicating that the fit of the model is good. The root mean square error of approximation (RMSEA) was 0.057, which indicated good fit compared to the acceptable 0.05 to 0.08 range (Hair et al., 2006:748). The normed fit index (NFI) and the comparative fit index (CFI) are above the 0.9 level and indicate a good goodness-of-fit. The goodness-of-fit index (GFI) and the adjusted goodness-of-fit index (AGFI) also resulted in values larger than the acceptable 0.9 level (Hair et al., 2006:749).

Figure 9.19 illustrates the results obtained from the SEM analysis. Based on the SEM analysis, interpretations were made of each relationship in the model. The probability that estimates were significant (i.e. not equal to zero) was used to make estimates of the values of constructs in the model (Hair et al, 2006:729).

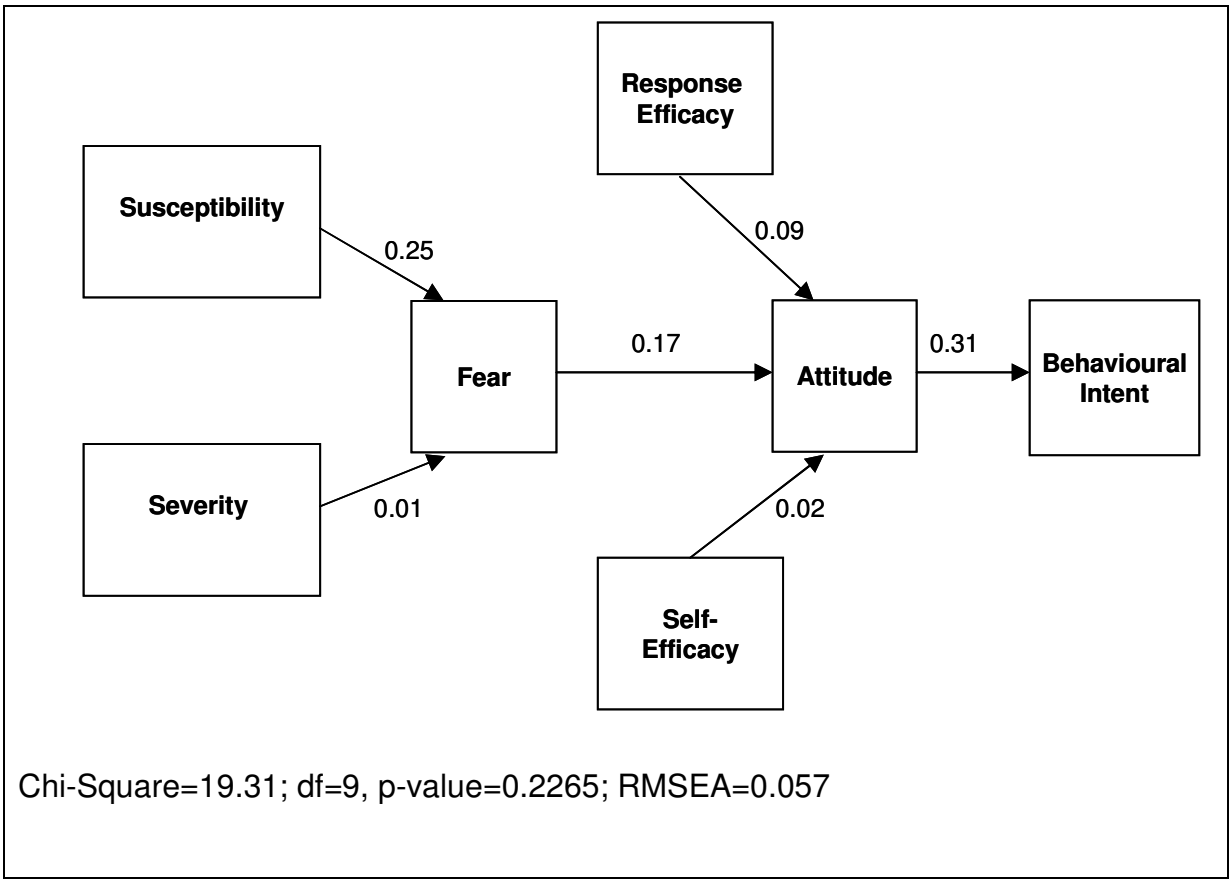


FIGURE 9.19
STRUCTURED EQUATION MODEL OF FEAR APPEAL AND BEHAVIOURAL INTENT

The estimated coefficients of the first two relationships, namely susceptibility (0.25) and severity (0.01), illustrated that susceptibility had the greatest impact on fear, and that the influence of severity on fear was insignificant. This was in line with the findings of Arthur and Quester's (2004:687) study, which also reported a relationship between susceptibility and fear, but not between severity and fear. These authors conclude that fear is an emotional response to a stimulus and many of the antecedents may be more affective than cognitive. This finding partially supports Witte's (1998; 1992:338) explanation that an individual evaluates the perceived threat of the danger, and if the appraisal of threat results in moderate to high perceived

threat, then fear will result. However, the findings of the present study only indicate that the susceptibility construct of threat influences the relationship with fear and not the severity construct.

Both response efficacy and self-efficacy revealed insignificant relationships with attitude. The study by Arthur and Quester (2004:689) reported similar results and they found that response efficacy and self-efficacy do not necessarily act as moderating variables in the fear-behavioural-intent relationship. These authors also confirm fear as the primary driver for change in behavioural intent. Thus, when individuals are confronted with a threatening stimulus and experience fear, they try to eliminate the unpleasant feeling by intending to perform a certain coping response to reduce the threat. Witte (1998), on the contrary, states that an individual who experiences a threat is motivated to begin a second appraisal, which is an assessment of the efficacy of the suggested response. Thus, when perceived threat and perceived efficacy are high they stimulate adaptive actions such as attitude, intention or behaviour changes that control the danger. However, no support for this was found in the current study.

Other positive relationships included the impact of fear on attitude (0.17) and attitude's impact on behavioural intent (0.31). This finding is in line with theory indicating that the higher a fear appeal, the more effectively it influences attitude and finally behaviour (LaTour & Tanner, 2003:384; Snipes et al., 1999:280; Donovan et al., 1999:250; LaTour & Rotfeld, 1997:46; LaTour et al., 1996:65; Henthorne et al., 1993:61). Arthur and Quester (2004:688) argue that susceptibility influences behavioural intent indirectly through the mediating variable fear.

9.6.4.2 Results of partial least squares

Partial least squares (PLS), an alternative estimation approach to traditional SEM, was also used for validation purposes. PLS is a non-parametric method of assessing pathways. In this study a bootstrapping approach was followed. Re-sampling procedures, such as bootstrapping, can complement parametric methods by providing the confidence interval estimates associated with a path coefficient (Hair et al., 2006:878). Bootstrapping was used to identify significant pathways in the proposed models. Table 9.9 presents the confidence interval estimates after bootstrapping.

The confidence intervals in bootstrapping is not estimated by a sampling error but is directly observed by examining the distribution of the estimates around the mean. A non-significant pathway would be indicated if the lower and the upper limits of the 95 percent confidence interval include a zero (Hair et al., 2006:881).

TABLE 9.9
CONFIDENCE INTERVAL ESTIMATES

Measurement	Bootstrap lower	Bootstrap upper
Attitude->behaviour	0.2028	0.4187
Fear->attitude	0.0693	0.2733
Response efficacy>attitude	-0.041*	0.215
Self-efficacy>attitude	-0.1226*	0.1564
Severity>fear	-0.0943*	0.1092
Susceptibility>fear	0.1506	0.363

** Non-significant pathways*

Three pathways were found to be insignificant. The first pathway was from severity to fear, the second insignificant pathway was from response efficacy to attitude and, finally, from self-efficacy to attitude was also found insignificant. All the other pathways showed positive relationships which concurred with the SEM results. This also implies convergent validity. R Squares (R^2) of .064, .038, and .096 on the measures of fear, attitude and behavioural intent were obtained. The R^2 for fear and behavioural intent were significant at the .05 level. Not many of the R^2 of the endogenous variables are however explained by the model.

The following model, Figure 9.20, depicts the significant pathways based on the PLS results. Positive and significant relationships were found from susceptibility to fear, fear to attitude and attitude to behavioural intent. Susceptibility positively influenced fear arousal, which in turn positively influenced attitude towards the advertisement and lead to a positive intention to change sexual behaviour.

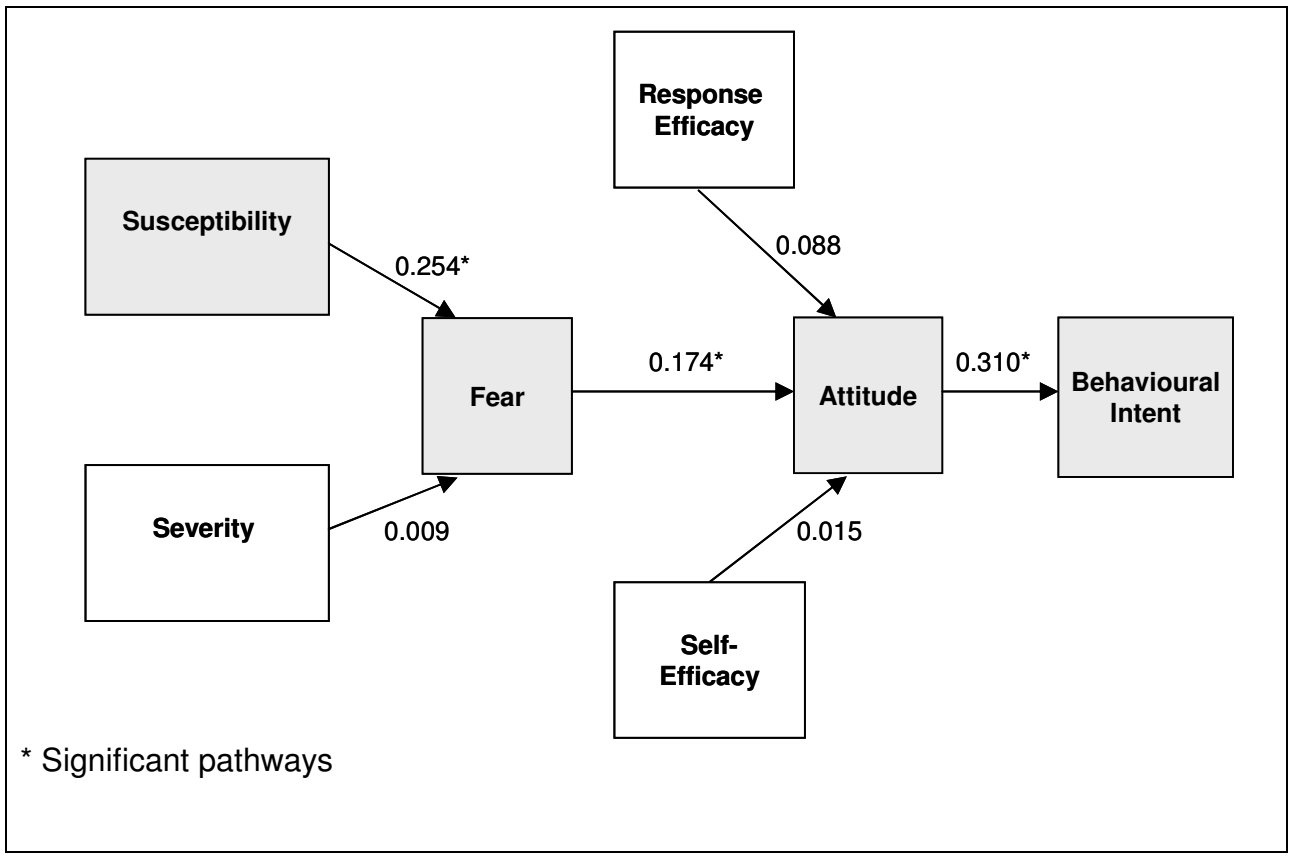


FIGURE 9.20

RELATIONSHIPS BETWEEN CONSTRUCTS WHEN EXPOSED TO FEAR APPEAL

9.7 CONCLUSIONS AND IMPLICATIONS

From the experimental study, it is evident that medium and high fear appeals increased the threat experienced, and respondents seemed to understand the severity of HIV/AIDS. All respondents experienced similarly low levels of fear from low fear interventions. The medium and high fear results indicated higher threat and lower efficacy but still promoted danger control responses, and were thus producing the desired actions. The low fear interventions indicated no visible increase in threat (susceptibility and severity), and respondents had high efficacy levels. This shows that they did not feel susceptible to the threat of HIV/AIDS and is not motivated to act.

Different reactions in terms of fear, attitude, threat and efficacy in HIV/AIDS communication are also apparent. A key issue of this research study concerns the overall implications of the outcomes for future advertising. It would seem that

susceptibility and likelihood of contracting HIV/AIDS, namely vulnerability, is a key concern for all groups. This suggests that future advertising strategy should target this issue. High fear appeals, specifically television, had the greatest impact on fear and attitude towards advertisements, probably based on the visual and audio impact of this medium.

The results from this chapter confirm that racial characteristics play a major role in reaction to fear appeals. The exploration of targeted advertising campaigns for racial groups seems evident and will increase the effectiveness of the said campaigns. Black and white respondents require even higher fear appeal messages to obtain higher fear levels and to increase perceived vulnerability to HIV/AIDS if they are to adapt to safe sexual behaviour.

The results of the SEM model confirmed a causal relationship between susceptibility and fear, where susceptibility had the greatest impact on fear. On the contrary, severity was insignificant and had no effect as an antecedent to fear. This implies that respondents feel susceptible to the threat of contracting HIV/AIDS and this influences their fear experienced, but, although the disease is severe, this aspect does not influence their fear experienced or, ultimately, their behaviour. Adolescents thus evaluate the perceived threat of the danger of HIV/AIDS, and if this appraisal of their susceptibility results in moderate to high perceived threat, fear is caused. Response efficacy and self-efficacy indicated insignificant relationships with attitude and it can be concluded that these constructs do not stimulate adaptive action such as attitude or behaviour change.

Future HIV/AIDS advertising campaigns targeted at adolescents should be developed to communicate the target audiences' susceptibility to the disease and should ensure that adolescents experience a relevant fear that will drive them to change the way they think about HIV/AIDS and which will ultimately influence them to modify their sexual behaviour to safe sexual behaviour.

CHAPTER 10
CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

10.1 INTRODUCTION

This final chapter places the results of the study in perspective by discussing the conclusions as well as the implications of the findings for social marketers, and refers to the importance and significance of the results. Recommendations are given in the context of HIV/AIDS marketing communication campaigns. In closing, areas for further research are identified and the limitations of the study are described.

10.2 CONCLUSIONS AND IMPLICATIONS

The following paragraphs convey the conclusions of the study based on the findings of both the qualitative focus groups and the quantitative experimental study.

10.2.1 Qualitative study focus group discussions

The focus of the qualitative phase of the study was to gain an in-depth understanding of adolescents' feelings, associations and attitudes about HIV/AIDS and HIV/AIDS communication. In addition, the aim was to understand the use of fear appeal in advertising and to assess the differences between low/no fear, medium fear and high/strong fear appeal-based advertising on attitude towards an advertisement and the intention to modify behaviour. During this phase, respondents were also required to rate advertisements for selection and use in the qualitative study.

10.1.1.1 Associations and emotions related to HIV/AIDS

During the qualitative study it emerged that HIV/AIDS was generally seen by adolescents as a disease that affects mainly rural areas. It was also perceived as a disease more common amongst black people, a perception mostly held by white respondents. The disease was additionally perceived as more prevalent amongst homosexual or gay people, a view expressed mainly by males.

Males in this study believed that females are more likely to become infected with HIV/AIDS, and that they (the males) therefore do not have to take too many precautions. They did however point out that they could be infected through sport or blood transfusions, and some indicated that they could become infected if their girlfriends were unfaithful. They also mentioned that the disease had a dirty

connotation. Male respondents from white and black racial groups admitted that they had a fairly high chance of being infected. HIV/AIDS is associated with fear and death, but the reality only seems to sink in when they see or know someone dying of HIV/AIDS. Female respondents seemed to be more afraid of becoming pregnant as a result of unprotected sex than of contracting HIV/AIDS. Female respondents however noted that they realise they had a chance of being infected if they had casual sex. A number of females maintained that it would never happen to them.

Overall, a number of respondents demonstrated a sense of “invincibleness”. They seemed almost fatalistic about having to die anyway. They also believe that once you have HIV/AIDS there are ways of dealing with it. Overall, it seemed that a continuum from denial through fear to avoidance was prevalent. This view suggested that, although some respondents were denying the existence of HIV/AIDS, they also experienced fear and knew that the disease could result in death.

10.1.1.2 HIV/AIDS education and communication

Respondents mentioned that, at the age they were exposed to HIV/AIDS education some were already experimenting with unsafe sex. They believe that HIV/AIDS education is critical, but not relevant in the context within which it is offered at school.

Based on the discussion about the best way to execute HIV/AIDS communication, female respondents argued that there were too many messages about HIV/AIDS and that they do not want to hear about it. However, they revealed that fear would keep their attention and will have a lasting effect. Male respondents indicated that caution and prevention should be conveyed, as well as what HIV/AIDS does to people. They also felt that advertising they had been exposed to previously was not effective. Overall, it seemed that respondents believe fear or shock, in other words the reality of HIV/AIDS, as well as how to prevent it should be used to convey the message that HIV/AIDS can kill.

10.1.1.3 Evoked fear and behavioural intent

An understanding of the influence of racial group in South Africa on the persuasive power of fear appeal advertising and how this differs on type of fear emerged. Most male respondents from the white and black racial groups suggested that medium fear advertisements will influence them to change their behaviour, whilst male

respondents from coloured racial groups and some from white racial groups, indicated that medium and high fear appeal advertisements will influence their behaviour (safe sex and lifestyle).

Female respondents from white, coloured and black racial groups revealed that they will change their behaviour and be more careful (safe sex and abstinence) after exposure to the medium and high fear advertisements. In general, it seems that medium and high fear appeals will thus have an influence on behavioural intent amongst this target group.

Different trends were identified amongst the different genders and it seems that females are more likely to succumb to fear than males. This trend poses a challenge to social marketers as both genders have to be influenced by HIV/AIDS campaigns.

10.2.2 Quantitative experimental study

The focus of this phase of the study was on the use of fear appeal advertising pertaining to HIV/AIDS, and whether the use of fear increases the likelihood of adopting appropriate behaviour among different racial groups. The study examined the influence of high fear, medium fear, and low/no fear appeal-based advertising on fear, attitude and intention to alter behaviour, based on self-ratings of mood adjectives that have been used in other fear appeal studies (Arthur & Quester, 2004; LaTour & Tanner, 2003; LaTour & Rotfeld, 1997; Henthorne et al., 1993).

Furthermore, Witte's (1992) extended parallel process model (EPPM) was used to test advertising interventions and to evaluate outcomes based on self-efficacy, response efficacy, severity and susceptibility. Additionally, the role of personality was included as an external variable, which may have a mediating influence on fear, attitudes, intention and efficacy beliefs (Fishbein, 2000:129).

10.2.2.1 Fear, attitude and intention

The following sections describe the conclusions and implications based on the measurement of fear, attitude and intention.

10.2.2.1.1 Level of fear appeal

A relationship seems to exist between the type of advertisement respondents were exposed to and the level of fear they experienced. The respondents experienced greater fear arousal for HIV/AIDS after viewing television advertisements than printed advertisements. All respondents experienced similarly low levels of fear from low fear interventions, which will not increase the likelihood of adopting safe sexual behaviour. Current low fear appeal print and television advertisements from South Africa's loveLife campaign were used in this study and indications are that the loveLife campaign is not having the intended behavioural effect.

It is evident that racial characteristics play a role in the reaction to fear appeals. Different reactions to medium and high fear appeals were reported by different racial groups. White respondents' fear increased gradually from low to high fear appeals. Black respondents' fear levels did not indicate a significant upward trend from medium to high fear appeals Coloured respondents experienced the highest levels of fear arousal from high fear appeals. Overall, similar to findings of other studies (LaTour & Rotfeld, 1997:56; LaTour et al., 1996:65), fear arousal increased from low to medium and then to high fear appeals.

10.2.2.1.2 Attitude

A positive trend for attitude towards the advertisement from the low fear appeal groups to the high fear appeal groups was evident, which is in line with previous fear appeal studies (LaTour & Tanner, 2003:386; LaTour et al., 1996:65). After viewing medium and high fear appeal television advertisements, respondents' attitudes were more positive than after viewing low fear appeal television advertisements, and low and medium fear print advertisements. This reaction indicates that respondents' perception of the HIV/AIDS message conveyed was more positive at a medium and high fear appeal level than at a low fear appeal level, and could imply increased cognitive change at the higher fear levels. Positive attitudes are more likely to drive safe sexual behaviour change, especially when the attitude is relevant in the situation. In this instance, it seems that medium and high fear appeals are more likely to drive behaviour change in HIV/AIDS communication than low fear appeals, which underlines that high fear appeals, specifically television, had the greatest impact on attitude towards HIV/AIDS advertising. On the whole, television advertisements were easier to understand, more informative, interesting and useful than print

advertisements. Importantly, change of attitude is not the final intended outcome of HIV/AIDS advertising messages, but this construct is imperative to influence the psyche of the target audience.

It is evident that all race groups' attitudes were similar for low fear appeals and attitude towards the advertisement increased to medium fear appeals. Black respondents' attitude seemingly reached an optimum at a medium fear appeal level, with coloured and white respondents at a similar high fear appeal level. This attitudinal trend is in line with the different racial groups' fear arousal at different fear appeal levels. It seems that high fear appeals have the greatest likelihood of achieving attitudinal and safe sexual behaviour change for white respondents. It is possible that black respondents cut out at a high fear appeal level with their attitude measuring at a lower level after exposure to this type of appeal. Coloured respondents indicated only a slight upward trend for attitude from low to high fear appeals. Importantly, respondents from all racial groups demonstrated the lowest attitude change after exposure to low fear appeals, thus indicating that this type of appeal have the lowest likelihood of achieving behaviour change, and that it is not having the intended effect in HIV/AIDS communication

10.2.2.1.3 Intention

In line with a number of other studies (Murray-Johnson et al., 2004:743; LaTour & Tanner, 2003:386; LaTour et al., 1996:65; Tanner et al., 1991:36), the results also revealed a significant relationship between level of fear appeal and intention to adapt sexual behaviour. In total, respondents intended to change their sexual behaviour after viewing higher levels of fear advertisements, which indicates that fear appeal advertising, specifically television advertisements, had the anticipated effect. Intention to adapt sexual behaviour increased from low to high fear appeal television advertisements, with no significant increase evident for print advertisements across the same fear appeals. This reaction could be ascribed to the visual and audio impression of television advertisements compared to print, which was also found in other studies (LaTour & Rotfeld, 1997:56; LaTour et al., 1996:65).

Importantly, both low fear appeal television and print advertisements had the least effect on intention to adapt sexual behaviour, pointing toward medium and high fear appeals having a stronger effect on behavioural intention, and that these appeals are

more likely to be successful for behavioural changes. Based on this reaction, it seems that respondents' appraisal of HIV/AIDS is that it is a severe disease that is likely to occur, but they believe that they can protect themselves by adapting their sexual behaviour. The optimum combination of fear, causing attitude and intention change, would create the best results.

10.2.2.2 Constructs of the extended parallel process model (EPPM)

The following sections describe the conclusions and implications based on efficacy and threat measurements.

10.2.2.2.1 Efficacy

In general, high efficacy levels were evident across all the racial groups, and medium and high fear appeals did not decrease efficacy levels substantially. Medium and high fear appeal exposure caused all respondents to be slightly more afraid of HIV/AIDS and less in control (lower efficacy) in terms of condom usage in general, and believing they can easily use condoms to prevent HIV infection. All race groups had high efficacy levels in terms of safe sexual behaviour, and combined this will direct positive behavioural changes. This situation supports the notion that respondents would weigh their risk of actually experiencing the threat (high fear appeal) against actions they can take that would minimise or prevent the threat of HIV/AIDS infection, and in this instance revert to safe sexual behaviour.

Overall, efficacy levels were however still high enough after exposure to medium and high fear appeals for respondents to believe they can use condoms to control HIV/AIDS infection. If efficacy is high, but threat low, as per the low fear appeal advertising, a message is required that increases the perception of threat to motivate respondents to act. It seems that low fear appeals did not have the intended effect. The medium and high fear appeal advertising had the intended effect in terms of influencing respondents' perception that they are at risk, but still believing they are able to control the danger of HIV/AIDS infection by using condoms.

10.2.2.2.2 Severity

Respondents' perception about the severity of HIV/AIDS did not change after exposure to fear appeal advertising. It could be construed that respondents believe that HIV/AIDS is a severe disease per se and that they are not influenced by

advertising in terms of how they interpret the severity of this disease in the South African context. Another possible explanation could be that they are denying the severity of HIV/AIDS.

White respondents' severity measures were significantly higher than those of black and coloured respondents. This result reveals that white respondents' understanding of HIV/AIDS is that it is a severe medical condition, that it has serious negative consequences and that it is harmful. Coloured and black respondents however indicated that HIV/AIDS is a severe condition, but they did not perceive the disease to be as severe as white respondents.

10.2.2.2.3 Susceptibility

The results of this study reiterates differences in responses from racial groups pertaining to susceptibility, where white respondents' susceptibility and thus perceptions about the likelihood that the threat of HIV/AIDS will happen to them as well as their degree of vulnerability and personal relevance expected from HIV/AIDS, were significantly lower than in the case of coloured respondents, and also lower than in the case of black respondents. Coloured respondents, on the other hand, had significantly higher levels of susceptibility and their perceptions about the likelihood of contracting HIV/AIDS and the personal relevance of the disease were high. Black respondents' susceptibility measures were slighter lower than those for coloured respondents and they thus perceived the disease as less relevant to them.

After advertisement interventions, it was evident that coloured respondents showed a significant increase in susceptibility, thus believing that HIV/AIDS is more of a personal and relevant threat. White respondents' post-test scores were significantly lower than coloured respondents' post-test scores indicating that white respondents do not believe HIV/AIDS to be such a personal and relevant threat as coloured respondents. Black respondents showed no increase in susceptibility after exposure to advertisements, thus indicating that the communication did not increase the personal relevance of HIV/AIDS to them or that they were denying the risk of contracting HIV/AIDS.

10.2.2.2.4 Control condoms

White respondents experienced lower threat and high efficacy levels. They believed that they can control the threat of HIV/AIDS by using condoms. Coloured respondents however experienced higher threat combined with sufficient efficacy. They believed to a much lesser extent than white and black respondents that they can control the danger of HIV/AIDS by using condoms. Black respondents experienced moderate threat levels and sufficient efficacy to motivate condom control and positive behavioural action to control the threat of HIV/AIDS.

If efficacy is high, but threat low, as found in the instance of white adolescents, a message that increases the perception of threat is required. If both efficacy and threat are high, as found in the instance of coloured adolescents, they know that they are at risk, but they think they are able to control the danger. Coloured respondents' results indicate that the intervention was producing the desired actions.

Exposure to television advertisements caused respondents to be more afraid of HIV/AIDS (higher threat) and less in control (lower efficacy) in terms of condom usage in general. This medium seems to be the ideal vehicle to convey high threat, but it is important to ensure that high efficacy messages are included in the message.

10.2.2.2.5 Control safe sex

White respondents experienced low threat and high efficacy levels. They believed that they can control the danger of HIV/AIDS by practicing safe sex. Coloured respondents experienced higher threat combined with sufficient efficacy. They believed to a much lesser extent that they can control the danger of HIV/AIDS by practicing safe sex. Black respondents experienced moderate threat levels and sufficient efficacy to motivate safe sex control and positive behavioural action to control the threat of HIV/AIDS.

A message that increases the perception of threat is required for white adolescents with their high efficacy but low threat scores. If efficacy is high and threat is high, as found in the case of coloured adolescents, they know that they are at risk, but they believe they are able to control the danger of HIV/AIDS by practicing safe sex. To be effective it is important to ensure that black and coloured respondents' efficacy levels are kept high by developing high efficacy messages to prevent them from engaging

in fear-control processes. The responses of black and coloured respondents seem to indicate that the advertisement intervention was producing the desired results.

Television advertisements increased the threat of HIV/AIDS and respondents experienced lower efficacy (less in control) in terms of safe sexual behaviour in general. Television is an ideal vehicle to convey high threat, combined with high efficacy messages to promote safe sexual behaviour among adolescents.

10.2.2.3 Personality

Five personality characteristics were measured and the results showed that personality characteristics influence efficacy, fear, attitude and intention to some degree.

In terms of *extraversion,* black and coloured respondents were slightly more reserved than white respondents, but not to the point of introversion. All racial groups saw themselves as generally trusting and forgiving, and rated high on *agreeableness*. Interestingly, agreeableness added to their efficacy belief that they can use condoms to prevent HIV/AIDS infection even after exposure to medium and high fear appeal advertising.

Both black and coloured respondents rated themselves as average in terms of *emotional stability*, whereas white respondents indicated a lower rating. Respondents' emotional stability, thus the less tense and sensitive they were, influenced their attitudes towards the various advertisements and their intention to adapt their sexual behaviour negatively. Consequently, the higher they measured on emotional stability the lower their attitude and intention. All racial groups saw themselves as *conscientious*, thus somewhat diligent and inflexible. Conscientiousness influenced their attitudes towards the various advertisements positively. In this case, all respondents rated average on conscientiousness and it would therefore have somewhat of a positive effect on attitude.

Respondents measured slightly above average for *openness/intellect*. All racial groups thus saw themselves as somewhat more reflective, which had a negative effect on the level of fear experienced. This openness would therefore cause them to experience slightly less fear. The overall implication is that HIV/AIDS advertising can

be tailored to specific combined personality measures for adolescents, taking into account racial differences that influence attitude towards advertisements.

10.2.2.4 Proposed model to measure fear appeal effectiveness

From the proposed model to measure fear appeal effectiveness, a causal relationship between susceptibility and fear confirmed empirically that susceptibility had the greatest impact on fear. Against expectations, severity was insignificant and had no effect as an antecedent to fear. This finding implies that respondents feel susceptible to the threat of contracting HIV/AIDS and this influences their fear. Although the disease is severe, severity does not influence adolescents fear experienced or ultimately their behaviour. Adolescents thus evaluate the perceived threat of the danger of HIV/AIDS, and if this appraisal of their susceptibility results in moderate to high perceived threat, it leads to fear.

Both response efficacy and self-efficacy did not influence attitude and it can be concluded that these constructs do not stimulate adaptive action such as attitude or behaviour change and they do not necessarily act as moderating variables in the fear-behavioural-intent relationship. Fear, in this study, is the primary driver for change in attitude and behavioural intent, as per the classical fear appeal theory where outcomes relate to acceptance of the recommendations of a message. When individuals are confronted with a threatening stimulus and experience fear, they try to eliminate the unpleasant feeling by intending to perform a certain coping response to reduce the threat. From this, it seems that the higher a fear appeal the more effectively it influences attitude and finally behaviour, whereas susceptibility influences behavioural intent indirectly through the mediating variable fear.

10.3 RECOMMENDATIONS

Fear appeals have been used by parents, preachers and other social figures for centuries. Over the last few decades, social marketing practitioners have also started using fear appeals in a more structured way to influence individuals to think and behave in a certain way. This study provides encouraging evidence for the persuasive power of fear appeals, and found a positive relationship between fear and behavioural intent. Accompanied by high efficacy messages, fear appeals can be a strong motivator as long as individuals believe they are able to protect themselves. South African young adults reside in a country with diverse racial groups and cultural

backgrounds. The better their knowledge about their feelings and fears about HIV/AIDS, the more effective marketing communication can be developed. Without a doubt, such knowledge can be utilised to lower the debilitating impact of HIV/AIDS among adolescents in South Africa.

10.3.1 Social climate in South Africa

The high level of new HIV infections occurring daily in South Africa reflects the difficulties faced by HIV/AIDS education and prevention campaigns. The social climate in South Africa has not been conducive to safe sexual messages, and there is a continuing need to encourage a change in sexual behaviour, and awareness of the detrimental effects of HIV/AIDS.

As mentioned in Chapter 6, an estimated 60 percent of all new HIV/AIDS infections in South Africa occur among people between the ages of 15 and 25 years. This trend shows that the HIV/AIDS epidemic's acute impact will be experienced only in the next decade. Young women are more at risk of contracting HIV/AIDS than young men, and alarmingly increasing partner numbers and inconsistent condom use were significantly associated with HIV/AIDS infection among both women and men. Additionally, HIV/AIDS prevention programmes for the youth, for instance the loveLife campaign, are not having the intended effect to promote partner reduction, consistent condom use and prompt treatment for sexually transmitted infections.

These factors confirm the importance of HIV/AIDS marketing communication programmes are of central importance in slowing down the spread of the disease among South African adolescents.

10.3.2 Goals of HIV/AIDS prevention

The ultimate goal of an HIV/AIDS prevention programme is to reduce the incidence and prevalence of the disease. Consequently, an appropriate indicator of positive programme impact is declining HIV/AIDS incidence. One of the major approaches to helping the world address the HIV/AIDS epidemic is educating people through social marketing campaigns. The marketing principles of these campaigns remain constant, but social marketers have to take into consideration that HIV/AIDS is unique in part because of the way it is transmitted and also because of its severe detrimental effects.

HIV/AIDS marketing communication campaigns must promote partner reduction, consistent condom use and prompt treatment for sexually transmitted infections, while also addressing contextual factors, like poverty, gender inequalities and social norms, which make it difficult for some adolescents to implement behaviour change.

10.3.3 Adolescents and HIV/AIDS marketing communication campaigns

A unique and specific approach is required for this target group. An age-appropriate communication approach, which considers socialisation influences in young people's lives, is needed. For example, many young people strive for physical attractiveness, social importance and acceptance to a larger extent than worrying about the detrimental effects of HIV/AIDS. The use of celebrities, sport stars or musicians as role models for adolescents could be investigated. Testimonial type advertising using people that adolescents can relate to will most likely have a strong influence to change adolescents behaviour.

Adolescents typically feel invincible and think they will live forever. It is often difficult for them to imagine negative consequences. Overall, a continuum from denial through fear to avoidance is prevalent in terms of their thinking related to HIV/AIDS. This continuum indicates that, although respondents were denying the existence of HIV/AIDS, they also experienced fear and knew that it could result in death.

This target group seems to want solutions, not preaching. It is also important to involve them in the development of a solution. Furthermore, marketing communicators must seek to understand and respect the perspective of adolescents by emphasising short-term negative effects as well as long-term health dangers. Thus, in the context of fear appeals, HIV/AIDS communication programmes must focus on negative consequences that are pertinent to adolescents. Adolescents are in an experimentation phase of their lives; therefore, HIV/AIDS marketing communication campaigns must pay attention to moderation and intervention and not just prevention. Marketing communicators must not assume that what they find scary also scares adolescents. Furthermore, trends exist for the different genders, and females succumb more easily to fear than males. This has to be addressed in the execution of marketing communication messages.

Overall, marketing communication campaigns must be tailored to the specific needs of adolescents and the promotion of safer sexual behaviour among this group should be at the core of HIV/AIDS programmes, since they are embarking on their sexual lives and are therefore open to behavioural change interventions. Social marketers can also attempt to use successful intervention components and replicate them in other settings.

10.3.4 Personality traits

Every person has a unique way in which he or she views the world. This view is mostly developed from their cultural or racial experience and background. South Africa has diverse racial groups with different cultural backgrounds. Marketing communication specialists must therefore recognise individuals' personal, social and environmental contexts to ensure that effective communication strategies are developed to prevent the spread of HIV/AIDS.

Contrary to other studies, personality dimensions do play a role in HIV/AIDS communication targeted at South African adolescents. Practitioners should address these individual differences in fear appeal campaigns by tailoring messages to specific personality dominant characteristics found in adolescents. Four personality characteristics proved to have an effect on the way adolescents react to fear appeal messages.

High agreeableness adds to adolescents' efficacy beliefs that they can use condoms to prevent HIV/AIDS infection even after exposure to medium and high fear appeal advertising. Black and coloured racial groups measure higher on *emotional stability,* and this lowers their attitude and intent towards fear appeal advertisements, but also implies that they can cope with higher fear appeals. All adolescents are average on *conscientiousness* and this has a positive effect on attitude. Finally, *openness/intellect* of this group is also high and this causes them to experience slightly less fear.

10.3.5 The role of racial characteristics

The development of personal skills are becoming of more importance in HIV/AIDS marketing communication, and indicates a shift from information-based approaches to behaviour-based approaches, which implies taking into account racial

characteristics, culture, tradition and religion of the target audience. Therefore, HIV/AIDS campaigns should be tailored to specific populations, and in the context of this study, racial groups. It is evident that racial characteristics play an important role in attitude and thus behavioural change in fear appeal advertising. Different reactions in terms of fear, attitude, threat and efficacy in HIV/AIDS communication are also apparent.

All adolescents in this study experienced similarly low levels of fear when exposed to low fear interventions, which could decrease the likelihood of adopting safe sexual behaviour, whilst different reactions to medium and high fear appeals were experienced. The exploration of targeted fear appeal advertising campaigns for racial groups seems evident and should increase the effectiveness of said campaigns.

Black and white adolescents require even higher fear appeal messages to obtain higher fear arousal, conveying the risk of HIV/AIDS, and to increase susceptibility and perceived vulnerability to the disease if they are to be motivated to act and adopt safe sexual behaviour. They also have high efficacy levels and combined with high fear appeal messages this will produce positive behavioural changes. Since black adolescents' fear did not indicate an upward trend after exposure to medium and high fear appeals, caution is necessary when developing HIV/AIDS advertisements for them, because it seems that there could be a trend towards defensive avoidance, where blacks cut out and ignore the message, because the level of fear is too high. However, coloured adolescents experience higher levels of fear arousal from high fear appeals, and this seems like the appropriate level of fear appeal for them. Coloureds are motivated to act, and have high perceptions of susceptibility, but lower efficacy perceptions, and do not think they can practice safe sexual behaviour. They therefore need messages that increase their perceptions of efficacy to ensure that they do not engage in unsafe sexual behaviour.

A key issue of this research study concerns the overall implications of the outcomes for future advertising. It would seem that susceptibility and likelihood of contracting HIV/AIDS, namely vulnerability, is a key concern for all groups, particularly whites and blacks. Future advertising strategies should target this issue by conveying the personal and relevant risk of contracting HIV/AIDS to different racial groups.

10.3.6 The use of fear appeals and its influence on behavioural intent

Emotional appeals, like fear appeals, play an important role in persuasion and marketing communication. Persuasive messages have been found to be more likely to lead to attitude change if receivers are emotionally aroused by the message as opposed to when they are exposed to a rational communication message. However, most HIV/AIDS prevention campaigns concentrate on informative message content and only a few aim to reach adolescents emotionally, as in the case of Uganda, for example.

Adolescents in this study confirmed that fear messages will get their attention, if the reality of HIV/AIDS is used in advertising. Although they indicated a feeling of invincibleness all confirmed that they would change their sexual behaviour based on medium and high fear appeals. This study also provides empirical support for the use of fear appeals in HIV/AIDS communication to achieve behavioural change.

Low levels of fear are experienced from low fear interventions, which could decrease the likelihood of adopting appropriate behaviour, and is not advised for this adolescent target group. Medium and high fear appeals cause more fear arousal and are more likely to have the intended behavioural effect. It is evident that medium and high fear appeals increase the threat experienced, and adolescents seem to understand the severity of HIV/AIDS. The medium and high fear appeals achieve higher threat and lower efficacy but still promote danger control responses, which is the desired action. Low fear appeals cause no visible increase in threat (susceptibility and severity) and adolescents have high efficacy levels when exposed to low fear appeals, which shows that they do not feel susceptible to the threat of HIV/AIDS and is not motivated to act.

In addition, adolescents' attitudes toward advertisements are more positive after exposure to medium and high fear appeals than after exposure to low fear appeals. Adolescents perceptions of the HIV/AIDS message are more positive at a medium and high fear appeal level than at a low fear appeal level, and could imply increased cognitive change at the higher fear levels. Positive attitudes are more likely to drive safe sexual behaviour change. In this case, it seems that medium and high fear appeals are more appropriate and more likely to drive behaviour change in HIV/AIDS

communication than low fear appeals. Adolescents' intention to change their sexual behaviour based on medium and high fear appeals was also prevalent, which implies that this type of fear appeal advertising will have the desired effect.

From the proposed model to measure fear appeal effectiveness developed for this study, it is evident that fear appeals in HIV/AIDS communication are effective to change behaviour. Future HIV/AIDS advertising campaigns targeted at adolescents must be developed to communicate the target audiences' susceptibility to the disease in order to ensure that they experience a relevant fear that will drive them to change the way they think about HIV/AIDS and that will ultimately influence them to modify their sexual behaviour to safe sexual behaviour. The model can also be used by marketing communication practitioners to test different fear appeal advertisements for a specific target audience to see which one has the greatest effect on fear arousal and, ultimately, behaviour.

High levels of fear, combined with strong efficacy perceptions, as well as the knowledge that adolescents themselves can do something to prevent HIV infection, can create favourable conditions for behavioural change among this group. Adolescents thus require medium and high fear appeal advertising messages, which convey preventative action to ensure that efficacy levels remain high. The threat of HIV/AIDS must also be made relevant to them to ensure that they understand that it can happen to them.

The key is to ensure that HIV/AIDS fatigue, resulting from over exposure to communication, does not set in. If adolescents cease to believe that they are susceptible or just do not care anymore, this belief will have negative behavioural consequences. This belief can be prevented by using medium and high fear appeal advertising developed to advance, reinforce and support positive sexual behavioural change, and should be targeted at specific racial segments to prevent the spread of HIV/AIDS.

10.3.7 Message content and execution

The type of message to use as an intervention is an important area of an HIV/AIDS marketing communication campaign. Adolescents indicated that caution and prevention should be conveyed, as well as what HIV/AIDS does to an individual.

They also felt that advertising they have been exposed to previously was not effective. Overall, it seems that adolescents believe fear or shock, in other words the reality of HIV/AIDS, as well as ways to prevent it should be used to convey the message that HIV/AIDS can kill.

Adolescents thus require messages that increase their perceptions of efficacy, but which still arouse fear to an optimum level to motivate them to act, and practice safe sexual behaviour. It could be useful to explain the severity of HIV/AIDS in communication to adolescents by linking the severity of the disease to susceptibility to make it more relevant to them. Coloured and black adolescents do not perceive the disease to be as severe as do white respondents, which could be due racial differences and pre-conceived ideas about HIV/AIDS. It is important to ensure that denial about the seriousness of the threat is overcome in communication. Additionally, black and coloured respondents' efficacy levels should be maintained through high efficacy messages to prevent them from engaging in fear-control processes. White and black respondents require even higher threat messages, specifically about prevention and condom usage.

Television seems to be the ideal vehicle to convey high threat, but it is important to ensure that high efficacy messages form part of the execution. The specific content and execution style of HIV/AIDS advertisements developed for adolescents should be pre-tested to ascertain whether an acceptable level of fear is generated and to ensure that the message is aligned with adolescents' needs.

More than just facts about HIV/AIDS are required for successful communication with adolescents. Their specific needs have to be met in message execution; therefore, the following issues must be addressed when developing marketing communication messages:

- Motivation is a very important, and adolescents need to know that what they are learning through the communication about the epidemic is personally relevant to them.
- Support and control are central to adolescents' ability to protect themselves against HIV/AIDS. They should be in a position where they feel able to take control of their sexual behaviour through message cues that equip them.

- Caution must be taken about adolescents' abilities to assess risk of HIV infection and to understand the influence of emotions on their risk assessment. A specific recommended response to avert the risk of HIV/AIDS must be conveyed.
- Effective fear appeal messages must be developed by increasing reference to the severity of the threat, thus illustrating the extent of harm that can be caused by HIV/AIDS. Additionally, reference to the target population's susceptibility to the threat of HIV/AIDS is required, in other words explaining their likelihood of experiencing the threat, and making it relevant to them (i.e. HIV/AIDS can kill and is not selective in terms of specific racial groups or social standing). Dramatic language and pictures that describe the dreadful consequences (i.e. what HIV/AIDS can do to an individual, shock, etc.) of HIV/AIDS will increase perceptions of severity and susceptibility. Ultimately, fear will motivate attitude, intention and behaviour changes.
- The message to adolescents must be personalised by using advertising copy that emphasises the similarities between victims of HIV/AIDS and the target audience to increase perceptions of susceptibility. (i.e. *"You have a 40% chance of contracting HIV/AIDS."*). Care has to be taken not to stigmatise HIV positive people by making them appear to be at fault for being infected with HIV.
- Threat and efficacy are influenced by racial context and it is vital to consider this in message developments. Some groups will need high efficacy and medium threat messages, whereas others require high efficacy and high threat messages.
- Efficacy messages must convince adolescents of the fact that they are able to perform the recommended response and that this response will work in minimising the threat of HIV/AIDS. Barriers like skills, beliefs and emotions must be addressed in the message, and appropriate beliefs can be reinforced (i.e. condoms are effective in preventing HIV/AIDS transmission).
- The ultimate goal of HIV/AIDS marketing communication messages should be acceptance and adherence to prevent this disease from spreading amongst adolescents, the future adult generation of South Africa.

10.3.8 Media usage

The majority of HIV/AIDS prevention programmes utilise a combination of media and behaviour modification techniques. The mass media has been the key method for

promoting HIV/AIDS prevention messages, but adolescents need a specific mixture of media to drive behaviour modification.

Mass media is increasingly present in most adolescents' lives and is therefore an important tool for this target group. Adolescents receive information about sexuality from the media, including television, printed media and the Internet, as well as from peers. The aforementioned media options as well as new media, like social networks, should be investigated based on its high relevance in adolescents' lives.

High fear appeal television advertisements have the greatest impact on fear and attitude towards advertisements, and should be investigated for their visual and audio impact in terms of HIV/AIDS advertising targeted to adolescents. Based on the strong effect on susceptibility received from television advertisement interventions it seems obvious that this medium will convey the strongest message and also that it has the highest likelihood of being successful in convincing adolescents that they are likely to contract HIV/AIDS and that they are vulnerable to this disease. Printed media also have an impact on fear and attitude towards advertisements and, based on the relevance in adolescents' lives, this medium should be investigated in terms of specific magazine titles aimed exclusively at adolescents. It is also important to target adolescents when they are most likely to partake in risky sexual behaviour. Support media, like radio and billboards, can then be considered to convey the message of safe sexual behaviour to them.

Making adolescents afraid of the consequence of HIV/AIDS in order to alter behaviour is an ongoing process, since each new generation becomes adult and needs to know how to protect themselves from infection, and another younger generation follows. Furthermore, the short-term perspective of adolescents requires ongoing media exposure to constantly drive the message about HIV/AIDS prevention.

10.4 AREAS FOR FURTHER RESEARCH

Replication studies based on the proposed model to measure fear appeal effectiveness can be conducted on other samples in different settings, such as lower-income groups or rural adolescents. Different media options, like the radio, can also be investigated to test the effectiveness of fear appeal advertising in this medium.

Adolescents in other First-World or developing countries can be targeted to test the outcomes of fear appeal effectiveness. Furthermore, other social causes, like drinking and driving or anti-tobacco campaigns, in South Africa can be investigated to generalise the findings of this study. The role of message content and execution can be investigated in further studies to ascertain its impact on the effect of fear appeals. The present study focused only on the effect of different fear appeal levels, discussed further under the limitations of this study.

A delayed time effect is sometimes found when testing the effectiveness of advertising. To ascertain the effect of fear appeals over time is therefore an option for further research, and can be done by means of an experimental study. By developing actual fear appeal advertising and testing this in the form of a campaign over a certain period will also assist in the assessment of selective exposure, attention and comprehension issues in a realistic environment.

Future studies could also include participants who are in serious danger of contracting HIV/AIDS. These participants can be selected based on specific high-risk lifestyles.

The role of facial expressions when viewing HIV/AIDS fear appeal advertising can also be investigated, to ensure that appropriate levels of fear are developed based on physical factors and not only emotional factors.

The relationship between fear and other emotions experienced when viewing fear appeal advertising is yet unknown. For example, levels of surprise, anger, sadness, irritation, anxiety and disgust are affective outcomes that can be evaluated. This will assist in understanding how individuals process fear appeals.

10.5 LIMITATIONS

This study is subject to certain limitations. Self-report questionnaires were used and self-analysis was required of respondents. Given the racial and cultural background differences of respondents, the questionnaire was constructed keeping this in mind to ensure that objective self-reporting could be given.

Convenience sampling was used and replications will have to be done for random samples in South Africa to be able to fully generalise the results of this study. This will entail selecting a population that matches the target market in every respect, except that they have not been exposed to the fear appeal advertisements used. Identical before and after measures are then taken among both groups and comparisons of one set of measures with the other should isolate the sampling effect. The complexity and expense of these procedures are apparent and, ultimately, the purpose of the present study was to test interventions and to provide a better understanding of how adolescents process fear appeal advertising.

Due to cost and practical implications, this study was conducted in two main regions of South Africa only and other regions should be included to ascertain the effect of fear appeal advertising on a regional and national basis.

Message content and execution were not tested in this study, since the main objective was to measure the behavioural effect of levels of fear appeal. Practical and cost limitations made it difficult to produce six similar advertisements, which only differed with respect to fear elements, in order to create six different versions that depict three levels of fear appeal for both television and printed media. The advertisement stimuli were therefore selected from an extensive Internet basis of international HIV/AIDS prevention advertisements according to strict guidelines set out beforehand.

Processing and responses to advertising appeals do not always occur immediately after exposure to an advertisement intervention. This is referred to as the “delayed effect” or “sleeper effect”, since many persuasive messages do not have an initial effect, but changes in behaviour take place after a period of time. Generally, this delayed effect arises as a result of some intervention. This study was conducted in an experimental laboratory setting and could therefore not measure this effect over time. Furthermore, it would be difficult to recruit the same respondents for an experimental study after a period of time. It would however be interesting to consider long-term behavioural effects of the advertisements used in this study.

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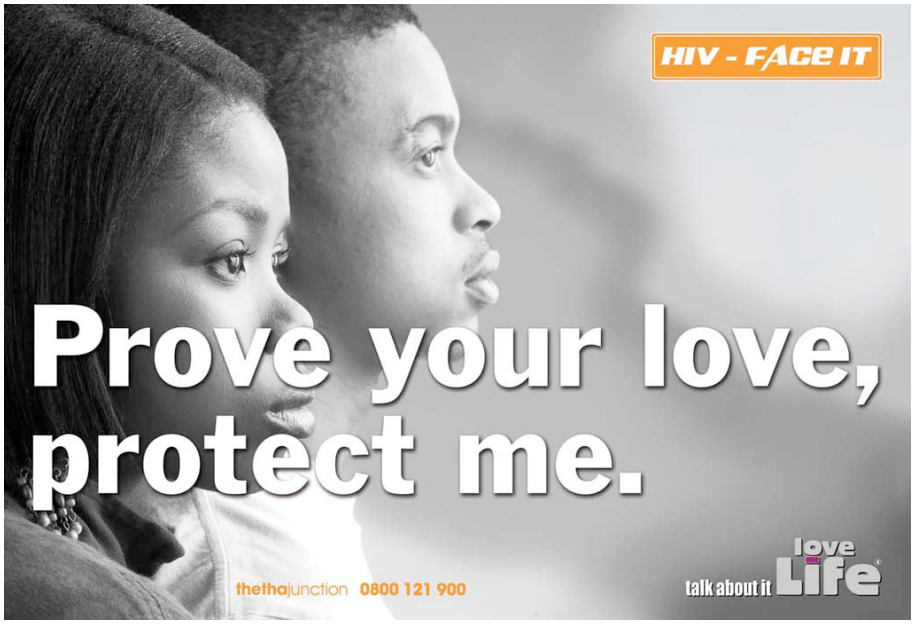
ADDENDUM A

ADVERTISEMENTS SELECTED FOR TESTING IN QUALITATIVE PHASE

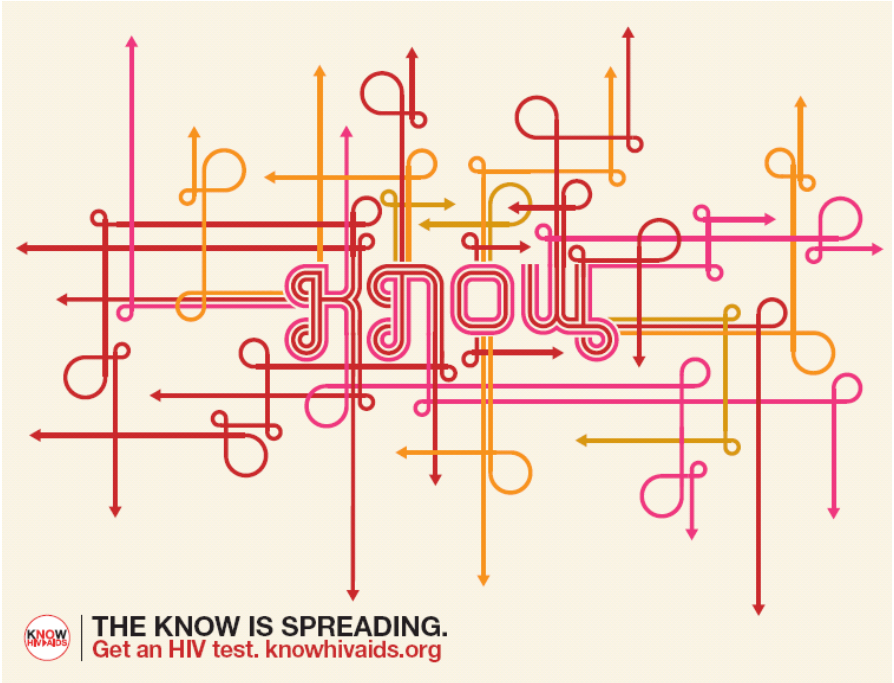
PRINT ADVERTISEMENTS

Low/No Fear

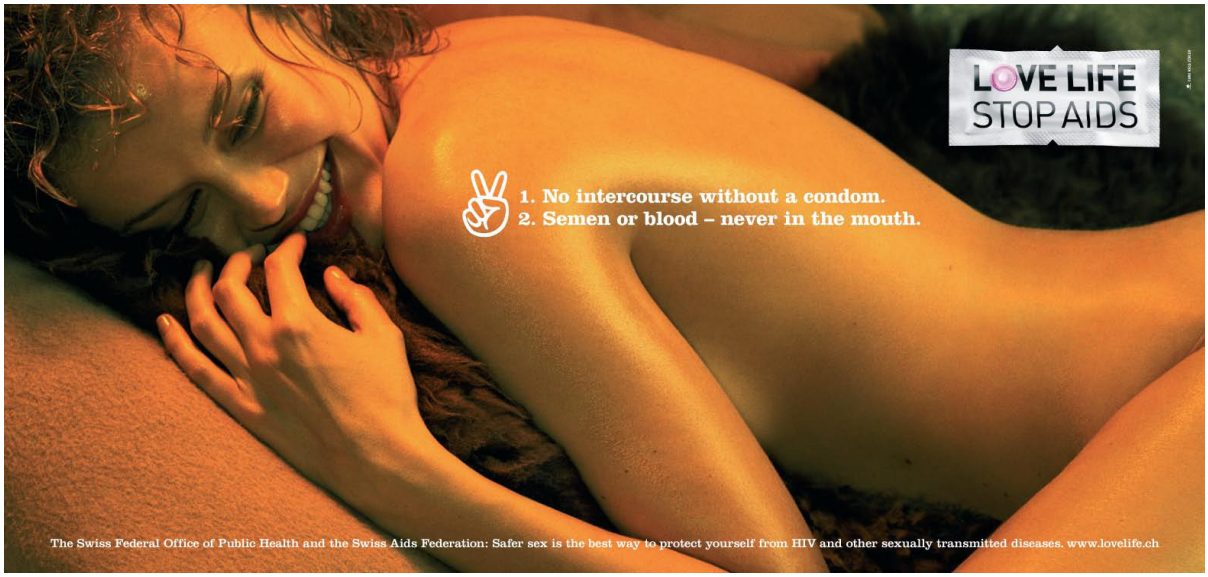
Prove your love (Love/Life) (H1)



Map showing spreading of AIDS (arrows) (H2)



Love Life stop AIDS sexual info (H3)

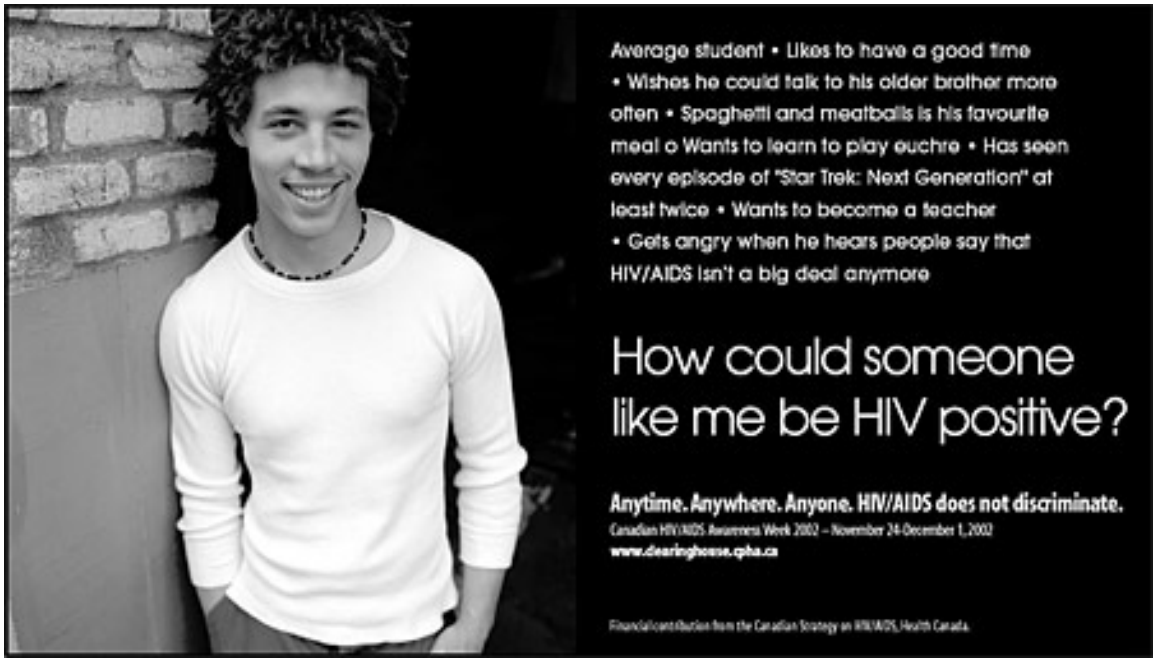


Street (H4)

Paramedic – 2 men (H5)

Texas Print (H6)

Canadian Health student (H7)



Tombstone (H8)

Scorpian H(9)

TELEVISION ADVERTISEMENTS

Low/No Fear

"Don't turn your back"

Message: Don't turn your back on HIV/AIDS. Think about it.

"No Excuses"

Message: Use protection or otherwise you do not have any excuse for contracting HIV/AIDS.

"Tshepo & Busi; loveLife"

Message: The way the HIV virus spreads from one person to the next.

Medium Fear

"Dumpster"

Message: Giving hope, you are not alone with HIV/AIDS

"No protection"

Message: Having unprotected sex is dangerous

"Old Age Home"

Message: HIV/AIDS is killing people before they even get old

"Chain Reaction"

Message: HIV/AIDS is like a chain reaction spreading to everyone

High Fear

"Human Ball"

Message: HIV/AIDS is spreading and growing, a snowball effect.

"Orphan Boy"

Message: The influence of HIV/AIDS on families – leaving children orphaned.

"Tsunami"

Message: The dual devastation of the last Tsunami versus HIV/AIDS spreading.

ADDENDUM B

QUALITATIVE DISCUSSION GUIDE

1. INTRODUCTION AND WARM-UP (10 mins)

- Moderator presents herself and explains the purpose of the discussion
- Introduce the respondents to the concept of qualitative research and emphasise the need for information sharing and group participation.
- Individual introductions, occupation, age, hobbies and interests.
- Introduce respondents to the concept of advertising research and please emphasise the following:
  - Respondents do not need to become advertising critics or creative directors.
  - Material is from different parts of the world and that they need to focus on the overall idea and impact.

2. SPONTANEOUS ASSOCIATION (20 mins)

- I want you to tell me everything that comes to mind when you see this word. Write the word HIV/Aids on the flipchart and conduct a mindmap exercise including first, second and third level associations.
- Whilst conducting the mind-mapping exercise explore the following:
  - Specific feeling regarding the disease and the perceptions of how it affects them, their world, the country, the world.
  - How do you feel when you meet someone who you know has Aids? Do you think that people treat them differently? In what way? Is there a stigma about people with Aids? Do you think they are being discrimated? To what degree?
  - What are the changes of you being infected? Why do you say that?
  - Have been exposed to Aids education? When, where and in what format? How did you feel about that? How effective do you think it has been?
  - When do you think people like yourself would be most receptive to Aids education? Why?
  - What do you think is the best way to go about telling people of the dangers and prevention of Aids? Why that? Do you think one

should use humour, or fear or basic information (statistics) to make people aware and listen.

- How often are you generally exposed to advertising/commercials?
- How often do you think you are exposed to HIV messages
- Lastly, when did you become sexually aware and active?

3. REACTION TO PRINT/OUTDOOR ADVERTISEMENTS

Show the different print/outdoor concepts to the respondents. Rotate order in the group and ask respondents to fill in the self-completion questionnaires without talking to each other of influencing each other in any way.

- Discuss each advertisement regarding the following:
- Spontaneous thoughts, feelings and moods evoked. Allow respondents to "dump" what is in their heads as a result of the looking at the advertisement.
- Did this advertisement draw you in? In what way?
- What do you think is the main message of this commercial? What other messages are there?
- What product/brand is being advertised? What are they telling you about the product – functional and emotional benefits?
- Imagine you did not know this product/brand and you only have this ad to tell you about this product – what would you do as a result of this ad? Explore the call to action – if no action; explore the tuning out and what created the tune out.
- Did you like this ad? Was there anything that you disliked about this commercial? What? Why?
- Discuss the different elements that made it enjoyable or the elements that detracted from their ability to enjoy this communication.
- Explore specific elements of the advertisement that could motivate them or people like themselves.
    - Explore the level of self-relevance – is this advertisement talking to you – or can you see yourself in this scenario? Why/ why not?
    - After seeing these ads and chatting about them, would you say that you are likely to change your sexual behaviour in any way from now

on? If so, how? (Probe Safe sex (protection), Lifestyle (less sex/1 partner), Abstinence, etc)

- If not raised spontaneously till now, ask respondents about the level of fear used in the print advertisement and how they feel about it.
- Repeat for all the print/outdoor executions
- Rank the different print/outdoor executions on a continuum of low fear to high fear and get the group consensus of where they would tune out if at all.

4. REACTION TO TV COMMERCIALS

Play the different TV commercials one at a time and ask consumers to fill in the self-completion questionnaires. Remember to rotate the order of the concepts.

- Once completed play each commercial again and discuss – prevent respondents at this point in time to make comparisons with other commercials they have seen – but to focus on each one individually. Explore
- Spontaneous thoughts, feelings and moods evoked. Allow respondents to "dump" what is in their heads as a result of the watching the commercial.
- What is the story of the commercial? Tell me the story of this commercial?
- Did this commercial draw you in? In what way?
- What do you think is the main message of this commercial? What other messages are there?
- What product/brand is being advertised? What are they telling me about the product – functional and emotional benefits?
- Imagine you did not know this product/brand and you only have this commercial to tell you about this product – what would you do as a result of seeing this commercial? Explore the call to action – if no action; explore the tuning out and what created the tune out.
- Did you like this commercial?
- Was there anything that you disliked about this commercial? What? Why?
- Discuss the different elements that made it enjoyable or the elements that detracted from their ability to enjoy this communication
  - Explore specific elements of the commercial that could motivate consumers.

- Explore the degree in which the commercial involves them. Did you feel that you were (or could be) part of the story? Explore specific levels of self-relevance or the ability to self-identify with the commercial

❖ Do you think that other people like yourself would understand this commercial and what it is trying to say? Why/ why not? How easy was this to grasp? Are there any specific elements in this idea that could be confusing?

❖ Who did they have in mind when they made this commercial? Explore perceptions of the intended target market.
  - Can you relate to what they are communicating? Why / why not?
  - What would you change to make it fit better with you and the way you live?

❖ Is this approach they have used in the commercial different from other? Why/ Why not? Have you ever seen anything like this for a similar or any other product? What do you think would make this commercial noticeable? *(Probe ability of ad to stand out in the crowded media environment.)*

❖ Do you think that this commercial will have the ability to make you or other people like yourself feel different about HIV/Aids? Compare feelings before the groups started with feelings evoked by viewing the commercial. *(Refer back to the Mind mapping exercise)*

❖ If not raised spontaneously till now, ask respondents about the level of fear used in the print advertisement and how they feel about it.

❖ Repeat for the other commercials.

❖ Rank the different commercials on a continuum of low fear to high fear and get the group consensus of acceptability and where they would tune out if at all.

Thank respondents for participation.

ADDENDUM C

Self-completion questionnaire

For Admin purposes:	

Please answer the following questions on your own, without discussing it with others in the group:

Take a look at the following ***PRINT*** advertisements and answer each of the following questions:

Advertisement H1

What is your immediate reaction?

……

Indicate in one of the columns below, the extent to which you agree or disagree with the following attributes

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The ad is very relevant to me and the things that happen in my life					
The ad caught my attention immediately					
The ad made me feel uncomfortable					
The ad evoked a feeling of fear inside me					
The ad is realistic					
This ad made me feel tense/nervous					
I like this ad					
I felt involved with this ad from the beginning					
This ad taught me something					
I felt untouched/unmoved by this ad					
This ad was easy to understand					
I believe what this advertisement is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this advertisement portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)……..

Advertisement H2

What is your immediate reaction?

……

Indicate in one of the columns below, the extent to which you agree or disagree with the following attributes

	Yes, I agree completely	**Yes, I agree to an extent**	**I neither agree or disagree**	**No I disagree to an extent**	**No I completely disagree**
The ad is very relevant to me and the things that happen in my life					
The ad caught my attention immediately					
The ad made me feel uncomfortable					
The ad evoked a feeling of fear inside me					
The ad is realistic					
This ad made me feel tense/nervous					
I like this ad					
I felt involved with this ad from the beginning					
This ad taught me something					
I felt untouched/unmoved by this ad					
This ad was easy to understand					
I believe what this advertisement is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this advertisement portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)……..

Advertisement H3

What is your immediate reaction?

……

Indicate in one of the columns below, the extent to which you agree or disagree with the following attributes

	Yes, I agree completely	**Yes, I agree to an extent**	**I neither agree or disagree**	**No I disagree to an extent**	**No I completely disagree**
The ad is very relevant to me and the things that happen in my life					
The ad caught my attention immediately					
The ad made me feel uncomfortable					
The ad evoked a feeling of fear inside me					
The ad is realistic					
This ad made me feel tense/nervous					
I like this ad					
I felt involved with this ad from the beginning					
This ad taught me something					
I felt untouched/unmoved by this ad					
This ad was easy to understand					
I believe what this advertisement is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this advertisement portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)……..

Advertisement H4

What is your immediate reaction?

……

Indicate in one of the columns below, the extent to which you agree or disagree with the following attributes

	Yes, I agree completely	**Yes, I agree to an extent**	**I neither agree or disagree**	**No I disagree to an extent**	**No I completely disagree**
The ad is very relevant to me and the things that happen in my life					
The ad caught my attention immediately					
The ad made me feel uncomfortable					
The ad evoked a feeling of fear inside me					
The ad is realistic					
This ad made me feel tense/nervous					
I like this ad					
I felt involved with this ad from the beginning					
This ad taught me something					
I felt untouched/unmoved by this ad					
This ad was easy to understand					
I believe what this advertisement is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this advertisement portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)……..

Advertisement H5

What is your immediate reaction?

……

Indicate in one of the columns below, the extent to which you agree or disagree with the following attributes

	Yes, I agree completely	**Yes, I agree to an extent**	**I neither agree or disagree**	**No I disagree to an extent**	**No I completely disagree**
The ad is very relevant to me and the things that happen in my life					
The ad caught my attention immediately					
The ad made me feel uncomfortable					
The ad evoked a feeling of fear inside me					
The ad is realistic					
This ad made me feel tense/nervous					
I like this ad					
I felt involved with this ad from the beginning					
This ad taught me something					
I felt untouched/unmoved by this ad					
This ad was easy to understand					
I believe what this advertisement is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this advertisement portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)……..

Advertisement H6

What is your immediate reaction?

……

Indicate in one of the columns below, the extent to which you agree or disagree with the following attributes

	Yes, I agree completely	**Yes, I agree to an extent**	**I neither agree or disagree**	**No I disagree to an extent**	**No I completely disagree**
The ad is very relevant to me and the things that happen in my life					
The ad caught my attention immediately					
The ad made me feel uncomfortable					
The ad evoked a feeling of fear inside me					
The ad is realistic					
This ad made me feel tense/nervous					
I like this ad					
I felt involved with this ad from the beginning					
This ad taught me something					
I felt untouched/unmoved by this ad					
This ad was easy to understand					
I believe what this advertisement is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this advertisement portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)……..

Advertisement H7

What is your immediate reaction?

……

Indicate in one of the columns below, the extent to which you agree or disagree with the following attributes

	Yes, I agree completely	**Yes, I agree to an extent**	**I neither agree or disagree**	**No I disagree to an extent**	**No I completely disagree**
The ad is very relevant to me and the things that happen in my life					
The ad caught my attention immediately					
The ad made me feel uncomfortable					
The ad evoked a feeling of fear inside me					
The ad is realistic					
This ad made me feel tense/nervous					
I like this ad					
I felt involved with this ad from the beginning					
This ad taught me something					
I felt untouched/unmoved by this ad					
This ad was easy to understand					
I believe what this advertisement is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this advertisement portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)……..

Advertisement H8

What is your immediate reaction?

……

Indicate in one of the columns below, the extent to which you agree or disagree with the following attributes

	Yes, I agree completely	**Yes, I agree to an extent**	**I neither agree or disagree**	**No I disagree to an extent**	**No I completel y disagree**
The ad is very relevant to me and the things that happen in my life					
The ad caught my attention immediately					
The ad made me feel uncomfortable					
The ad evoked a feeling of fear inside me					
The ad is realistic					
This ad made me feel tense/nervous					
I like this ad					
I felt involved with this ad from the beginning					
This ad taught me something					
I felt untouched/unmoved by this ad					
This ad was easy to understand					
I believe what this advertisement is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this advertisement portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)……..

Advertisement H9

What is your immediate reaction?

……

Indicate in one of the columns below, the extent to which you agree or disagree with the following attributes

	Yes, I agree completely	**Yes, I agree to an extent**	**I neither agree or disagree**	**No I disagree to an extent**	**No I completely disagree**
The ad is very relevant to me and the things that happen in my life					
The ad caught my attention immediately					
The ad made me feel uncomfortable					
The ad evoked a feeling of fear inside me					
The ad is realistic					
This ad made me feel tense/nervous					
I like this ad					
I felt involved with this ad from the beginning					
This ad taught me something					
I felt untouched/unmoved by this ad					
This ad was easy to understand					
I believe what this advertisement is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this advertisement portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)……..

Take a look at the following ***TELEVISION*** commercials and answer each of the following questions:

Commercial C1

What is your immediate reaction?

……

	Yes, I agree completely	**Yes, I agree to an extent**	**I neither agree or disagree**	**No I disagree to an extent**	**No I completely disagree**
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Commercial C2

What is your immediate reaction?

……

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Commercial C3
What is your immediate reaction?

……

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Commercial C4

What is your immediate reaction?

……

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Commercial C5

What is your immediate reaction?

……

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Commercial C6

What is your immediate reaction?

……

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Commercial C7

What is your immediate reaction?

……

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Commercial C8

What is your immediate reaction?

……

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Commercial C9

What is your immediate reaction?

……

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Commercial C10

What is your immediate reaction?

……

	Yes, I agree completely	Yes, I agree to an extent	I neither agree or disagree	No I disagree to an extent	No I completely disagree
The commercial is very relevant to the youth today					
The commercial is very relevant to me and the things that happen in my life					
The commercial caught my attention immediately					
The commercial made me feel uncomfortable					
The commercial evoked a feeling of fear inside me					
The commercial is realistic					
This commercial made me feel tense/nervous					
I like this commercial					
I felt involved with this commercial from the beginning					
This commercial taught me something					
I felt untouched/unmoved by this commercial					
This commercial was easy to understand					
I believe what this commercial is saying					
This ad will most likely make me stop engaging in dangerous sexual behaviour					
Nothing will make me stop engaging in dangerous sexual behaviour unless my health suffers					

What is the main message this commercial portrays?.....
What, if anything evokes a feeling of discomfort with this ad (ie death, numbers of people affected, social rejection, etc)…….

Thank you

ADDENDUM D

TRANSCRIPTION

(PILOT GROUP)

BILINGUAL WHITE & COLOURED FEMALES (50:50) (18 – 24yrs)

WORKING AND STUDENTS (60:40)

CAPE TOWN – 17/11/06 [17h00]

M: I AM GOING TO CHAT TO YOU ABOUT HIV & AIDS. TELL ME WHAT IS IN YOUR HEAD WHEN YOU SEE THOSE WORDS "HIV & AIDS"?

R: I am sick of hearing it.

M: I WANT HONESTY HERE TONIGHT.

R: I see the grim wreath of death. [It is all across the country and you always hear about it.] It is scary. [I am sick of hearing about it.] That is all you hear. [You hear about it all the time – not safe sex – and you hear about wearing condoms.] It is on TV, on billboards, everywhere you go, you hear about it. [It is just growing and you see it everywhere. It is falling on deaf ears.] Nothing is happening about it. [It is scary.] It is just everywhere. You get so sick of hearing about it. As soon as you hear someone talking about HIV on TV, you turn it off.

M: THE FIRST THING YOU SAID WHEN YOU HEAR ABOUT IT IS 'I AM SICK OF IT' AND 'IT IS FALLING ON DEAF EARS.' WHY DO YOU THINK THAT IS (FALLING ON DEAF EARS)?

R: Because you hear it so much. [I think people are trying to avoid it because it really is a scary subject.] In my position when I hear about it, I think 'I don't need to hear about it because it won't be affecting me.'

M: SO YOU THINK 'IT WON'T HAPPEN TO US.'

R: I think 'I am not having sex. When I am married I will have sex.' [You don't only get AIDS from having sex.] I don't put myself in that category.

M: IF YOU WERE HAVING SEX, WOULD YOU HAVE THOUGHT THE SAME THING?

R: No. [No.] I know a lady personally who was married to her husband for about 30 years and he had an affair and she got AIDS. That happens so often and people don't realise it can happen to them. You don't know what is ahead.

M: WHAT YOU ARE SAYING IS THIS WHOLE PATHWAY THAT YOU SEE HERE – 'I AM SICK OF IT' AND 'IT IS FALLING ON DEAF EARS' – IF YOU LOOK AT THE REASONS FOR THAT, FIRST AND FOREMOST IT IS TOO SCARY TO CONTEMPLATE. ON THE OTHER HAND, YOU FEEL 'IT WON'T HAPPEN TO ME.'

R: The other thing is you are immune to hearing it.

M: WHY ARE YOU IMMUNE TO HEARING IT?

R: Because we hear it so much.

M: TOO MUCH/OVER-LOAD.

R: I heard that you have to hear it 7 times in order for it to become a habit. You just become immune to it, it is like nothing.

M: WHY DO YOU NOT WANT TO HEAR THE AIDS STORY?

R: I think it is sad and depressing. The other day I saw on TV they were lecturing little kids about AIDS, kids of 7 and 8.

M: DO YOU THINK THEY SHOULD KNOW ABOUT THAT?

R: Yes (agreement). [Of course they should know about it. When I was that age, I didn't know about sex and stuff like that.]

M: WHEN DO KIDS BECOME SEXUALLY ACTIVE THESE DAYS, BE HONEST NOW?

R: 9. [10.] That is very scary. [I would say at 15.] No ways. [They are active at 11 and 12.] Kids of 4 and 5 years old sell themselves for food.

M: WHEN DID YOU GUYS BECOME SEXUALLY ACTIVE?

R: Maybe religion-wise we are all waiting to get married.

M: WHAT HAPPENED TO THE OLD THING ABOUT "TRY BEFORE YOU BUY"?

R: I really think that is very important because you never buy a car that you haven't driven before. [From a Christian perspective, I believe that when I marry my husband, God is going to bless that marriage and he is going to bless our wedding bed because we have been faithful to each other. Because I am a virgin, I have to know what I am getting into.] I was with a guy for 4 years and we had sex. I had one sexual partner, it wasn't like I was screwing the whole world. I didn't think there was anything wrong with it. My mom knew I was on the injection and it was safe.

M: AND YOU?

R: I was in matric or the year after matric when I became sexually active.

M: SO YOU BECAME SEXUALLY ACTIVE IN ABOUT STD. 9 OR MATRIC FOR THIS AGE GROUP.

R: It was the same situation – just my mother doesn't know about it. [If my boyfriend sleeps in my bed 24/7 obviously my mom knows.] I disagree with that too – I can sleep in my boyfriend's bed and not have sex for months and months. [I wouldn't be able to do that.] It depends from person to person. [What was the question?] At what age did you become sexually active? [19 or 20.]

M: SO THE KIDS TODAY REALLY DO BECOME SEXUALLY ACTIVE YOUNGER. YOU SAID YOU ARE GETTING TIRED OF THAT MESSAGE; YOU HEAR IT TOO MUCH; THERE IS A CERTAIN AMOUNT OF TUNE-OUT, WHATEVER THE REASON IS I.E. I 'THINK IT IS NOT GOING TO HAPPEN TO ME' OR 'I JUST DON'T WANT TO THINK ABOUT IT'. HOW DO YOU FEEL ABOUT THE DISEASE ITSELF? HOW DO YOU FEEL ABOUT AIDS?

R: I get a hateful feeling when I hear the word. [I think the problem is apparently AIDS was first reported by some guy in New York or in some big city in America in 1982. We haven't heard about that. You don't hear it every day.]

M: WHEN DID AIDS REALLY BREAK?

R: In high school – in the late 80s. [The first mention of it was in the 80s.] I think what happened was that it happened too quickly or it was put in our faces too quickly. It was brought to the world too quickly and it happened very fast. It came as a shock.

M: LET'S LOOK AT TODAY. HOW DO YOU FEEL THIS DISEASE IS AFFECTING OUR LIVES, OUR COUNTRY, THE WORLD WE LIVE IN?

R: I think it is a mess honestly. I don't want to get political because I could really get upset but I just think that you have so many high powered people that have so many different opinions and statements to say about AIDS and HIV that the uneducated people actually don't know what to believe so they do their own thing. There is not stable opinion. [There are a lot of messages about AIDS.] There is miscommunication. [There is one slogan that sticks in your

head – ABSTAIN OR HAVE SAFE SEX.] Yet people hear about safe sex but they still don't adhere by it. [There are so many different messages.]

M: HOW IS IT AFFECTING OUR WORLD? HOW IS AIDS, THE DISEASES, AFFECTING US? HOW IS IT GOING TO AFFECT US?

R: I think it is putting boundaries on our lives in a lot of ways.

M: HOW DO YOU FEEL ABOUT THAT?

R: Well, obviously one doesn't like it. [I feel restricted.] I think it is like we know it is there but we don't want to know it is there. [Denial.] It is that scary that you don't want to believe it.

M: ARE YOU IN AGREEMENT THAT IT IS VERY SCARY?

R: Yes (agreement).

M: ARE YOU AVOIDING THIS ISSUE I.E. YOU DON'T WANT TO TALK ABOUT IT OR HEAR ABOUT IT?

R: Yes (agreement). [Yes, because we have heard about it.]

M: BUT YOU ALSO DON'T WANT TO CONTEMPLATE IT.

R: I also think that it is a scary thing and I think 'but it is out there and I am here and it won't affect me.'

M: WHAT IS THE CLOSEST YOU HAVE COME TO AIDS?

R: Me hearing about it.

M: YOU DON'T KNOW ANYBODY WHO HAS AIDS?

R: No. [I actually know 2 people. I haven't seen the one guy for a long time.]

M: AND?

R: It is not easy, hey. [I think that is the only time you actually realize it is a reality.] At the same time he is gay, his boyfriend was also sleeping around and that is how he got it. When you love someone, sometimes you are blinded by the love and don't believe that that person can hurt you like that. [There was a story about some 13 year old girl, she was supposed to emigrate with her family to Australia and then they found out she had AIDS a month before they left. She had to go for blood tests.] It was a boy at Cavendish. [There was a girl as well and then her mother took her to the gynecologist because they wanted to know what she was doing at 13. Her hymen was in tact, everything was fine and then she told her mother that she had been having anal sex at Cavendish.]

M: WITH WHOM?

R: It was a game they were playing - you had to say your name and a guy ticked your name and then the 2 of you went to the toilet and that is how she got AIDS. Anal sex is the fastest way of getting AIDS.

M: APART FROM CORINE, NOBODY HERE ACTUALLY KNOWS SOMEBODY WHO HAS AIDS. HOW DO YOU THINK YOU WILL FEEL WHEN YOU MEET SOMEBODY WHO HAS GOT AIDS?

R: Hopefully not judgmental. [People do treat people who have AIDS differently.] I don't want to treat them differently but I probably would. [I wouldn't know how to handle it.]

M: IF CORINE HAD AIDS, HOW WOULD YOU FEEL?

R: Not great about it because it is so scary. [Our neighbour met this guy, I think he was a foreigner, and he died of AIDS. She went overseas and found out she had AIDS as well. Apparently he was faithful to her. They met and he had AIDS already. She died eventually. It was actually an eye opener for me. I had to acknowledge it was around and I had to stop ignoring it and stop wearing blinkers to it. I work with peoples' blood all the time.]

M: DO YOU THINK PEOPLE WITH AIDS ARE BEING DISCRIMINATED AGAINST?

R: Yes (agreement).

M: IS THERE STILL A STIGMA ABOUT IT?

R: Yes (agreement).

M: WHAT ARE THE CHANCES OF YOU GETTING AIDS?

R: You don't know. [You never know.] There were HIV tests at UCT the other day and my friends asked 'Are you going to go?' and I said 'I don't need to go. What are you talking about, because I am religious?'

M: BASICALLY YOU THINK 'NO, CHRISTINE I DON'T THINK I AM GOING TO GET AIDS.'

R: Yes, and they said 'but you never know.' I thought 'How?' I know I don't think I will get AIDS.

M: ON A NORMAL LEVEL, DO YOU THINK YOU WILL GET AIDS?

R: No (agreement). [You will try to prevent it obviously because you know the precautions you need to take.]

M: THIS AIDS EDUCATION THAT YOU HAVE BEEN EXPOSED TO, WHEN AND WHERE DID YOU GET YOUR AIDS EDUCATION?

R: School. [TV, radio.]

M: WHAT WAS THE AIDS EDUCATION LIKE THAT YOU GOT?

R: I can't remember AIDS education at school. [It was really funny.] They tried to make it funny.

M: WAS THAT GOOD?

R: I think it got peoples' attention. [They had pictures in the little books. At that age everything is really funny.]

M: HOW IMPACTFUL WAS THAT?

R: It wasn't.

M: WHY? AT SCHOOL THERE IS A TENDENCY TO FEEL THAT EVERYTHING IS FUNNY.

R: You are with your friends, the boys are there and the girls are there and you all laugh. [I think the whole life skills/sex ed at school was a waste of time.] It was a joke.

M: BECAUSE?

R: Because of the amount of time my school teacher was there. [I was always very closed/narrow minded. I had my blinkers on and sex wasn't a thing that I even thought about at school, even in Std. 9 and matric.]

M: WHY DIDN'T YOU THINK ABOUT SEX? QUITE HONESTLY, MY STEP DAUGHTER IS NOW IN STD. 9 AND SEX IS BIG ON THEIR AGENDA.

R: I think with our younger brothers and sisters it has grown very quickly between the 2 levels.

M: DO YOU THINK SEX EDUCATION FOR YOUR YOUNGER BROTHERS AND SISTERS IS BETTER THAN THE SEX EDUCATION YOU GOT?

R: I hope it is.

M: DO YOU THINK IT IS BETTER?

R: Yes. [When we were at school we were wearing blinkers and we weren't focused on sex topics but in this generation you have to focus on sex topics.] When we were 10, we knew nothing about sex. Now at 10 everyone is having sex. [It is open.]

M: WHY ARE YOU SHAKING YOUR HEAD?

R: Because I didn't even think about it, I didn't even know what it was when I was 10 years old. [Exactly.] Children of 10 are very mature now.

M: LET'S ASK THE MILLION DOLLAR QUESTION THEN. WHEN DO YOU THINK CHILDREN/KIDS/YOUNG PEOPLE WOULD BE MOST RECEPTIVE TO AIDS EDUCATION?

R: When they reach puberty. [Puberty is too late.] I think in Std. 5.

M: WHICH IS AGE 12 AND 13. HOW? IN WHAT FORMAT? YOU SAID IT WAS DISCUSSED AT SCHOOL AS PART OF SEX EDUCATION. WHAT WAS IT CALLED?

R: LIFE SKILLS.

M: IS THAT WHERE IT BELONGS, DO YOU THINK?

R: Yes.

M: WHERE SHOULD AIDS EDUCATION BE?

R: Where else can it be? At home you don't listen to your family. [Nobody ever talks about it. Our parents need to play an integral part. I took my life skills teacher for a joke.] It was a free period for us. [It was exactly that. I did my homework for the next lesson.]

M: THE PERSON WHO DID THE AIDS EDUCATION WAS NOT CREDIBLE AND YOU DIDN'T RESPECT HER. WHAT WAS WRONG IN THIS WHOLE SCENARIO?

R: There wasn't structure. [It is not what we wanted to hear.] And it wasn't relevant.

M: IT IS RELEVANT, IT IS IMPORTANT. HOW ARE YOU GOING TO MAKE THIS WORK?

R: At that age (12 and 13 years old) it is a complete different generation so we weren't that advanced in sexual thinking. Now children are having sex at an earlier age so they are treated differently. They take sex education more seriously now. [Are they mature enough though? You hear HIV AIDS – SAFE SEX or NO SEX but then you think 'It is not going to happen to me' and you are too young to really get your head around 'what is it to live with HIV?'] I think it has to start with the parents.

M: LET'S FORGET THE KIDS. LET'S TALK ABOUT THE AGE GROUP THAT YOU FIND YOURSELF IN I.E. 18 – 24 YEAR OLDS. WHAT DO YOU THINK IS THE BEST WAY TO ACTUALLY COMMUNICATE TO PEOPLE OF THIS AGE ABOUT THE DANGERS AND PREVENTIONS OF AIDS?

R: I think it has to do with the way you present it.

M: TALK TO ME.

R: Video.

M: THAT IS THE MEDIUM. WHAT ABOUT THE APPROACH?

R: At varsity this guy came, he was just slightly older than us and he started off saying 'We are going to talk about HIV/AIDS' and everybody started sliding back. He took out a big dildo, slapped it on the table and then made jokes and got our attention.

M: SO THERE WAS HUMOUR. CAN HUMOUR WORK WITH A MESSAGE LIKE THIS?

R: Yes (agreement). [It captures your attention then.] But there is a fine line, I think. [He started doing a presentation on the board and then he put it on video and he showed how everything was connected in what he was saying, but inbetween he made a remark.]

M: SO HUMOUR WAS THE LINK.

R: To the age group he was targeting that was his way to do it.

M: MEANING THE 18 – 24 YEAR OLD AGE GROUP?

R: Yes.

M: LET'S LOOK AT APPROACHES. IF WE TALK ABOUT THE AIDS MESSAGE (1) YOU CAN DO IT WITH NORMAL STATS/BASIC INFORMATION I.E. 'THIS IS WHAT HAPPENED' (2) YOU CAN DO IT WITH HUMOUR (3) YOU CAN DO IT WITH FEAR.

R: Do you remember when Zuma gave out those condoms but they stapled everything together? How stupid, is that?

M: WHY FEAR? DO YOU THINK FEAR WOULD WORK?

R: What do you mean by fear?

M: USING FEAR, TO SCARE TO PEOPLE.

R: LIKE THIS IS WHAT IS GOING TO HAPPEN TO YOU IF …. [I think that will do a lot actually. Once you see an AIDS patient, you will take a step back and think.]

M: DO YOU THINK FEAR WILL WORK?

R: Get someone who has AIDS to talk about it.

M: LIKE A CASE STUDY I.E. 'MY NAME IS … I HAVE AIDS.'

R: That will work because there are pictures up of people with AIDS. I always see the same woman and the same guy, their faces before and after. That scared the shit out of me, honestly it did. It was really, really scary. My mom had cancer as well. The doctor asked if they could use her as a case study and she said yes because she wanted to help other people. I think they should definitely use AIDS patients. [I wouldn't put an AIDS patient on a billboard.]

M: I AM VERY CONFUSED NOW. YOU STARTED OFF BY SAYING IT IS A VERY SCARY TOPIC, YOU ARE SICK OF IT, YOU DON'T WANT TO LISTEN TO IT. YET YOU KNOW SAY TO ME 'THE MOST EFFECTIVE/APPROACH WAY IS ACTUALLY FEAR'?

R: The initial presentation should start off with humour to attract everyone's attention. You can end off with stats and the pictures of AIDS patients.

M: SOME PEOPLE DON'T HAVE THE LUXURY OF HAVING THE TIME TO HEAR A PRESENTATION. SOMETIMES YOU NEED TO BRING A MESSAGE ACROSS IN A SHORT PERIOD OF TIME. WHY WOULD FEAR WORK FOR THAT?

R: It freaks me out. If I think about a scary movie, I don't sleep that night. I have nightmares. [You must pretend it is a momentary thing. A fearful thing will stick in your head, it could have that lasting effect.]

M: YOU SAID YOU ARE FAIRLY SICK OF THE AIDS MESSAGE. HOW OFTEN DO YOU FEEL YOU ARE GETTING EXPOSED TO THE AIDS MESSAGE?

R: Twice a week. [Only if I drive passed a billboard.] I do watch TV but I don't watch it that much.

M: HOW OFTEN DO YOU FEEL YOU ARE GETTING EXPOSED TO THE AIDS MESSAGE?

R: I watch more TV than listen to the radio. On the radio there is a lot about AIDS. [And billboards.] I am not too exposed to it. I don't think I listen when I hear an AIDS message.

M: DO YOU WATCH TV?

R: Yes. [Yes.] Yes.

M: WHAT DO YOU LIKE WATCHING?

R: Grey's Anatomy. [Grey's Anatomy.]

M: WHAT ELSE?

R: Survivor.

M: DO YOU WATCH THE SOUTH AFRICAN AND THE AMERICAN "SURVIVOR"?

R: Yes (agreement). [I watch "Friends".] I like "Smallville." ["Will & Grace".] "Sexy in the City". ["Two and a Half Men".]

M: YOU WATCH SITCOMS.

R: I like CSI. [Isidingo.]

M: A WORK COLLEAGUE HAS TOLD ME ISIDINGO IS THE BEST SOAPIE. IS IT?

R: Yes, and 7de Laan is good.

M: DO YOU EVER WATCH ISIDINGO?

R: Yes, I watch it every day.

M: THEY SAY IT IS SO REAL.

R: It is real. [When you watch soapies that is the period when you see the nicest exciting adverts.]

M: DO YOU LIKE ADS?

R: Yes (agreement). [My friend's mom switches the sound off during ads and I get so upset.]

M: I AM GOING TO MAKE YOUR NIGHT TONIGHT BECAUSE THE REST OF THIS EVENING IS ABOUT ADS. I HAVE A SERIES OF PRINT ADS FOR YOU TO EVALUATE. I HAVE A SERIES OF TV ADS FOR YOU TO EVALUATE. DON'T SPEND A LOT OF TIME ON IT. LOOK AT THE AD AND FOR EACH AD YOU ARE GOING TO COMPLETE THIS QUESTIONNAIRE. THERE IS "ATTRIBUTE" ON THE SIDE HERE AND "A SCALE" ON THE TOP. IT IS ABOUT THE TOP OF MIND, INITIAL TYPE FEELINGS YOU GET. KEEP IN MIND WHEN YOU DO SOMETHING LIKE THIS, I DON'T WANT TO TURN YOU INTO AN AD CRITIC. THAT IS NOT MY IDEA. THERE ARE ENOUGH OF THOSE PEOPLE OUT

THERE. I WANT YOU TO LOOK AT THIS AS A NORMAL CONSUMER. FILL THE QUESTIONS IN AS A NORMAL CONSUMER. I AM GOING TO SEND AROUND 2 SETS OF PRINT ADS. SOME OF THESE ADS WE HAD TO PULL OFF THE INTERNET, THEY ARE FROM ALL OVER THE WORLD. THE PRODUCTION VALUES ARE NOT THAT BRILLIANT. IT IS NOT ABOUT THAT. FOCUS ON THE MESSAGE THEY ARE TRYING TO GET

ACROSS. DON'T WORRY ABOUT IF IT IS NOT THAT MUCH IN FOCUS. ASSUME THAT ANY OF THESE ADS WILL BE GOOD. NO TALKING WHILE DOING THIS BECAUSE OTHERWISE YOU MIGHT INFLUENCE EACH OTHER. I WANT INDIVIDUAL COMPLETION OF THIS. WHAT APPROACH ARE WE DEALING WITH HERE IN THESE?

R: Fear.

M: WITH THESE 9 PRINT ADS IMAGINE A CONTINUUM AND WE ARE GOING TO CALL THIS OUR 'FEAR CONTINUUM'. IMAGINE A LINE THAT RUNS FROM 0 (NO FEAR/LITTLE FEAR) UP TO 10. THEY MUST BE PUT UP IN A CONTINUUM OF FEAR AND YOU DECIDE WHICH ONE IS LOW UP TO THE HIGHEST. YOU BE THE DOERS AND YOU BE THE ONES TO SAY WHICH ONES MUST GO. ON THE TOP OF YOUR HEAD, DO YOU KNOW WHICH ONE WAS THE WORST (HIGHEST FEAR)?

R: H1 was very boring.

M: YOU ARE DEALING WITH THE FEAR CONTINUUM. WORK AS A GROUP.

R: H8 isn't scary. [I don't think H4 is so scary.] H4 is 4. [H5 is 9.] I like H5. [What did you think of the guy standing there?] It was boring. [I think H7 was fearful because it can happen to anybody.] I also think H7 is fearful. [Move H3.] It looks like it is promoting sex more than anything else. [The words are scary but not the image. The image is promoting sexism.]

M: HOW DO YOU FEEL NOW? HAVE YOU GOT A FEAR CONTINUUM?

R: Yes (agreement).

M: READ OUT YOUR FEAR CONTINUUM. IT IS H2; THEN H3. THEN?

R: H1; H4; H8; H7; H6; H5; H9.

M: I WANT TO TALK TO YOU ABOUT THESE ADS. WHICH OF THESE DID YOU LIKE THE BEST?

R: H4 (agreement).

M: WHICH IS "HE KNOWS, SHE KNOWS". WHY DID YOU LIKE THAT ONE?

R: I thought it was warm-hearted. [It is more comforting and you did it with your partner.] You go for the test with your partner. [They look like cool people. Everyone does what cool people do.]

M: COULD THEY HAVE BEEN COOLER TO MAKE IT WORK BETTER?

R: No.

M: ARE THEY COOL ENOUGH?

R: Yes (agreement).

M: WHAT ELSE DID YOU LIKE THERE?

R: They look together. [I liked Scorpion.]

M: TALK TO ME ABOUT 'SCORPION'.

R: I don't like it. [It is disturbing.]

M: WHY DID YOU LIKE IT?

R: Because everyone knows the dangers of scorpions. [But they are still attached to it.] I will never forget that picture.

M: AND THEREFORE, IF WE TALK ABOUT THE MESSAGE ABOUT AIDS, IS THAT GOOD?

R: Yes. [There is a link between what you do definitely know to what is out there. If you play around with scorpions, it is the same as writing down your death sentence with HIV/AIDS. You can make reality link with it, that wherever you are out there, the scorpions are a reality.]

M: WOULD PEOPLE TAKE THAT MESSAGE SERIOUSLY?

R: Yes (agreement). [Yes, because it is reality.] It will probably be better than the AIDS patient story.

M: WHY WOULD IT BE BETTER THAN THE AIDS PATIENT STORY?

R: It seems more deadly. [I see it completely differently. I see it as the scorpion is danger. Society love living dangerous lives, living on the edge. That is how I took it.] I think it is too graphic. [I didn't take it literally as a scorpion, I took it more as it resembling danger, and society loves danger and being naughty.] I think it is too graphic for people to create that link in their head. It is too like out there but it is not close to home. It looks like some gay guys having fun.

M: YOU ARE AGREEING THAT IT IS REALLY SCARY.

R: I think it is ouch, yuck. [It is yuck.] Poison gets stuck in my head.

M: DOES THE MESSAGE HIT HOME?

R: Yes. It does grip me. [I think you can't show it to everyone.] That ad was the worst one for me.

M: WE ARE DEALING WITH (1) IMAGE AND (2) WORDS. REMEMBER DIFFERENT PEOPLE HAVE GOT DIFFERENT TAKE-OUT'S SO SOMETIMES WORDS MAY SCARE YOU AND SOMETIMES THE GRAPHICS MIGHT SCARE YOU MORE. TALK TO ME ABOUT "H6" – "IF YOU HAD TWO SEX PARTNERS".

R: That actually makes you want to read more and the more you read, the more scary it gets.

M: WHAT THERE WOULD MAKE YOU READ IT?

R: The WHAT IF? [WHAT IF THIS DIDN'T HAPPEN; WHAT IF THAT HAPPENED?] And the fact that it goes into small print. [WHAT IF MY PARTNER HAD TWO SEX PARNTERS?] That is close to home, the scorpion is not close to home. I can relate to H6. [It may not be me, it could be my partner.]

M: DO YOU RELATE TO H6?

R: If you think of someone in society, who has slept with two people? It is not a lot compared to other people. Just think – it actually only takes one because that one person could sleep with one other person, never mind two. Where it says YOU SLEPT WITH 5 TO 12 PEOPLE, you think 'that is hectic.' [In reality, most people have slept with more than two partners.] And you don't think about it in that way.

M: YOU LIKED H4. WHICH ONE DO YOU FEEL WILL BRING ACROSS THE MOST EFFECTIVE AIDS MESSAGE TO BE USED AS PART OF AIDS EDUCATION?

R: H6 and H9 (most agree). [I think H5 and H6. H5 could be good from an educational point.]

M: YOU ARE SAYING THE ONES THAT YOU PUT TOWARDS THE END OF THE FEAR SCALE, WITH THE HIGHEST FEAR, IS THE MOST EFFECTIVE. PAY ATTENTION TO VENETIA NOW. VENETIA IS GOING TO SHOW YOU 10 TV ADS AND YOU ARE GOING TO EVALUATE THEM. REMEMBER SOME OF THE PRODUCTION VALUES ARE NOT GOOD. [THE PRODUCTION IS VERY POOR BECAUSE IT HAS COME OFF THE INTERNET. DON'T LOOK AT THE VISUALS IN THAT WAY BUT THE MESSAGE YOU ARE GETTING ACROSS. THE CLIPS ARE QUITE SHORT SO PAY ATTENTION AS SOON AS IT STARTS. THIS IS "C1" (C1 IS PLAYED). THIS IS "C2" (C2 IS PLAYED). THIS IS "C3" (C3 IS PLAYED). THIS IS "C4" (C4 IS PLAYED). THIS IS "C5" (C5 IS PLAYED). THIS IS "C6" (C6 IS PLAYED). THIS IS "C7" (C7 IS PLAYED). THIS IS "C8" (C8 IS PLAYED). THIS IS "C9" (C9 IS PLAYED). THIS IS "C10" (C10 IS PLAYED). I WANTED TO RUN THROUGH EACH ONE OF THEM BUT UNFORTUNATELY WE ARE RUNNING OUT OF TIME. WHICH AD STOOD OUT FOR YOU?]

R: The old aged home. [And the Tsunami.] And the human ball. [That was unrealistic.] I liked the ball because the ball is like the epidemic and it is like passing us by. [The idea is good but the images aren't.]

M: SOMETIMES WHAT CAN HAPPEN IN ADVERTISING IS THAT THE IDEA CAN BE REALLY, REALLY GOOD BUT THE EXECUTION ISN'T GOOD AND SOMETIMES YOU NEED TO SEPARATE THEM BECAUSE IN THIS RESEARCH WE ARE LOOKING AT APPROACHES.

R: I like the human ball ad.

M: WHICH OF THESE DID YOU FEEL YOU COULD REALLY RELATE TO, THAT TALKS TO PEOPLE LIKE YOU?

R: The Tsunami ad. [The NO EXCUSES ad (C2).] I like the ad where the guy said he slept with somebody that slept with somebody.

M: WHICH AD DID YOU LIKE?

R: The human ball ad and the one where the boy asks "What is a grandma?" [The Tsunami ad is the best.] That ad relates to me because I have a son and I think 'what if he gets left behind?' You have to think of the kids of the future. It is about how we can save them. [C8 was hectic.] Anything aimed at children is hectic, they don't deserve it.

M: COULD YOU AGAIN SEE A FEAR CONTINUUM LIKE WE HAD BEFORE?

R: Yes.

M: WHICH ONE HAD THE MOST FEAR?

R: The Tsunami ad.

M: THE TSUNAMI AD MORE THAN THE HUMAN BALL AD?

R: Yes. [I disagree. I would first say the Tsunami ad and then the old aged home ad had the most fear.] And the ad with the boy.

M: IF WE TALK ABOUT MOST FEAR YOU CHOOSE THE BOY AND THE OLD AGED HOME ADS.

R: The chain of people is a reality check for you because it happens every day. It is not out there, it is here.

M: WOULD YOU PUT CHAIN OF PEOPLE WITH HUMAN BALL?

R: Yes. [I would put them together, yes.]

M: ARE THEY THE SAME?

R: Yes (agreement). [I would add NO EXCUSES to that.]

M: HOW ABOUT WHERE HE CLIMBS OVER THE DUMPSTER?

R: There is no fear. [That is more about something can be done about it.] It is hope.

M: HOW ABOUT THE AD WITH "DON'T TURN YOUR BACK"?

R: No, it was too don't, don't. You don't know what don't, don't is. [It is boring.] The music was good though.

M: THE ONE YOU HAVEN'T GIVEN A RATING IS THE VIRUS ONE?

R: It was silly. [I remember seeing that one on TV. The message doesn't last.]

M: HOW ABOUT THE "NO PROTECTION" AD?

R: That was quite good. [It was good but it wasn't fearful.] I think the naked people take the focus off AIDS.

M: YOU FEEL IT IS AS IF THEY ARE PROMOTING SEX VERSUS GIVING YOU A MESSAGE OF AIDS. DON'T THEY GO TOGETHER?

R: You first look at the picture and you think 'sex' and then you see the AIDS at the bottom.

M: WHAT DO YOU WANT?

R: Sex and AIDS do go together. With AIDS I would push more for ABSTAIN FROM IT/SAFE SEX before sex. [Sex isn't a bad thing at all though.]

M: IT IS MORE ABOUT SAFE SEX THAN ABOUT SEX.

R: You are looking at a picture and seeing these naked people smiling.

M: IF YOU DIDN'T KNOW WHAT SHE WAS ADVERTISING IN H8, WHAT PRODUCT WOULD SHE BE ADVERTISING?

R: Condoms.

M: COULD IT BE CHOCOLATES?

R: Yes.

M: COULD IT BE A BUBBLE BATH?

R: Yes.

M: COULD IT BE A PERFUME?

R: Yes.

M: COULD IT BE BODY LOTION?

R: Yes.

M: IF I ELECTED ALL OF YOU TO COME AND WORK ON THE AIDS BOARD WITH ME AND YOU HAD TO DECIDE ON 3 ADS YOU FELT WOULD BE THE MOST EFFECTIVE FOR PEOPLE OF YOUR AGE, WHICH 3 WOULD YOU CHOOSE?

R: Tsunami, old aged home and NO EXCUSES.

M: WHAT 3 ADS WOULD YOU CHOOSE?

R: Tsunami, boy and the old aged home. [Tsunami, boy and the old aged home.] Boy, old aged home and chain of people. [Tsunami, NO EXCUSES and old aged home.] The boy that lost his family, Tsunami and the chain of people. [Chain of people, boy and Tsunami.] Old aged home, the boy and the Tsunami. [The boy, the old aged home and the Tsunami.] Tsunami, old aged home and NO EXCUSES.] Tsunami, NO EXCUSES and the boy.

M: WHEN YOU CAME IN HERE THIS EVENING AND I STARTED TALKING TO YOU ABOUT AIDS, YOU SAID TO ME 'I AM SICK OF IT; I DON'T WANT TO HEAR ABOUT IT; IT IS FALLING ON DEAF EARS; IT IS NOT GOING TO HAPPEN TO US.' TAKE YOURSELF OUT OF THE SITUATION. IMAGINE PEOPLE LIKE YOURSELF SEEING THESE ADS THAT YOU HAVE SELECTED, COULD IT IMPACT ON THEIR BEHAVIOUR?

R: Yes, it is different from what we are used to. [We always here PROTECT YOURSELVES.]

M: HOW DO YOU THINK PEOPLE WILL ACT IF THEY SEE THESE? WHAT COULD POSSIBLY BE THE IMPACT ON THEIR BEHAVIOUR?

R: Acknowledgement. [It will become real to them.]

M: WHAT HAPPENS THEN?

R: It will change behaviour.

M: COULD THERE BE A CHANGE IN BEHAVIOUR?

R: Yes (agreement). [Yes, it did it for me.]

M: IT IS ABOUT MORE AWARENESS AND MORE REAL. WHAT WILL YOU DO DIFFERENT?

R: Be more aware. [I have had an HIV test before.]

M: YOU ALL HAVE TO HAVE IT AT SOME STAGE.

R: I think I am fine but I will go tomorrow and have another one to be dead, dead certain. [For example, certain people would be scared to go for a HIV test whereas a picture (H4) like that would somehow comfort them and make it feel as if it is okay.]

M: SO THESE PRINT ADS COULD ALSO MAKE YOU THINK TWICE. YOU WERE ALMOST AT THAT PLACE AFTER THE PRINT ADS WHERE YOU FELT TWICE ABOUT IT.

R: Especially with the scorpion ad. [I am a very visual person. If you tell me 'I went last out and I did this', I always visualize. Some people do think differently. I wouldn't want to see that on a commercial.]

M: YOU WOULD WANT TO SEE THROUGH THE COMMERCIAL. YOU ACTUALLY SURPRISED ME A LOT TONIGHT. I DIDN'T EXPECT YOU WOULD SAY TO ME USING FEAR FOR SOMETHING LIKE AIDS IS THE WAY TO GO. I DIDN'T EXPECT THAT. IT IS ALMOST FOR ME AS IF YOU ARE SAYING 'USE HECTIC FEAR AND USE THE ONES YOU SEE AT THE END TO BREAK THROUGH THAT BARRIER.' BUT YOU ARE SWEET LITTLE GIRLS, YOU SHOULDN'T BE INTO FEAR.

R: We know that is the way it is going to attract the attention of people. [It will shock.]

M: I CAN'T HELP ALSO THINKING THAT WHEN YOU ARE TEENAGERS YOU ARE VERY MUCH INTO SCARY MOVIES. DID YOU GO THROUGH A SCARY MOVIE STAGE?

R: Yes, when I was very young and I can't handle them now.

M: WHEN DO YOU GET TO A STAGE WHERE YOU CAN'T HANDLE IT ANYMORE?

R: 16 or 17.

M: SO THERE IS NO LEFT OVER FROM THAT ERA IN YOUR LIFE THAT YOU ARE CARRYING THROUGH NOW. YOU HAVE ALREADY GONE PASSED, YOU HAVE MOVED ON. YOU ARE INTO LOVE AND ROSES AND ROMANCE.

R: I loved "Psycho" in College.

M: THIS IS MARLIZE, SHE IS WORKING WITH US ON THIS. WHEN YOU THINK ABOUT AIDS COMMUNICATION, DOES A BRAND NAME JUMP TO MIND?

R: LOVE LIFE.

M: ONLY LOVE LIFE?

R: TECHNO JUNCTION. [I just think LOVE LIFE.]

M: WHAT DO YOU ASSOCIATE WITH 'LOVE LIFE'?

R: AIDS. [Safe sex.]

M: ANYTHING ELSE IN YOUR HEAD ABOUT THE ORGANISATION?

R: Teenagers. [The target audience would be the younger market.]

M: NOT YOU?

R: And us. [I think the ads that we saw today are much better/powerful than the ones I have seen.]

M: LADIES, THANK YOU SO MUCH.

TRANSCRIPTION

BILINGUAL WHITE & COLOURED MALES (50:50) (18 – 24yrs)

WORKING AND STUDENTS (60:40)

CAPE TOWN – 20/11/06 [20h00]

M: OK GUYS, THANK YOU SO MUCH FOR COMING. WHAT WE ARE GOING TO DO TODAY IS A FOCUS GROUP. NOW, WE ARE GOING TO DISCUSS A LOT OF THINGS, LOOK AT PRINT ADS, TV ADS. WE ARE GOING TO LOOK AT A LOT OF THINGS. THERE IS NOTHING LIKE A WRONG OR RIGHT ANSWER. THE ONLY ANSWER I NEED IS AN HONEST ANSWER. IF EVERYBODY ANSWERS WITH THE SAME ANSWER AND YOU DON'T FEEL THE SAME WAY AND DON'T TELL ME THEN IT IS A WRONG ANSWER. EACH ONE YOU REPRESENT QUITE A LARGE PORTION OF THE POPULATION OUT THERE AND YOUR ANSWERS ARE VERY IMPORTANT TO US. THAT IS WHY WE HAVE GOT YOU HERE TODAY. SO, PLEASE FEEL FREE TO TELL ME EXACTLY HOW YOU FEEL HONESTLY. WHO OF YOU HAVE NEVER BEEN IN A DISCUSSION LIKE THIS BEFORE?

OK, HALF OF YOU. WHAT WE HAVE GOT HERE IS A MICROPHONE THERE AND THIS LITTLE THING. I AM GOING TO RECORD EVERYTHING TONIGHT. SO THAT WHEN WE GO BACK WE HAVE ALL THE FACTS. THIS IS A ONE WAY MIRROR. SOME OF MY COLLEAGUES ARE SITTING THERE AND JUST INCASE WE LEAVE SOMETHING OUT, THEY CAN COME AND KNOCK ON THE DOOR AND ASK QUESTIONS. BUT DON'T WORRY ABOUT THEM. NOW, WE ARE GOING TO WATCH SOME PRINT ADS AND TV ADS. I DON'T WANT YOU GUYS TO BE AD CRITICS OR CREATIVE DIRECTORS OR ANYTHING LIKE THAT. WE ARE NOT GOING TO DISCUSS THE STYLE OF THE AD OR THE LIGHTING OR ANYTHING LIKE THAT. WE ARE GOING TO TALK ABOUT THE MESSAGE THAT THESE ADS BRING OUT. SO, JA. THEN, BEFORE WE START, I DON'T KNOW YOU GUYS. I AM HEIN.

R: My name is Keanan. I am studying PR. I enjoy socializing with my friends.

My name is Mark. I am a police officer. I also like socializing. Not married.

My name is Garth. Managing assistant at a bottle store and I play soccer.

I am David. I am 23. I am assistant administrator. Books and computers.

My name is Ryan. I have my own business and I enjoy socializing, partying, jogging. I am involved in quad bike trailers and fresh trailer bearings.

My name is Sean. I am a student at UOPC studying sports and recreation.

I am Stewart. I just finished studying an import, export course. I am looking for a job at the moment. Play soccer in winter and summer try and stay fit. Enjoy socializing. Have a girlfriend.

M: DOES ANYONE ELSE HERE HAVE A GIRLFRIEND OF WIFE?

Clutter and laughter.

R: My name is Garth. I matriculated last year from Wynberg. I am 19. Traveled a bit. Worked with a construction company. Was going to study further but decided to take another year off. I am now starting out in river riding. Starting at the bottom as one of the helpers. I did a course. That's what I am looking at doing for the rest of the summer. Enjoy people.

M: ORANGE RIVER.

R: Brede and Orange.

M: I USED TO BE THE GUIDE FOR WILD THING ADVENTURES. I USED TO RUN THE RAPIDS.

R: My name is Anthony. I am 22 years old. I work for a company called Creations. We do engineering and stuff.

R: My name is Graham. 19 now. I matriculated last year. I am studying IT.

M: OK. I REALLY WANT HONESTY. YOUR OPINION. WHEN I WRITE DOWN THIS, WHAT IS THE FIRST THING THAT COMES TO MIND?

R: Sex. Red ribbon. Death. Big problem. Blood. Embarrassment (because it is something that is frowned upon). Dirty. Problems. Exploitations.

M: ANYTHING ELSE? NO. OKAY. TALK TO ME ABOUT THIS. WHY SEX?

R: Because that's how it happens.

M: AND WHAT ABOUT THE RED RIBBON. OR IS THAT IF YOU DON'T HAVE A SHOWER?

LAUGHTER.

R: It is a representation of aids. If you see that red crossed ribbon, you know it has something to do with aids.

M: DID YOU ALL KNOW THAT?

R: Yes.

M: AND DEATH?

R: It can lead to death. The anti-viral just prolongs it but you are still going to die.

M: BIG PROBLEM?

R: You can't work. Must change your whole lifestyle. Because you must go the hospital regularly. You have to cut your sex life. You know you are going to die soon. You have to cut down on sex. I don't think many people would want to have sex with you if they know that you have aids!

M: EXPLOITATION. WHAT DID YOU MEAN BY THAT?

R: Children nowadays are exploited more by sex, you understand. So you have to understand why you use condoms. We have to be more explicit about sex.

I went on a camp last year with kids between the ages of 9 and 13 and if you ask them what aids is, the answers and amazing. I asked this one guy – age 11 – I asked him what's aids? He said no, it's when your blood is blue. That is our future generation and their conception of aids is all wrong. They are going sleeping around and then when they realize what aids is it is too late.

M: JOHNSON?

R: He contracted aids and he is a big aids campaigner. He shows that you can go on with your life. I must be honest, if I found out that I have aids I will rather kill myself. Because I know I am going to die and I have to take all the drugs and not know when you will die. He is an aids symbol.

M: CONDOMS?

R: Preventive. Safety. If you don't want to get aids, it is a must!

M: IS IT A MUST?

R: Yes. Unless you have a steady girlfriend, then you know you are both alright, faithful.

M: DIRTY. WHY YOU SAY DIRTY?

R: It makes you feel dirty. As if you slept around.

M: OK, SO THAT'S THE CONNOTATION THAT THEY GIVE YOU?

R: Ja.

M: BLOOD?

R: Well, it's a car accident.

M: OK, EMBARRASSMENT? DOES THAT GO TOGETHER WITH DIRTY?

R: Ja, because the community will judge you. Even if you pick it up from your first time they will assume you slept around.

M: ILLNESS?

R: The disease – it is the biggest one there is.

M: SAY YOU KNOW SOMEONE WITH AIDS. DO YOU THINK PEOPLE TREAT THAT PERSON DIFFERENTLY THAN ANYONE ELSE?

R: They might not show it but they will in their minds treat them differently.

M: HOW WOULD THEY TREAT THEM DIFFERENTLY? PHYSICALLY?

R: Say for example if you were my friend, and you had aids, and every time I see him I shake his hand, once I know he has aids, I will go ah ah and maybe not

shake his hand. But maybe I will still shake his hand but with hesitation. Society is like that. If I walk into a toilet and see that someone has been sitting there before me, I will not sit on that toilet. I will rather be cautious and walk away.

When you shake their hand, you might do it, but in your mind you are very aware that they have aids and you will feel differently.

But I would do that, because he will end up with no friends and I wouldn't want to look down on him.

M: SO THERE IS A STIGMA HANGING AROUND PEOPLE LIKE THAT?

R: I think the stigma is more the uninformed people. That don't know so much about it.

M: WHAT ARE THE CHANCES OF YOU BEING INFECTED, YOU PERSONALLY?

R: Um, depends how you live your life.

Ja, for me the only possible way of getting it is by accident, like car accident, getting a blood transfusion or something. I am so scared of getting is that even sleeping with someone, you will know when the time is right. First get to know them. Be faithful and still use the condoms. I would personally ask whoever it is to get checked.

M: I AGREE WITH RYAN THAT IT IS VERY MUCH THE LIFE THAT YOU LIVE.

HAVE ANY OF YOU EVER BEEN EXPOSED TO AIDS EDUCATION?

R: A lot in high school. Police force. They teach you first aid and how to deal with it and also they send us on conferences and the like because of our work.

M: EXCEPT THAT YOU HAVE TO GO OUT AND GET THE INFORMATION. HOW OFTEN DOES THE INFORMATION GET TO YOU?

R: Quite often. If you look for it you'll find it. So if you are looking it is there. Libraries etc. Like if your lover has HIV, you can find out how not to get it yourself. But I haven't seen any blatant.

In school, they actually punt it quite a lot, so you have been exposed to it already there.

M: SO, YOU SAY YOU HAVE BEEN EXPOSED TO THIS INFORMATION. HOW EFFECTIVE HAS IT BEEN?

R: After a while you begin to shut off and think you know it all. When they come across with information, they don't do it in a friendly way, but make you scared.

M: SO, PAUL, FOR A PERSON LIKE YOU, HOW DO YOU THINK IT WOULD BE THE BEST WAY TO EDUCATE YOU?

R: Precautions to take in order to prevent it, especially from a young age. Condoms, etc. They can't stop it so they have to give a solution.

I still think the scaring tactic works. When they show you pictures of how you can become. You think – I don't want to be like that, or look like that. Give the hard facts. Tell them they will die from it!!

M: SO, IF YOU THINK ABOUT GETTING AIDS INFORMATION ACROSS, WHAT DO YOU THINK WILL BE THE MOST EFFECTIVE WAYS?

R: Make them as scared of it as possible.

M: HOW OFTEN ARE YOU EXPOSED TO AIDS TYPE COMMERCIALS OR ADS OR ANYTHING LIKE THAT?

R: A lot of times, it is when there is an aids benefit concert. Stations, billboards.

M: IF YOU HAVE TO THINK ABOUT IT, HOW OFTEN ARE YOU EXPOSED TO AIDS TYPE ADVERTISING?

R: It depends. If you watch more tv and read magazines then you are exposed to it more. If you are outdoors, going to gym, you are not that exposed to it.

In our workshop, KFM runs the whole day and at least once a day you hear something about it.

When people watch the ads they are not conscious of it. They always think it will happen to someone else and never them. But that is what those people with aids thought too.

It is not very in your face. It used to be, but not so much any more.

M: OK GUYS. LISTEN GARTH HAS BEEN THE ONLY ONE WHO HAS BEEN TOTALLY HONEST ABOUT WHAT YOUR CHANCES ARE OF GETTING AIDS. I WANT TO GET FROM YOU WHAT YOUR PERSONAL CHANCES ARE OF GETTING AIDS?

R: The chance of me getting it is perhaps doing first aid on the sports field and blood shooting at me or syringe etc.

But you have to also have an open wound.

NO, it can depend on the amount of blood and go into your sweat glands. Any cut or anything.

M: MARK, AND YOU?

R: Basically the same, because I am working with the police and in Mitchells Plain on the weekends there's a lot of blood. You must be cautious.

M: JOHN, YOU?

R: The only way I can get it is by accident or being unfaithful.

M: DAVID?

R: Blood transfusion or car accident.

M: THE REST OF YOU?

R: I play a lot of sports, so that could happen with injury.

Maybe a woman tries to rape me one night at a club when I am drunk.

Mine is, well, I have never slept with any girl. It is not a joke. The way I came into the world is not a joke the way it happened. My mother was very young and it impacted on me. Aids – you might not die of but it will put a dampener on your life.

The only way I would get it is through accident or blood transfusion. My Mother works with Life Insurance and she has so many clients who have car accidents and they come to her and say they have aids now.

But, they screen the blood. It is maybe only twice a year that you hear of someone getting it through transfusion.

M: ANTHONY, YOU?

R: Blood transfusion. Or if the condoms break.

M: WHEN DID YOU ALL BECOME SEXUALLY AWARE? THAT THERE IS SOMETHING LIKE SEX?

R: I knew what it was from TV and friends. But that time there was no things of aids. We didn't use condoms. But that is a way of life now.

I became sexually active at the age of 11, 12.

M: OK, REMEMBER THERE IS A DIFFERENCE IN BECOMING SEXUALLY ACTIVE AND SEXUALLY AWARE. I WANT TO KNOW BOTH.

HOW LONG WERE YOU AWARE BEFORE YOU BECAME ACTIVE?

R: From a young age. Since I was 5,6. Like seeing it. Sex sells. It is everywhere.

M: OK, THE REST OF YOU?

R: I had a pretty good idea by age 6. My parents gave the whole talk and my Mother was petrified because she was about 20 at the time. So she herself was pretty scared of it. And then when I was about 10 years, my parents were called into my school for something happening in a bush between me and a girl. I can't remember anything.

But it was more kissing, etc. At age 14, 15 was when it really started. Undressing a girl and seeing her naked.

Sex education starts in Primary School. Around age 12. Sexually active around 14. But now they seem to start younger.

My Mother runs an aftercare and sometimes I sit there and listen to what they talk about and it is hard core. They know more than I do at Grade 1 and 2. And this is areas like Panorama etc.

M: GUYS, WE ARE GOING TO WORK WITH THESE BOOKS NOW. IF YOU OPEN YOU SEE IT SAYS ADVERTISEMENT. I AM GOING TO SEND AROUND AN AD AND THEN I WANT YOU TO WRITE YOUR FIRST IMPRESSIONS. NOT AN ESSAY, JUST QUICK SHORT ANSWERS. WE WILL DO THIS FOR 9 ADS AND THEN 10 TELEVISION. I WANT TO KNOW WHAT WAS THE PUNCH THAT THIS AD THREW. THE FIRST ONE IS H1. PLEASE BE BRUTALLY HONEST.

M: AT THIS STAGE I DON'T WANT YOU TO COMPARE THE ADS. GIVE FEELINGS ONLY FOR THE ONE AD YOU ARE LOOKING AT.

ARE YOU GUYS ALMOST FINISHED?

EVERYBODY HAD DRINKS AND SOMETHING TO EAT?

M: DO YOU THINK THERE WILL ONE DAY BE A CURE FOR AIDS?

R: Yes, maybe but only the rich will be able to afford it until they produce a generic of that for the poor.

M: OK, GUYS, SO WHAT DID YOU THINK ABOUT THESE ADS?

R: Some made a joke. Some made it too funny. Like the scorpion one.

I find the one quite scary. Because it shows us something that we like doing and that can cause us to die. You don't think of aids as being alive. "Aids is still living, it is not dead yet" It's not over and it can affect us all. The one where the women and man are lying down. And it says 2 reasons to wear a condom. The woman is smiling and it doesn't have any meaning for me.

I feel the opposite. Looking at a beautiful woman, you don't want to pass an opportunity like that.

If a chance like that comes past you, and you think she won't have aids because she is a good looking woman. She could have aids.

The paramedic one. Wow – you can have aids and still do something with your life.

I get a different picture to that – who cares if you get aids? The paramedic has aids and it has made no difference to his life. Like its ok to get aids.

Yes, but it gives people who do have aids some hope for the rest of their life.

It is confusing to me, because you need to make everybody aware. The patient and the paramedic could have aids.

M: MARK, WHICH ONE STOOD OUT FOR YOU?

R: The one with the tombstone.

M: SEAN, WHICH ONE FOR YOU?

R: The 512 people one. I never thought of it that way.

M: STUART, FOR YOU?

R: The one with the woman and also the egg one. The woman comes across beautiful and everything but she could be infected. Aids doesn't have a face and also how aids multiplies.

I am again totally confused about the woman one.

M: HOW RELEVANT DO YOU THINK ALL THESE ADS WERE TO YOU GUYS? THE ONES THAT CAUGHT YOU WHY WERE THEY RELEVANT TO YOU?

R: Stage in our life. Anyone can get it. The one with the brothers. You look up to your brother and perhaps he does or doesn't practice safe sex. Anyone can get. Even you or your brother.

M: SO, HAVING A LOOK AT THESE ADS, WOULD YOU SAY THEY WOULD CHANGE YOUR SEXUAL BEHAVIOUR?

R: For me it wouldn't change anything. I have made my mind up but it would change others minds.

The scorpion one. You don't think of aids as being a real thing. You don't see it. You are sleeping with a scorpion, it creates an image in your mind.

M: HOW MUCH INFLUENCE DO YOU THINK FEAR HAS IN THESE ADS?

R: A lot. If you give someone the harsh reality of aids it works.

M: I WANT YOU TO DO A SHORT LITTLE EXCERSICE FOR ME. SEAN, IF YOU WILL BE OUR TACK GUY. I AM GOING TO GIVE YOU ALL THE ADS AND I WANT YOU TO RATE THEM, ACCORDING TO FEAR. FROM THE AD WITH THE LOWEST AMOUNT OF FEAR TO THE AD WITH THE MOST AMOUNT OF FEAR.

Which one drives the most fear?

R: If a chick must tell you how many guys she slept with that will put you off right away.

M: BUT IF YOU LOOK AT THE ADS, WHICH ONE DO YOU THINK WOULD HAVE BEEN THE LEAST FEARFUL ONE?

R: The arrow one.

M: AND AFTER THAT ONE?

R: The student eye. The words. Just the words alone.

M: WHICH ONE GETS THE LEAST FEAFUL AFTER THAT?

R: He knows and she knows.

M: AND AFTER THAT ONE?

R: The college guy.

Then prove your love, protect me.

Then woman

Then paramedic

Then the tombstone

Then the IF and the scorpion

M: NOW WHAT WE ARE GOING TO DO IS WATCH A FEW ADS. FROM ACROSS THE WORLD. WHILE WE ARE WATCHING THE ADS, LIKE THE EXERCISE BEFORE GIVE AN IMMEDIATE REACTION. FROM YOUR PERSONAL PERSPECTIVE.

M: OK GUYS, YOU DON'T HAVE TO WORRY ABOUT THE LAST PAGE. SO, WHICH ADS STOOD OUT?

R: The last one did. I think the one with the little boy. The one where everybody starts jumping out gives hope.

M: WHICH OTHER ONES STOOD OUT FOR YOU?

R: The one with the tsunami, because everybody knows what damage it does.

I like the one where the girls tell the guys to strap up and the guys are like – what's your excuse? It shows you the caliber of female.

What scared me is to see how many people take advantage of women. And the one with the old age home that shuts down. It is like you are going to die before you get to 50 years. That one is quite hectic. Because old people are important to the way the world runs and if we are only left with youngsters it could be a hectic problem.

The orphan one.

M: DAVID, TO YOU?

R: The tsunami one. The tsunami actually comes to an end. Aids doesn't.

M: GARTH, YOU?

R: The orphan boy.

M: WHICH DO YOU FEEL WERE THE SCARIEST ADS?

R: The tsunami ad.

The old age one. The feeling of nothingness. In 20 years they are all dead. Nothing for you.

The tsunami one.

The seconds ticking is very hectic. You can't believe how many people it is killing all the time.

I am going to walk out of here feeling hectic.

M: WOULD THESE SCARY ADS CHANGE YOUR BEHAVIOUR?

R: Yes. Definitely.

It wouldn't change me, but people will be made to think about aids. They don't see how to protect themselves. Like the one with the excuses. Perhaps saying no is the best policy. Eg. Kids watching the tsunami one are not going to want to stop having sex. Girls the excuse part; that would perhaps help more.

M: OK, REMEMBER WHEN I SAID DON'T BE THE CREATIVE MANAGER. FOR A MOMENT I WANT YOU TO BE THE HOTSHOT. YOU ARE GOING TO HAVE TO DRIVE AN ADVERTISING R80 000 CAMPAIGN TO MAKE PEOPLE AWARE AND CHANGE THEIR BEHAVIOURS. THEY CALL IT AGE WISE. WHICH OF THOSE ADS WOULD YOU CHOOSE?

R: My opinion is the one where the child has lost his family. That is grabbing your attention. If he's still alive where did his father go wrong? What is going to happen to him?

M: OK, SO THAT IS MORE FOR THE WHOLE POPULATION. THINK ABOUT ONE OF THOSE ADS THAT YOUR PEERS WOULD HIT THE HARDEST?

R: The no excuses one or the chain reaction one.

Next time you see someone, you wonder who has she been with? Him. Who was he with? And it goes on and on.

M: AND IF YOU THINK ABOUT AIDS AND AIDS AWARENESS, WHAT BRANDS POP UP?

R: Johnson and Johnson. Love life. The red ribbon. Choice.

Also the one is like he has a good conscience and a bad one. Fighting between the two.

Laughter and clutter.

M: OK, GUYS – THANK YOU – THIS WAS VERY VALUABLE TO US. THIS IS A LITTLE SOMETHING FOR YOU.

TRANSCRIPTION

WHITE & BLACK MALES (50:50) (18 – 24yrs)

WORKING AND STUDENTS (60:40)

JOHANNESBURG – 23/11/06 [17h00]

Moderator welcomes Respondents; introductions and explains the technicalities.

R: Hi I am Greg, I am student at UJ, first year, I am doing BComm Accounting, and I love golf, ladies.

M: MATTHEW.

R: My name is Matthew, I study at University of Pretoria, BComm Business Management, I like golf, I like going out a lot, I like late nights.

M: WHY GOLF, WHAT IS IT WITH GOLF?

R: It is the best sport.

R: It is a gay sport.

M: IS IT A GAY SPORT, LOUIS?

R: I am studying BComm Marketing Management, I enjoy golf.

M: BUT WHY DO YOU LOVE GOLF, DON'T TELL ME YOU ALSO GOT A GOLF ESTATE?

R: We all do, do you know what golf stands for, seriously, gentlemen only ladies forbidden, and I am being serious.

M: BUT A LOT OF WOMEN THESE DAYS ARE TAKING UP GOLF?

R: My mom plays golf; there is nothing wrong with that.

M: I AM TALKING ABOUT YOUNG WOMEN, NOT MOMS, YOUNG, HOT, WOMEN ALSO PLAY GOLF.

R: It is a cool sport.

M: WHAT MAKES IT COOL?

R: I will tell you what is cool about it, when you are older, or in an executive position, or any position, you play golf with the people, it is so like you are socialize, you get to network, like I know a lot of adults because I play golf with them in tournaments and stuff.

M: IT IS REALLY FOR NETWORK, IS NETWORKING IMPORTANT?

R: Yes.

R: It is also about like a challenge; give you a club for instance.

R: It is a gay sport, I wouldn't.

M: DO YOU EVER WATCH THE APPRENTICE?

R: Yes.

M: LET US MOVE ON.

R: My name is Shaun, I am a Software Developer for a Internet credit company, I am studying through UNISA Computer Science, I enjoy going out, I enjoy watching movies, reading.

M: BUT NOT GOLF?

R: Not golf.

R: Thank you.

M: YOU WERE GETTING WORRIED HERE.

R: My name is Zamani, I am a Business Analyst for Tourist Company, I have kid so I can't love ladies, I had a kid very early.

M: HOW OLD?

R: Actually this year, four months old.

M: BOY OR GIRL?

R: It is a boy.

M: ARE YOU ENJOYING HIM?

R: Yes, I like money.

M: COOL, WHY DO YOU LIKE MONEY?

R: It is very important.

R: It is.

R: I am the only one that works, that is why I like money, I have always liked money initially but now it is like needed, it is not only for beer and things like that.

R: I am Anthony, I just finished my BAd at Wits, I am working at KMPG, also play golf, I also enjoy going out with the ladies and money.

M: ALL THE GOOD THINGS IN LIFE?

R: All the good things in life, yes.

M: GOLF, WOMEN AND MONEY, GOING OUT?

R: Yes.

R: I am Cecil, I work for Cell C, I enjoy what guys enjoy but I am not gay, I enjoy ladies and taking alcohol.

R: I am Mandla, a student at Hothouse doing a bridging course, I am only starting my first year and I am into fast cars.

M: FAST WOMEN?

R: Yes, something to that effect.

M: AND SIFISO?

R: Definitely not gay, I am originally from Limpopo; they say Limpopo is a very stupid province.

M: Really do they say that?

R: Yes they we are very primitive.

M: REALLY, IS IT BACKWARDS?

R: Yes, but I beg to differ, I am 22 years of age, I have a diploma in Business Information Technology, I have decided to go back to school, studying graphic design, I am doing a bridging course with Hothouse.

M: WHAT IT HOTHOUSE?

R: Hothouse is a bridging school to help refining your artistic skills, as in pencils and so forth.

R: What sports do you play?

R: I am more into rugby, fast cars, sound and definitely women.

M: DEFINITELY WOMEN?

R: Yes.

M: CHRIS.

R: Hi I am Chris, I am very sick at the moment, I am studying at UJ at the moment, BA Psychology, and I work part time with Netcare on the ambulances in my spare time.

M: LIKE A PARAMEDIC?

R: Yes, I did a course last year and then I am also into scuba diving.

M: HE IS DEFINITELY NOT GAY, MY NAME IS CHRISTINE, I LIVE IN CAPE TOWN, I HAVE A MARKETING RESEARCH BUSINESS, SO A LOT OF MY TIME I SPENT TALKING TO PEOPLE LIKE YOURSELF, WHICH IS KIND OF COOL, YOU CAN MEET ALL SORTS OF INTERESTING PEOPLE. TALK

TO ME ABOUT WOMEN, WHAT IS THIS THAT YOU ARE ALL INTO WOMEN, DON'T YOU KNOW THAT…

R: I will tell you what, I think God has been so great to an extend that he created something that you will never; you can never actually stop looking at, of admiring.

R: You never get tired.

M: ARE YOU FASCINATED BY WOMEN?

R: Yes.

M: REALLY, DO YOU UNDERSTAND WOMEN?

R: Not at all.

R: Those are most complicated things he has ever created.

M: AND YOU ARE COOL WITH THAT?

R: No I am striving day by day to actually…

R: They are benefits.

M: WHAT ARE THE BENEFITS?

R: Calling time, holding hands.

M: ARE YOU ROMANTIC?

R: I try.

R: If a lady brings you something else, then you focus to a relationship, it is no longer about holding hands, now you actually forget, there is this somebody who is always trying.

M: TELL ME, WOMEN TODAY, ARE THEY DIFFERENT DO YOU THINK?

R: Definitely.

R: Very definitely.

M: DO YOU KNOW WHAT I MEAN, IF YOU THINK LIKE PREVIOUS GENERATIONS, WHAT YOUR PERCEPTIONS WERE, IN WHAT WAY ARE THE WOMEN DIFFERENT?

R: In every way.

R: They are money driven.

R: They look at what you have.

M: THEY DO?

R: Especially cars.

M: TALK ABOUT PHONES, GUYS DO YOU MIND SWITCHING YOUR PHONES OFF PLEASE, SO WOMEN THEY LOOK AT YOUR CARS, THEY LOOK AT YOUR POSSESSIONS, WHY DO THE DO THAT?

R: They are going to bear children and stuff, so obviously they are looking at, can this guy provide for me.

R: It has got a lot like, it is broad, I think that is one of the categories, when they are still young women but when they are older they are more on their lives, they are not as focused on your money.

R: All they want is somebody who can make them comfortable.

M: THEY WANT A GUY THAT?

R: Who wants to settle down, the older women, the younger crowd wants a guy with a big wallet to spend every time.

R: But sometimes I really think it is not really to do with the money and the cars because when you look at the way South Africa is now, it is really difficult to make it out there and the minute you seem like you have made it, the less work it is for them. It is just a situation that I can't… if the market was actually offering jobs for everybody and everybody can actually make it on their own, I don't believe the society would have lost as much focus as it has now.

M: DO YOU AGREE WITH THAT, IS IT A SIGN OF THE TIMES THAT PEOPLE ARE SO MONEY DRIVEN AND SO ON?

R: It is because it is from Limpopo.

M: I MUST TALK ABOUT HIV/AIDS, TALK TO ME ABOUT AIDS.

R: HIV/AIDS is really a disease that people actually; I believe they make it seem impossible to survive.

M: WHO ARE THEY?

R: The media, everybody, I will give you an example, if today I lock you up in your room, you have sitting there in that room with a lion, then you know that this lion is going to get hungry it is going to eat you, what are you going to do, are you going to do, are you going to give in or are you going to try break the door, if it is really locked, you will try and try until you feel you wont make it, then you give in. now what the media has done or what the people publicizing AIDS, they have actually made it seem that all of us at some point we are going to have because there I no cure and so forth. They keep on drilling this terrible disease, I understand it is terrible but they shouldn't make it as if it is the end of the world. think they are overdoing it, I they are killing the sensitivity of it.

M: SOMEBODY ELSE, WHEN YOU HEAR THE WORD, OR SEE THE WORDS HIVAIDS, WHAT GOES THROUGH YOUR MIND?

R: Fear.

R: It is the end.

M: WHAT ELSE?

R: Sex.

M: IN WHAT WAY DO YOU THINK SEX?

R: How you can actually prevent the spread of HIV, use condoms.

R: Beetroot.

R: The Health minister at the moment.

M: HOW DOES IT MAKE YOU FEEL GUYS?

R: Safe, I mean it is very scary of that mental state would want to run for president, Imean if you give that person a million rand, it is just danger, he doesn't have that capacity to run a country.

M: WHAT DO YOU THINK OF HIV/AIDS?

R: Death.

M: SORRY, WHAT ARE YOU SAYING?

R: I am just saying, when it comes to AIDS, it depends on whether you have seen it or not, so I know people die, I know people personally, so you will think death, painful.

M: NOT JUST DEATH, A HORRIBLE DEATH?

R: Because they become extremely scary people when they die.

M: I THINK WHAT YOU ARE SAYING IS THE TRUTH BUT HOW DOES THAT MAKE YOU FEEL?

R: Scary.

M: SO YOU HAVE ONE THOUGHT, HIV/AIDS, SCARY DEATH, IS THAT IT, OR ARE THE OTHER THOUGHTS?

R: We think prevention.

R: I think it is an opportunity to generate income for people who are starving.

M: WHAT ELSE, WHAT DO YOU THINK OF?

R: With AIDS you actually don't see it until you see a person just before they die, people in this room could have it right now and that is the scary thing about, it is a disease that you cannot actually tell if the person is affected by it or not until they die. They suffer so much and the body collapse, it is a scary thought because people might not even not know it themselves.

M: SO THEY ARE HIV POSITIVE, IF YOU KNOW THAT SOMEBODY IS HIV POSITIVE, HOW WOULD YOU FEEL, WOULD YOU FEEL DIFFERENT ABOUT THAT?

R: I have got a friend who is HIV positive, he lives in Pretoria, this year when I went there she was as thin as a rake, and I asked him what was wrong with him, he told me that he had sugar diabetes and at his age, it doesn't happen.

M: SO YOU KNEW IT WASN'T SUGAR DIABETES?

R: I knew.

M: HOW DID YOU FEEL, HOW DID IT AFFECT YOU?

R: I saw it coming, at the rate he was going, it was a given that he won't make it.

M: DO YOU THINK PEOPLE FEEL DIFFERENT THOUGHTS, PEOPLE THAT THEY KNOW THEY HAVE GOT AIDS?

R: Yes certainly.

R: It is very scary.

M: IS THERE STILL A STIGMA ASSOCIATED WITH PEOPLE WHO HAVE GOT AIDS?

R: Yes because you cannot get used to the fact that he has got AIDS, especially like if it someone you know closely, you cannot run away. If it somebody like your brother, you cannot run away, you cannot get used to that, if somebody says they have got HIV you think he is going to die. But you don't want to react like everybody else, like you are going to die, stay away, you have got to have some sympathy towards different experiences but people outside will react different.

M: SO DEPENDING ON HOW CLOSE IT IS, YOU WOULD STAY AWAY?

R: I think HIV apart from being a physical disease; it is also a psychological disease.

M: YES TELL ME.

R: Because apart from you dying you have to worry about people feeling indifferent towards you because like you, I must stay away, it is just not right, it is not nice. And people feel insecure and change their whole life and the way they think.

R: It goes back to the point I raised earlier that all this reaction the HIV people I believe receive from the public as a whole is because of the way the media has actually gone around painting AIDS. They have made it seem as if it is so horrible that by getting close to a person, you are in danger, if they could have came up with prevention is better than cure campaign before the one AIDS kills. They gave you the thought that you would die and now trying to change the mentality that hey it is really not bad only if you prevent.

R: It also depends on the education, I know people, I went to UCT, you go through sensitivity course, like a course that teaches you about AIDS, what is it about, how can you get and I think the more educated you will be less scared of it.

M: WHEN DID YOU GET YOUR FIRST, AIDS EDUCATION?

R: High school.

R: Standard five.

M: WHEN, WHAT CLASSES WERE THOSE?

R: Grade 8.

R: Grade 7.

M: WHAT SUBJECTS?

R: Life Skills.

R: Life Orientation.

M: AND WHAT WAS LIKE THAT?

R: We don't have a whole lot of those subjects in Limpopo.

M: I KNOW.

R: But I mean, that is why you find that HIV is actually affecting the rural areas more, not because the people are knowledgeable, it is only that that information doesn't really get to them the way it should be. When I heard about it, the first time at school, was when I was in Standard Eight, when they brought us to the school hall. They had a guy there with pictures and so forth who had to actually explain, and the people sitting further back, they wouldn't really see the pictures and also they weren't really interested.

M: TALK ME ABOUT THIS EDUCATION AT SCHOOL HOW EFFICIENT WAS THAT?

R: Absolute fear into my mind about it.

M: REALLY WHY?

R: It is just, the way they, like you were saying earlier, there is absolute fear that you get it, you are going to die, and if you have sex with someone who has got it, you are going to get it but the stats.

M: AREN'T YOU GOING TO GET IF YOU HAVE SEX WITH SOMEONE WHO HAS GOT IT?

R: For a man the stats it is not as much.

M: REALLY, I DIDN'T KNOW THAT.

R: It is only about 10 or 20% chance of getting it.

M: DO WOMEN HAVE A BETTER CHANCE?

R: A greater chance.

M: A GREATER CHANCE OF GETTING IT, I DIDN'T KNOW THAT.

R: I only found that out probably this year or last year.

M: WHAT ARE THE CHANCES OF YOU GETTING INFECTED WITH AIDS AS YOU SAT HERE TONIGHT?

R: 60, 40.

M: 60, 40, WHAT DO YOU MEAN ABOUT THAT?

R: It is probably 60%.

M: OF US?

R: No not of us, most of the time I see we have got a whole of womanizers in the street.

M: THEY ALL LOVE WOMEN?

R: Yes in most cases, when guys are with chicks, what happens is this, you have a condom, this thing with the mind of its own slips.

M: BE HONEST GUYS.

R: You have sex with her, you don't think about it.

R: A friend of mine thinks if I only sex with private school girls from good families I won't get it.

R: If that is his thinking…

M: SO AS LONG AS I CHOOSE MY TARGETS WELL.

R: Yes.

M: THE PROBLEM IS HE DOESN'T THINK CONDOMS?

R: Yes like you were saying if someone has got it you won't know.

M: YOU CANNOT SEE IT.

R: What about the angry society that we live in, I mean somebody who has AIDS and cannot deal with it and goes around spreading it, I saw it in Small Street, somebody with a syringe and obviously I believe it could have contained.

M: WHAT DO YOU SAY, WE CAN CARRY ON YOU CAN KEEP OF THINKING, WHAT ARE THE CHANCES OF YOU GETTING AIDS?

R: I think they are fairly high, if you take stats into consideration.

R: I think the chances are getting high.

M: WHY?

R: Because let us say if you are a sexually active 18, 19 year old, you will be having sex, and how are you going to take her word for actually she says no.

M: I KNOW I AM BIT OLDER THAN YOU, BUT, NORMALLY IN THOSE SITUATIONS, THE FIRST THING THAT A GUY WOULD ASK YOU, ARE YOU SAFE, AND HE DIDN'T MEAN HIV, HE MEANT ARE YOU GOING TO BE PREGNANT, DO YOU ACTUALLY ASKS GIRLS ANYTHING?

R: I have had a girlfriend for 13 months now and I have never asked her.

R: I have before.

M: BEFORE YOU HAD SEX WITH HER, WHAT DID YOU ASK HER?

R: Yes, because she a prior boyfriend before.

M: DID YOU ASK HER HOW MANY BOYFRIENDS SHE HAD?

R: You find ways.

R: It is like, you probably get this girl, you are not going to get DNA, I wanted this girl, throughout the evening I will be like tell me about your last boyfriend, and I will tell her about mine and so forth.

M: LET US DO THIS PLAY NOW, SO YOU ASK ME HOW MANY BOYFRIENDS I HAVE HAD, I SAY TWO, WHAT DOES THAT MEAN?

R: But like more intricate, we are getting more intricate and all, as to what kind of things you get up to.

M: WITH OTHER MEN?

R: Yes.

M: I AM GOING TO THINK YOU ARE A BIT WEIRD.

R: Maybe with you, but at that stage I will take it the girl do, it is just that common knowledge you are sharing.

M: BRAD, DO YOU GET TO A STAGE WHERE YOU SLIGHTLY DOUBT OR YOU WORRY ABOUT HER STATUS, WHAT DO YOU DO THEN?

R: I don't.

M: WHAT DO YOU ASK GIRLS?

R: Nothing.

M: YOU DON'T ASK ANYTHING?

R: I will tell you, if you are in that room.

M: Yes of course.

R: You don't worry; you are not going to say what exactly happened 1940.

M: WHAT ABOUT PREGNANCY, DO YOU WORRY ABOUT THAT?

R: Yes.

M: SO YOU WORRY ABOUT PREGNANCY THAN YOU WORRY ABOUT AIDS?

R: I pray.

R: You only worry after doing everything.

M: DO YOU SAY, WHY DID I BUY THE CONDOM AND NOT USE IT?

R: Because it is always in my pocket.

R: In my pocket.

R: As long as it is there.

R: Cause eventually you won't use it.

R: Emotions take over.

M: WHEN DO GUYS LIKE YOURSELF BECOME SEXUALLY ACTIVE, AT WHAT AGE?

R: 18.

R: 13, 15.

R: 16.

R: Now it is going down.

R: Sorry to budge in, I saw preschool children in Soweto actually house, house.

M: MOMMY, DADDY.

R: Yes.

M: WHY ARE KIDS HAVING IT SO EARLY?

R: That is the thing, the society.

R: There is too much exposure.

R: They are reading too much.

M: WHERE IS THE TOO MUCH EXPOSURE?

R: Everywhere.

M: TO SEX?

R: Everything now a sex songs, there is a billboard when you are away from Limpopo on the M1, with a lady sitting like this, wearing a swimming costume, it is a jazz ad, in my Limpopo culture that is very immoral, and an ad like that would be actually shocking to me but somebody would say, have you seen it, and that is what matters, you know what I mean. The society is actually money driven; it doesn't care about values anymore.

M: WHAT ABOUT YOUR OWN FRIENDS, THE AVERAGE AGE PEOPLE GET SEXUALLY ACTIVE, WHAT DO YOU THINK?

R: 16.

R: 18.

M: WHEN DO YOU THINK PEOPLE IN YOUR AGE GROUP WOULD BE MOST SUSCEPTIBLE TO AIDS EDUCATION?

R: They are but they just don't care.

R: Probably when they start having sex, like 14, 15.

R: They need to be mature to take it in, they do those things with their friends, they just laugh, and it is fun for them.

M: I FIND IT DIFFICULT HERE, WHAT IS THE BEST WAY OF TELLING PEOPLE OR TEACHING AIDS AND THE PREVENTION OF AIDS?

R: You should think of backgrounds of people.

M: APART FROM THAT, WHAT DO YOU GUYS THINK IS THE BEST WAY, ACTUALLY TELLING PEOPLE ABOUT AIDS?

R: Show them pictures and then.

M: PICTURES OF WHAT?

R: If you actually show them people dying, it will shock; it will be like a shock treatment.

R: When it is on TV or something, you just change the channel.

M: GREG YOU WERE TALKING.

R: In my sex education class, Grade 7, I saw a picture of a guy he looked like he had cauliflower; I will never forget that, it is shock.

M: GUYS, THOUGHTS ABOUT THAT, BEST WAY?

R: I think a lot of exposure to it brings shock.

M: EXPLAIN EXPOSURE.

R: I think rather than having one assembly where they just tell you once, you rather have classes that are a long period of time.

R: Because your concentration goes up and down, over an hour long, and they repeat it once a week for four, weeks or whatever.

M: YOU DON'T SEEM TO SEEM TO SPEAK TOO MUCH ON TELEVISION OR COMMUNICATION ABOUT AIDS?

R: It has been done the wrong way.

M: WHY DO WE SAY IS HAS BEEN DONE THE WRONG WAY?

R: What I think is, the one way they are like giving a positive message to say be careful, and at the same time they are making mock cartoons taking a shower about it, and it is a funny thing, it is no longer the same picture that you had before. They are playing with your mind, the one guy maybe he looks up to that guy who took a shower, then I think I will just do this and I will take a shower. You know what I mean, and the next moment there is another picture of somebody dying and you get scared, so they are not doing it right, they are playing, they make a joke out of it and it is a serious issue.

M: SO LET US JUST TALK ABOUT IT, YOU CAN USE HUMOUR OR YOU CAN USE FEAR, WHAT DO YOU THINK IS GOING TO WORK BETTER FOR HIV/AIDS?

R: Fear.

M: HOW MUCH FEAR?

R: Not too much.

R: A lot of fear.

R: My point was completely different, I remember there was an ad for Love Life where it is like a high school girl who gets picked up by a guy and he sleeps with someone else, it is like two minutes on TV and by the end of it you don't actually know what is going on. I didn't like the point they are trying to make, it is like HIV gets around or something and sitting at home, first time you watch and try to find out what is going on and you could loose it.

M: SO THERE HAS BEEN A LOT OF ADVERTISING OR COMMUNICATION, NOT EFFECTIVE?

R: Yes.

M: ANYTHING ELSE?

R: There is only an indication, like you say maybe it doesn't make sense, there has been a lot of miscommunication from the Health Minister, from a whole lot of important people, Zuma, people like the Health Minister saying beetroot

soup or whatever. The President saying that HIV is not related to AIDS, Zuma saying how you can just take a shower after it.

M: IS HIV RELATED TO AIDS?

R: Yes.

M: IS THERE NOT A DIFFERENCE BETWEEN THE TWO OF THEM HIV/AIDS?

R: HIV is the virus that you can have and then you get AIDS later on, that is when you start getting sick, so you might have HIV for a long time not knowing, then you can get sick when you have got AIDS.

R: What do you think of ARV's.

M: WHAT DO YOU THINK ABOUT THEM?

R: I think they should just quit them.

M: WHY?

R: I have seen this girl she is still in a good condition and she has been taking these ARVs, it is very evil but I think they should let them die.

M: WHY SHOULD THEY JUST DIE, SO WHAT YOU ARE SAYING, LET THEM DIE RATHER THAN KEEPING THEM ALIVE?

R: Exactly.

R: How will you feel if someone lets you die?

R: I beg your pardon.

R: If you have got it, would you want people to say let him die?

R: As soon as you get the thing, you would spread it, that I don't want to die alone.

R: Like he said, he said it actually sounds very evil.

M: BUT THERE IS A FEELING, SOME PEOPLE MIGHT FEEL THAT WAY.

R: But let them put them aside in their own home.

M: LIKE LEPROSY IN THE OLDEN DAYS?

R: Yes.

R: Can I use the bathroom?

M: YOU HAVE TO BE QUICK CAUSE WE HAVE TO WAIT FOR YOU,

R: I believe he is to a certain extent right, I mean if you look at the past generation how they have actually survived, like you gave and example of leprosy where people who were infected by it they didn't kill them but they

would cast them out, they actually start helping one another in the yard, and again it is not fair, but maybe that might be the step that we need to take to actually survive. I mean if your computer gets a virus you get an anti virus that kicks all the files, it quarantines them, it just puts them in one folder, the infected files and it locks them away, and that is how your computer keeps going. And the rate we are going at, it will push us to that point because they are preaching but the society is not listening.

M: LET THEM DIE, HOW DO YOU FEEL ABOUT THEM, CAST THEM OUT, AND LET THEM DIE?

R: I think it is cool to a certain extent because you don't know how that person contracts HIV, it was passed down into him, then I would say it is a bit harsh because he hasn't been sleeping around.

M: THEN IF YOU SLEEP YOU AROUND AND YOU GET IT, THEN IT IS FAIR?

R: If you are safe, then I think it is up to you to take responsibility.

M: YES, YOU WERE TALKING ABOUT IT, THAT WE ARE VULNERABLE; WE ARE HUMAN BEING, THE HEAT OF THE MOMENT.

R: Even if it is like your first time, the condom slips or something like that, you will still get it and that is not your fault.

M: WE ARE GOING TO LOOK AT ADVERTISING NOW, I HAVE GOT SOME PRINT ADVERTISING I WANT TO SHOW YOU AND I HAVE GOT SOME TV ADVERTISING TO SHOW YOU, PRINT TYPICALLY IS THE SORT OF SOMETHING YOU WOULD SEE IN A MAGAZINE OR A BILLBOARD, THEY ARE FROM ALL OVER, THEY ARE FROM DIFFERENT COUNTRIES, STUFF LIKE THAT, SO DON'T WORRY SO MUCH ABOUT THAT, I WANT YOU TO HAVE A LOOK AT IT AND GET A FEEL FOR IT. FOR EACH AD I AM GOING TO SHOW, YOU WILL FILL IN A QUESTIONNAIRE. HERE IS NOW THE TRICK WHERE YOU HAVE TO START LOOKING FOR H1, DO YOU HAVE THAT, LOOK, SEND ON, FILL IN A QUESTIONNAIRE, DON'T TALK, DO IT INDIVIDUALLY. GUYS WHAT DO YOU THINK OF THESE ADS THAT YOU LOOKED AT NOW?

R: It is something to the point, it is a lot of reading, like a lot of reading like if I see an advert in a magazine or something and it has got a lot of reading I just skip it.

M: WHAT DID YOU THINK?

R: I think that somewhere they are getting to the point, they grabbed you and some were a bit too long.

M: WERE SOME OF THEM THAT SORT OF GRABBED YOU THAN OTHERS?

R: Yes.

M: IN A GOOD WAY OR IN A BAD WAY?

R: In a good way.

M: WHICH ONES WOULD THAT BE?

R: The last one.

R: The last one, it grabs your attention.

M: WHY ARE YOU ALL GUYS LAUGHING?

R: It is just funny.

R: You wouldn't miss the point, it is weird.

R: Unless you knew they were specifically trying to target AIDS/HIV awareness, you wouldn't know what is about.

R: 6, 8 & 9.

M: IS THAT A GOOD ONE?

R: It can change my sexual habits.

M: WILL IT?

R: It is like rose pedals on a grave, which dies.

M: MATTHEW WHICH ONES REALLY TALK TO YOU?

R: The F1 one, it was very clever.

M: WHAT DID IT DO FOR YOU?

R: I don't know, it is just visual, when you thought about it, like the way it was put, it wasn't like a picture, it was actually a motorbike out of dirt and it is small and they are related to the amount of people.

M: IS IT JUST CLEVER OR COULD IT ALSO BE LIKE THIS ONE THAT GREG THAT IT CAN ACTUALLY CHANGE THE WAY YOU LOOK AT THINGS?

R: It has got some statistics, if you think this is the only person I have ever sex with, that doesn't mean that I am the only she could be having sex with.

M: WHAT DO YOU SAY, WHICH ONE IS FOR YOU?

R: I would have said the one who is having sex on the grave like you said, and definitely in terms of ad point of view, the one with the girl.

R: From the ad, it would catch your attention.

R: She is just a hot chick.

R: I think basically the ads with humour, the ads with sex are the ones which are more effective. The clever ads, the humorous one, the one in a grave and the scorpion one.

M: ARE THEY HUMOROUS AND CLEVER?

R: The other one would be clever and the scorpion would be humorous.

R: And when you would see it, you would think, okay, that is funny or what is the spark on to that effect.

M: IF IT IS CLEVER, AND THE GREY, WAS THAT HUMOROUS?

R: Not for me.

M: IT WAS THE BLACK?

R: Do you know what got to me, the date on the grave, 1981.

M: AND THE SCORPION.

R: It does work.

M: IN WHAT WAY DOES IT WORK?

R: It makes you realize that you are not, because the scorpion is something that is dangerous.

M: WHY DID YOU LAUGH?

R: It was just shock.

R: It is like a clown wearing massive shoes, somebody having sex with school girls.

R: It is funny.

R: It is stupid.

R: Like you were saying, you were like flipping through and suddenly you saw that, you wouldn't know what it is.

R: But if you were just flipping through.

M: DOES IT NEED BOARD TO BE MORE EFFECTIVE?

R: I think so.

R: I think it is alright.

M: IS IT FINE?

R: It is like in the corner here.

R: That picture says it all.

R: Maybe you should have a caption.

R: We know what we are talking about.

M: YOU ACTUALLY KNOW?

R: It is just weird, it is a funny thing.

R: The only thing that makes sense for me is the one with the ambulance or the ambulance and the one with the grave, the other one is just…

M: WHY THE GUY IN THE AMBULANCE, WHY DID THAT MAKE SENSE TO YOU?

R: He is a nurse.

R: He is in a risky business because he is exposed to people who have got AIDS and he catches it, but he is also a normal guy who may not be sick or other stuff. So it is not just sex that you can get AIDS from.

R: It also shows you that you can carry on if you have got it, it is just a pity you have got AIDS, you can also get a child.

M: SO THAT IS BRINGING A BIT MORE, IT IS A FURTHER MESSAGE HERE?

R: Yes you can carry on.

M: WHICH ONE IS FOR YOU?

R: Probably the ambulance one because I work in that environment.

M: YES BECAUSE YOU ARE A PARAMEDIC.

R: And the grey one and then the scorpion.

M: WHAT ABOUT YOU, WHICH ONES DO YOU THINK?

R: The scorpion and F.

R: Scorpion and F.

M: BEFORE WE STARTED LOOKING AT THESE ADS, YOU ALL SAID TO ME WE NEED MORE SHOCKING ADS, WHEN WE TALK ABOUT AIDS, AM I RIGHT, TO WHAT DEGREE WERE THESE ONES SHOCKING THAT ARE HERE WITH YOU?

R: Only the grey one was like really shocking.

R: Grey and the ambulance one

M: WHAT I WANT YOU TO DO, I WANT YOU TO TAKE THESE AND ON THE BOARD, WITH THE REST OF THE GROUP TELLING YOU WHAT TO DO, PUT THEM FOR ME, FROM LEAST FEAR TO MOST FEAR. WHICH IS THE SCARIEST OF THEM?

R: The grave one and the scorpion.

R: Yes the grave and then the scorpion.

R: But I think the paramedic one.

R: The paramedic is not scary; it is more like you can control it.

M: IS SHE SCARY?

R: Not at all.

R: You can just laugh at her

R: When you read the text you will be laughing

M: SO SHE CAME TO BE INTIMIDATED.

R: Very.

R: When you read it

R: So I think they should swoop it

M: DO YOU AGREE GUYS SWOOP THE AMBULANCE?

R: Yes.

M: GREG.

R: Scorpion, the grave then F.

R: I think the grave is the scariest.

R: The grave is probably the scariest.

R: And the scorpion on is nice, but when you speak about such diseases, you speak about facts and the fact that it has got a date on the grave; it shows you how long this thing has been around. And the total amount of people, it makes you think.

M: QUICKLY READ FOR US FROM LEAST SCARY TO MOST SCARY, IT IS H2, FIRST?

R: H2.

M: THEN H1.

R: H1, H7, H4, H5, H3, H9, H6, H8.

M: NOW THE MOST EFFECTIVE OF THIS LOT SITS TO WHICH SIDE OF THAT CONTINUUM?

R: The scary side.

M: WILL THIS SIDE BE TOO SCARY?

R: No.

M: NOW WE WILL CONTINUE WITH THE TELEVISION ADS, YOU HAVE GOT VENETIA IN THE ROOM, SAY HELLO, SAME THING GUYS, SHE IS GOING

TO PLAY THE AD, YOU ARE GOING TO DO THE QUESTIONNAIRE, YOU MIGHT BE IN AN AWKWARD SPOT, PUT YOUR CHAIR HERE, THERE IS A CLIPBOARD, ARE YOU READY?

R: Is this C1?

M: Yes we will start with C1.

M: ONCE AGAIN THE CONTENTS OF THE ACTUAL AD MIGHT NOT BE THAT CLEAR, LOOK AT THE MESSAGE THAT IS GETTING ACROSS, THE IDEA BEHIND IT, MORE THAN ANYTHING ELSE, SOME OF THE ADS ARE VERY SHORT, SO I WANT YOU TO PAY ATTENTION FROM THE BEGINNING, I AM NOT GOING TO PLAY IT TWICE, SO THIS IS C1, *ADVERT*, OKAY NUMBER TWO, *ADVERT*, OKAY, NUMBER THREE, *ADVERT*, NUMBER FOUR, *ADVERT*, NUMBER FIVE, *ADVERT*, NUMBER SIX, *ADVERT*, NUMBER SEVEN, *ADVERT,* NUMBER EIGHT*, ADVERT,* AND NUMBER NINE, *ADVERT*, AND THE LAST ONE, *ADVERT.* HOW WERE THE ADS?

R: You get someone who didn't get the point, that well.

M: AND WHAT WAS THAT POINT?

R: What I thought was that the longer it is around, the more dangerous it is more likely that someone not infected is going to get it.

R: More and more people.

R: Until they do something about it.

R: The one that got to me is the one with the child and he goes through the bad things.

R: That is scary.

M: DID YOU FIND THAT SCARY?

R: Back to the point.

R: That one gave me the most fear.

M: THE BOY?

R: Yes, it shows how it can absolutely destroy.

R: It was emotional.

R: It was very sad.

M: THE BOY IS VERY SAD?

R: Yes, that one is very sad because if you look at it, somehow it tells you, even people who don't have AIDS, who end up affected and suffering alone and stuff.

M: YOU NEVER THOUGHT ABOUT IT THAT WAY, YOU ONLY THINK OF THOSE WHO HAVE GOT AIDS, NOT ABOUT THE PEOPLE SURROUNDING THEM, WHAT DO YOU SAY MY FRIEND ABOUT THESE ADS?

R: It is tsunami what really get home.

M: WHEN YOU SAY GET HOME, WHAT DO MEAN BY GET HOME?

R: Only got the message clear, it didn't like take long for me to understand that, basically.

M: KAGISO?

R: Just shocking.

M: WAS IT SHOCKING?

R: The tsunami one and the kid, that is not real, and it is not fair to anybody.

M: YOU SEE TO SHOW SHOCKING ADS, NOW THAT THEY HAVE SHOWED YOU SHOCKING ADS, WHAT DO YOU SAY TO ME NOW?

R: The ads are shocking, but not as they put them now, I mean that is the reality, you know reality is bad, the way the child is actually affected by the disease, having him to care for his sister, he is the last one surviving, it is not fair on a child and that is the reality of it.

R: That is the type of ad that is going to stay with you afterwards.

R: You are going to keep thinking about it.

R: They are not blowing it out of proportion, they are not really trying to make you think and imagine, they are giving you what is there, what is real.

M: THEY SHOW YOU THE TRUTH?

R: And it stays in your mind.

R: They are not trying to make it more…

R: They are not trying to make it gigantic, they are giving you facts.

M: DID WE TAKE IT TOO FAR TONIGHT?

R: No.

R: The one with the ball, it was a bit hectic, it is like taking you out, it is very scary, it is too scary, you are imagine a bowler coming towards you, you are going to die, that is the whole thing, it is a shock tactic.

M: IS IT TOO MUCH?

R: Yes, it doesn't stay with you, you are not thinking that it is very hectic and you move on from them.

M: IS HE THE ONLY ONE WHO FELT IT WAS HECTIC?

R: Yes.

R: Not too hectic.

M: FOR YOU IT HAS BEEN HECTIC?

R: Yes.

R: All the people who are in for the ball, I mean the kids keep on playing.

R: They are not even aware that it is hitting them, but is, what they are saying is that this disease is really sneaking up on us and we don't really have a thought of how much it really hits, but when you look at that ad there, it actually elaborates, you actually see it, actually taking the schools, taking the mothers and the children. There you can see it, but the HIV virus. ..

R: One thing from that bowler adverts is parts breaking and it fell of people's heads.

M: AND?

R: I just thought of my heart, it shatters a person's mind and the life around them, if someone can just have parts breaking as it fell off from his heads.

R: Maybe it depends on a person, but the one of the tsunami and the bowler, I won't forget about things like that, it is too scary. It is like the Halloween, scary movie type of thing, coming to get you. I want to forget about stuff like that but the other one; I think about, the one with the kid, I think about it more.

M: SO OF THE 10 ADS THAT WE SAW, WHICH ONES DO WE THINK ARE MORE EFFECTIVE, THE MORE FEARFUL ONES?

R: The kid and the ball.

M: DO THEY HAVE THE ABILITY TO CHANGE PEOPLE'S BEHAVIOUR?

R: Yes.

M: ARE THEY ALL IN AGREEMENT?

R: Yes.

M: TO WHAT EXTENT WILL THEY CHANGE, WHAT WOULD PEOPLE DO DIFFERENT?

R: It scares you.

R: You will think more.

R: Like I said, visually, when you see it like that, it has that effect on you, you actually think about what you do, reflects the entire change of you.

R: Like the kids, you always think of it as some stranger who is far away, who just dies and life goes on but when it is one boy in his house, everyone else is dead, he is the only one left, that is more personal.

R: It will stick with you and make you think more about it.

R: It makes you pay for real.

M: IF WE HAD TO DO THE SAME THING THAT WE DID HERE WITH THE PRINT ADS, WHICH ONES WOULD YOU SAY TO ME IS MOST SCARY OF THE 10 ADS, DO YOU REMEMBER?

R: It is the ball, tsunami and the boy.

M: ARE THEY ALL THREE, ARE THEY EQUAL SCARY OR WHAT?

R: Tsunami.

M: TSUNAMI IS PRETTY SCAR?

R: Because it also gives you a punch line, it is like Africa is hit by 15 tsunamis.

R: 15 million a month.

M: SO THOSE THREE FOR US ARE THE MOST SCARY, THE BALL, TSUNAMI AND THE KID, OKAY LET TALK ABOUT SOME OF THE OTHERS, THE FIRST ONE WAS “DON’T TURN YOUR BACK”, WHAT WAS THAT?

R: Don’t turn your back too long, I am sure too many people drag, by the time we are in tears, they are shun out already.

M: THE SECOND ONE?

R: The one with chicks.

R: That is boring.

M: THE THIRD ONE WAS?

M: THE GUY AND THE GIRL.

R: That was very long and confusing.

R: That one is the same as that one over there.

M: WHICH ONE?

R: It is being overplayed.

M: FOUR?

M: THE OLD AGE HOME.

R: That is very good.

R: Not just for me.

R: It wasn't to the point, I don't know.

R: But I forgot about it, everything that is in there.

M: YOU DIDN'T SEE IT?

R: In 10 years time, they are still giving you, what they are saying in 10 years time, they are giving you a probation.

M: THE FIFTH ONE.

R: That one fictional.

R: A movie or something.

M: THE SIXTH ONE?

M: THAT WAS THE GUY WALKING AND WALKING.

R: That is tight.

R: A bit unclear I think.

R: You see that chick, in the beginning of the whole beginning of the ad, she just go walking and by that time I would have turned the shower anyway.

M: I COULD BE BECAUSE SHE PULLED IT ON THE INTERNET.

R: But it was okay.

M: THEN THE OTHER ONE WAS THE ONE WITH THE NAKED PEOPLE.

R: Yes naked people.

M: YES THE NAKED PEOPLE PLAYING SPORT.

R: It is a bid dodgy.

R: You have to get more guidance to get at what they are saying.

R: It is not straight forward.

R: I was a bit distracted by the naked people.

M: YOU WERE LOOKING AT THE BOOBS, THEN THE BOY, TSUNAMI AND BALLS, DOES ANY BRAND JUMPS TO MIND WHEN YOU WERE WATCHING THIS?

R: No.

M: NO OTHER BRANDS THAT YOU OF WHEN YOU THINK OF THESE TWO ADVERTISING?

R: No, no they don't actually show the brand, they keep on referring to no.

M: NO WHAT, WHAT ARE THEY TRYING TO TELL US?

R: Know your status.

M: HOW DO YOU FEEL ABOUT THAT MESSAGE, KNOW YOUR STATUS?

R: For some people it will affect them, other people will just carry on living the lifestyle they are living.

M: HOW EASY IS TO GO AND GET TESTED?

R: It is easy.

M: WHERE MUST ONE GO?

R: Clinic, doctor.

R: Campus.

M: REALLY?

R: Yes.

M: WHERE?

R: In campus, you just go to the department where they can test people.

M: WOULD PEOPLE DO THAT?

R: They just prick your finger.

M: SO THEY JUST PRICK YOUR FINGER, NOT BOWLS OF BLOOD?

R: There is an ad around campus, it says, it is so easy, it is like a finger of two minute noodles. It is so easy to go get tested, it is like making two minute noodles, which is pretty cool.

M: WHO HERE HAS EVER GONE FOR A TEST, DID YOU, REALLY, IS THERE A STIGMA ATTACHED TO IT THOUGH?

R: No.

R: Fear.

R: Not wanting to know.

R: Denial.

R: Ignorance.

M: WHY DID YOU GO?

R: I didn't have a choice, it was a different situation, I wanted to.

R: I had a new girlfriend, so we went to get tested together.

M: THAT IS SO ROMANTIC.

R: It is like you are HIV positive, sorry goodbye.

R: Don't tell me about the bye, I am thinking about the life that you are supposed to be starting to live until you find out that you are …

M: DO YOU FEEL ANY DIFFERENTLY NOW THAN WHEN YOU WALKED IN TONIGHT?

R: Yes, the stats were …

R: It is not enough that you are actually here.

M: IT SHOULD BE MORE OFTEN.

R: The ads should give you stats.

M: I JUST WANTED TO KNOW IF THEY ARE FEELING DIFFERENTLY NOW THAN WHEN THEY WALKED IN TONIGHT.

R: The tsunami will last me a long time.

M: BUT THE FUNDAMENTAL QUESTION IS WILL YOU CHANGE YOUR BEHAVIOUR ABOUT WHAT YOU SAW?

R: Going for an HIV test, no.

R: I would change my behaviour.

M: IN WHAT WAY WOULD YOU CHANGE?

R: I must try and be more careful.

R: Now I do, the stats show that this thing is eating South Africa every single day.

M: BUT YOU ARE SAYING THIS MUST IN YOUR FACE MORE?

R: Yes.

R: But it shouldn't be as monotonous hey.

M: I WAS JUST WONDERING ABOUT THE LONGEVITY OF THE ADS, BECAUSE SOMEONE SAID IT IS OVERPLAYED, HOW LONG CAN YOU PLAY SOMETHING BUT STILL RETAINS THE VALUE?

R: The thing is you play it more and more and it starts boring, the first time you play it, it is okay, you can watch it, then thing is, it is just like cellphones and cars, you get a Bluetooth phone, and a then an MP3 player phone, you match the two and then as soon as they match, you get a camera, the others and the others, there some phones you flash them and like, so there should be more competition to it e brands, today you play that one, tomorrow you play that one and so on.

R: It is like the Corset Lite ad.

R: They play it too much.

R: It is a good ad but it is no longer…

R: But you remember it.

R: Yes the whole point of it is to remember it.

R: Like the Polka ad.

M: DO YOU LIKE THAT AD?

R: I love that ad.

M: THANK YOU GENTLEMEN, IT WAS VERY COOL HAVING YOU HERE TONIGHT, THANK FOR YOUR CONTRIBUTION AND THE HARD WORK.

TRANSCRIPTION

BILINGUAL WHITE & BLACK FEMALES (50:50) (18 – 24yrs)

WORKING AND STUDENTS (60:40)

JOHANNESBURG – 23/11/06 [19h00]

Moderator welcomes Respondents; introduces herself and explains the technicalities.

R. I am Khosi; I go to RAU, I am doing my third year.

M. WHAT ARE YOU DOING?

R. B.com Financial Management.

M. IS THAT NOT A NERDY TYPE OF SUBJECT?

R. It is.

M. BUT YOU DO NOT LOOK LIKE A NERD.

R. I am also an artist but I paint and do a lot of charcoals.

M. WHAT ELSE, LOVE LIFE?

R. I love listening to music; I am one of those people that get confused.

M. IS THIS NOW MEN THAT CONFUSE YOU?

R. Yes, I am at the confused stage.

M. WHAT ELSE DO YOU LIKE DOING?

R. I also like playing golf.

M. IS THIS NOW A NEW BLACK GIRL THING, TO PLAY GOLF, AM I RIGHT?

R. I think so, it is quiet nice though.

M. WHAT MAKES IT NICE?

R. It is very different from going out and partying.

R. My name is Sandel and I am a chef at Melrose Arch.

M. DO YOU WORK HARD?

R. Very hard; I enjoy watching movies and going out.

M. GOING OUT WHERE?

R. To clubs.

M. BUT YOU DO NOT HAVE A LOT OF FREE TIME, DO YOU NOT WORK LONG HOURS?

R. Yes, but the time when I am finished, then I just go out.

M. WHAT ABOUT YOUR LOVE LIFE?

R. I have a boyfriend and we have been going out for 7 years.

M. WITH THE SAME GUY?

R. Yes.

M. YOU MUST HAVE BEEN AT SCHOOL THEN?

R. Yes, and we are going overseas next year.

M. TO DO WHAT?

R. To work.

M. WHY DO YOU WANT TO DO THAT?

R. Because there is no money here.

R. I am Terry; I have just completed my first year in marketing degree and I am doing B.Com next year. I am working at the moment for a marketing company during holidays full time.

M. WHAT DO YOU GUYS DO?

R. Advertising and promotions. In my love life, I have been seeing him for six months now, but I think that we will be together for a long time.

M. IT JUST FEELS RIGHT?

R. Yes.

M. ALEX, TELL US ABOUT YOU.

R. I have a degree in psychology, my first three year degree in BA. I am working at the

Will's agency in admin.

M. WHAT ARE YOU GOING TO DO WITH YOUR PSYCHOLOGY WHEN YOU ARE DONE?

R. I have to do honours and masters and ten I am going to become a clinical psychologist.

M. IS THAT YOUR AIM?

R. Yes.

R. I am Anne; I have been going out with my boyfriend for almost three years.

M. WHAT DO YOU GIRLS DO FOR FUN?

R. Not much because he is studying and I am working.

R. I am Gina, I am studying computer science, I have just finished my first year; I like my music, playing guitar and base.

M. OH! REALLY?

R. Yes.

M. ARE YOU THE BAND?

R. No.

M. LOVE LIFE?

R. I do not have a boyfriend, but I have just met one for three week now; it is fairly new.

M. WHAT DO YOU MEAN WHEN YOU LOVE LIFE?

R. You are dating.

M. WHAT IS NICE ABOUT LIFE?

R. Exams.

R. I love the sea.

M. WHY ARE YOU LIVING HERE THEN?

R. I go to Cape Town; when I look at the sea, it is all fun and the stuff.

M. TELL ME ABOUT THIS FEELING?

R. You are just like wow! And it is cool.

M. TELL US ABOUT THIS GUY OF THREE WEEKS.

R. He is cool.

R. I am Laura; I am doing my third year at Wits, I am doing fine art.

M. WHAT ARE YOU GOING TO DO THEN?

R. I am going to be a teacher.

M. WHAT ELSE CAN YOU TELL US ABOUT YOU?

R. I have a boyfriend that I have been seeing over three years; I like to read lovely books.

R. I am Mbali; I am working at Gorthforths Park right now; I like sports and music. I have been going out with my boyfriend for about two years now.

R. I am Vicky; I studied Sports Management at RAU; I am currently working for Fords Trading Company; I do everything in that company. I am a social person; I love outdoors.

M. WHEN YOU SAY YOU LOVE OUT DOORS, WHAT DO YOU GUYS DO?

R. I hate being in doors, I have to do something, it does not matter whether is playing sports or being with my friends, just being on the out doors, just anything.

M. WHAT SORT IF SPORTS DO YOU PLAY?

R. Throughout my life I have played Netball, water polo, tennis, swimming.

M. SO, YOU ARE VERY ACTIVE?

R. Yes, I play any sports besides golf.

R. I am Tshepi; I completed my diploma in Marketing, now I am working as a marketing consultant and the investment company. I like shopping, music.

M. BUT SHOPPING COMES FIRST?

R. Yes. I have been with my boyfriend almost for life, he is my high school sweetheart. Better the devil you know.

M. WHY DO YOU THINK THAT ABOUT GUYS OUT THERE ARE SOME WEIRD

R. I do not know, I just think they all have their issues.

R. I am Mbali; I am young and fresh , and I and still experiencing my life; I love food, I love fashion, I love my mom and I love my dad.

M. ARE YOU POSITIVE?

R. Yes.

M. WHY ARE YOU SO POSITIVE?

R. I do not know, I think I have not seen anything negative; I still see the positive.

M. HOW DO YOU GUYS RESPOND TO THAT; WHAT DO YOU DO?

R. I am still am student, I still live with my mom and I have not had a job.

M. WHAT ARE YOU STUDYING?

R. I am studying a B.Sc.

M. DO YOU WORK?

R. No.

M. WHAT HAPPENS WHEN YOU START WORKING?

R. You start realising value of money.

M. APART FROM THAT?

R. I had a job at the restaurant as a waitress, and the characters you meet, even the manager are jolly people.

M. DO YOU MISS THIS STAGE WHEN MOM AND DAD TOOK CARE OF EVERYTHING?

R. Yes, but I am still on the way.

M. DO YOU FIND THAT SUDDENLY YOU REALISE YOU HAVE TO WHIRL FOR YOUR MONEY?

R. Yes.

M. HOW POSITIVE OF NEGATIVE WOULD YOU SAY YOU ARE?

R. I am the most negative person.

M. WHERE YOU ARE RIGHT NOW OR GENERALLY?

R. Generally actually.

M. WHY?

R. I do not know, I suppose it is better to be negative than be positive and be disappointed.

M. DO YOU GUYS AGREE WITH THAT?

R. No, (all).

R. I think I go through stages, I am negative at least if I expect it and it happens, then I will not be disappointed. But if everything goes well and something nice happens, then I will sort of be happy.

M. WHEN YOU WERE TEENAGERS, DID YOU ALSO HAVE MOODS LIKE THAT?

R. I am still am teenager.

R. I am a very positive person and I always get disappointed, but I always move on and think it was not meant to be that way.

R. Because if we become negative then everything else will be negative in your life.

R. And you will never get anything.

M. WHEN I SAY THIS WORD TO YOU, WHAT IS THE STUFF THAT IMMEDIATELY COMES TO YOUR HEAD?

R. Sex.

M. SO, WITH THIS SEX GOES WHAT SORT OF THOUGHTS?

R. Insecurity.

R. I think of other girls; they are targeting the wrong people, they are targeting the rich kids in the white schools and that is not who they need to target as much as everybody else. They do not target the rural areas.

R. But they are only killing our area. I have heard about it recently on the radio and on billboards.

M. HAVE YOU READ A LOT ABOUT IT?

R. I have yes.

R. I think that it is going on forever; I think it has been on billboards and everything forever.

M. IS THERE TOO MUCH COMMUNICATION ABOUT IT?

R. I do not think there is too much information the way people are dying.

R. Yes, (in agreement).

R. That point that she says they are targeting rich kids and what not. But back in the days, it used to be a thing of HIV as mainly amongst the black community. So maybe the reason now you feel like they are bombarding you with it is because they are trying to bridge that gap where they did not do it.

M. ARE THEY COVERING FOR LOST TIME?

R. Yes, they are covering for lost time.

M. WHAT DO YOU MEAN THEY ARE COVERING UP FOR LOST TIME?

R. Like I say that back in the days, people used to think it is a black engagement.

R. They were not educating back in the days.

M. IS THAT HOW YOU FEEL?

R. That is how I feel; I have never heard anything about it from school where it started from, from what I can see from there.

M. YOU SAID THE THEORY ABOUT SEX OR MISSUSE OF SEX?

R. I just think if people closed their dicks, they would not get Aids.

R. That is easier said than done.

R. No, it is not easier said than done.

M. ARE YOU ANGRY ABOUT THAT?

R. I am not angry about that but it is upsetting that people know and they sort of have casual sex.

R. And they do not care.

M. HAVE YOU GUYS NEVER EVER HAD CASUAL SEX?

R. No, (all).

R. Sometimes, it is not about people closing their legs; I have a cousin who died of Aids few years ago. She was a married woman and she was not the sort to go out and cheat on her husband. But now, her husband was the sort to go out and cheat on her.

R. And that is unfortunate.

R. Yes, that is unfortunate because she only slept with the one man and that was the one man who killed her. But now when people see her lying in the hospital bed, the issue is oh! She has been sleeping around.

R. Yes, (in agreement).

M. DO YOU ALSO SAY THIS STIGMA IS ATTACHED TO AIDS?

R. Absolutely.

R. Yes, (all).

M. IF I HAD TO TELL YOU NOW THAT I HAVE GOT AIDS, WOULD YOU FEEL DIFFERENT ALTOGETHER?

R. Yes, (all).

R. It does not matter what you say or how you perceive to think about Aids. No matter what somebody tells you that they have Aids, you do not treat them differently.

M. SO, IF YOU READ PEOPLE AND YOU KNOW THEY HAVE AIDS; DO YOU NOT WANT TO BE CLOSE TO THEM?

R. If some of them you know and they are sick and you kind of back off a bit.

R. Yes, (in agreement).

M. IF YOU JUST KNOW THEY ARE HIV POSITIVE, THEY DO NOT HAVE AIDS?

R. It is the same.

M. IS THAT WHAT YOU THINK?

R. You get that that becomes your title. Say I walk in to a room and the moment, and the moment I leave, she will be like oh! Gosh, she is HIV positive. Or you know that Tsitsi is HIV positive, it automatically become your title.

R. Yes, (in agreement).

M. SO, YOU SAY THERE IS NO DIFFERENCE BETWEEN HIV POSITIVE AND AIDS?

R. There is a difference, (most).

R. Yes, there is a difference; it is the sickness and it is the infection.

R. But when people talk about it, they do not say HIV, they say Aids.

R. Yes, (in agreement).

R. They do not break it down to say she has got HIV, they revert to it as Aids.

M. SO, TALK ABOUT HIV / AIDS.

R. What she said about the whole communication is just getting a bit too much. I think that is the reason why people are actually having casual sex, because we know about this, and they would say, I am protecting myself etcetera and it was just the first time and it is not going to happen again. I know people who actually do have casual sex unprotected; they actually get scared and would say, I actually have to get tested pretty soon. So, I think it is actually basically because it has been in people's mind and they got to a point where they say I should be weary.

R. I think nowadays, there has been so much talk about aids, everybody knows what Aids is, there is no excuse of your colour, or where you live. You know what Aids is and if you have unprotected sex, you are looking fro trouble.

M. WHAT ARE THE CHANCES OF YOU GETTING AIDS?

R. Very high.

R. It depends on your behaviour.

R. I think that stats wise, out of the ten of us, five of us are at risk because you would find that probably five here are actually having casual sex, or might have. So, the chances are there.

M. WHAT ABOUT CONDOMS?

R. They are not using condoms.

M. WHY NOT?

R. I have realised that girls are more worried about when they have had sex without a condom, they might be pregnant.

M. THAT IS SUCH AN OLD THING, WHEN I GROW UP, THIS IS SOMETHING WE WERE WORRIED ABOUT.

R. Even nowadays, girls are more worried about falling pregnant.

M. Why are they feeling like that?

R. I think that everybody thinks it will never happen to me.

M. DO YOU THINK SO?

R. Yes.

M. IS THAT A FEELING THAT IT IS NOT GOING TO HAPPEN TO ME?

R. Yes.

M. Do you think people like us still think about what happened to them?

R. Yes.

R. I have lost two family member through HIV; so stubborn people who like I am pretty safe about what I am doing.

M. WHY DO THEY THINK THEY ARE SAFE?

R. I think they are invisible. Because if you are a teenager, you think oh! I am here and nothing will happen to me.

R. You think you know everything, you think you have seen everything and nothing will touch you; you are mortal person.

R. Yes, because nothing bad has happened to you so far.

R. Yes, (in agreement).

R. But also people would say, I will not get Aids but if I do, I do not know.

R. You also get people who say we all are going to die one day anyway. You could get into a car accident and die. The risk is just the same as having unprotected sex and catching Aids, and at the end of the day we all are going to die.

R. But this is like a horrible death.

R. Yes, (in agreement).

M. AT WHAT AGE DO KIDS TODAY GET SEXUALLY ACTIVE?

R. From what I hear, as young as twelve.

R. It is quiet shocking.

R. But it is different with different people; amongst all of my friends, only one of my my friends that I met at varsity. One of my new friends this year, she is only one out of twenty of my friends that has had sex. And no one including me has had sex.

M. WHY NOT?

R. I think a lot of my friends are prudes; through school and stuff, I was definitely the most sexually active of most.

M. BUT YOU HAVE NOT HAD SEX?

R. But I have not had sex.

M. WHY NOT?

R. I do not want to have sex with someone and just leave it as a thing.

R. Have you ever had a relationship.

R. I had.

R. The opportunity with us is different, you cannot really say at the age of 20, 50% of people would have sex and 50% would not have sex; it depends on relationships.

M. BECAUSE OF PEER PRESSURE IS THERE.

R. Yes, (all).

M. WHEN YOU ARE IN A RELATIONSHIP, THEY ARE GOING TO PRESSURISE YOU TO HAVE SEX.

R. Even with some of the relationship, I have been teasing guys and they would say, they never use a condom.

R. Some people, like he expected that I would have sex with him.

M. WHAT ABOUT YOU GUYS, HOW OLD WERE YOU WHEN YOU WERE SEXUALLY ACTIVE FOR THE FIRST TIME?

R. 17 years, but I had been with my guy for two years.

R. 16 years.

R. 17 years.

R. 21 years.

R. 19 years.

R. I am a virgin.

R. 19 years.

M. SO, WHAT YOU ARE SAYING TO ME IS AMONGST US, WE WERE ABOUT 16 YEARS TO 17 YEARS, FIRST TIME TO UP TO 19 YEARS?

R. Yes.

M. BUT YOU SAY KIDS TODAY ARE SEXUALLY ACTIVE YOUNGER?

R. Yes, 12 years to 13 years.

R. My cousin had sex for the first time when she was 13 years.

M. WHY ARE THEY HAVING SEX SO EARLY?

R. That is even worse for a guy

R. Yes, there are even guys who are generally younger.

M. WHY ARE THEY HAVING SEX SO EARLY?

R. Because, I do not know, I just feel like they do

R. Everyone is having sex.

R. When I was in primary school, we were not taught sex education. So we find that we did not engage in sex because we did not know anything about it. But now that they talk about it, so children say, Oh let us try this out. I think they are more aware of sexual education at an earlier age that is why they start doing it. I think it is one of the reasons.

R. Yes, (in agreement).

R. I think it starts in your mind as well, it depends on your parents.

R. Absolutely.

R. Yes, (in agreement).

M. HOW DO YOU FEEL ABOUT TALKING ABOUT SEX EDUCATION AT SCHOOL?

R. That is a different view, I think they have decided to bring sex in because kids were doing it younger and younger. But they might have been doing it not as an offence and encouraging it.

R. When you are completely naïve, it does not even cross your mind.

R. The other thing I think parents are to blame to a certain extent because as a mother, when you give your child condoms, you are saying, okay go ahead and have sex, it is okay just as long as you play safe.

M. BUT WHEN WE GREW UP, YOU WOULD NOT EVEN MENTION THE BOYFRIEND TO YOUR MOTHER.

R. Yes.

M. HOW DO WE TELL PEOPLE ABOUT THE DANGERS AND PREVENTION OF AIDS?

R. Advertising has to be more intense, I mean you look at Love Life; we must see people lying on the beds.

M. DO YOU WANT TO SEE SICK PEOPLE VOMITING?

R. We need to see these people in the hospital vomiting, they are sick.

M. SO, YOU WANT TO SEE GROUSE ADVERTS?

R. It is not grouse, it is real.

M. IS THAT WHAT YOU NEED TO SEE?

R. Love life is already cheesy.

R. It is not going to make you not get Aids.

M. DO YOU WANT TO SEE THE REAL HORRIBLE THIS?

R. Yes.

R. Yes, I think it would work.

R. Have you seen yesterday's with Leleti, at the end with her husband that has Aids, I was scared because he has sores.

M. IS SHE RIGHT?

R. Actually no.

R. The biggest impact that ever hurt me was when I was at school. It was about domestic violence, and since that day, I will never ever forget that reveal.

R. Even like having movies such as like yesterday. It is not like everybody is going to sit there and say I want to watch yesterday, I hear about this movie called Yesterday.

R. They must put it on the TV.

R. Or on the billboards.

R. Not on M-Net, not everyone likes M-Net.

M. IS THE LOVELIFE OUT THERE NOT DOING WHAT IS SUPPOSED TO DO?

R. I do not think is doing what is has to do.

R. No.

R. I think it is not as effective as it could be.

M. SO, THEY MUST HAVE ADVERTISING, BUT MORE EFFECTIVE?

R. I think there is one slogan "HIV wants you" that hit me hard.

R. Yes, (in agreement).

R. It felt like it is a demon; it wants to get at you.

M. IF HIV WAS A DEVIL, WOULD ONE THEN SEE IT AS WANTS YOU?

R. I do not think it would.

R. I think you have to see it.

M. YOU HAVE TO VISIBLY SEE AIDS?

R. Yes.

R. Also on TV, you can also look at it and say shame the poor person

R. It is still not personal.

R. Because you are only seeing it, you are not seeing that person as someone you know and not someone you have known when they have been healthy.

R. But also if you look at cancer and obviously the adverts of people who are dying on cancer have got no hair.

R. That one hits you.

R. But you see the Aids.

R. And also the thing on the newspaper a while ago, it actually said love life is encouraging girls to become pregnant because they show these happy girls pregnant.

R. Yes, (in agreement).

R. Is the Aids advertising a lot of anti-stigmatism; that is the kind of impression I often get.

M. WHAT MESSAGE SHOULD THEY GIVE US?

R. It will kill you.

R. You will die.

R. And it could be tomorrow. If it gets you tomorrow, you will die tomorrow.

R. Yes, (in agreement).

M. WE ARE GOING TO LOOK NOW AT A SERIES OF ADVERTS. I HAVE SOME PRINT ADVERTS AND WE ARE GOING TO LOOK AT SOME TV ADVERTS. YOUR JOB HERE TONIGHT IS TO RATE THESE. NOW KEEP IN MIND THAT I SOURCED THESE ADVERTS FROM ALL OVER.

R. So, they are existing already?

M. SOME OF THEM ARE EXISTING ALREADY, BUT NOT NECESSARILY HERE. SO, THE PRODUCTION THAT IS HERE IS NOT ALWAYS THAT GREAT BECAUSE I HAD TO PULL IT OFF THE INTERNET. I DO NOT WANT YOU TO EVALUATE THIS, I AM LOOKING AT THE CONTENT, THE MESSAGE, THAT SORT OF THING THAT YOU GET WHETHER IT TALKS TO YOU. IF I MAY, I JUST WANT TO QUICKLY RUN THROUGH THE

QUESTIONNAIRE. EACH ADVERT YOU WILL SEE HAS GOT A QUOTE. SO, I AM GOING TO SHOW YOU AN ADVERT AND IT WILL SHOW YOU THAT IT IS H1, THERE IS A QUOTE ON THERE. LOOK AT THIS AND THEN YOU QUICKLY ANSWER THOSE QUESTIONS.

M. WHAT DID YOU THINK OF THIS PRINT ADVERT?

R. Someone said sorry I was telling with mark.

R. The last one, the fact that it was the woman, I was not the guy.

R. It is almost like the women are the ones that spread it.

M. DID YOU NOT LIKE THAT?

R. Not at all.

R. It was so hard to get what it is saying, I did not get it.

R. Yes, you do not get it.

R. I did not know what was going on.

M. WHAT IS IT ABOUT SHAKING THE HEAD ABOUT?

R. It just kind of said it is like a Christmas advert.

R. Yes, really I did not pretty know what is going on.

R. Also with an advert, the first time you see it, you should get it.

R. Yes, you should.

R. Yes, (in agreement).

R. As soon as you saw it, when you are driving pass, you do not have time to try and figure it out.

R. Sometimes that also makes the advert successful. Sometimes when you see the image and you are still thinking about it and you are still driving away, that is what makes the advert successful.

R. I think it is good.

R. The last two adverts are brilliant.

R. I think it is nice, it is romantic.

M. YOU SAID TO ME THAT YOU WANT ADVERTS THAT ARE MORE INTENSE.

R. Yes.

M. MORE SCARY, THAT IS WHAT YOU WANTED?

R. Yes.

M. NOW, I WE HAD TO PUT THESE ADVERTS ON A CONTINUUM OF SCARINESS; HOW WOULD YOU GUYS ORDER IT? TAKE ALL NINE ADVERTS, MAYBE THE TWO OF YOU CAN GO TO THE BOARD AND PIN THEM UP WHILE THE REST OF THE GROUP GIVES YOU DIRECTION. STARTING LEFT BECAUSE TO THAT ENDING UP TO THE MOST SCARY ONE BEGINNING WITH THE LEAST SCARY ONE. ALL OF YOU HAVE TO PUT THEM IN ORDER FOR ME THE WAY YOU SEE THEM.

M. THE FIRST ONE IS NO. 2, WHY?

R. The design is pretty, it makes you want to concentrate to know what that word is..

M. DOES IT WORK?

R. No, (most).

R. I do not think it is scary, it is definitely not scary, but it is more like educational. It is more like you should go and get tested.

R. I think it is effective.

R. I think it is as effective as educational.

M. WHICH OF THESE ADVERTS WOULD YOU SAY YOU PERSONALLY FIND EFFECTIVE?

R. The ambulance guy, No. 5.

R. Me too.

R. The Scorpion.

R. Scorpion.

R. The scorpion and also the F, I like that. I feel like that average guy.

M. DOES THIS ONE TALK TO YOU?

R. Yes.

R. The graveyard one and ambulance.

R. Yes, the same.

R. Ambulance and F.

R. The graveyard and scorpion.

M. SO, THE LEAST SCARIEST IS H2, H1, H4, H3, H7, H9, H8, H5, AND THE MOST SCARY IS H6. WHY DO YOU FIND THIS THE MOST SCARY?

R. Because it makes your heart beat faster

R. You may harm the people that I have slept with.

R. That is how HIV and Aids relates to you.

R. Yes, (in agreement).

R. And it makes you really stop and think.

R. Yes, (in agreement).

M. SO, THE MOST SCARY FOR MANY IS THE MOST EFFECTIVE?

R. Yes, (most).

R. Definitely.

R. That was clever also.

R. I do not think it is scary; it is effective, it is very effective.

M. FOR THE ADVERT TO BE EFFECTIVE FOR YOU, WHAT DO THEY MEAN BY EFFECTIVE?

R. Something that makes you out and do action.

R. If you were sleeping around you change your behaviour.

M. SO, EFFECTIVE MEANS IT COULD CHANGE YOUR BEHAVIOUR?

R. Yes, (all).

M. IF WE WERE TO RUN IN SOUTH AFRICA WITH THESE LAST FOUR ADVERTS; HOW DO YOU THINK IT WOULD IMPACT WITH PEOPLE'S BEHAVIOUR?

R. I think the F one would probably, if you are going to see it, you would go and find out how many people you have slept with.

R. Yes, (in agreement).

R. You will be more cautious.

R. I think what is really good about that advert is, when I look at it, I think about testing. And what is really important is the message written on it and besides, opening your eyes to go and get tested.

R. It is also like to track you over.

R. And it only got down that trial.

M. DO YOU THINK THESE ADVERTS COULD IMPACT ON PEOPLE'S BEHAVIOURS?

R. Yes, (most).

M. PEOPLE LIKE YOURSELVES?

R. Yes, (most).

M. ANDREA, REMEMBER YOU SAID YOU ARE A NEGATIVE PERSON; HOW DO YOU FEEL ABOUT THESE?

R. I do not think I like the first three adverts more, I do not think many people would understand. And they do not really affect me, I do not really feel much scared that the doctor has Aids now.

M. AND THE LAST ONE?

R. Yes, it is okay, we all know that, I knew this already so, it is not a shock.

M. TALK TO ME ABOUT NOT UNDERSTANDING THE SCORPION ADVERT. WHY DO YOU SAY THAT YOU DO NOT UNDERSTAND IT?

R. I just do not know.

M. WHY NOT THE MAN?

R. It is not just men.

R. Yes, (in agreement).

R. What I am saying is that they have been really unfair to women.

R. Yes, (in agreement).

R. I do not think is by being sexist.

R. I think it is very sexist.

R. Are women not carrying Aids more or something.

R. I do not understand that.

R. I think it is more comical.

R. It is actually funny.

R. That shocked me, I had to look twice.

R. Yes, it shocked me too.

M. SO, IT DOES NOT MATTER WHETHER YOU ARE A MAN OR A WOMAN?

R. Yes.

M. What is the main message you got there?

R. Scary.

R. Generally you get in to that.

R. Monster kind of thing.

R. I once watched a movie and this guy's girlfriend tuned in to fragment and he was imagining it.

M. THEY ARE EATING MICE?

R. Yes.

M. WHO ELSE KILLS MATES AND EAT THEM?

R. Spiders do.

R. Yes, (in agreement).

M. YOU ARE GOING TO WATCH SOME COMMERCIALS. THIS IS C1 ON YOUR RATING SHEETS. AND THEN THE NEXT AD, ETC.

M. WHY ARE YOU SO QUIET GUYS?

R. Because we're all freaked out.

R. The last two actually.

R. The last three, I got freaked out.

R. I think the last one was the most effective.

M. WHY DID YOU GET FREAKED OUT?

R. I think the last one is unstoppable, I feel like it is unstoppable. It is going to consume us all.

M. YOU ARE VERY QUIET, DID THESE ADVERTS AFFECT YOU?

R. Yes, (most).

R. Much more than the press.

R. It remind me of a dream I had last night where there was flooding and stuff and I could not swim. Everything is around me and I was so scared. Basically, there is nothing we can do, it is happening.

R. I thought the last advert is aimed at black people; they should have included white people.

R. It did not do much.

M. DOES IT LOOK LIKE A COMPUTER GENERATED?

R. Yes, (most).

R. I like those last dudes, maybe because of just the numbers. I do not think is fair to compare it as nine years ago, whereas Aids miss something that you have for an extended period of time.

R. Think of an impact that you have on that incident of Tsunami, it seems to be more fresh in your mind.

R. Yes, (in agreement).

R. It is almost becoming accepted.

R. People do not want to think about it.

R. It gets so sensitive.

R. I think sometimes the mistake about the adverts is that we talk too much, they will give you facts and numbers. They must go straight to the point.

R. I think of that advert where it has a guy walking across the street. I think that could really work. It shows maybe the guy working or doing whatever and show his exes.

R. I like the one that says you are all at home.

R. Yes, the one with a boy at his house. I like the idea.

M. LET US TALK ABOUT LIKING AND LET US TALK ABOUT WHAT WE THINK IS EFFECTIVE. I FIRST WANT YOU TO TELL ME THE ADVERTS THAT REALLY GO FOR YOU?

R. I think the last two.

M. TSUNAMI AND HUMAN BOARD.

R. The one with the guy and the one with health inspectors.

M. DO THOSE TALK TO YOU?

R. Yes, I might not live longer because of Aids.

R. The Tsunami one, the little boy at home and the old age home one.

R. And the hospital one.

M. WHAT DO WE WANT WITH AIDS ADVERTISING; WE WANT PEOPLE TOP CHANGE BEHAVIOUR, AM I RIGHT?

R. Yes.

M. SO, IF WE TALK ABOUT EFFECTIVE, LET US TALK ABOUT THE ONES THAT WE THINK WILL CHANGE BEHAVIOUR.

R. Definitely the F one with the multiple partners and stuff.

R. The one with the boy, like the middle class house.

R. The tsunami one mad the one with a little boy also.

M. WOULD IT CHANGE BEHAVIOUR?

R. Yes.

R. The Tsunami one and the old age, and the human board.

R. The old age one definitely, and also the one that he could not make it.

R. Yes, (in agreement)

R. I like it as well.

R. And mine as well.

M. IS IT VERY GOOD OR WILL IT BE EFFECTIVE THAT PEOPLE WOULD CHANGE THEIR BEHAVIOUR?

R. I would yes.

R. Yes, because you start realising that you would not do those things naked, so why would you do sex without protection.

R. Yes, (in agreement)

M. WHAT ABOUT YOU?

R. The old age one definitely, and the tsunami one.

M. WHAT WAY DO YOU THINK IT WOULD CHANGE PEOPLE'S BEHAVIOUR? WHAT WOULD THEY DO?

R. I think we have to realise that is the biggest part of the advert, it is not something that, the awareness.

R. Most of the adverts make you want to help and teach and explain.

M. REALLY?

R. Yes, (most).

M. DO YOU WANT TO REACH OUT?

R. Yes, and want to protect yourself.

R. None of us really feel like they are going to change our behaviour, but we want other people to change.

M. YOU ALL KNOW PEOPLE THAT DO NOT BEHAVE THE WAY YOU DO?

R. Yes.

M. IF THEY SEE THIS, HOW DO YOU THINK IT WILL AFFECT THEM?

R. They will get the shock of their lives.

R. I am very sure that I am safe for the rest of my life but that scares.

R. The one that says HIV wants you. You know the way they show the virus moving. I sometimes feel that way. I picture that after having sex, I am like thinking of this virus making its way up. And I think things like that actually stick to you.

M. WHAT WAS THE FIRST ADVERT?

R. Do not turn your back, (all).

M. HOW DO YOU FEEL ABOUT THAT ONE?

R. I think they are completely giving the wrong message. It is like you accept Aids.

R. It is like somebody who already has Aids, do not turn your back and be affected and be dead.

M. WHICH WAS THE SECOND ONE?

R. The girls who are talking together. I do not think it is very good.

R. Most of the time girls do not use condoms.

M. TELL ME WHY?

R. I think they want to feel it, they want to experience.

R. The goddess one was good.

M. WHY DO YOU SAY IT WAS GOOD?

R. I think it is quit effective, because you do not think about it.

M. THE FOURTH ONE?

R. The old age home one.

M. DO YOU ALL REMEMBER THAT?

R. Yes.

M. SO, THAT IS YOUR FIERY ONE OF THE FIRST THREE ADVERTS, WERE THEY MEMORIAL OR?

R. Yes, I am glad we did that thing; it is going to make you test.

M. FIVE?

R. I did not enjoy that.

R. I liked it.

R. I also liked it.

R. I thought it was dawn of the dead.

R. It reminds me of a movie.

R. Without the sound, without hearing what is been said in the background, you should be able to catch what is being said.

R. It is more like a movies trailer.

R. Yes, (in agreement).

M. SIX?

R. Six was the guy that was walking.

R. And the boy.

R. I think that is very relevant to us because none of us have kids as far as I know.

R. Yes, (in agreement).

R. I think it is because that would have happened to me.

R. Yes, it is sad story because you might know somebody died of Aid and they had kids.

R. Yes, (in agreement)

R. Most of the time people think they know aids is out there. The problem is the out there part, it is not here, and it is out there.

M. DID THESE ADVERTS BRING IT CLOSER TO YOU?

R. Yes, (most).

R. Definitely.

R. I think it makes me think twice about having kids.

R. I think it is sad.

R. Yes, it is sad.

R. What happens in poor arrears, in squatter camps all the time, it is like someone left and left and then the father and the mother died. And that is just transferring the situation.

R. Do you not think that they will change the perception that it does not really happens to us?

R. No, (most).

R. It also takes away the issue of whereby you are saying once your parent reach a certain age; they are not at risk of getting Aids.

R. Yes, it is true.

R. At my age, I can easily become an aids orphan. What is to stop my father from sleeping with somebody and get Aids? It is not about young people or the small kids, it is about anybody.

R. Yes, but I think the reason they are using small kids because it is more on both ways. You are more likely to survive or suffer less, if you can say that, if you compare. Whereas a little child, you are more influenced buy parents than when you are 18 years.

M. AND THEN WE HAD TSUNAMI.

R. I do not like that thing, that is could be? America and Africa. Why not compare the disasters that happen to Africa than anywhere else.

R. I think Tsunami is still fresh in people's mind.

M. TELL ME ABOUT HUMAN BALL.

R. It just gets bigger and bigger, more out of control.

M. DO YOU BELIEVE IT, IS IT TRUE?

R. Yes, (most).

R. It is happening.

R. You watch the entire advert and then you are convinced that it is talking about this fellow Aids and Stuff. And at the end, it says you should be allowed, you should have access to treatment. And then you think about it and say wait, hold on. Every visual was like basically a rural sort of area. And then you think that the government has to supply antiretroviral to this area. Then you do get the message.

R. It also gives the bad impression that Aids comes from rural areas.

M. THESE ADVERTS THAT YOU SAW, IF YOU PUT THEM TO THE SAME ORDER FROM NOT SCARY TO THE MOST SCARY. HOW WOULD YOU PUT THEM?

R. Number one will definitely be number one.

R. And the Tsunami one.

M. WHICH ONE DOES ALL OF US FEEL WAS THE MOST SCARY?

R. The tsunami and the old age home, (most).

R. Human ball.

R. No, Tsunami and Old age home.

R. And that HIV wants you.

M. WHO SAYS TSUNAMI WAS THE MOST SCARY?

R. (4).

M. WHO SAYS OLD AGE WAS THE MOST SCARY?

R. (4).

R. The human board is the most scary.

M. DIFFERENT THINGS SCARE DIFFERENT PEOPLE DEPENDING ON YOUR BACKGROUND AND DIFFERENCES?

R. Yes.

M. WHAT DO WE SAY IN TERMS OF USING FEAR TO GET AIDS MESSAGE?

R. Yes.

R. You need to make teenagers scared to make them stop what they are doing.

R. Get a picture of the person that look like that.

R. Like that advert of Clientele when the people get an accident as they drive off.

M. DO YOU THINK THAT IS GOOD?

R. Not everybody would appreciate stuff like that.

R. You can find that probably a twelve year old so traumatised by this advert.

M. FOR HIV AIDS COMMUNICATION, WAS THERE ANYTHING THAT YOU SAW HERE TONIGHT THAT YOU WOULD SAY TO ME, CHRIS THAT IS TOO MUCH?

R. No, (most)

R. That is how it is and if it happens to you, it is going to be much worse than ads..

R. I do not think any of these adverts came in like a very scary.

M. ARE THEY PREACHY, ARE THEY GETTING THERE?

R. Yes, (all).

M. CAN THEY GO A STEP FURTHER?

R. Yes.

R. I think what scares when we see the actual effects of HIV and Aids itself. Because we just see happy teenagers.

R. If you can see that, they have Aids and they really are sick.

R. I think I few can see actual Aids victims.

M. THE MORE GRAPHIC, THE MORE REAL, THE MORE SCARY , THE BETTER?

R. Yes. The one that touched my heart was the one of a woman walking from the hospital and she is so skinny and that. That touched me.

M. WHAT DO YOU THINK IS WORKING BETTER FOR YOUR AGE NOW?

R. I think the advert and the stats together.

R. What will be more effective; let us take the F advert, and take the suffering person, those people walking there. As they walk, from the bottom, they are skinnier and skinnier.

R. Yes, slowly they are dying.

R. From the top.

M. MAYBE FROM A HEALTHY PERSON?

R. Yes, from a healthy person to where edit actually started.

R. I would not like to go to graphic. People have access to go to hospitals and stuff.

R. But nobody does.

R. I know that but now you are going to.

R. So that everybody get the message across.

M. YOU DID MENTIONED EARLIER THAT SOME OF THE ADVERTISING IS LIKE TOO MUCH; IT IS KIND OF GOING OVER YOUR HEADS, EVERYBODY HAS BEEN BARBARIC WITH IT, AND ACTUALLY YOU ARE NOT EVEN LISTENING TO IT.

R. I think it is because often reputation rather than the image. Or the effect they are getting across.

M. WHY ARE TEENAGERS NOT ACTING TOWARDS THESE?

R. Maybe they are less effective in emphasise the statistics. Let say an advert comes out where it says everyday 3 000 people die of Aids. I would probably assume that it is 2 999 people in the rural areas.

R. Yes, (in agreement).

R. Or it is 1, 5% gay people or black people. Statistic do not say much.

M. WHAT BRANDS COMES TO MIND WHEN WE TALK ABOUT AIDS?

R. Levis.

R. Mandela Foundation.

R. MTV.

M. WHAT ABOUT IF ANOTHER APPROACH STILL WITH THE FEAR, GOT A TESTIMONIAL FROM A REAL PERSON. LET US SAY IT IS SOMEBODY OF 18 YEARS AGE GROUP WHO WOULD START OF BY SAYING: I DID NOT THINK IT WOULD HAPPEN TO ME. BUT LET ME TELL YOU JUST HOW MY LIFE GOT ON HORROR AND HORROR. DESCRIBE THE SYMPTOMS, THE SICKNESS DEVELOPMENT AND UP BY SAYING, I HAVE A MONTH TO GO. PLEASE KNOW YOUR PARTNER AND LIFE IS WORTH.

R. Yes, (most).

R. I have seen something like that a while ago , but it was not for aids. That person was from the rural area and it was a black person.

M. THANK YOU VERY MUCH

ADDENDUM E

1.	**Date:**
2.	**Time:**
3.	**Place:**

QUESTIONNAIRE

INSTRUCTIONS
Please answer ALL the questions
Do not turn the page until told to do so

SECTION A

DEMOGRAPHICS

Please mark the option that is most applicable to you with an "X"

4 **Age in years:** Younger than 18 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ older than 24 ☐

5 **Gender**: Male ☐ Female ☐

6 **Racial group**

Black ☐ White ☐ Coloured ☐ Indian ☐

7 **Indicate your *first/primary* language: (the language you speak most of the time**)

Afrikaans ☐ English ☐

Afrikaans & English ☐ Xhosa ☐

Other official SA language ☐ Other language ☐

8 **Indicate your highest level of education:**

No formal education ☐

Primary school completed ☐

Some secondary school ☐

Matric completed ☐

Higher (tertiary) education ☐

(University/Technikon/College; diploma/degree) ☐

9 **Indicate your income grouping: (This is total household income)**

<R2000 ☐

R2000- R4999 ☐

R5000 – R9999 ☐

R10 000 – R19 999 ☐

R20 000+ ☐

Do not turn the page until told to do so

SECTION B

Please mark the option that is most applicable to YOU with an "X"

Statement		Rating Scale				
		1 Strongly Disagree	**2 Disagree**	**3 Neutral**	**4 Agree**	**5 Strongly Agree**
10	I **can** maintain condom use to prevent HIV infection:					
11	I **believe** that HIV infection is a severe medical condition:					
12	Using condoms **is effective** in preventing HIV infection:					
13	I **believe** that HIV infection has serious negative consequences:					
14	I **can** easily have one sexual partner to prevent HIV infection:					
15	If I use condoms **I am** less likely to get HIV infection:					
16	I **can** practice safe sex with one partner to prevent HIV infection:					
17	If I have one sexual partner **I am** less likely to get HIV infection:					
18	**I am** able to have one sexual partner to prevent getting HIV infection:					
19	I **believe** that HIV infection is extremely harmful:					
20	Having one sexual partner **is effective** in preventing HIV infection:					
21	It is **likely** that I will get infected with HIV:					
22	Using condoms **works** in preventing HIV infection:					
23	**I am** at risk for getting infected with HIV:					
24	**I can** easily use condoms to prevent HIV infection:					
25	It is **possible** that I will get infected with HIV:					
26	**I am** able to use condoms to prevent getting HIV infection:					
27	Practicing safe sex with one partner **works** in preventing HIV infection:					

Do not turn the page until told to do so

SECTION C

After seeing the advertisement, answer each of the questions that follow:

Please mark the option that is most applicable to YOU with an "X"

Statement		Rating Scale				
		1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
28	I **can** maintain condom use to prevent HIV infection:					
29	I **believe** that HIV infection is a severe medical condition:					
30	Using condoms **is effective** in preventing HIV infection:					
31	I **believe** that HIV infection has serious negative consequences:					
32	I **can** easily have one sexual partner to prevent HIV infection:					
33	If I use condoms **I am** less likely to get HIV infection:					
34	I **can** practice safe sex with one partner to prevent HIV infection:					
35	If I have one sexual partner **I am** less likely to get HIV infection:					
36	**I am** able to have one sexual partner to prevent getting HIV infection:					
37	I **believe** that HIV infection is extremely harmful:					
38	Having one sexual partner **is effective** in preventing HIV infection:					
39	It is **likely** that I will get infected with HIV:					
40	Using condoms **works** in preventing HIV infection:					
41	**I am** at risk for getting infected with HIV:					
42	**I can** easily use condoms to prevent HIV infection:					
43	It is **possible** that I will get infected with HIV:					
44	**I am** able to use condoms to prevent getting HIV infection:					
45	Practicing safe sex with one partner **works** in preventing HIV infection:					

Do not turn the page until told to do so

SECTION D

Please mark the option that is most applicable to you with an X"

When you viewed the previous advertisement, to what extent did you *FEEL*:

Feeling		Rating Scale				
		1 Not at all	2	3	4	5 Very much so
46	Fearful					
47	Tense					
48	Nervous					
49	Scared					
50	Nauseated					
51	Uncomfortable					

Indicate how you feel about the advertisement that you have just seen:

Feeling		Rating Scale				
		1 No, definitely not	2	3	4	5 Yes, definitely
52	Easy to understand					
53	Informative					
54	Good					
55	Interesting					
56	Useful					

Indicate the *extent to which you agree or disagree* with the following statements:

Feeling		Rating Scale				
		1 No, definitely not	2	3	4	5 Yes, definitely
57	After seeing this advertisement I will not engage in risky sexual behaviour in the future					
58	I will be careful in developing sexual relations in the future					
59	Even if I get the opportunity I will be careful to have sex with someone I don't know					
60	I would be stupid to have sex with someone I do not know well					

Lastly, please answer the following general questions regarding yourself:

Mark *one point* on each scale with an "X" to indicate how much you think each description sounds like you. For example:

- If a pair of descriptions describes you equally well, then mark the centre of the scale

Description 1					X					Description 1

- If you are slightly more like description 1 than description 2, then mark the scale closer to description 1

Description 1			X							Description 1

- If description 2 is exactly right and description 1 is not like you at all, then mark the scale right next to description 2

Description 1									X	Description 1

How much does each description sound like you? Generally I come across as:

61	Someone who is talkative, outgoing, is comfortable around people, but could be noisy and attention seeking									Someone who is a reserved, private person, doesn't like to draw attention to themselves and can be shy around strangers
62	Someone who is forthright, tends to be critical and find fault with others and doesn't suffer fools gladly									Someone who is generally trusting and forgiving, is interested in people, but can be taken for granted and finds it difficult to say no
63	Someone who is sensitive and excitable, and can be tense									Someone who is relaxed, unemotional, rarely gets irritated and seldom feels blue
64	Someone who likes to plan things, likes to tidy up, pays attention to details, but can be rigid or inflexible									Someone who doesn't necessarily work to a schedule, tends to be flexible, but disorganised and often forgets to put things back in their proper place
65	Someone who is a practical person who is not interested in abstract ideas, prefers work that is routine and has few artistic interests									Someone who spends time reflecting on things, has an active imagination and likes to think up new ways of doing things, but may lack pragmatism (realism)

Thank you!

ADDENDUM F

COMPLETE LIST OF ITEMS USED IN PREVIOUS FEAR APPEAL STUDIES

Dimension	Items	Type of Threat/Fear	Source
Susceptibility	Cigarette smoking will lead to irreversible blindness; Cigarette smoking will lead to irreversible blindness; Cigarette smoking will lead to isolation, rejection and exclusion from society	Cigarette smoking	Arthur & Quester, 2004
	I am at-risk for falling behind current medical knowledge	Medical Health care	Witte, 1998
	It is likely that I will get infected with HIV; I am at risk for getting infected with HIV; It is possible that I will get infected with HIV	HIV/AIDS condom usage	Witte, Cameron, McKeon & Berkowitz, 1996
	I'm at risk for lung cancer because I smoke cigarettes	Cigarette smoking	Witte, 1994
Severity	To suffer irreversible blindness is an extremely severe threat; To suffer isolation, rejection and exclusion from society is an extremely severe threat	Cigarette smoking	Arthur & Quester, 2004
	It is dangerous to fall behind current medical knowledge	Medical Health care	Witte, 1998
	I believe that HIV infection is severe; I believe that HIV infection has serious negative consequences; I believe that HIV infection is extremely harmful	HIV/AIDS condom usage	Witte, Cameron, McKeon & Berkowitz, 1996
	Lung cancer leads to death	Cigarette smoking	Witte, 1994
Response efficacy	For a smoker, giving up cigarettes will eliminate the chance of suffering from irreversible blindness; For a smoker, giving up cigarettes will eliminate the chance of suffering from isolation, rejection and exclusion from society.	Cigarette smoking	Arthur & Quester, 2004
	Using Grateful Med prevents me from falling behind current medical knowledge	Medical Health care	Witte, 1998
	Using condoms is effective in preventing HIV infection; Using condoms works in preventing HIV infection; If I use condoms, I am less likely to get HIV infection	HIV/AIDS condom usage	Witte, Cameron, McKeon & Berkowitz, 1996
	I strongly believe that quitting cigarette smoking will prevent lung cancer	Cigarette smoking	Witte, 1994
	Condoms are effective protectors against AIDS	HIV/AIDS condom usage	Witte, 1992
Self efficacy	For a smoker, giving up cigarettes would be easy to achieve without the help of others; For a smoker, giving up cigarettes would be easy to achieve with the help of trained professionals such as those provided by Quitline	Cigarette smoking	Arthur & Quester, 2004
	I am easily able to use Grateful Med to avoid falling behind current medical knowledge	Medical Health care	Witte, 1998
	I am able to use condoms to prevent getting HIV infection; I can maintain condom use to prevent HIV infection; I can easily use condoms to prevent HIV infection	HIV/AIDS condom usage	Witte, Cameron, McKeon & Berkowitz, 1996
	I am able to quit cigarette smoking	Cigarette smoking	Witte, 1994
	I'm able to use condoms to effectively prevent AIDS	HIV/AIDS condom usage	Witte, 1992
Fear	Fearful; Tense; Nervous; Scared; Nauseated; Uncomfortable	Cigarette smoking	Arthur & Quester, 2004
	Frightened; Tense; Nervous; Anxious; Uncomfortable; Nauseous	HIV/AIDS condom usage	Witte, 1994

Dimension	Items	Type of Threat/Fear	Source
Attitude	High quality; good; interesting; informative; objective	Radon gas	LaTour & Tanner, 2003
	High quality; interesting; appealing; desirable; good; useful	Anti-rape device for women	Snipes, LaTour & Bliss, 1999
	Grateful Med is: Undesirable/ Desirable; Not Beneficial/ Beneficial; Bad/Good	Medical Health care	Witte, 1998
	Good; interesting; informative; appropriate; easy to understand; objective	Anti-rape device for women	LaTour & Rotfeld, 1997
	High quality; interesting; appealing; desirable; good; useful	Anti-rape device for women	LaTour, Snipes & Bliss, 1996
	Bad/Good; Desirable/Undesirable; Favorable/Unfavorable; Not pleasurable/Pleasurable; Not effective/Effective; Romantic/Not romantic	HIV/AIDS condom usage	Witte, 1994
	Good; interesting; informative; appropriate; easy to understand; objective	Support of victims' rights programmes	Henthorne, LaTour & Nataraajan, 1993
Behavioural Intent	Within the next two weeks I will quit smoking, or encourage a smoker to quit smoking; The previous advertisement has deterred me from smoking, or has caused me to reconsider my smoking habit	Cigarette smoking	Arthur & Quester, 2004
	Will/ will not call toll free number	Radon gas	LaTour & Tanner, 2003
	Plan to purchase (brand name) yes/no	Anti-rape device for women	Snipes, LaTour & Bliss, 1999
	I intend to use Grateful Med daily; I use Grateful Med daily; I use Grateful Med whenever I have a medical question	Medical Health care	Witte, 1998
	Plan to purchase (brand name) yes/no	Anti-rape device for women	LaTour & Rotfeld, 1997
	Plan to purchase (brand name) yes/no	Anti-rape device for women	LaTour, Snipes & Bliss, 1996
	Do you intend to use condoms at all during the next 4-6 weeks? – Definitely no/definitely yes; I plan to use condoms during the next 4-6 weeks. - Not at all/every time I have sex; Did you and your partner(s) use condoms? – No never/yes frequently; Did you plan to use condoms since you first participated in this study? – No, never/Yes, planned and used them; Did you practice any safe sex skills since you first participated in this study? – Definitely no/definitely yes	HIV/AIDS condom usage	Witte, 1994
	Intention to vote for allocating tax revenue to support victims' right programmes	Support of victims' rights programmes	Henthorne, LaTour & Nataraajan,1993
Personality	Someone who is talkative, outgoing, is comfortable around people, but could be noisy and attention seeking/ Someone who is a reserved, private person, doesn't like to draw attention to themselves and can be shy around strangers	N/A	Woods & Hampson, 2005; Van der Zee, Thijs & Schakel, 2002; Smith & Snell, 1996; Saucier & Goldberg, 1996
Extraversion			
Agreeableness	Someone who is forthright, tends to be critical and find fault with others and doesn't suffer fools gladly/	N/A	Woods & Hampson, 2005; Van der Zee, Thijs &

Dimension	Items	Type of Threat/Fear	Source
	Someone who is generally trusting and forgiving, is interested in people, but can be taken for granted and finds it difficult to say no		Schakel, 2002; Smith & Snell, 1996; Saucier & Goldberg, 1996
Emotional stability	Someone who is sensitive and excitable, and can be tense/ Someone who is relaxed, unemotional, rarely gets irritated and seldom feels blue	N/A	Woods & Hampson, 2005; Van der Zee, Thijs & Schakel, 2002; Smith & Snell, 1996; Saucier & Goldberg, 1996
Conscientiousness	Someone who likes to plan things, likes to tidy up, pays attention to details, but can be rigid or inflexible/ Someone who doesn't necessarily work to a schedule, tends to be flexible, but disorganised and often forgets to put things back in their proper place	N/A	Woods & Hampson, 2005; Van der Zee, Thijs & Schakel, 2002; Smith & Snell, 1996; Saucier & Goldberg, 1996
Openness/intellect	Someone who is a practical person who is not interested in abstract ideas, prefers work that is routine and has few artistic interests/ Someone who spends time reflecting on things, has an active imagination and likes to think up new ways of doing things, but may lack pragmatism (realism)	N/A	Woods & Hampson, 2005; Van der Zee, Thijs & Schakel, 2002; Smith & Snell, 1996; Saucier & Goldberg, 1996