

# THE IMPACT OF BILLBOARDS ON HIV AND AIDS AWARENESS IN ZIMBABWE

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## **DECLARATION**

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## SUMMARY

The study was carried out for the purpose of establishing how young working adults perceive the effect of billboards on HIV and AIDS awareness in Zimbabwe. The study sample was taken from the Directorate of Pharmacy Services, a department within the Ministry of Health and Child Welfare of Zimbabwe, located in the capital city of Harare. A representative number of women (40%) out of the 15 participants were interviewed as certain responses were required based on a participants gender. In-depth interviews were carried out and the sections covered were positioning and appearance of billboards, billboard content and general aspects. 47% of the participants regarded the billboards as well located, 40% felt that there are adequate numbers of billboards, 47% perceived them as attractive and not needing any improvements while 67% described them as well laid out. The language used on them was said to be fine by 73%, and gender-sensitive by only 33% (of which the majority were men). All the women felt that the billboard contents are sensitising the public to HIV and AIDS as well as most of the men (67% participants in total). However all the participants see billboards as not the best method to bring about HIV and AIDS awareness, but would want a multi-media approach so that they compliment other methods. Billboard usage for HIV and AIDS awareness is making a significant impact but there is room for improvement, and many recommendations were derived from this study.

## OPSOMMING

Die studie is onderneem met die doel om te bepaal hoe jong werkende volwassenes die effek van advertensieborde rakende MIV en VIGS-bewustheid in Zimbabwe ondervind. Die studie is onderneem in die Direkoraat vir Apterkersdienste, 'n afdeling binne die Ministerie van Gesondheid en Kinderwelsyn van Zimbabwe, wat in die hoofstad, Harare, geleë is. Daar is onderhoude gevoer met 'n verteenwoordigende aantal vroue (40%) vanuit die 15 deelnemers, aangesien sekere response benodig was op grond van geslag. In-diepte onderhoude is gevoer en die afdelings het die volgende gedek: posisionering en die voorkoms van advertensieborde, inhoud van advertensieborde sowel as algemene aspekte daar rondom. 47% van die deelnemers het gevoel dat die advertensieborde goed geleë is, 40% het gevoel dat daar voldoende getalle advertensieborde is, 47% het gevoel dat die borde aantreklik is en nie verbetering benodig nie, terwyl 67% voel dat hul goed uitgelê is. 73% van die deelnemers het gevoel dat die taal wat op die borde gebruik word goed is. Slegs 33% het gevoel dat die borde geslags sensitief is (waarvan die meerderheid mans was). Al die vroue het gevoel dat die inhoud van die reklameborde die publiek sensitiseer tot MIV en VIGS, so ook meeste van die mans (67%). Al die deelnemers voel dat advertensieborde nie die beste metode is om MIV en VIGS-bewustheid te bring nie, maar stel 'n multi-media benadering voor om ander metodes te komplimenteer. Die gebruik van advertensieborde het 'n beduidende impak op MIV en VIGS-bewustheid, maar daar is ruimte vir verbetering en baie aanbevelings is afgelei uit hierdie studie.

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# 1 INTRODUCTION

## 1.1 Working title

The impact of billboards on HIV and AIDS awareness in Zimbabwe.

## 1.2 Background

HIV and AIDS awareness is a topic that is of uttermost importance because of the impact and devastation that the epidemic has and continues to cause. In general, from observation, it can be said that people are becoming more and more aware of the epidemic and that the main focus now is geared towards the promotion of ways to decrease incidences of HIV through promoting behaviour change. In order for this to happen, information must be disseminated to the people. The realistic model considers, in addition to HIV and AIDS knowledge, factors that influence people to decide to behave responsibly i.e. the social, cultural, economic and environmental context of people (Setswe, 2010). In other words, as HIV and AIDS awareness continues, for it to be effective, the context always must be taken into account.

The adult HIV prevalence in Zimbabwe was 14.7% in 2007, 14.1% in 2008 and was projected to further decrease to 13.7% by end of 2009 (National AIDS Council, 2010). At 13.7% Zimbabwe still has one of the highest prevalence rates in the world. Zimbabwe has a generalized HIV and AIDS epidemic with HIV transmitted primarily through heterosexual contact and mother-to-child transmission. In Zimbabwe, more than 17 000 children are infected with HIV every year, the majority through mother-to-child-transmission (HIV and AIDS in Zimbabwe, 2010).

There is a high level of stigmatisation in Zimbabwe, concerning HIV and AIDS, despite a high level of awareness. Many people fear to be tested for HIV as they are afraid of being socially alienated, losing their job or partner (HIV and AIDS in Zimbabwe, 2010). Those who are HIV positive usually keep it secret and this often lessens their access to adequate care and support. This scenario is magnified for men who have sex with men, as this is an illegal practice in Zimbabwe. Other reasons for the spread of HIV transmission include cross-generational sex, the widespread practice of multiple and concurrent partners, excessive alcohol consumption and gender inequalities (HIV and AIDS in Zimbabwe, 2010). Gender inequalities manifest in constrictive attitudes towards female sexuality whilst men have total liberty. Women tend to be unable to negotiate to use condoms and are



prone to sexual abuse, rape, coerced sex, and sex for survival (HIV and AIDS in Zimbabwe, 2010). The bad economy has increased poverty and unemployment, giving rise to high risk sexual behaviour. Sex work is particularly a cross border activity that fuels the HIV epidemic (National AIDS Council, 2010). A perception of little or no risk of contracting HIV is an attitude contributing to HIV spreading (Setswe, 2010).

The National AIDS Co-ordination Programme (NACP) was set up in 1987 and several short and medium term AIDS plans were carried out over the following years but only in 1999 was the country's first HIV and AIDS policy announced. It was implemented the following year by the newly formed National AIDS Council (NAC) which took the baton from the NACP (HIV and AIDS in Zimbabwe, 2010). The government simultaneously introduced an AIDS levy on all tax payers so as to fund the work of the NAC.

It is apparent that this promotion of HIV and AIDS issues is effected in different manners. People pass on HIV and AIDS information informally through relationships as well as formally through, for example, health care workers and the education system within schools.

From observation, mass media plays a major role in the fight against HIV and AIDS. Mass media is designed to reach many people at the same time and includes television, radio, magazines, newspapers, billboards, posters and pamphlets, as well as other more creative media. Some of these even have sub categories for instance television comprises awareness through advertisements, specific HIV and AIDS programmes or dramas.

The researcher conducted a study in 2010 as part of her studies towards a postgraduate diploma in HIV/AIDS Management (PDM) at Stellenbosch University. The study was carried out in consultation with the community which was the Logistics Sub-Unit found in the Directorate of Pharmacy Services within The Ministry of Health and Child Welfare. After considering all the topics raised by the community, the most popular issues were used to determine and formulate the three big questions for the community mobilisation, which were: 'What role does mass media play in HIV prevention?'; 'What knowledge do those in this community have about HIV prevention methods?'; 'Does culture have a role to play in HIV prevention at all?'.

In response to questions related to mass media, all the interviewees reported that they had received information about HIV prevention from multiple sources of mass media and one interviewee added another type of mass media to the list, which was a billboard. Out of the five people interviewed, one strongly disagreed that the message that had been heard on television was easily understood as it was confusing, not appealing and it did not achieve its goal. Another said they disagreed that the message was easy to understand or appealing and that it was actually inconclusive and did not accomplish its goal. Three (poster and two for television) strongly agreed that the messages they heard were easily understandable and appealing as they were realistic and that they accomplished their goals.

Concerning HIV prevention methods, the method mentioned by all the interviewees was condoms (though one also singled out the female condom), four mentioned abstinence, three mentioned microbicides, three mentioned being faithful, one mentioned decreasing concurrent sexual partners and one mentioned male circumcision as a way to minimise HIV prevention. When asked to explain the meaning of 'ABC' all except one got the correct answer of Abstinence, Faithful to one partner and Condomise.

The condom was viewed by all people to be the most effective prevention method as this was viewed to be more practical and realistic than abstinence, and faithfulness which is viewed as being also dependant on the other party. Therefore condoms were viewed by all to definitely be the most popular HIV prevention method. Three people had nothing to add to knowledge with regards to HIV prevention, but one felt that besides knowledge it was important for mass media to relay accurate and convincing HIV prevention methods, and also for religious groups to organise focus groups through, for example, couples meetings and to thrash out issues and brainstorm. A second person believed that testimonials from peers who use condoms would be good to add to knowledge.

Everyone interviewed believed culture had negative and positive roles to play in HIV prevention. Examples of negative influences were widow inheritance, people in remote areas believing that condoms actually carry the virus and that whites want to wipe them out, unorthodox healing practices that involves razor blades being used by some Apostolic sects, the association of condoms with promiscuity, married couples not using condoms, female condoms not being culturally acceptable, wives

staying in the rural homes whilst their husbands live in the urban areas where they indulge in extramarital sex, women being powerless to control condom use, and polygamy.

Positive influences were marrying someone known to the family, the encouragement of monogamous relationships in the Zimbabwean culture, the encouragement by Muslims for women to maintain virginity till marriage and the punishment rendered by Muslims for adultery.

The most influential people in HIV prevention advocacy were deemed to be mostly health sector workers (two) and church leaders (one) because they are respected, the family (one) because a person can be trained from childhood to be sexually responsible and politicians (one) because of their visibility and policy making potential. Everyone felt the church most certainly has a role to play in HIV prevention since they teach on good morals and behaviour, and could thus focus on the 'AB' part of 'ABC' through preaching and also focus groups since condoms seem to be taboo with most churches. However it was felt the time to ignore the 'C' element of 'ABC' was now over.

Concerning how, if at all, churches and health sector workers could work together for the common good of HIV prevention, two people felt that a partnership could not be very formal because the Church would then be commercialised and lose its focus, suspicion would be created and the Church lose its value – endorsing condoms could be seen to be promoting fornication and adultery. Others felt that the two could learn from each other and share responsibilities. In short the Church could promote abstinence and being faithful to one partner as well as undertake counselling and pastoral care while the health care workers could take on condom use promotion and other issues. The two could then even partner in certain instances such as for World AIDS Day commemorations.

Because of the varying and interesting results from this study carried out during PDM, it was then decided to further investigate the topic entitled 'What role does mass media play in HIV prevention?' with a focus on billboards, while at the same time incorporating elements of the other two big questions which concern awareness, and come up with a research topic that covers all three big questions, although the billboard aspect will be prominent.

The purpose of this study is to focus on billboards only, and investigate how the young working adults aged 20-40 in Zimbabwe perceive these billboards with regards to HIV and AIDS. This age group was selected for the reason that the epidemic dramatically affects labour since the most of the people living with HIV and AIDS globally are aged 15-49 which is basically the most productive years of people work wise (Augustyn, 2010). It is therefore important to determine what this target population thinks and see whether the existence of these billboards is justified and if so, to what extent it is impacting the target population.

### **1.3 Research problem**

There is a knowledge gap in that although billboards do exist in Zimbabwe covering HIV and AIDS issues, we do not know what the working class thinks of these billboards as a whole. Do they pay attention to them at all, and if so what do they think about what is written on them? Are the materials on them gender sensitive and do they consider culture? Are they in the most appropriate language as far as they are concerned and are the examples used to portray the message relevant? Are there other aspects to do with their positioning or lay out of the materials that influence their general perception of them?

The motivation of this study is to attempt to answer some of these questions and have a snap shot of what the specified age group has to say about these billboards, especially given that Zimbabwe has one of the highest HIV prevalence rates in the world and that the reasons for this high prevalence are many, as discussed earlier. If efforts are being made to fight this epidemic in Zimbabwe, these efforts must be examined and it needs to be investigated what impact is taking place on the ground and if anything further can be done to increase the impact.

### **1.4 Research question**

What is the impact of billboards on HIV and AIDS awareness in Zimbabwe?

### **1.5 Significance of study**

The study will be significant in that the view points of young working adults (20-40) will be revealed and examined. Conclusions will be able to be drawn, based on the answers given in the interviews. So it will be clear how this target population as a whole responds to the billboards concerning various aspects.

This information can then be passed on to various partners such as The National AIDS Council, Population Services International and The Ministry of Health and Child Welfare, UNICEF and UNAIDS who are responsible for putting materials on the billboards and coming up with the messages. They in turn can then consider the research findings and incorporate lessons learnt in future HIV and AIDS billboards. This in turn will hopefully improve the billboards by making them more appealing and they will be taken more seriously.

The ultimate significance is therefore that the study will contribute to the HIV and AIDS messages on billboards being more relevant and having more influence on young working adults and therefore helping to curb this epidemic.

## **1.6 Aim**

To determine the perception of young working adults (20-40 years old) of HIV and AIDS awareness campaigns displayed on billboards in Zimbabwe in order to provide suggestions for improving the impact of the billboards.

## **1.7 Objectives**

- **Perceptions of young working adults**

To establish the perceptions of young working adults (20-40 years old) of HIV and AIDS awareness campaigns displayed on billboards in Zimbabwe

- **Existing billboards**

To analyze some of the existing billboards with HIV and AIDS awareness campaigns in Zimbabwe

- **Recommendations**

To provide suggestions for improving the impact of billboards with HIV and AIDS campaigns in Zimbabwe

## **2 LITERATURE REVIEW**

### **2.1 Introduction**

The scope of the literature review covers HIV and AIDS in general so as to give an overview of the epidemic followed by the contextualisation of the epidemic and an introduction to awareness efforts. Next there is a focus on advertising and the role of mass media in HIV and AIDS awareness. There is then a focus on billboards, initially looking at billboards in general and then more specifically billboard usage for HIV and AIDS awareness in a number of African countries. A summary of HIV and AIDS in Zimbabwe will be given and then billboard usage in Zimbabwe for HIV and AIDS awareness will be examined, while the tail end of the literature review focuses on several studies carried out with regards to the use of billboards; some are general studies, while others focus on HIV and AIDS awareness.

### **2.2 HIV and AIDS: the epidemic, the Sub-Saharan African context and awareness**

The Joint United Nations Programme on HIV and AIDS (UNAIDS) has a vision of 'Zero new infections, zero discrimination, zero AIDS-related deaths' (UNAIDS, 2004).

In June 2001 there was a landmark gathering in New York, of Heads of States and Representatives of Governments which met at the United Nations General Assembly Special Session on HIV and AIDS; here is an example of one of the affirmations made, which points to awareness: 'Beyond the key role played by communities, strong partnerships among governments, the limited National system,....people living with AIDS and vulnerable groups,....the media, parliamentarians, foundations, community organisations and traditional leaders are important' (UNAIDS, 2004).

Another agreement made at the same forum was that 'by 2005, ensure that 90%, and by 2010, 95% of youth aged 15-24 have information, education, services and life skills that enable them to reduce their vulnerability to HIV infection' (UNAIDS, 2004). Mass media would have to be engaged to move towards this goal since it has the ability to reach large masses of people at the same time, as opposed to individually.

In 2007 the UNAIDS Executive Director, Dr. Peter Piot commented on how, although prevalence rates have started levelling off, there still needs to be much effort to mitigate the impact of HIV/AIDS worldwide (UNAIDS & WHO, 2007).

Some of UNAIDS latest statistics are summarised here: New infections are declining with an estimated 2,6 million (2,3 million – 2,8 million) people newly infected in 2009 down from 3,1 million (2,9 million – 3,4 million); new infections among children are also declining (down by 24%); the number of people living with HIV has increased even though incidence is declining (due to significant scale up of antiretroviral therapy in recent years); the 'portion of women living with HIV remained stable, at slightly less than 52% of global total'; 72% of global total of HIV-related deaths are from Sub-Saharan Africa in 2009; Southern Africa is the worst hit, with 34% of people living with HIV and AIDS (PLWHA) in 2009 in the 10 countries in Southern Africa (UNAIDS, 2010).

Nevertheless even though there is indeed progress in fighting the epidemic, the numbers are still very high. Some indicators described in the previous paragraph are improved globally, however many countries will not achieve the millennium goal 6 which is halting and reversing the spread of HIV by 2015 (UNAIDS, 2010).

Unfortunately HIV and AIDS appear to have mercilessly impacted the most 'valuable' people in terms of economically. According to the International Labour Organization (ILO) the size of the labour force in high prevalence countries will be 10-30% smaller by 2020 than if there had been no HIV/AIDS at all (Futures Group, 2009). Unlike other diseases like malaria and diarrhoea where mortality is concentrated among infants, children, the elderly and the infirm; AIDS kills mainly young and middle-aged adults in the prime of their lives, during their most productive years (Rosen, Simon, Thea, Vincent & Whiteside, 2000).

Whilst HIV/AIDS affects disproportionately those at work, it must always be at the back of our minds that these workers live in and come from communities. According to the World Health Organisation and UNICEF, one of the definitions of a community is 'identity' or 'common interest that is a shared sense of identity' (Du Toit & Freeman, 2002).

The fight against the Human Immunodeficiency Virus (HIV)/Acquired Immunity Deficiency Syndrome (AIDS) epidemic both at work and in the community is ongoing, and requires various strategies and some creativity, in order to bring about successful interventions.

In Sub-Saharan Africa unprotected heterosexual intercourse (including paid sex) is the main mode of HIV transmission, as well as mother-to-child-transmission; the greatest risk factor is unprotected sex with multiple partners (UNAIDS, 2010). It is only logical therefore to target awareness efforts at these issues, for example, condomising, having one sexual partner, and encouraging mothers to be tested and promoting PMTCT.

Levels of awareness and knowledge about HIV and AIDS differ greatly globally: Research done indicates that in surveys carried out in more than 40 countries, more than half of young people aged 15-24 have misconceptions about the manner of HIV transmission, with some never having heard of HIV at all and in 21 African countries more than 60% of young women had never heard of HIV or they have major incorrect understandings of how it is spread, to give an example, and yet ironically the African woman is probably most vulnerable due to socio-economic and cultural reasons (UNAIDS, 2004).

This clearly shows that some are still ignorant and assumptions about people's HIV/AIDS knowledge and articulation should not be made: awareness is still very much required and people must move on from just being 'aware' of the problem, to being engaged in prevention efforts.

When embarking on HIV and AIDS awareness campaigns, it is necessary to look at what is already known about the subject rather than to proceed blindly. Initially, in order to combat HIV/AIDS, a behavioural disease, the strategy was to target individuals in prevention efforts, by providing HIV/AIDS information, but it became clear that the behaviour change was not long lived (Setswe, 2010). Over time it became apparent that in order for prevention efforts such as using condoms to be sustainable and successful, vulnerability, and not just risk, had to be addressed. This realistic model considers, in addition to HIV/AIDS knowledge, factors that influence people to decide to use a condom i.e. social, cultural, economic and environmental context of people. There was a study carried out in Ivory Coast to determine why condom use was still low even though there was increased awareness and an increasing HIV prevalence (Zellner, 2003). Once again this realistic model confirms that the context with which one addresses these awareness issues is very relevant.

Fulfilling the first part of the UNAIDS vision (zero new infections) will require that societal structures, beliefs and value systems that present obstacles to effect HIV



prevention efforts are confronted and dealt with (UNAIDS, 2010). 'Poverty, gender, inequality in health and the education system, discrimination against marginalized people, and unequal resource pathways all affect and often slow the HIV response' (UNAIDS, 2010).

Nowhere is this truer than in Sub-Saharan Africa, a region of very diverse cultural and religious beliefs and riddled with poverty and contributes a lot to the continent as a whole being known as 'dark continent'. Mobility is a highlight in Sub-Saharan Africa not only because of natural disasters such as famines and droughts and man-made disasters such as wars, but also because of the norm of men moving away from their homes in order to find work, for example miners. Many are also employed as long distance truck drivers and this requires moving around frequently.

HIV/AIDS, poverty and migration (mobility) are all related, but in a complex way and they can act as determinants as well as deterrents for HIV infection (Groenewald, 2010). Poverty can be defined in terms of lack of income, but it is more deeply defined in terms of capability deprivation i.e. when basic capabilities are not found for example being adequately clothed and sheltered (International Poverty Centre, 2006).

According to the African Studies Centre, poverty and HIV/AIDS are interrelated (United Nations department of Economic and Social Affairs, 2005). Poverty plays a role in encouraging high risk behaviour which exacerbates HIV/AIDS (United Nations department of Economic and Social Affairs). HIV and AIDS can actually push the non-poor into a poverty state. Although poverty in itself does not cause HIV infection, according to Anton van Niekerk *poverty is the main social context in which HIV/AIDS flourishes and one that makes it an epidemic in Africa* (Groenewald, 2010).

Aliber (2002) identifies chronically poor categories as the 'street homeless', cross-border migrants, the rural poor, female-headed households, the elderly, retrenched farm workers, AIDS sufferers, and AIDS orphans and households with AIDS sufferers. Just looking at these chronically poor categories, we see that they are actually typical of the situation in Sub-Saharan Africa.

An important point to note is that the link to education and HIV may reflect the fact that, on average if people have less education they will also have less disposable

income and also be less able to access information on safer sex (Beegle & de Walque, 2009).

At this juncture we look at religion, because some beliefs in African communities are heavily enshrined in religion and it is something that should be taken seriously if HIV awareness is to be rolled out in a successful manner. 'Faith-based organisations have a critical role to play in combating the spread of HIV/AIDS and in providing care and support to those already infected and affected' (Xapile, 2010). The reason is because, even in the developing world, they are spread out into nearly all communities and they have the influence to roll out responses.

'Religious leaders in some places oppose the teaching of condom skills or their distribution to any group' (Setswe, 2010). This is likely to contribute to the ill equipping of those who are sexually active and in religious circles, deterring them from using condoms.

So, we see that religion has a strategic role to play in HIV prevention efforts albeit sometimes some religious leaders are pulling in the opposite direction to HIV prevention.

Gender is a major issue that is actually central to the HIV and AIDS debate and therefore awareness, as evidenced by the statistics from UNAIDS mentioned at the beginning that show that women in Africa are affected more by HIV and AIDS. In most cultures women have an inferior social and economic role and find themselves obliging to men's risky behaviour such as multiple sexual partners and not using condoms (ILO/AIDS, 2002). 'Violence against women, contributes both directly and indirectly to women's vulnerability to HIV' through fear to negotiate for safer sex (Gupta, 2000). During rape the genital injuries increase the likelihood of HIV infection (Qubuda, 2010)

Women are economically vulnerable and this increases their vulnerability to HIV since they are then more likely to be coerced into sex for favours and sex work (Gupta, 2000). They are more likely to experience poverty brought about by higher illiteracy and they are therefore predisposed to HIV infection – they are less likely to comprehend health information, if they even have access to it, as well as less likely to access and afford prevention, treatment and care (HIV and AIDS in Zimbabwe, 2010).

Gender roles compromise the health of men as well, in significant ways (Wills, 2010). Men are expected to have more knowledge and experience regarding sex. This puts them at risk as it prevents them from getting information and admitting where knowledge is lacking and also encourages denial of risk (Gupta, 2000). They are therefore less likely to go for voluntary counselling and testing. Men are more likely to drink heavily which predisposes them to HIV infection (Wills, 2010). The notion that it is a masculine trait to have many sexual partners for the purpose of sexual release puts the men and their partners at high risk (Gupta, 2000). Many men with bad working conditions develop a coping mechanism by adopting a 'macho' attitude of reckless sex (ILO/AIDS, 2002). In many cultures men who have sex with men are stigmatized, thus encouraging these men to hide their sexual orientation, deny their sexual risk, and in the process increase their own risk and those to their male or female partners (Gupta, 2000).

Expounding on the issue of men and multiple concurrent partners, in Zimbabwe 'small house' is a phrase used to describe the girlfriends or girlfriends of a married man and it basically involves a sexual relationship that is secret whereby this girlfriend is unofficially a second wife and derives material benefits such as a monthly allowance and shopping sprees as would happen in a monogamous setup (LivingZimbabwe.com, 2010). Condoms are seldom used due to the nature of the relationship and any children borne do not inherit the father's names because of the secret nature of the relationship. Some even have more than one small house and obviously their small houses may also have other sexual relationships and this evidently leads to a web of most likely unprotected sex which is why many point to these kinds of arrangements as the propagators of HIV; some women actually intentionally seek out these types of relationships. So we see that gender plays a very pivotal role in HIV and AIDS issues.

Stigma and discrimination are issues that are glaring and very real and cannot therefore be ignored, and should be addressed during HIV and AIDS awareness. Stigma is mostly related to negative ideas about 'other' and discrimination is to do with acting out the stigma either verbally and/or physically with the likely result of hurt or harm to the target (Birdsall & Parker, 2005). According to Alfonso (in Qubuda, 2010) another definition of stigma is 'a powerful and discrediting social label that

radically changes the way individuals view themselves and are viewed as persons' (Qubuda, 2010). Discrimination concerning HIV and AIDS occurs 'when someone is given unequal or unjustifiable treatment based on their HIV status' and this is in fact human rights abuse.

'The effects of HIV-related stigma and discrimination can be felt on many levels: individual, family, community, programmatic and societal' (Morrison, 2006). Stigma and discrimination need to be dealt with in terms of cause and consequences.

Abstinence, fidelity and consistent condom use are the three main ways to avoid HIV infection (UNAIDS 2004). They are better known as the acronym 'ABC' which represents 'Abstinence, Be faithful Condomise'.

Abstinence promotion is part of HIV and AIDS awareness but is likely to be targeted at those who are young and are hopefully not yet sexually active. The abstinence approach is concerned with teaching young people that 'abstaining from sex until marriage is the best means of ensuring that they avoid infection with HIV, other sexually transmitted infections and unintended pregnancy' (Abstinence and Sex Education, 2010). On the other hand, a comprehensive approach focuses on protection from infections and pregnancy when the person does decide to start having sex.

Abstinence programmes may differ but fundamentally they all have the goal of teaching the social, psychological and health gains to be obtained from refraining from sexual activity (Abstinence and Sex Education, 2010). Some possible teachings include but are not limited to topics such as the moral expectancy of not having sex until marriage where there should then be a mutually faithful monogamous relationship; how to reject sexual advances; factors increasing vulnerability to sexual advances such as drug and alcohol use; the harmful psychological and physical effects of pre-marital sex.

We will now focus on condoms as there appears to be many dynamics involved and it seems that going ahead and actually using condoms is not always as straightforward as it seems.

'Free condom supplies should be available in many settings as well as socially marketed ones, so that people who cannot afford them are not penalised' (Jackson, 2002). Even if a man has a positive attitude about condoms, they may not be readily

available to him' (Zellner, 2003). A study in South Africa found that access to condoms could be hindered by short business hours and attitude of providers. Negative attitudes about condoms are a major barrier – this association of condoms with unfaithfulness and mistrust leads to personal and emotional concerns superseding the choice to use condoms. Further deterrents of low risk sexual behaviour related to condom use are: poor quality or design of condoms as well as poor storage; personal dislike of condoms or experience of condom failure [especially where dry sex is practised or other activity that puts high stress on the condom] (Jackson).

One of the conclusions of various studies carried out in Africa was that 'knowledge of someone who had AIDS or who had died of AIDS may increase an individual's awareness of the consequences of HIV and AIDS and may lead to safer sexual practices' (Mazive, Morris, Prata, Stehr & Vahidnia, 2006).

During HIV and AIDS awareness campaigns one needs to be cognisant of the fact that there are those in the community who do not see themselves as being at any risk of being infected by HIV; these people still need to hear the awareness message. In a study done in Mozambique, '80% of men who considered themselves to have no risk or a small risk of contracting HIV were actually at moderate or high risk' (Mazive et al., 2006). The relationship between perception of risk and sexual behaviour is complex and not very well understood.

These issues that have been discussed are all pertinent. Awareness efforts, by whichever method, need to be targeting these areas that have just been mentioned briefly and the campaigns can also be instrumental in promoting HIV related issues as knowing one's status, voluntary counselling and testing (VCT), antiretroviral therapy (ART), tuberculosis, sexually transmitted diseases and prevention of mother-to-child-transmission (PMTCT). It will be interesting to see what aspects of HIV and AIDS awareness are prominent on billboards.

While awareness efforts are important, in terms of the content, the method of rolling out this awareness is also very important. AIDS education at school is a principal method of reaching large numbers of young people but we must remember that 75 million children globally either cannot or do not want to attend school (Avert, 2011). There therefore must be other awareness methods in place to promote AIDS education i.e. programmes outside school. These methods include peer education,

using the media, and the inclusion of families, friends, the wider community and popular culture; whatever the method, it must convey accurate educational information about HIV and AIDS. Peer education is a method that is particularly effective in targeting hard to reach groups.

In a study carried out in Cote d'Ivoire, it was concluded that the source from which participants learned about HIV and AIDS issues was a factor that predicted condom use (Zellner, 2003). Men and women who had heard about AIDS through friends, family and neighbours (word of mouth) were less likely to use condoms, the reason being that these sources may not emphasize taking precautionary measures to prevent HIV transmission and may actually encourage procreation. Having heard about AIDS exclusively from television or radio translated into the likelihood of using condoms, followed by having obtained information from a combination of print and broadcast media and friends, family and neighbours. Word of mouth as a stand-alone method to obtain HIV and AIDS information rated the lowest way to encourage condom use.

Apart from family, friends and neighbours, health care workers are another group of people that can propagate HIV and AIDS awareness for example HIV prevention, knowing one's status (where to go in order to determine the status), VCT (and where to go for this) as well as issues relating to ART. Health care professionals have the advantage of having access to official information but even if it is by word of mouth, out of all the groups of people mentioned, they are likely to have the most information as well as the most accurate. Therefore both qualitative and quantitative aspects of HIV and AIDS information can be addressed by health care workers.

'With HIV/AIDS infection rates ever increasing, awareness campaigns with alternative means of reaching people need to be developed' (Bothma & Jordaan, 2006). This statement leads us to see how the advertising world is relevant in these awareness efforts.

### **2.3 Advertising**

The goal during the showcasing of advertisements is to sell a product, a service or idea like behaviour change, for example HIV and AIDS campaigns.

A simplified definition of advertising is 'The action of calling something to the attention of the public especially by paid announcements' (Merriam-Webster

Dictionary, 2011). A more descriptive and detailed definition is 'To call the public's attention to your business, usually for the purpose of selling products or services, through the use of various forms of media, such as print or broadcast notices' (Entrepreneur, 2011). Advertising provides a direct line of communication to existing and prospective customers with regards to a product or service. The purpose of advertising is to: 'Make customers aware of your product or service; convince customers that your company's product or service is right for their needs; create a desire for your product or service; enhance the image of your company; announce new products or services; reinforce salespeople's messages; make customers take the next step (ask for more information, request a sample, place an order, and so on); draw customers to your business'.

Advertising has its historical origin in Europe, although some of its forms, such as radio and television commercials, as well as advertising on the Internet, for example, are uniquely American (O'Barr, 2005). In actual fact once transplanted, advertising thrived in the United States of America and its economic importance and prevalence was unprecedented.

A key element in advertising history is in the technique used whereby there was a transition from face to face selling messages to the stilted, repetitive, printed advertisements of early newspapers, to the mass communication by radio and television, to the re-personalization of messages via direct mail, cable and internet (O'Barr, 2005).

#### **2.4 The Role of mass media in HIV and AIDS awareness**

Concerning HIV and AIDS campaigns, 'Mass media interventions are a critical part of an effective prevention approach' (John Snow Inc., 2011). The most commonly used mass media are television and radio in such formats as dramas, serials, and diaries. Mass media efforts play a critical part in an effective prevention approach, and what they seek to achieve, regarding HIV, is to increase knowledge, improve perception, and change sexual behaviour and question potentially harmful social norms. Small media such as posters, pamphlets, and flyers are typically distributed locally and may enjoy a long shelf life, but mass media is most effective when reinforced with community efforts.

From the above overview we can see that advertising via mass media is an essential tool that can be used in HIV and AIDS campaigns because it has the potential to reach masses of people at the same time. Many a time it can be used in conjunction with other forms of mass media and it needs reinforcement.

The Former United Nations Secretary-General (Kofi Annan) is quoted as saying 'When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. HIV and AIDS is the worst epidemic humanity has ever faced.....Broadcast media have tremendous reach and influence, particularly with young people, who represent the future and who are the key to any successful fight against HIV/AIDS' (UNAIDS, 2004).

In a bid to attain the United Nations Millennium Development Goal of halting and starting to reverse the spread of HIV by 2015, collaboration will be required from all sectors of society namely educational institutions, government, religious organizations and the mass media (UNAIDS 2004).

'Exposure to mass media related to HIV/AIDS has been linked to attitudinal and behavioural changes (National Centre for Biotechnology Information, 2010). The result of a study conducted in China showed that mass media sources, such as television programmes, newspapers and magazines, were more frequently identified as the channels for HIV information than interpersonal sources such as friends and service providers (National Centre for Biotechnology Information, 2010). 'Exposure to multiple sources of HIV information (where at least one source is mass media) was significantly related to HIV knowledge'.

National surveys conducted in the United States show that 72% of Americans identify television, newspapers and radio as their main source of information with regards to HIV and AIDS, compared to sources of information such as doctors, friends and family members; in India over 70% of respondents said they obtained their information on HIV and AIDS from television (UNAIDS, 2004). Similar statistics are reflected in the United Kingdom and other parts of the World.

From these studies it is quite clear the magnitude of the role of mass media; it is evident that mass media efforts are pivotal in HIV and AIDS awareness campaigns and propagating the message of HIV and AIDS awareness which goes hand in hand with prevention promotion.



The media can do several things to raise awareness in the fight against HIV and AIDS: open channels to communicate and talk about the problem; challenge stigma and discrimination which are in actual fact major risk factors for HIV transmission; promote HIV and AIDS services like condom provision and even treatment and care; educating and entertaining, though the latter is more applicable to broadcast media; mainstreaming whereby broadcasters mainstream the HIV issue across varying programmes; a coordinated multi-faceted campaign has more impact than a standalone programme; putting HIV and AIDS on the news agenda and encouraging world leaders and policy makers to act (UNAIDS, 2004). Mass media can form successful partnerships in order to strengthen their effectiveness with the likes of non-governmental organisations, government departments and foundations all with the aim that when media coverage increases, this sustains public awareness and the goal is therefore reached (UNAIDS, 2004). The partnerships are actually mutually beneficially because although the media gets the contents and material on HIV and AIDS to showcase, the cause of the epidemic is also propagated which is what the partners would like.

Media is a powerful tool in reaching large numbers of young people with HIV and AIDS information and prevention messages (Avert, 2011). Lovelife, a prominent South African campaign, uses a variety of media in reaching out and educating young people about the epidemic: it has produced eye-catching posters and billboards; television soap operas have been used; popular rap and kwaito music has also been used. However it can be a challenge to measure the extent to which media-based AIDS education reaches young people and the effect that it has: The Global Fund, in 2005, withdrew its funding for Lovelife on the basis that the campaign was not reaching the majority of young South Africans and that its contribution to HIV and AIDS prevention was unclear (Avert, 2011).

An excellent example of how to make the most of mass media in a diverse fashion, is when Population Services International had a 'Multiple Concurrent Partnerships' Mass Media Campaign in Botswana (Aventh, 2011). This campaign was implemented in 2008 and focused on HIV risk link to pattern of multiple concurrent partnerships (MCP); it challenged MCP norms by scrutinising common sayings or idioms supporting MCP. The communication strategy was to use various mass media channels such as billboards, print and radio and in just six months: 37 billboards were erected in cities around Botswana, 1,059 radio spots were broadcast

and 116 print spots were published. Billboards had headline messages, print spots provided additional information and radio spots portrayed typical everyday scenarios and these were all in English and Setswana. Interpersonal communication was part of the strategy: peer education in homes, schools, churches and shebeens (unlicensed drinking establishments); communication by theatre; use of bar and club DJs.

According to Zenith Optimedia, outdoor advertising continues to grow and is ranked fifth as an advertising medium worldwide, behind only television, newspapers, magazines and radio (Bang, Franke & Taylor, 2011).

## **2.5 Billboards and HIV and AIDS**

Billboards are the most common form of outdoor advertising (Bang et al., 2011). Over the years billboards have been put up in all sorts of shapes and sizes, mainly along highways or major streets in cities in a bid to attract the attention of motorists and pedestrians.

However there are advantages and disadvantages of using billboards. An obvious advantage is that they are very visible and can therefore be easily noticed and therefore their message is seen by passersby. Elsewhere advantages of billboards have been listed as including: potential placement of the advertisement close to the point of sale; high frequency of exposure to regular commuters; high reach; 24-hour presence; geographic flexibility for local advertisers; economic efficiency in terms of low production costs and low cost per thousand exposures; visual impact from advertisement size and message creativity; brand awareness (Bang et al., 2011). 'While many advantages of billboards have been identified anecdotally, from experience, or through academic study, there is a need to investigate whether frequently listed advantages overlap with each other, and to examine whether they truly are advantages that are important to billboard users'.

The disadvantages are that billboards can be blown over in typhoon prone areas or they can collapse for other reasons, and this can be dangerous because of their mere size and weight and therefore ability to crush whatever they fall on (Johnston, 2011). In some cases billboards are responsible for car accidents because when they gain the attention of motorists, as they are supposed to, this can happen to the neglect of traffic light signals or other nearby cars. Billboards have also been known

to be the scenes of suicides because of their height. Additional disadvantages have been listed as: the need to limit the number of words in the message; short exposure to the advertisement; low demographic selectivity; measurement problems (Bang et al.). According to Taylor and Franke (in Bang et al., 2010), a study of billboard users found that compared with other media, billboards were rated higher in terms of ability to attract new customers, communicate information affordably and to increase sales.

Location, location, location! For any advertising message, the right location for the target market is absolutely essential and a good advertising agent is needed for this. Alliance Media markets itself, as the African leader in billboard and airport advertising, promising billboards that are highly visual, cost effective and brand building (Alliance Media, 2011).

The advantage of using billboards from Alliance Media is that they have an extensive and established network of billboards and so ultimately this well developed infrastructure enables the delivery of a consistent, cohesive and uniform advertising campaign countrywide. This is very important regardless of what is being advertised, more so for adverts against HIV and AIDS which address a life and death issue. Alliance Media Zimbabwe has sustained a market leadership position for the provision of billboards and outdoor advertising for all market segments in Zimbabwe (Alliance Media Zimbabwe, 2011). Alliance Media Zimbabwe has secured sites ideally located on key traffic routes, nationwide.

Therefore billboards can be used to advertise in the fight against HIV and AIDS provided that they are visible and that the message is easily and quickly readable. They need to be strategically located so as to maximize the number of people able to view these billboards.

An example of an HIV and AIDS billboard campaign was found in South Africa, where there was the campaign entitled 'Break the Silence' (Jordaan, 2006). This campaign was a South African public education programme directed at dialogue in South Africa, and it used art print images produced by local and international artists on billboards hence the involvement of the Department of Fine Art at the Durban Institute of Technology.

The goal of the campaign was to change people's behaviour with regards to HIV and AIDS, to inspire South Africans to have a sense of 'moral ownership' of the HIV and

AIDS epidemic and those infected and affected by the disease, to also raise awareness of HIV and AIDS, to contribute to breaking the stigma surrounding the pandemic, and to promote HIV and AIDS-related social responsibility. By 2006 the campaign had produced 70 billboards throughout South Africa (Jordaan, 2006).

To show the success of the billboards from a sponsorship point of view, although the project sponsors had initially agreed to flight the 'Break the Silence' message for a minimum of two months, in most cases the period was extended beyond the initial two months (Jordaan, 2006). This campaign is an example of how visual art on billboards can be used to bring about HIV awareness and this billboard campaign together with print portfolio, have received many awards in South Africa and internationally (Art for Humanity, 2011). Advertising campaigns have a tendency of being short-lived and disposable implying they can't be adopted and internalised and therefore lack sustainability whilst art-based advocacy is ongoing and sustainable and the art message embedded can be part of the cultural heritage and available in future generations. This example clearly illustrates a successful HIV and AIDS campaign using billboards in South Africa.

Another South African example of a mass media campaign utilising billboards is 'Lovelife' (Bothma & Jordaan, 2006). However this particular campaign has been criticised for its poor results and it has been said that it is ineffective in contributing meaningfully to the fight against HIV and AIDS. A huge contributing factor to this is the strong branding nature of the campaign such that the content is suppressed by the brand and as a result messages are not as readily internalised.

What follows, are several examples of how some African countries utilise billboards for HIV and AIDS awareness.

Some billboards were created for the Gambian Armed Forces in order to promote personal responsibility, behaviour change and increased HIV and AIDS awareness (Naval Research Centre, 2011). One billboard reads 'Fighting AIDS is also our responsibility' and depicts a soldier firing and shattering supposedly the HIV virus (bits of red scattering); another one in Gambia shows yet again a soldier standing in a giant condom up to the waistline (as though in a sack race) holding a gun and it reads 'The soldier protects the Nation and the condom protects the soldier.'

In Malawi one of the billboards, in order to convey the HIV and AIDS prevention message, has a photo of a senior politician who is saying 'AIDS is killing Africa. Malawians change YOUR Behaviour Now! Let us save our country' (Naval Research Centre, 2011).

Namibia has a billboard with the president dressed in military uniform (as Commander in Chief) addressing the people and saying 'Compatriots, a strong Nation needs a strong Defence Force. Protect yourself from HIV and AIDS infection' (Naval Research Centre, 2011).

The first Zambian billboard example reads 'Act decently. Always use a condom' and shows a picture of a chieftain as the one making the statement. A second one shows an actress saying 'Act NOW. Talk openly about HIV/AIDS' (Naval Research Centre, 2011).

A billboard in Swaziland reads 'She's working late, cum work on me' and the other half of the billboard reads 'I'm no longer a spare wheel.....Casual sex is dangerous; i-HIV ibhokile' (Avert, 2011).

In 2008 in Swaziland, The National Emergency Response Council on HIV and AIDS (NERCHA) decided to make an attempt to combat the common Swazi practice of multiple partners by launching a public HIV awareness campaign entitled 'Your secret lover will kill you' or in the local language SiSwati 'Makwapheni Uyabulala' (Avert, 2011). The problem was that 'Makwapheni' refers to women's 'secret lovers' implying that women are sexually irresponsible and are to blame for HIV; The International Community of Women Living with HIV/AIDS claimed that the campaign 'failed to meaningfully involve, people living with HIV/AIDS' (Avert). NERCHA's defence was that this approach was a reaction to the 'vague, unfocussed billboard messages' that 'pussyfooted' around sex issues in the past and it is interesting to note that some of the public agreed with this (see section 2.7).

Botswana is another country with a high prevalence rate. A Botswana HIV awareness billboard reads 'Avoiding AIDS is as easy as .....Abstain, Be faithful, Condomise' (Avert, 2011). In Botswana HIV public awareness and education has been based on the 'ABC' of AIDS.

## 2.6 HIV and AIDS in Zimbabwe: An overview

In 2008 UNAIDS states that around one in seven adults were living with HIV in Zimbabwe and this is evidence that it was experiencing one of the most severe AIDS epidemics (HIV and AIDS in Zimbabwe, 2010). It has been challenging to respond to this crisis amid a tense political and social climate. Zimbabwe has in addition been wrestling with severe crises in recent years, including a cholera epidemic, high levels of unemployment, political violence, and near-total collapse of the health system. Zimbabwe had an unprecedented rise in inflation of 231 million percent in July 2008 (Chitiyo & Chitiyo, 2009). It is amid this already plunging economy that HIV/AIDS has contributed to the economy's further decline, be it directly or indirectly.

Zimbabwe has been affected to a large extent by the HIV/AIDS epidemic, as have many countries in Sub-Saharan Africa (Chitiyo & Chitiyo, 2009). AIDS was first reported in Zimbabwe in 1985 and UNAIDS records that 'by the end of the 1980s, around 10% of the adult population were thought to be infected with HIV' (HIV and AIDS in Zimbabwe, 2010). This figure quickly increased in the early 1990s then peaked and stabilised from 1995 to 1997; from then on it is thought to have been declining. In Zimbabwe the HIV prevalence was recorded at 13.7% for 2009 (National AIDS Council, 2010).

In Zimbabwe approximately half of the people are infected in their adolescent or young adulthood and so education campaigns have mainly been targeted at young people (HIV and AIDS in Zimbabwe, 2010). As a result there is a higher level of knowledge about HIV and AIDS than the average for Sub-Saharan Africa. In 2006 a study done in Zimbabwe indicates that adopting safer sexual behaviours is one reason why HIV prevalence in Zimbabwe has declined.

In a work environment the skill base is eroded over time when workers have HIV due to absenteeism and when some eventually die of AIDS. There is then a shift to a younger less experienced workforce and subsequent production losses (HIV/AIDS and Land in Southern Africa, 2002). These impacts intensify existing skills shortages and increase costs of training and benefits.

It is quite clear that women are affected more than men by HIV and AIDS.

'There are large social and economic gaps between women and men in Zimbabwe and these inequalities have played a central role in the spread of HIV' (HIV and AIDS

in Zimbabwe, 2010). The attitudes are largely constrictive to female sexuality but lenient towards men's sexual activity.

Having a high HIV prevalence, Zimbabwe tends to feature often when there is talk of HIV and AIDS in Sub-Saharan Africa especially in Southern Africa. Over recent years, five countries namely Botswana, South Africa, United Republic of Tanzania, Zambia and Zimbabwe, showed a significant decline in HIV prevalence among young women or men in national surveys (UNAIDS, 2010). This is good news, even though the HIV prevalence is still very high.

In 2010 there was a Millennium Development Goal (MDG) Status report published in Zimbabwe. The report gives an update of how Zimbabwe is progressing towards the sixth goal, which is the one directly related to HIV and AIDS, 'Combating HIV and AIDS, Malaria and other diseases'. Concerning Target 6a (Halt and begin to reverse the spread of HIV and AIDS) the prevalence rate is declining and now stands at 14.3% and according to 2009 estimates, condom use by men aged 15-24 is 68% and 42.4% for women. It is also noted that there is no available data on comprehensive knowledge of HIV and AIDS for this age group. Target 6b (Achieve, by 2010, universal access to treatment for HIV and AIDS for all those who need it) is shown to still be far below the goal since by the end of 2009, 53% of all HIV-positive patients, both in the public and private sector, were on ART (National MDG Taskforce, 2010).

The MDG Status report also points out that behaviour change, including delayed sexual debut, decrease in the number of sexual partners and increased condom use are the factors that have contributed to the decline in HIV prevalence, as well as PMTCT programme (National MDG Taskforce, 2010). Incidence is expected to level out or continue declining as Zimbabwe continues to scale up prevention efforts in the HIV-negative population; scaling up treatment is expected to reduce infection which may translate to lower transmission rates and therefore reduced incidence.

## **2.7 HIV and AIDS awareness billboards: The Zimbabwean experience**

Billboards can indeed be successful creative tools in promoting HIV prevention, as seen in the case of the female condom in Zimbabwe where billboards were one of the mediums used to reduce stigma sometimes associated with them (UNAIDS, 2009). The strategic partners involved in this case were The Ministry of Health and

Child Welfare , The Zimbabwe National Family Planning Council, The National AIDS Council and support came from The United Nations Population Fund (UNAIDS, 2009).

From 2005 to 2008, female condom distribution by the public sector increased five-fold, clearly demonstrating the effectiveness of a nationwide strategy of which billboards were an integral part (UNAIDS 2009).

In recent years, Zimbabwe has begun to focus on male circumcision as one strategy in the fight against HIV and AIDS. The three communication channels that were identified to propagate male circumcision messages were one or any combination of the following: mass media (including billboards), interpersonal communication and health care facilities (Ministry of Health and Child Welfare, Government of Zimbabwe, 2010). So here we actually see the relevance at focusing the study on billboards, as it is indicated to be one of the main communication channels in the national strategy to fight HIV and AIDS in Zimbabwe.

On the other hand, 'The Zimbabwean' website, in December 2010, reported a reaction by female activists concerning an HIV and AIDS campaign on billboards by Population Services International (PSI) (Ndlela, 2010). The campaign against multiple partners was attacked by women's right groups as they have said that the messages being portrayed are demeaning to women and portray them as the major culprits in spreading HIV and AIDS. The campaign uses scenarios of 'small houses' which refer to unofficial wives. An example of such advertisements is a billboard warning men that their small houses could be having more lovers and to avoid HIV by not getting involved with such a sexual network whilst another one shows a pot of honey, depicting a woman who attracts many men (Ndlela, 2010).

PSI has been in the forefront of HIV and AIDS campaigns for more than a decade in Zimbabwe, in partnership with The Ministry of Health and Child Welfare in part to prevent HIV and AIDS, but it said it would withdraw all its billboards discouraging promiscuous behaviour by November 2010, just before a new campaign is launched. PSI, however, insists that its campaign was intended to influence behavioural change and not to offend women (Ndlela, 2010).

The coordinator of Young Women's Initiative, Rudo Chigudu, was reported as saying in the Sunday Mail of Zimbabwe, on 28 November 2011, that the PSI billboards are



only perpetrating violence against women (Yikoniko, 2010). She elaborated saying that women are being seen as sex objects that are promiscuous while men's actions are being defended and they are being relieved of their responsibility to be faithful. Chigudu singled out a billboard that challenged men to think about whether their girlfriends had other lovers.

'Another campaign message was flighted, and it has a pot of honey depicting a woman who attracts many men' (MISA, 2011). The Msasa Project, which deals with domestic violence, was quoted as saying that the campaign depicting such examples was irresponsible (MISA, 2011).

So it is evident that whilst a service provider can perceive that they are churning out appropriate advertisements for the fight against HIV and AIDS whilst in reality, as far as the target population is concerned, they are doing the very opposite. It is clear therefore that it is proper to investigate what the perceptions of a segment of the target population actually thinks of some of these billboards. Are these billboards being taken seriously or are they detracting from the real issue and in the end opening up a can of worms?

While it is good to know what organisations such as women's rights groups think, but it is even better to determine what individuals think, male and female, on the same matter as well as other aspects besides gender issues. There may be other aspects that are reflected by the billboards that are making the public angry or irritated such as cultural issues, or some that just need to be improved upon. The public may have a lot to say about these HIV and AIDS billboards.

Some of the recent billboards on display in Zimbabwe will now be discussed and by so doing the second objective which is 'To analyze some of the existing billboards with HIV and AIDS awareness campaigns in Zimbabwe' is met.

One billboard (no photograph available) reads in English 'Male Circumcision is one of the top defenders against HIV' and it has the picture of six members of the national soccer team standing by the goal post as though to block a penalty shot (Hatzold, 2011). It talks about male circumcision and compares male circumcision to being a defender that will keep HIV from scoring a goal. The six national soccer players used are seen to be blocking a penalty. This is a very good idea and most men in Zimbabwe can relate to soccer as it is extremely popular, and so this kind of

billboard is bound to catch their attention. Furthermore the use of champions will imply that the champions are circumcised and so the audience will be encouraged to follow suit.



**Figure 1**

(Reproduced with permission from [www.avert.org](http://www.avert.org))

Figure 1 shows the faces of four high profile Zimbabweans. It has, also written on it, 'Coaching Boys Into Brothers For Life' with the Brothers for Life logo next to it. Brothers for Life was launched with support from USAID, UNICEF, Manchester United and FC Barcelona in order to promote HIV prevention and take a stand against violence against women and men in South and Southern Africa, the slogan being 'Do the right thing' (Brothers for Life, 2009). The billboard in Figure 1 makes use of four champions from various sports namely the national soccer team's head coach, a national soccer team player, a national paraplegic athlete and a national cricket team player. This is definitely a good thing as it draws attention to the billboard. However it appears that the soccer champions that were used are better well known than the others from other sports. The billboard is endorsed by UNICEF and Brothers for Life which are big names bound to be taken seriously. However the use of a black background is dull; a brighter more attractive colour could have been used. The billboard's message is clear and concise: stick to one sexual partner.



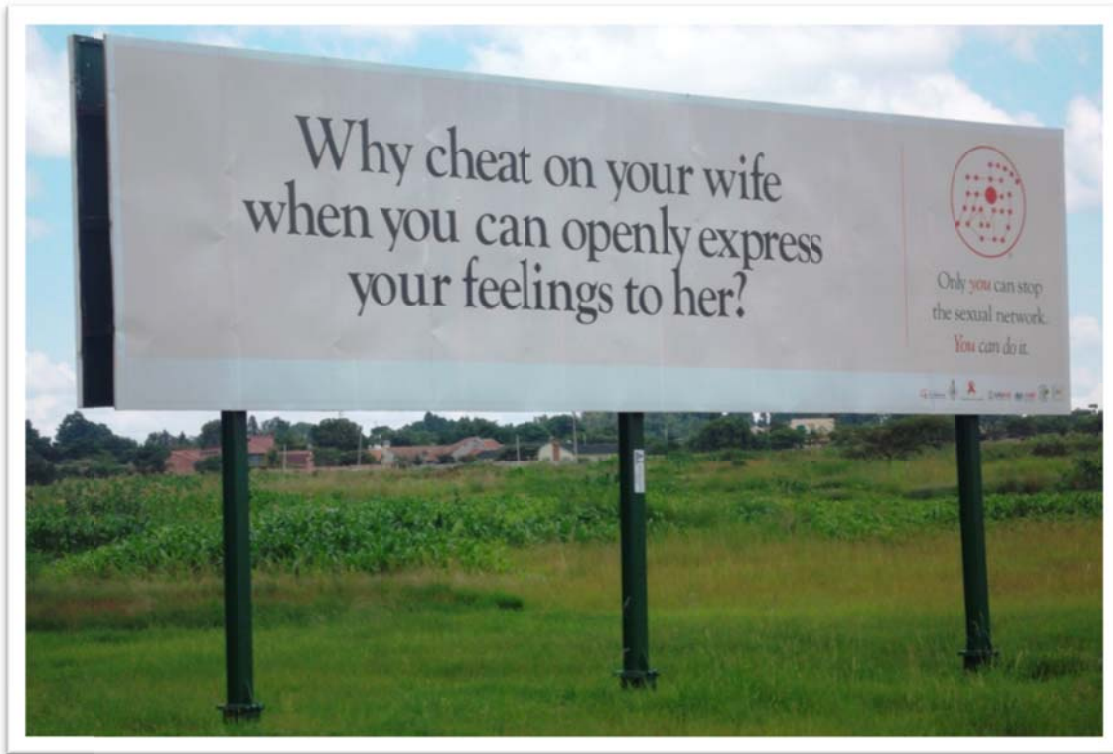
**Figure 2**

Figure 2 shows a billboard that is attractive because of the use of a champion and the use of bright colours such as light green, red and shades of orange and yellow. The billboard is written mostly in English, but also with a consistent phrase in Shona (Pinda pa Smart - meaning Get Smart). It targets men as it relates to male circumcision, goes on to even explain other advantages of male circumcision apart from some protection against HIV infection, like hygiene. It sends a clear message: male circumcision is a smart choice, and actually gives an instruction by saying 'get circumcised today', leaving no room as it were for the reader to be waiver between indecision. The good thing about it as well is that it says where exactly to go for the procedure. Despite availing all this information, it does not look too crowded. It is located to the north east of Harare as one enters Harare via another industrial area.



**Figure 3**

Figure 3 shows a billboard photo taken in southern Harare, on the outskirts of an industrial area, just after an intersection with traffic lights. Of note is that this particular billboard is frequently blocked by haulage trucks for long periods of time especially towards late afternoon; the trucks seem to have paved way for a parking area just in front of the billboard, and from the photo it can be seen that some cables cross over in part, in front of it. There is no use of pictures, the billboard uses dull colours of pink and white, and there is a little red used; the overall impression is one of dullness and lack of attractiveness. It is directed towards both male and female audiences. The left and predominant part of the billboard instructs those reading it to discourage overlapping sexual partners – Hopefully those reading it will also take action and not just pass on the message. Also while it addresses the issue of overlap, it could negatively be interpreted as giving a go ahead for numerous sexual partners, one after the other, as long as they do not overlap. On the right section the responsibility is given to the reader to stop a deadly sexual network: 'Only you can stop the sexual network. You can do it'.



**Figure 4**

Figure 4 appears to be part of the Sexual Network Billboards, and queries men cheating on their wives. That part is fine but linking this with expressing their feelings to their wives is where the message may have gone amiss. It is unlikely to be an effective appeal for men. Because a man can freely express his feelings to his wife does not mean he will not cheat on her. The message is unclear. On the right hand side is the familiar bit that illustrates the sexual network. This billboard is on a main road in a residential area in the affluent northern suburbs.

The photographs for Figures 2 to 4 were taken by the researcher during the months of December 2011 and January 2012.



**Figure 5**

(Reproduced with permission from LivingZimbabwe.com)

Then there are the billboards that are part of the infamous Small House Campaign: One of them reads 'Are you sure you're the only partner your small house has? Didn't think so.....' and this is followed by an illustration of supposedly a network showing a large dot connected to numerous other dots and the words that are written underneath are: Don't be part of sexual network. Prevent HIV (LivingZimbabwe.com, 2010). Figure 5 shows this billboard. The message insinuates that a man's small house may also be cheating on them and discourages joining a sexual network (LivingZimbabwe.com, 2010). This is directed at both men and women because it is addressing faithfulness and therefore potential multiple partners of both sexes, and is particularly discouraging men from being hoodwinked into assuming that their small houses (which *they* are being unfaithful with) are always faithful to them.



**Figure 6**

(Reproduced with permission from LivingZimbabwe.com)

There is also an identical billboard (see Figure 6) but this time it is written in Shona, the main indigenous language and it reads ‘Small house’ yako inani?’ (Livingzim.com). It is satisfying to note that there is a Shona equivalent of the same billboard (Shona is the main local language). However the billboards in both languages are dull, have no bright colours, and make no use of pictures.

The partners involved, whose logos are shown at the bottom of the billboards, include varying combinations of The Ministry of Health and Child Welfare, National AIDS Council of Zimbabwe, Zimbabwe AIDS Network, United Kingdom Aid for International Development, United States Aid for International Development, Population Services International and UNAIDS.

## 2.8 Previous research

A study that was carried out of billboard users found that billboards rated higher than other media in the ability to communicate information affordably, increase sales and to attract new customers (Bang et. al., 2011).

Even though there is revenue growth, according to Katz (in Bang et al., 2011) out of any mass medium, outdoor advertising is one of the least researched. Additionally Donthu, Cheran and Bhargava (in Bang et. al, 2011) state that even among the limited studies that have been carried out, a few focused on what factors drive its effectiveness. There appears to be no prior studies that focus on examining managerial perceptions of the primary reasons for using billboards and although there has been plenty of discussion of factors linked to billboard advertising success, there is not enough information on attributes of the medium that users see as the major factors associated with successful billboard advertising.

DOMedia Business Development & Industry Relations Guru, Kim Ramser, reports that in a recent (2009) update to a 2003 National In-Car Study done by Abitron, in the U.S.A., for out-of-home segments, advertising messages on billboards do get noticed by most travellers. There were some interesting findings relating to billboards for example, 71% of travellers aged 18-34 notice advertising messages on billboards sometimes, most of the time or each time they pass one. Nearly 10% notice the advertising message each time they see a billboard (Ramser, 2009). The breakdown to the question 'How often do you notice the advertising messages on roadside billboards?' was as follows: each time (9%), most of the time (28%), sometimes (34%), almost never (16%); never (11%).

Another study carried out in an attempt to address gaps from previous research also included interviews with outdoor-advertising personnel, so as to develop measures of factors that influence the decision to continue using billboards and that are critical to billboards' success; a survey of businesses using or who have used billboards advertising was part of the study with the aim to determine companies reasons for using billboards and their views of factors that are critical to billboards' success (Bang et al., 2011). The survey revealed four main reasons why businesses use billboard advertising: visibility; media efficiency, local presence, and tangible response. Eight executional factors associated with billboard advertising were identified: name identification, billboard location, readability, and clarity of the message, use as a tool of integrated marketing communications, powerful visuals, clever, creative and information provision. It was also seen that companies do not just want their billboards noticed and given attention but that they wanted them located at the right place and for the message to be clear in order for the billboards



to be effective; some companies to be part of an overall communications effort rather than as a core advertising tool.

These studies show that billboards can be very effective even when compared with other mass media, to promote HIV and AIDS issues and also that many people actually pay heed to these billboards. However there does not appear to be much research done on feedback from the public with regards to billboards showing HIV and AIDS issues. This is a major reason why it is a good research project to undertake.

### **3 RESEARCH DESIGN AND METHODS**

#### **3.1 Introduction**

This section addresses the 'how' of the study and looks at how the research was designed, in what manner the data was collected and sample chosen and how the data was analysed. Ethical considerations are also explained as well as the limitations of the study.

#### **3.2 Research design**

The empirical study was carried out in the qualitative paradigm. This paradigm was deemed the most appropriate as what is desired was a description of what the young adults think about the billboards.

#### **3.3 Data collection**

In order to record the responses of the young adults i.e. data collection, 15 in-depth interviews were carried out and the measuring instrument that was used for the young adults was an interview guide (Appendix 1) which was structured and utilized a few discussion-like open-ended questions.

#### **3.4 Sampling**

The target population is young working adults aged between 20 and 40 years. A sample was drawn from the Directorate of Pharmacy Services in the Ministry of Health and Child Welfare of Zimbabwe. The list of employees was obtained from Head Office from the secretary to the Director of Pharmacy Services. Permission to interview the participants was granted in writing by the Permanent Secretary in the Ministry of Health and Child Welfare.

This unit only employs 36 staff members; therefore the sampling method that will be used is purposive sampling, with the goal of interviewing a percentage of women that is representative of the department, seeing as gender is deemed an important element to the research. The department employs 13 females, which is 36% of the total number of employees; this translated to 6 females being interviewed.

The interviews were carried out over a period of four weeks and each interviewee was given a signed copy of a 'Participant Information Sheet' (Appendix 2) and an

'Informed Consent Form' (Appendix 3). The latter was signed by the interviewee and the researcher before a copy was made in each case. Interviewee responses did not capture details of the participants: there was no recording of names or titles thereby guaranteeing anonymity.

The data was kept under lock and key where the public had no access and electronically it was stored in a password protected laptop where it will remain in case it will be needed at a later stage for reference.

### **3.5 Data analysis**

Once the data collection was completed, it was analysed by coding it, categorizing it and then identifying themes. The type of field statistics used for analysis was descriptive statistics which is one focused on describing, summarizing or explaining the set of data that was collected (Christensen, Johnson & Turner, 2011). The aim was to communicate important characteristics of the data collected in an efficient manner.

Several billboards displaying HIV and AIDS awareness messages were looked at during the literature review, and these were also analysed using content analysis.

### **3.6 Ethical considerations**

Every effort was made to be ethical during the study. All the interviewees were told about the aims and objectives of the study as well as the consequences and implications of participating. Anonymity and confidentiality was guaranteed to the interviewees.

The interviews were being carried out in the strictest of privacy and the interviewees had the right to withdraw from the interview at any stage.

The study was carried out with integrity, no falsification of any sort, after obtaining all the necessary permissions, in a transparent manner, with no intention to do any harm to the interviewees, be it physical or psychological.

### **3.7 Study limitations**

The sample is from one department within the Ministry of Health and Child Welfare because this was the accessible workplace, and the sample had to be drawn from those working and aged between 20 and 40 years. HIV and AIDS is significantly a

health issue, and so there is an element of bias assuming that those who work within this Ministry are more exposed to HIV and AIDS efforts and that they may have insights into some issues that the general public would otherwise not have.

The study is being carried out in Harare, the capital city of Zimbabwe and not the whole country and this is more of a practicability issue.

## **4 RESULTS AND DISCUSSION**

### **4.1 Introduction**

This section covers the results and discussion section of the research paper. The results being analysed will be those collected from in-depth interviews of 15 participants and will cover four areas namely demographic information collected, positioning and appearance of billboards, billboard content and lastly general questions. The gender responses for only two questions were noted. In order to present the data, frequency distribution and various graphical representations are made use of.

Though done simultaneously with the results analysis, the discussion will centre on the interview information obtained which addresses the first objective 'To establish the perceptions of young working adults (20-40 years old) of HIV and AIDS awareness campaigns displayed on billboards'.

### **4.2 Demographic information**

The demographic data is summarised in Table 1. In order to achieve the desired representation of women, which was to reflect the same percentage (40%) of female participants in the interview as those within the Department of Pharmacy Services, six women were interviewed out of the 15 participants.

**Table 1: Demographic data**

Person	Gender	Age	Marital Status	Education Level	Religion
1	1	32	1	3	1
2	2	26	1	2	1
3	2	29	2	3	1
4	2	34	1	2	1
5	1	34	1	4	1
6	1	33	1	4	1
7	2	31	1	2	1
8	1	38	1	4	1
9	2	32	1	2	1
10	1	35	1	3	1
11	1	37	1	4	1
12	1	33	1	3	1
13	1	36	1	2	2
14	1	37	1	1	1
15	2	28	1	3	1

**Categorical variable:**

'Gender', 1=male, 2=female

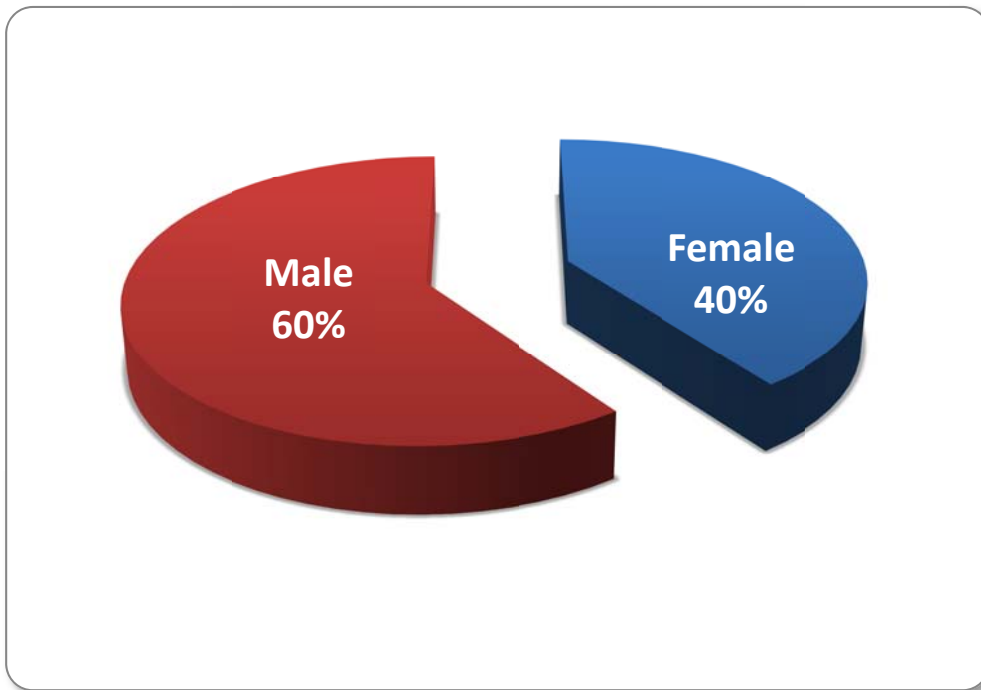
'Marital status', 1=married, 2=single

'Education level', 1=high school, 2=diploma, 3=first degree, 4=Master's degree

'Religion', 1=Christian, 2=no religion

**Gender of participants**

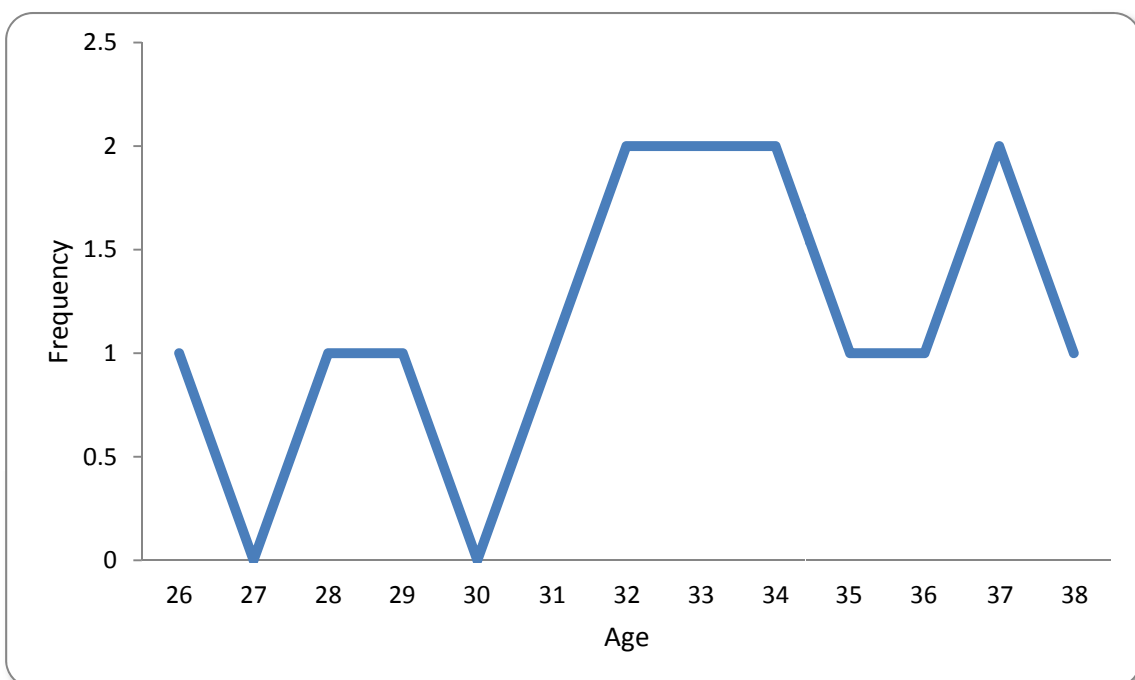
40% of the participants were female while 60% were male. This information is illustrated in Figure 7.



**Figure 7: Gender**

### Age of participants

The age of the participants ranged from 26 to 38 years with 33 years being the average age. It is graphically represented in Figure 8.



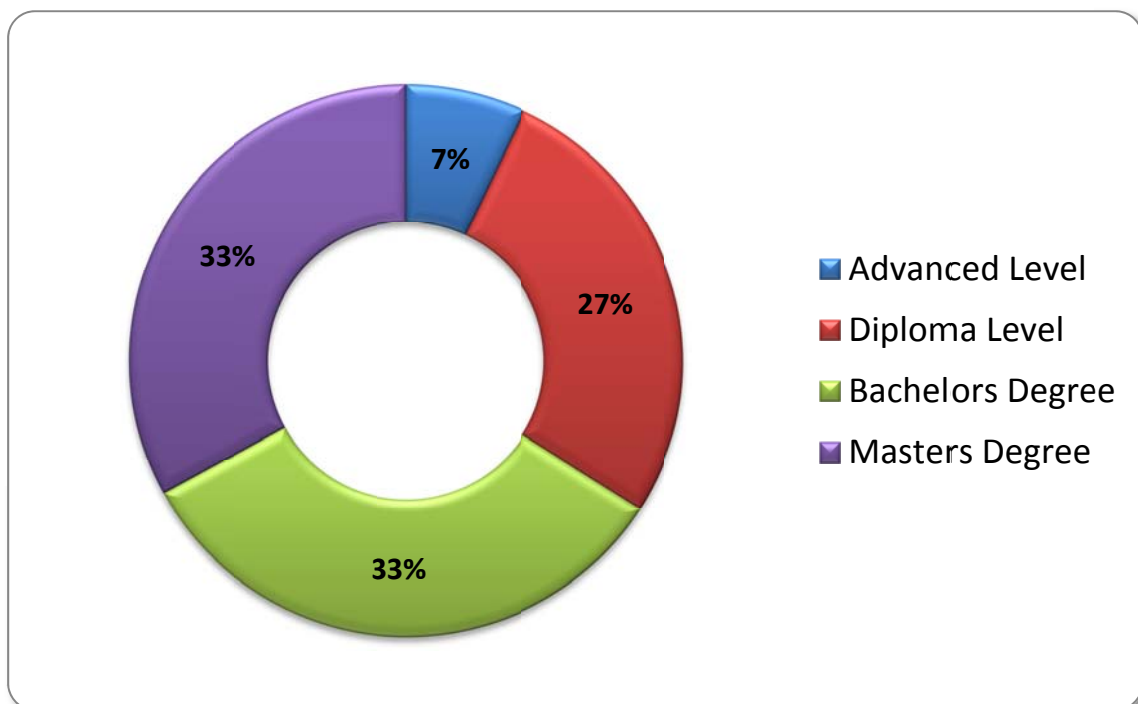
**Figure 8: Age distribution**

### Marital status and religion of participants

All except for one participant were married. Concerning religion, all except one were Christian (the particular denomination was not asked for) and one participant was not affiliated to any religion. This is to be expected since Zimbabwe is largely composed of Christians.

### Education level of participants

All the participants had some form of formal education, with the levels being Advanced Level (High School), Diploma, Bachelor Degree, and Master's Degree. Figure 9 illustrates the percentage composition for each level. From the level of education that is seen, it is clear that the respondents are well educated, with the lowest form of education being high school and as many as 33% having Master's Degrees. The level of education helps with the thought pattern and interpretation in that the participants can better relate the questions about the billboards and are therefore able to articulate their responses better than if they were not well educated or not educated at all.



**Figure 9: Educational level of participants**

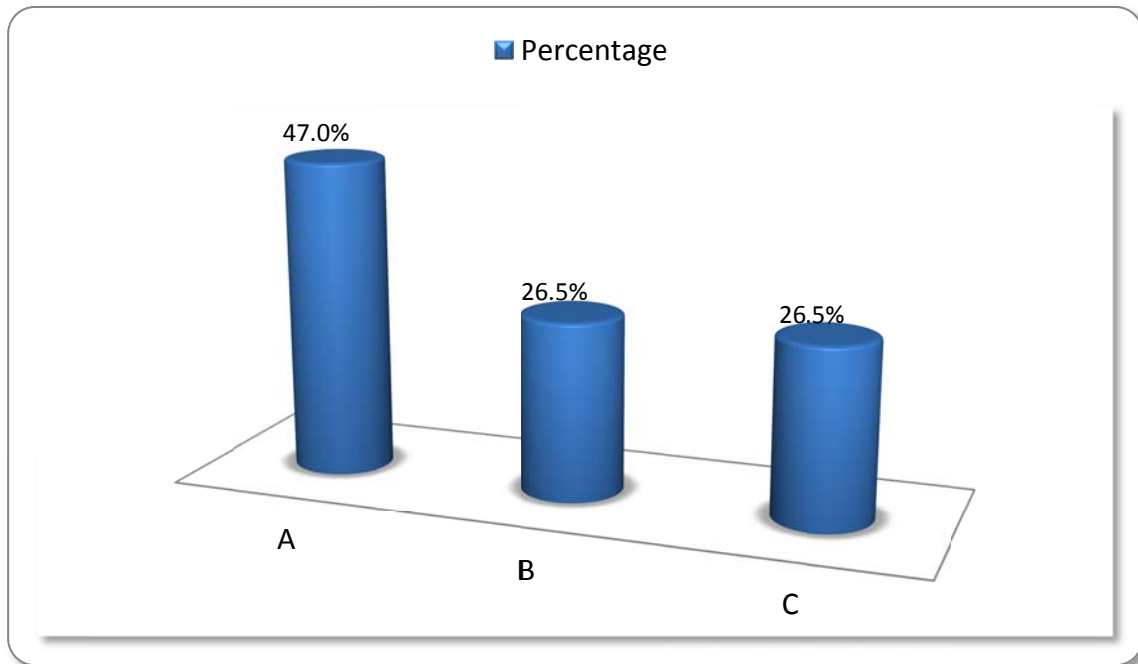


## **Occupation of participants**

The job titles of the respondents were not recorded because, being a small sample, it would have been easy to then identify the respondent which breaches confidentiality. Suffice to say however, that the sample is taken from a department within the Ministry of Health and Child Welfare, and that although the respondents are not all health workers (some are administration staff), the likelihood of them being sensitised to HIV and AIDS more than the average person is higher. In this regard the study was somewhat biased.

### **4.3 Location of billboards**

The opinions from the participants concerning the location of HIV and AIDS billboards varied, with three identifiable categories: Category A - those who thought the billboards were well positioned and had no suggestions for improvements (47%); Category B - those who felt that while some billboards were well located there was room for improvement in the location of others (26.5%); Category C - those who felt that the billboards were not well located at all (26.5%). Category C had suggestions to make for improving billboard location. Therefore in total 53% made recommendations related to the location of the billboards. Figure 10 illustrates the breakdown of opinion of location.



**Figure 10: Opinion of billboard location by category**

**Category A:** Well located; no suggestions for improvement

**Category B:** Some well located; suggestions for improvement

**Category C:** Not well located; suggestions for improvement

Category A which was fine with the positioning of billboards as they are, thought so for various reasons. Some felt that the billboards are placed where there is high volume traffic, high visibility for mainly motorists, and to a smaller extent pedestrians. Another factor mentioned was that many of the HIV and AIDS billboards are at intersections and traffic lights which are areas of controlled traffic, and so they can be more easily read as people are bound to slow down or stop, as opposed to on the highway where people zoom by. One person pointed out that the billboards are strategically positioned for drivers although pedestrians can also all read them as they determine their own walking pace. Others felt that the billboards good location was largely due to the fact that they are put alongside roads and not just anywhere, that they are placed specifically among the main roads in the main cities, and that they are visibly located.

Category B was of the opinion that although some billboards were well positioned, others were not and could be located in more strategic places. One participant

thought that some of these billboards are at hospitals, which defeats the purpose as when people come to hospitals, the HIV message most likely has been heard a little too late and that places like hotels and brothels would be better placed for billboard display of HIV and AIDS-related issues. Another participant commented about how positioning billboards on highways attracted less people than if they were placed by traffic lights, as some are, because then people are forced to reduce speed and observe their surroundings. Still another felt that although many are placed by town entrances and flyovers, and are therefore very visible, a significant number needed to be at schools so as to target the younger generation. An additional comment was that although they are generally well located, the disadvantage of placing billboards on roadsides meant that they were only visible to those going in a particular direction and yet those going in the opposite direction were missing out on seeing them and that also they are predominantly in urban areas but absent from rural areas.

The remaining group (Category C) felt that the billboards are not well located for the reasons that will now be stated. The HIV and AIDS billboards are placed at the peripheries and not in the Central Business District (CBD) which is the city centre, unlike for example, ones promoting church activities such as conferences and the like. Interestingly one respondent felt that they are concentrated in the CBD but would be better suited for residential areas as many people stay at home; the respondent said those centrally located target only the working class. Some of the billboards were deemed to be hardly noticeable because of poor location and there was one remark about how the billboards needed to be placed at an angle and not perpendicular to the road for better visibility. One participant felt that the billboards were badly located probably because the authorities (City council / local government) responsible for granting permission to erect billboards charged high prices for prime locations (such as the CBD) thereby explaining why most of them were located at places where there is not much traffic, being the cheaper sites.

Some suggestions on improving the areas of location were that these HIV and AIDS awareness billboards are placed in the proximity of schools so as to target the younger generation, appropriate ones should be in the rural areas and not just in the urban areas and that some need to be in residential areas. Positioning is something that needs to be considered by those erecting billboards because the billboards must be optimally angled to gain maximum exposure, as long as they are readable. The vicinity of brothels and hotels were areas suggested as possible locations for these

billboards. The reason is that many people associate HIV and AIDS with sex and the tourism industry is one that would come to mind and therefore hotels. If all these suggestions are taken into consideration and implemented, there is bound to be an improvement in the number of people exposed to reading the billboards, which is the goal of mass media advertising.

#### **4.4 Are there enough billboards on display?**

With regards to if the billboards on display in Harare are enough, 40% said they were enough, 13% said that they did not know and 47% felt they were not enough. There were various comments made in connection to this question. Of those who thought they were enough one comment was how they must be enough otherwise people will be overloaded and one said that they see at least one daily so then they must be enough. One person from the group that felt that they were too few felt that they are all too similar and that the number as well as the variety could be improved on as people do not want to see the same messages every day. Another one felt additional billboards could be targeted on the outskirts of Harare as well as on less busy roads.

If prime locations have a price tag to where the billboards are located and to the numbers that are erected, it would be good to partner with or engage the city fathers to see if lower rates can be negotiated for non-commercial billboards. This may have the effect of increasing their numbers and strategically locating most if not all of them that talk about HIV and AIDS.

#### **4.5 The attractiveness of billboards**

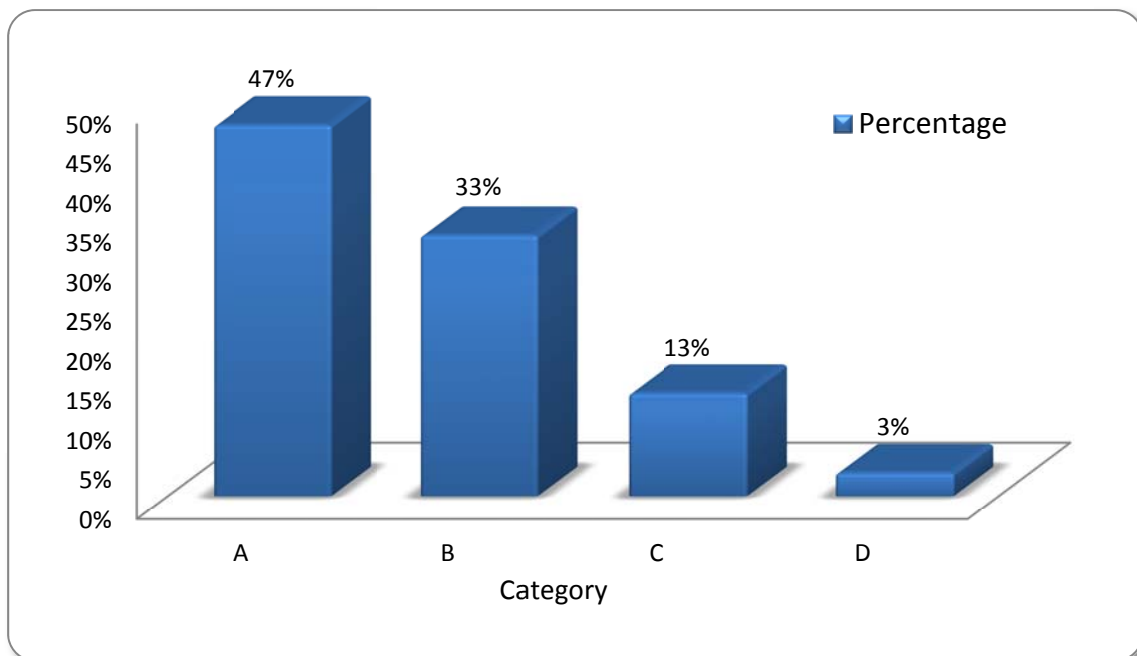
The attractiveness of billboards, with a view to encourage passersby to at least look and consider them, had four categories: Category A (47%) felt that the billboards were attractive; Category B (33%) said that they were not; Category C (13%) said that some were while others were not and Category D (3%) was not sure whether to judge the billboards as attractive or not.

Attractiveness, according to Category A constituted any combination of the use of bright colours like yellow and red as well as brighter shades of colours such as blue, being colourful, the use of large prominent lettering and graphics to portray a message, the use of large sized billboards, picture messages and the use of champions. Of the 47% who deemed the billboards to be attractive, 57% made

reference to champions, stating that this draws your attention and makes you curious, want to read on and probe.

Category B felt that the billboards were unattractive because of appearing dull (an example given was a message written in black letters against a white background), lack of use of bright or shiny colours, appearance of simplicity, the billboards being mounted on old frames or structures, and using graphics that are not well designed.

Category C had mixed feelings: some felt that while others were fine because they were brightly coloured, while some were dull and unattractive, not eye-catching and had more print rather than pictures. See Figure 11 for views on the attractiveness of billboards.



**Figure 11: Attractiveness of billboards**

**Category A: Attractive**

**Category B: Not attractive**

**Category C: Combination of attractive and unattractive**

**Category D: Unsure**

Champions are used in advertising generally and are not unique to the promotion of HIV and AIDS. It seems people pay more attention when there is a role model or popular face that they identify with promoting a certain product or message, and it appears as though sport personalities lead in this aspect. An example is that national and international world-class sporting stars were invited to become Sports Ambassadors for the Brother's for Life men's campaign which planned to use television, radio and outdoor advertising and this was to cover other countries in Sub-Saharan Africa including Tanzania, Zimbabwe and Zambia (Brothers for Life, 2009).

The fact that even at the highest level there is the notion that champions is significant: The 'Champions for an HIV-free Generation' are a selection of former African presidents together with other influential personalities. They meet the HIV challenge by advocating for a response from regional leaders and the focus is on proven prevention measures (HIVfreechampion.org, 2012).

If billboards are attractive they will draw people's attention and achieve their purpose, and if they are not, they are likely to be ignored or at the very best receive minimal attention. It is of concern that a significant number of people perceived the billboards as unattractive or as needing improvement. Unattractive billboards are dull, have no or few pictures and instead too much print, use old structures, have faded in the sun or have been affected by other elements or have designs that are not well designed.

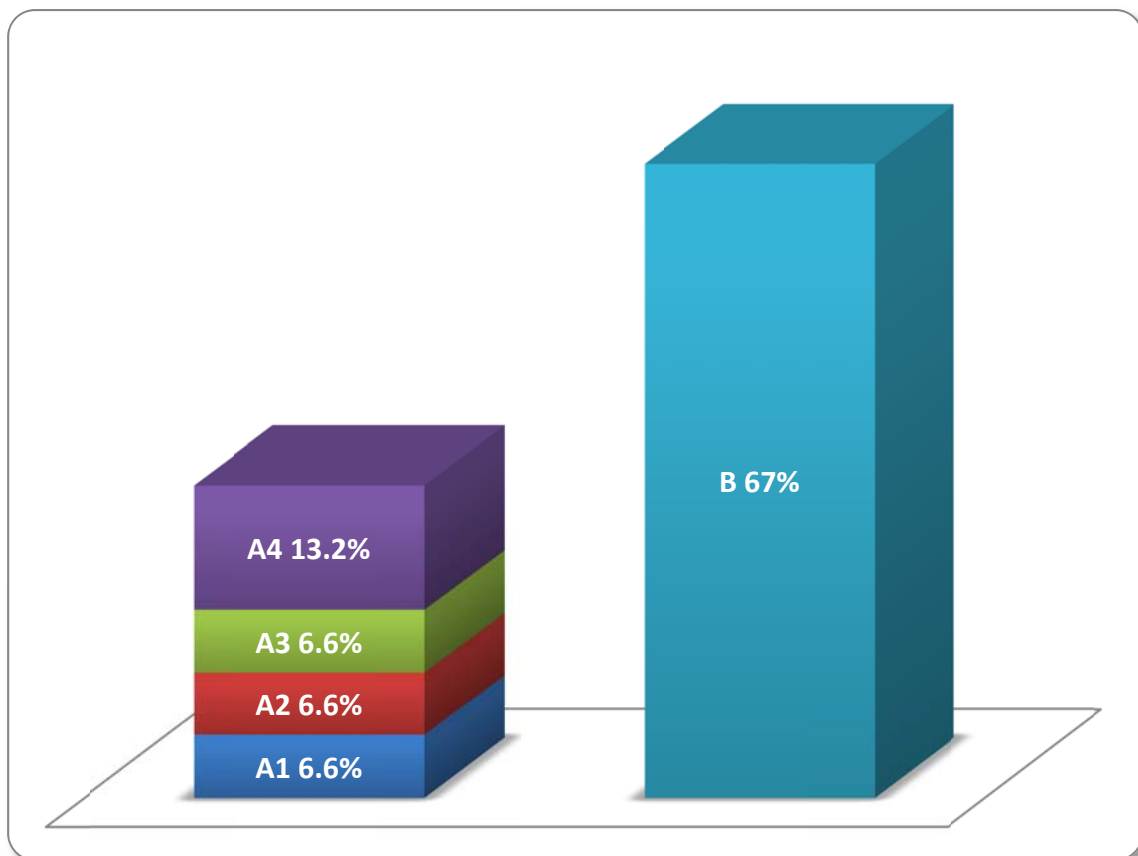
There were studies carried out by Donthu, Cherian and Bhargava as well as Bhargava, Donthu and Caron which found recall of billboards to be positively to varying factors such as brand identification, emphasis on product performance, inclusion of price, use of photographs, use of humour, use of colour and a good location for the billboard (Bang et al., 2011). These issues should therefore be factored in when designing billboards for HIV and AIDS awareness, an issue more serious than advertisements for mere commercial gain. Since the aim is for them to be recalled with a view to then taking action.

#### **4.6 Layout of the material on the billboards**

33% (Category A) had a combination of negative and positive comments concerning the layout of billboards while the layout of the material on the billboards was deemed

to be fine by 67% (Category B). By 'fine' the participants were referring to the billboards not being too busy or too scanty, being readable and appropriately set out. A comment made was that media people know what they are doing and therefore the layout should be fine.

Of the 33% who had mixed opinions (all felt that some billboards were just right), 20% felt that for some of the billboards, the material on them was too sparse and that the billboard space could more fully be utilized for example by placing a picture there; 40% felt that they had too much information on them (with half of these saying the print was also too small); 20% felt that the billboards that were not fine either had too much or too little information; the remaining 20% felt that billboards with writing alongside the picture were not as well laid out as those showing the picture first and foremost, followed by the writing. The breakdown of perceptions is shown more clearly in Figure 12.



**Figure 12: Perception of billboard layout**

**Category A1: Layout has too little information**

**Category A2: Layout has too much or too little information**

**Category A3: Picture and writing not well organised**

**Category A4: Layout has too much information**

**Category B: Layout fine**

The suggestion is to maximise on the space available and utilise as much of it as possible; this needs to be done without putting too much information on the billboard or crowding it or under populating it either.

#### **4.7 Language used on billboards**

Most of the participants (73%) felt that the language used was appropriate. Of these almost half (45%) had seen English ones and felt this language was appropriate as Zimbabwe is a country with very high literacy and that not only was it appropriate, but also simple and easy for anyone to understand. 55% felt that at least one of the mother languages or vernacular (Shona and Ndebele) as well as English ones that they had seen on billboards were appropriate. There was one comment that some of the choices of words such as 'small house' were inappropriate for the English ones and another one saying that it was an improvement that now the billboards were not only in English, but in Shona as well.

27% felt that the language was inappropriate with comments that HIV and AIDS is linked to culture and it seems much of the awareness is linked to western culture and that this is hard to relate to although on the other hand some things cannot be said in a straight forward manner (they are taboo) in the main mother language (Shona) and this can distort the message even when the English billboards are translated to Shona billboards. Additional comments were that some neighbourhoods need a particular language therefore a corresponding translated billboard should also be found in the same neighbourhood to cater for passersby. English billboards, though easy to read, were said to possibly mask the content.

It is appropriate to use mostly English on billboards because Zimbabwe is a country with very high literacy rates and so most people will therefore understand English. The prominent local languages (Shona in northern Zimbabwe and Ndebele in southern Zimbabwe) should however also be used to cater for those few who may not understand English. Whatever language is used, offensive or non-palatable



terms though needed to be guarded against, for example the frequent reference to 'small houses', relevant as it may be. What would be ideal is if each billboard could be correctly translated from English into the two major local languages and then the billboards are placed in proximity with each other. The issue that would need some investigation would be that of cultural sensitivity because it would seem that some words are taboo in the vernacular and there are also issues of distorting the message and masking the content, depending on a language that is used.

Blasko, after carrying out content analysis, listed five main principles of effective billboard advertising: short copy (eight or fewer words in a copy); simple background; product identification (billboard clearly identifies product or advertiser); simple message (single message communicated); creative (use of clever phrases and/or illustrations) (Bang et. al, 2011). Blasko's findings are confirmed, in part, by the study carried out by the researcher in that issues of clarity came up with comments that if this was lacking, then the message would be obscure, and the issue of bad graphics detracting from the message. However some of the principles in the current study are contradictory to what Blasko found: the participants commented on how the billboard being mainly used as a headliner risked communicating incomplete messages and in fact there were comments of some messages being too scanty (Blasko recommends less than eight words). The question is if it is possible to relay an effective HIV and AIDS message in eight or fewer words (as suggested by Blasko) perhaps something like 'HIV is real, use condoms always'? Blasko's suggestions may be more relevant for commercial billboard advertising which rely less on number of words to put across a message but more on brand identification.

#### **4.8 Gender sensitivity of billboards**

One of the questions that was analysed according to gender, was on whether the billboard material is gender sensitive. 33% (of which 60% were men) felt that the HIV and AIDS messages are gender sensitive and fair to both sexes. Three scenarios present for the 67% who felt that the material on the billboards has gender bias: 30% (two thirds were women) felt that the gender bias was in a good way because according to the women, messages were targeting men as the ones spreading HIV infection and men are the ones that are promiscuous and cheat and interestingly according to the one man, women are being targeted and rightly so as they are affected more by the epidemic. Another 10% (women) felt that the bias was both

good and bad – good in that the men were being pinpointed and made accountable and yet at the same time bad because women issues relating to HIV and AIDS are not highlighted.

The remaining 60% (83% were men, 27% women) felt that the gender bias was in a bad way because the billboards largely portray men as the ones totally responsible for spreading the disease and yet women are equally responsible and yet are not being targeted – they felt that women should also be encouraged to have straightforward relationships rather than to be part of small houses, that HIV and AIDS is everyone's problem and not men's alone, that too many billboards speak of not encouraging male friends of being promiscuous, and discourage men from having multiple sexual partners; specific ones mentioned were ones related to male circumcision, sexual partners and small houses and yet it was pointed out that there appeared to be none on PMTCT which specifically affects women.

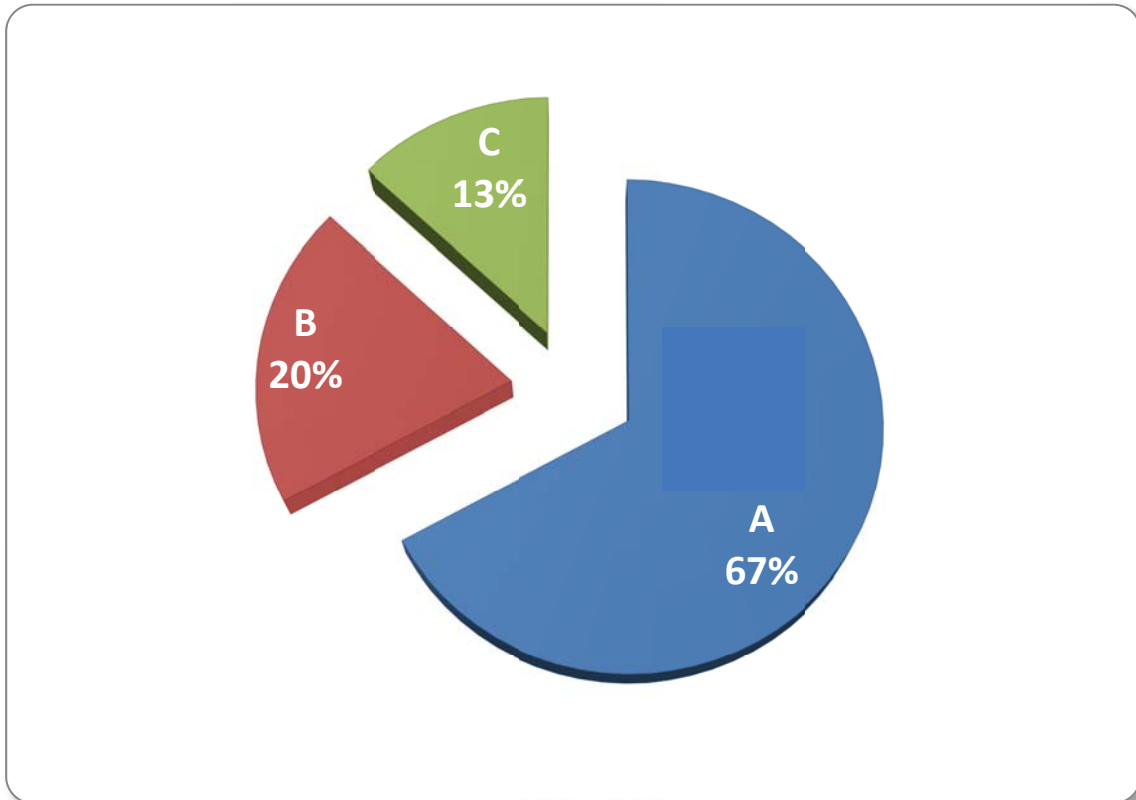
There was a campaign carried out in Swaziland and one of the comments that emanated from that was that it was ironical that the campaign should focus on women when the latest country statistics show that in Swaziland men are ten times likely to engage in sex with multiple partners (Avert, 2011). Therefore it can be said that these women in this current study were justified in rejoicing.

The findings from the current study appear quite different from those related to the PSI findings because none of the female interviewees in the current study perceived that the billboards concerned with HIV and AIDS awareness were biased against them. The coordinator of Young Women's Initiative in Zimbabwe, Chigudu, is reported as saying, in relation to the Small House Campaign, that PSI is showing negligence on the issue and that their research is misguided to have come up with such a campaign (Yikoniko, 2010). Her point was that the billboards are demeaning to women. Not all women's groups share the same sentiments since Mudzamiri of Young Women African leaders Movement was reported as saying that PSI had done a great job in sensitising the country about the real thing (Yikoniko, 2010). The current study's findings concur with the latter comment by Mudzamiri, as far as women are concerned.

The awareness campaigns on billboards need to appeal to both men and women but at the same time they must appear unbiased, non-discriminatory and gender-sensitive to both, if progress in fighting HIV and AIDS is to be made.

#### 4.9 Sensitizing people to HIV and AIDS

67%, inclusive of all the women, felt that the aim of sensitizing people about HIV and AIDS with the use of billboards was being accomplished. 20% felt that this was being achieved to some extent and 13% felt that this was not being accomplished. See Figure 13 for an illustration of these results.



**Figure 13: Outlook on HIV and AIDS sensitization accomplishment**

**Category A: Sensitization being accomplished**

**Category B: Sensitization being accomplished to some extent**

**Category C: Sensitization not being accomplished**

Positive comments for the billboards included how the messages are focused towards prevention and minimising the spread of HIV infection, how they really are food for thought and how the use of terms like 'small house' enable people to relate and really digest the issues. Other remarks were that it is positive that behaviour change is encouraged and that although billboards are necessary, they are simply

awareness and only the people themselves can change. The fact that male circumcision figures are rising was attributed in part by some participants to the billboard advertising. Additional comments were that it seems as though the current billboards are borne out of research and have evolved from the ABC messages to focus on multiple partners, particularly small houses. Some felt that talking about sexual networks is more effective than anything else.

Negative comments were that the awareness is getting across but the bad attitudes remain, that people who have small houses may possibly reject and snub the messages singling them out, that billboards just bring attention to HIV and AIDS but then someone has to enquire further some other way, that the billboards need to be intense as they are competing for attention with other non-HIV related billboards, some of the language is derogatory and some of the messages written are inconclusive and leave unclear options to the reader, for example there's a billboard that asks if you would sit next to someone with HIV and AIDS and leaves it there and that billboards are one-sided and give the reader no chance to interact and probe and therefore the chances of a billboard being taken seriously and changing a mindset are low.

A very large majority, including all the women interviewed, believe that the goal of sensitizing people about HIV/AIDS issues is being achieved, which is the most important factor in this study, and this is being achieved through prevention-orientated messages on the billboards such as the ones involving male circumcision and ones encouraging faithfulness to one partner. The billboard strategy is definitely making a difference according to most people, but while the messages bring attention to the issues at hand with regards to HIV and AIDS and encourage healthy behaviour, their adoption is purely up to the individuals in society, which although related, is another issue.

A survey carried out by USAID in Swaziland during the previously mentioned 'Makwapheni Uyabulala' or 'Your secret lover will kill you' campaign showed that 86% had heard of the campaign, 91% agreed with its message and 78% said it made them consider changing their sexual behaviour (Avert, 2011). This is what is desirable: To have adequate sight of the billboards, agree with the message and act on it.

In 2005 there was a billboard campaign targeting young people in Swaziland, as well as on radio and through the printed press, with slogans like 'Because tomorrow is mine' and 'I want to finish my education. Sex can wait'. (Avert 2011). The United Nations reported that almost two thirds of female Swazi secondary school children followed this advice and abstaining from sex until they were in their late teens (Avert).

The minority who did not believe that the billboards are accomplishing their purposes have good justification as well. Issues of clarity of the messages came up and the issue is that if messages are unclear, they will simply be misinterpreted, misunderstood or not understood at all; inconclusive messages are also not good because they leave it up to the reader to draw a conclusion, which may ultimately be wrong and this is a big risk being taken with such an issue of life and death which HIV and AIDS are. To an extent billboards do not appear to be finishing the job of awareness because to some they seem more like headlines and then the full information has to be sort out from other sources in order for the picture being portrayed to be complete and meaningful. Perhaps this is one of the draw backs of billboards: only a certain amount of information can be put up on the limited space available. They have limited capacity to give all the detail all the time.

In addition the HIV and AIDS billboards are constantly competing with other types of billboards especially the commercial ones and so people's attention is in a way split and not always focused and they may not always be taken seriously. In Zimbabwe it is interesting to note that super-sized billboards that span the entire width of some main roads, and that are impossible to ignore, are the ones for church activities and for one of the telecom giants, Econet Wireless.

#### **4.10 Are billboards the best way to advertise HIV and AIDS matters?**

The next question probed participants on whether they thought that billboards were the best way to bring about HIV and AIDS awareness, and if not to suggest ways that could possibly be better. All the participants said that billboards alone were inadequate to promote HIV awareness and that additional methods were necessary. However 40% did not have any suggestions of what these additional methods could be while 60% had some specific ideas. Of the specific ideas 11% named newspapers as the other way awareness issues could be promoted reasoning that most people read newspapers and a further 11% named radio shows as another

awareness method. The remaining 78% named at least two of the following combinations as ways to bring about HIV and AIDS awareness: newspapers, radio, television, mobile vehicles that show videos at shopping centres, dramas, posters, flyers, pamphlets, sex education in schools (including the use of 'T' shirts), workplace programmes, AIDS Councils and non-governmental organisations.

The comments made eluded to billboards having limited use because they are located in a specific area and so they are therefore not accessible to all but only to people passing in the particular direction that they are in. Some participants felt that billboards are mostly being targeted at drivers in Zimbabwe and not to those travelling in commuter buses (who are more in numbers than drivers) because those sandwiched in the middle cannot see unlike those by the windows and front seats. A comment was made that pedestrians do not usually look up to read billboards.

It was felt that other methods to reinforce the message were necessary and that an individual or personal and interactive approach would be very good as then people can ask questions, give feedback and query inconsistencies which in turn helps with decision-making. The consensus was that the billboards cannot be done away with totally because they can be utilised in rural areas and not only urban areas and that they are a cheap option for those viewing them. It was also felt advantage-wise that billboards do not take up too much of people's time, they bear messages for anyone and that people cannot ignore them as easily as messages directed to an individual.

Additional remarks were that television and radio have a wider audience that are in contact with them than billboards (especially those on the outskirts of town) have, that is to say, more people are exposed to broadcast media, that some other methods are more appropriate in certain instances, for example dramas for rural areas (some felt that billboards are too glaring for things like condoms and that some issues could be discretely promoted in dramas), real life testimonies, sex education for schools (including the use of 'T' shirts). Some felt that billboards can strongly compliment other promotional methods and that other methods have the capacity to give more detail about the epidemic – the billboard should be like a head liner, and it will therefore not pass on the message but it can give indications of where to obtain further information and act as a starting point to make sure people get the message. Some participants went as far as to say that the billboards do not communicate well and are just a sign that people can choose to read or ignore and that a multimedia

approach is necessary so as to reach all intended people. It was said that there is no one best awareness method as such, but that a combination of strategies has to be used.

Billboards tend to target motorists, and yet in Harare although many people have cars, even more depend on buses and commuter omnibuses and within these not everyone has equal access to the windows and so most people in those modes of transport drive past these messages on billboards without even being aware of them. It would actually be a good idea to write HIV and AIDS awareness messages on the commuter omnibuses, as some companies are doing as a way of advertising their products. A multi-media approach is best for awareness because that way people from all walks of life will be reached. Some people, such as pedestrians, some of the disabled, those living in rural areas or remote areas, may be better targeted by other methods than billboards, when it comes to HIV and AIDS awareness.

From observation over the last years, billboards in Zimbabwe are a fairly recent development when compared to more common media such as television (through programmes, adverts and more recently as part of the script of soap operas), radio, newspapers and even posters. Broadcast media, by design, have the ability to reach a wider audience than printed media. There are also other less common but creative methods to pass on the message, for example dramas. Different methods are appropriate at times for different audiences; some methods may be too graphic content wise for some cultures and more subtle methods may be better.

In 2007 a multimedia campaign dubbed 'Is this Justice?' was created pro bono by Ogilvy and Mather in order to reduce stigma against women living with HIV and AIDS in India (Breakthrough, 2010). Forty-two billboards were used in the campaign, as well as television, radio and newspapers. According to the findings, 55% recalled the campaign from billboards, 45% from newspapers, 36% from radio and 36% from television. The main messages recalled from the communication were 'women living with HIV and AIDS are thrown out of their home', 'women have an unequal status in society', 'women face violence' and 'there is a growing presence of women living with HIV and AIDS in society'. Using some key indicators, there was a significant change in knowledge and attitude towards women living with HIV and AIDS. The results of the research illustrate the effectiveness of billboards in the fight against HIV and AIDS. Therefore this study indicates that billboards were the most effective

mass media method to propagate the messages. These findings differ from the results from the current study where the participants perceived other mass media that are not billboards to be more effective for promoting HIV and AIDS awareness.

Arts for Humanity undertook an extensive research campaign to collect public responses to self-reflective questions about the billboards of 'Break the Silence' Campaign in order to determine the respondent's reaction to the messages embedded in the images (Bothma & Jordaan, 2006). The billboard looked at was in Umlazi Township at the main taxi rank and it reads 'God wants his people' and the artists statement was 'If one associates with anything concerning HIV/AIDS, the community assumes one is HIV-positive', and the responses will now follow: A 39 year old said 'It is important to protect ourselves from this disease'; a 13 year old said: This billboard is creative and now I want to take care of myself'; a 15 year old said 'This reminds me of the importance of using condoms and abstinence and remaining loyal to one partner'. This study shows positive responses and comments concerning billboards, which was also recorded in the current study.

#### **4.11 Additional comments**

The last question for the interviewees was a general one that asked them to make any additional comments if they had any, pertaining to HIV and AIDS awareness on billboards.

A suggestion was made that those writing the materials on the billboards should team up with authorities so as to ensure that the billboards are evenly distributed throughout the country. It was also felt that the awareness messages are targeting adults but that they could also target the youth (13 years of age and up) even though male circumcision awareness was partly addressing that aspect. Another group of people said to be side-lined by the awareness billboards is women, therefore it was recommended that they also be specifically targeted.

Some were of the opinion that the billboards should be rotated to draw fresh attention to them otherwise those who see them at the same place daily and use that particular route stop looking at them. Botswana was given as an example of good billboard rolling because the messages are rolled over and changed, thereby the messages stay relevant; this was in comparison to some of the Zimbabwean ones which were deemed to be irrelevant, staying up even long after the campaigns were



over. At the same time others were of the opinion that the same billboard must be seen not just once but several times so as to be fully understood and also that some of the messages do not make complete sense unless a person can actually link it to other related media messages.

High-density residential areas, which in Zimbabwe house the lower income bracket, were said to be strategic for placing billboards so as to have more impact, in addition to placing them along busy roads and the city centre. The location of the billboards was recommended to include frequently visited places such as churches, restaurants clubs, bars and shopping malls, so that people can actually gaze at them and even see them while sitting and be able to ponder. The suggestion was to have them alongside the commercial billboards which seem to be in abundance.

There was the suggestion of using digital billboard as they look more attractive and interesting, the content changes even as you watch and they are visible at night; some though not all of the billboards in Zimbabwe have no lighting and are therefore basically 'dead' at night and then 'resurrected' in the morning, thereby bypassing those who move around at night which includes those engaging in intense sexual activities as in the case of sex workers. It was even suggested that the content at night could even be changed to specifically target sex workers as digital content is easier to change and customise. There was a suggestion that expenses for billboards, especially digital ones, could be sponsored by the National AIDS Council, Zimbabwe AIDS Network and the like and that the high expense is justified in the long run; it should be regarded as a social investment.

Some of the billboards were said to be fading, maybe because of weather conditions, and these were recommended for a face-lift in order to restore them and make them attractive again. The issue of pictures also came up – increasing their numbers on billboards was raised as something that would make billboards more attractive.

Another suggestion was to use nationally accepted and very well known personalities as champions and not those that are accepted by a small fraction of the population, so as to appeal to more people. One comment made was that when a champion is obscure and not so well known, this distracts from the main issue of HIV awareness and instead people will be trying to figure out who the person is. Youth

were mentioned as a group that takes notice of champions, especially if they are attractive and fashionable.

Zimbabwe has been having load shedding for many years now, including at night time. This was raised by a respondent who said that at night the billboards had a disadvantage in that should there be no electricity, they would not be visible at all. Digital billboards are probably powered by solar energy or batteries, so here too we see their advantage.

Someone was of the opinion that the development level of marketing in Zimbabwe is not as good as, for example, in South Africa and therefore billboard presentation is poorly presented. Another remark was that the people designing the billboards are not getting good critics because if they were, they would improve. However the hunch was that billboard advertising is expensive and therefore this is a restrictive factor.

Another suggestion was to actually make the billboards as large and prominent like the ones for Zimbabwe's largest mobile phone company Econet, as well as the ones that advertise church conferences, which all span the width of the entire road, making them impossible to miss. Interestingly though it was mentioned that billboards are not environmentally friendly.

A suggestion that was made was that all commercial billboards should have components of the HIV and AIDS message (as long as the HIV message is visible and readable enough) since the same people who are being targeted for buying commodities also need to hear about HIV; it was actually said that it made a lot of sense to do this as the advertisers of the commodities would surely want their potential customers to be alive for as long as possible so as to use their commodities for longer.

The setting, context, language and general appropriateness were pointed out as factors that need to be considered when designing the billboard material for HIV and AIDS advertising campaigns.

Another remark was that billboards, being temporary, are better for short to medium term issues, like for food, and that other forms of advertising would be better suited for a long-term topic like HIV and AIDS.

Although media focuses on the masses and making contact with many people at the same time, personal communication is one that can also be effective because there is the opportunity to probe, ask questions, seek clarity and obtain more understanding, be it one on one or even as a group. Informally family and friends also pass on information on HIV and AIDS although it's important that this information is accurate; formally health care workers at health centres have the responsibility to promote HIV and AIDS awareness; sex education has a very significant part to play at primary and high school level and HIV and AIDS awareness fits under this topic very well.

## 5 RECOMMENDATIONS AND CONCLUSION

### 5.1 Introduction

This section addresses the third objective which is to provide suggestions for improving the impact of HIV and AIDS campaigns on billboards. The last recommendation is contrary to all the other ones. This section also gives the concluding remarks on the study.

### 5.2 Recommendations

- **Improve location**

The presence of billboards should be increased to include rural areas, residential areas, areas near schools and universities, shopping malls, and other strategic areas.

- **Maintain billboards**

There needs to be a way to ensure all billboard structures are maintained, and that the billboards themselves are maintained or replaced when they become untidy or weather beaten so that their quality is not compromised.

- **Adopt digital billboards**

Digital billboards can be adopted as they are more attractive and eye catching. It is easier to put a variety of messages and keep the audience interested.

- **Improve on attractiveness**

Ensure all billboards are attractive by using bright, shiny colours, good graphics, large readable lettering, maximizing on the available space on the billboard, and ensure good layout and design throughout as well as making the content not too much or too scant, and making more use of pictures.

- **Increase use of champions**

Champions who are well known and recognised nationally and who have a following should be used more, so as to attract people to the billboards. The use of senior political figures (for example the Head of State and his deputies and cabinet ministers) throughout billboards in Zimbabwe as well as regional

appointees like provincial governors and chiefs, and city fathers will show an element of seriousness to the public and the political will of those at the helm of governance; these are the ones able to influence policies for or against HIV and AIDS awareness. Female champions would also be a good idea so as to draw the female market, as would be the use of young school going age champions who have achieved a measure of success, for example those who represent Zimbabwe in sport.

- **Customise billboards to incorporate the context**

Use appropriate language and examples and consider cultural and gender issues.

- **Vary the content**

Improve the range of content, embracing all aspects of HIV and AIDS namely prevention, treatment, support and care by including such topics as abstinence, PMTCT, VCT, HIV testing, TB testing, sexually transmitted diseases, ART, discrimination and stigma, condom use in addition to messages of being faithful.

- **Clearly link with other awareness methods**

Clearly state where the reinforced or detailed message on the billboard can be sought.

- **Seek larger billboards**

Use the largest billboards available, for some of the campaigns.

- **Negotiate better rates for prime locations**

The authorities that govern the erection and positioning of outdoor advertising, as in the case of billboards, are municipalities. Therefore City and Rural Councils need to be engaged so as to negotiate better rates for the prime locations for billboards for HIV and AIDS on the basis of them not being for commercial gain. Possibly partnerships can be formed with some of the city fathers.

- **Undertake thorough research**

A suggestion is to carry out a study to examine in detail the factors involved in HIV and AIDS awareness with regards to the different types of mass media (billboards, television, radio, newspapers, posters etc) as well as with formal personal communication (sex education curricula at schools and health workers in both the private and public sector) and possibly informal personal communication (knowledge, attitude and practices of friends, family and workers i.e. the general public). By so doing there will be an overview of HIV and AIDS awareness, an attempt to see what works and what does not work, be it formally or informally, and scrutiny on the perceptions of youth, adults, single and married people, different regions of Zimbabwe, different working classes. Another aspect that can be investigated is the rationale used by those designing HIV and AIDS awareness material, be it in mass media or schools.

- **Creativity**

Come up with more creative ways to use billboards, for example investigate the use of visual arts and work with local artists.

- **Use minimal amount of billboards**

Considering that, according to the research carried out, billboards are not the most effective method to promote HIV and AIDS awareness, although they have a role to play and that billboards do have their disadvantages: consider keeping them at a minimal and rather rely more heavily on other mass media, so as to keep in stride with the global trend of adopting environmentally friendly business practices. Erecting more billboards will be in direct defiance of this.

### 5.3 Conclusion

HIV and AIDS awareness is the starting point to avert new infections and treat those already infected. The use of billboards, an outdoor mass medium method, for HIV and AIDS awareness is important and significant in Zimbabwe; this is despite some disadvantages that billboard usage have. Overall it appears that

the use of billboards has been very successful, but there is significant room for improvement.

In order for the billboards to be more effective and achieve their goal of promoting this awareness, they need to be strategically located (in prime locations) and visible and care must be taken to ensure their distribution is optimal, targeting as much of the population as possible, particularly the younger generation who are susceptible to HIV infection. Everything should be done to make them as attractive as possible if they are not to be snubbed, including issues of colour, brightness, readability, layout and the use of pictures especially champions.

It is also important to think around issues of cultural and language appropriateness as well as to be gender sensitive as much as possible, in all these aspects ensuring that no derogatory or offensive language and examples are used. Simple and understandable messages that are complete or at least that indicate clearly where to get further information should be written, and they should always be conclusive and not leave the answers to the audience.

Billboards tend to mostly target motorists and this together with other limitations means that they are not the best way to sensitise people on HIV and AIDS issues, but they can be used to compliment other methods, such as radio and television (broadcast media), newspapers and dramas.

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## **APPENDICES**

### **APPENDIX 1: Interview Schedule for participants**

#### **INTERVIEW SCHEDULE FOR PARTICIPANTS**

##### **Introduction**

The interview should not take longer than 45 minutes. To start off, demographic information will be asked for and then the actual questions pertaining to perception by the participant will be asked. The interview will be semi-structured and the following kind of questions will be asked:

##### **A. Demographic information**

1. Male/Female
2. How old are you?
3. What is your marital status?
4. What is your level of education?
5. What, if any, is your religion?

##### **B. Positioning and appearance of billboards**

6. What do you think about the location of the billboards?
7. Do you think there are enough of them on display in the areas that you usually travel within Harare?
8. Do you think their appearance is attractive enough to encourage people passing by to consider them? Explain your answer
9. What is your opinion of the layout of the material on the billboards?

##### **C. Billboard content**

10. Do you think the language used on the billboards is appropriate? Elaborate
11. Would you say that the material on the billboards is gender-sensitive or not? Explain your answer.
12. In your opinion, are the billboard contents achieving their purpose of sensitizing people to HIV/AIDS issues or not? Give details.

**D. General questions**

13. In your opinion, are these billboards the best way to advertise HIV and AIDS matters? If not, which ways do you believe would be better?
14. Are there any other additions you would like to make with regards to the billboards displaying HIV and AIDS campaigns?

## APPENDIX 2: Participant information

Dear Respondent/Participant

### **THE IMPACT OF BILLBOARDS ON HIV AND AIDS AWARENESS IN ZIMBABWE**

In partial fulfillment of the requirements of the Master of Philosophy Degree in HIV and AIDS Management from the Africa Center of HIV/AIDS Management at Stellenbosch University, I am carrying out a study as stated above.

The information you will supply is for academic purposes and will be treated with confidence. The purpose of this study is to gain insight into what the young working population in Zimbabwe thinks about the billboards displaying material on HIV and AIDS and to thereafter make suggestions on how these billboards can be tailored in future.

By using interviews, I intend to ask the following research question: What is the impact of billboards on HIV and AIDS awareness in Zimbabwe?

The aim of the study is to find out the perception of young working adults (20-40 years old) of HIV and AIDS awareness on billboards in Zimbabwe in order to provide suggestions for improving the impact of the billboards.

**The study objectives are as follows:**

- 1. TO ESTABLISH THE PERCEPTIONS OF YOUNG WORKING ADULTS (20-40 YEARS) OF HIV AND AIDS AWARENESS ON BILLBOARDS IN ZIMBABWE**
- 2. TO ANALYZE SOME OF THE EXISTING BILLBOARDS WITH HIV AND AIDS CAMPAIGNS IN ZIMBABWE**
- 3. TO PROVIDE SUGGESTIONS FOR IMPROVING THE IMPACT OF BILLBOARDS WITH HIV AND AIDS CAMPAIGNS IN ZIMBABWE**

Please feel free to contact me should you have any questions or you need clarification.

Thank you.

Yours sincerely



Tsungai Chiwara

## APPENDIX 3: Consent Form



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### STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

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#### THE IMPACT OF BILLBOARDS ON HIV AND AIDS AWARENESS IN ZIMBABWE

You are asked to participate in a research study conducted by Tsungai Chiwara, a student from the Africa Centre for HIV and AIDS and the Economic and Management Sciences Faculty at Stellenbosch University. The results of this study will contribute to the research paper entitled 'The Impact of Billboards on HIV and AIDS awareness in Zimbabwe'. You were selected as a possible participant in this study because of being a young working adult aged between 20 and 40 years.

#### 1. PURPOSE OF THE STUDY

The purpose of the study is to reveal and examine the perceptions of young working adults aged 20 to 40 years, within the Directorate of Pharmacy Services in the Ministry of Health and Child Welfare, in Harare, of the impact of HIV and AIDS awareness billboards in Zimbabwe in order to make suggestions to improve the impact of these billboards.

#### 2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

A short interview with the researcher will be conducted with the selected employees within the Directorate of Pharmacy Services, in order to capture the perceptions that are there of the HIV and AIDS campaigns on billboards. This will take approximately forty-five minutes of your time at a time that is mutually convenient.

### **3. POTENTIAL RISKS AND DISCOMFORTS**

There are no anticipated risks, discomforts or inconveniences to you, the participant, that are anticipated during the study and you will be free to share what you chose to.

### **4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

Although there will be no direct benefits to you, the study will assist in making suggestions in the improvement of the impact of billboards that have HIV and AIDS campaigns on them.

### **5. PAYMENT FOR PARTICIPATION**

There will be no payment for participation in the study. This exercise is voluntary.

### **6. CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of using coding for analysis, safeguarding the interview results under lock and key and electronically on a laptop that is password coded. Only the researcher will have access to the result and therefore it will be possible to maintain confidentiality at all times.

There is a possibility that the Human Research Ethics Committee at the University of Stellenbosch may inspect the information from the study. The record will only be utilized by them in carrying out their obligations with regards to the study.

### **7. PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

### **8. IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact Tsungai Chiwara on Cell: 0772 226 155 / 0712 235 165, email: [tsungibc@gmail.com](mailto:tsungibc@gmail.com) or Anja Laas (Study Supervisor) on [Tel:+27 21 808 2964](tel:+27218082964), email: [aids@sun.ac.za](mailto:aids@sun.ac.za).

**9. RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

**SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE**

The information above was described to me.....by Tsungai Chiwara in English. I.....was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

\_\_\_\_\_

**Name of Subject/Participant**

\_\_\_\_\_

**Name of Legal Representative (if applicable)**

\_\_\_\_\_

**Signature of Subject/Participant or Legal Representative**

\_\_\_\_\_

**Date**

**SIGNATURE OF INVESTIGATOR**

I declare that I explained the information given in this document to \_\_\_\_\_  
 \_\_\_\_\_. He/she was encouraged and given ample time to ask me any questions.  
 This conversation was conducted in English and no translator was used in this conversation.

\_\_\_\_\_

**Signature of Investigator**

\_\_\_\_\_

**Date**