

HIV/AIDS CAMPAIGNS: A PROCESS MODEL PERSPECTIVE

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ABSTRACT

This research emerges within the context of the rapidly raising levels of human immunodeficiency virus (HIV) infections amongst young adults and the escalation of deaths from acquired immunodeficiency syndrome (Aids). Higher education institutions represent an area where there is a congregation of young adults – the high risk age group. Based on this, this study sets out to explore how HIV/Aids campaigns are planned and managed at selected higher education institutions in South Africa. The study maintains that much can be learnt about the challenges of the planning and management process of HIV/Aids campaigns if their components are explored from a process perspective. Based on the findings, the study offers recommendations for improving future HIV/Aids campaign planning and management at higher education institutions. It further proposes a process model for campaign planning and management at higher education institutions.

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INTRODUCTION

This research emerges within the context of the rapidly rising HIV infection amongst young adults and the escalation of deaths from Aids. Higher education institutions represent an area where there is a congregation of young adults – the high risk age group. The post-apartheid context has allowed institutions of higher education to re-define their vision and mission statements to align themselves to operate and face challenges within a democratic South Africa. One such challenge is the high prevalence of HIV and Aids. South Africa's first nationally coordinated programme known as Higher Education Against HIV/Aids (HEAIDS) was launched in November 2001. An audit drawn up by HEAIDS known as the *HIV and Aids audit: Interventions in South African Higher Education 2003-2004* reports that according to the 2003 HSRC/HRD Review, 25% of university of technology students and 20% of university students have contracted HIV (2004: preface).

Based on this, HEAIDS maintains that a stronger strategic framework with clearer indicators was necessary in order to better manage the programme over the longer term. A results-based framework with indicators was therefore co-developed with higher education institutions and was formally adopted in 2004. The *HIV and Aids audit: Interventions in South African Higher Education 2003-2004* audit provides feedback on various indicators, but notes that the findings of the indicator for effective marketing or advocacy of HIV/Aids programmes and services at higher education institutions is not captured in the audit. The absence of data regarding this indicator in the report raises the critical question, namely how HIV/Aids campaigns are planned and managed at higher education institutions. This article therefore sets out to explore how institutional HIV/Aids communication campaigns are planned and managed at higher education institutions in South Africa.

COMMUNICATION CAMPAIGNS: A TOOL TO CURB THE SPREAD OF HIV/AIDS

In the absence of a cure the sharp role of communication focussing on HIV/Aids prevention has increasingly been recognised as the centre-piece in helping to curb the spread of this disease (Airhihenbuwa & Obregon 2000; Feddes 2006; Dalrymple 1995; Epstein 1997; Lynch, Loyd & Fimbres 1993; Parker 1994; Parker, Dalrymple & Durden 2000; Uys, Martin, Ichharam, Alexander, Els & Eiselen 2002). Uys *et al.* (2002: 10) further maintains that an analysis and understanding of the various planning interventions aimed at addressing HIV/Aids is vital to curb the spread of the disease. In this regard Coffman (2004: 1) notes that “communications activities must add up to more than a series of isolated events. Being strategic means being more deliberate, innovative, savvy and less reactive in communications practice”. Implicit in this is that effective prevention, care and treatment associated with curbing the spread of HIV/Aids imply strategic planning and management of communication interventions.

HIV/Aids campaigns: A process model perspective

However, research (Aids Foundation of South Africa 2000; Kelly, Parker & Oyosi 2001) has shown that although national media-based campaigns, for example, *Beyond Awareness*, *Soul City*, and the *loveLife* campaign, are critical tools in the larger effort to redress HIV/Aids, campaigns such as these are not very effective in facilitating the scope and rate of the behaviour change required to counter the HIV/Aids epidemic effectively in South Africa. Although a number of recent baseline evaluations (Department of Health 2004; Kelly & Parker 2000; Kelly, Parker & Oyosi 2001; Pettifor, Rees, Steffenson, Hlonwa-Madikizela, MacPhail, Vermaak & Kleinschmidt 2004; Shisana 2002; *Soul City* 2000 & 2001) suggest that South Africa's national HIV/Aids media-based campaigns have some effect on increasing knowledge and changing the beliefs, others (Jennings, Mulaudzi, Everatt, Richter & Heywood 2002; Pettifor *et al.* 2004; Shisana 2002) show that there is limited success in changing the behaviours.

So why then are campaigns not successful? Swanepoel's study (2003) contends that the reason for not being able to answer in depth "why South African campaigns are not effective" is because there is a lack of process evaluations of South African HIV/Aids campaigns. Work by several researchers (Coulson 2002; Kelly & Parker 2000; Kramer 2004; Swanepoel 2003; Yun, Govender & Mody 2001) also maintain that most problems associated with campaigns relate to the various stages and activities of the design process. The concerns raised above call for an insight into the processes of campaign planning and management.

When reviewing the literature on the commonly used theories (Health Belief model; Diffusion of innovation; Social marketing; Theory of reasoned action and Cognitive dissonance theory) that underpin HIV/Aids campaigns, it becomes apparent that much of the literature governing HIV/Aids campaigns has been borrowed from social psychologists. Furthermore these key theories are linear and individualistic and give little credence to the importance of societal processes that underlie the emergence and maintenance of norms. Although these theories do help in the structuring of campaigns they do not, for example, tell us how to segment audiences, position products, frame messages, select channels, implement communication strategies and so forth. Guidance for answering questions such as these comes from campaign process models.

Campaign process models explain the processes involved in designing and supervising the communication components of a campaign. Although there is a call for communication practitioners to evaluate campaign success based on behavioural change, there is also a critical need to gauge why campaigns fail or succeed based on the various design stages of the campaign. The commonly used process models (The communication by objectives model; the PRISA model; the marketing model; the interactive model of communication) reveal the following common design stages of a campaign:

- rational and objectives;
- resources and ethics;

- formative research/audience analysis and segmentation;
- strategy, implementation; and
- tracking and evaluation of the campaign.

Using the common design stages identified above, an empirical study was conducted to explore how several institutional HIV/Aids communication campaigns were planned and managed at selected South African higher education institutions.

METHODOLOGY

In this study the population consisted of all (24) higher education institutions in South Africa. HIV/Aids campaign co-ordinators within higher education institutions in South Africa who dealt with HIV/Aids preventative campaigns were contacted by telephone. Following this a further telephone call was made to secure appointments for personal interviews. Of the 24 higher education institutions a total of 16 HIV/Aids campaign co-ordinators agreed to participate in the study. Interviews were conducted using an interview schedule. Data was analysed using content analysis.

FINDINGS AND RECOMMENDATIONS

Below are the conclusions and recommendations based on the empirical study. These are presented based on the key planning phases of a campaign. Based on this an HIV/Aids campaign model is devised for the future planning and management of HIV/Aids campaigns at higher education institutions.

The campaign and its policy links

This study concluded that, although most higher education institutions have an HIV/Aids policy in place, there is a need to link HIV/Aids institutional interventions to these policies. It is, therefore, recommended that all institutional HIV/Aids campaigns are linked to the institution's HIV/Aids policy. Based on this recommendation, it is further recommended that one of the first steps in developing an institutional campaign is to determine clearly how it fits into or how it is linked to the overall HIV/Aids policy of the institution. It is also recommended that higher education's HIV/Aids policies are planned using the country's National HIV/Aids Plan. This study also recommends that existing HIV/Aids policies at South African institutions of higher education are carefully examined and critiqued by the various institution communities so that the policy is comprehensive and inclusive.

Planning of objectives; resources and ethics of the campaign

Overall, the objectives of most campaigns were not explicitly stated as they were expressed in general un-testable terms (e.g. "promotion of VCT", "impart knowledge about HIV/Aids", "to bring about attitude and behaviour change"). In addition, even when the objectives were specified, they were not presented in a measurable (quantifiable) format that lent itself to evaluation. In fact, none of the campaigns reported objectives in a measurable format. Furthermore, in most instances, objectives

were taken from a review of literature, not a data-based evaluation of specific needs and concerns of target audiences (e.g. “first year students are especially vulnerable when the switch from school to university is made”, “most of our new students are away from home”). In some cases, objectives were “borrowed” from other campaigns handed down by funding sources, or even line heads (e.g. “there was a directive from the Dean of Student Affairs”). The concept of measurable objectives was seldom applied at the higher education institutions. It is, therefore, recommended that campaign objectives should be stated in measurable terms so that the effects of the campaign can be objectively assessed. Furthermore, campaign objectives should be formulated based on the needs of the target audience.

Based on the findings, it can be concluded that one of the main challenges being faced by campaign planners is the shortage of human, financial and organisational resources. Moreover, there is a dire shortage of resources that are being allocated towards tracking and evaluation. Most campaigns (68.2%) did not allocate any resources towards tracking and evaluating. Thus, it is recommended that financial and organisational support, at the highest levels, be sought to ensure campaign continuity and a critical mass of resources to make a significant, consistent and lasting difference.

Formative research: Audience analysis and segmentation

The basic tenet of most campaigns is that an understanding of one’s audience requires an original needs assessment or an analysis of existing data concerning the targeted communities’ practices, values and beliefs. Most higher education institutions did not conduct any formative audience analysis and audience segmentation because the target audience was simply seen as a homogeneous group of students. Since audience segmentation received limited attention and use, it can be concluded that this principle is not seen as a priority during campaign planning and management. Campaigns were, therefore, not designed for specific subgroups that cater for specific needs. Even though most campaign planners reported that they considered contexts, very few described efforts to modify their messages and strategies to reflect life circumstances of their audiences. Segmentation based on principles of context was only found in 25% of campaigns and can, therefore, be seen as uncommon practice.

It is, therefore, recommended that segmentation of target audiences needs to be made more explicit. In particular, cultural influences on relevant behaviours need to be routinely investigated on the planning process of campaigns. It is further recommended that campaigns should clearly identify a target audience and, at the same time, address those groups at highest risk within the institution. Formative research analysis, to help with audience analysis and audience segmentation, should be a priority during campaign planning and management. It is, therefore, recommended that HIV/Aids-specific campaigns be developed to address HIV/Aids-specific priority audiences and issues. Furthermore, to ensure that appropriate response messages are developed, messages should be pre-tested with the range of audiences that were identified during the audience segmentation process. Pre-testing of messages should, therefore, be formalised and incorporated into existing campaign models.

Campaign strategy

Messages and how they are disseminated are key components of any campaign strategy. It is, therefore, crucial to understand the target audience's preferences for communication strategies, spokespersons and other message features. Even when the basic ideas may be the same for all audiences – e.g. know your status, change your behaviour, live positively – the message needs to be designed and positioned differently for various groups. In most of the campaigns explored, this was not done.

Communication channels that were used by the various institutions were varied with most of them using multiple channels. Although multiple media channels were used, they did not coincide with the media preferences of youth. The typical practice reported was the usage of posters compared to media such as radio, drama and other interpersonal media. Furthermore, planning research on the media preferences of audiences was almost always lacking.

Based on the findings, it is recommended that campaigns be designed and implemented by ensuring that messages are pre-tested; audiences are segmented and that multiple channels of communication are used. It is further recommended that media channels should be appropriate for the target audience and linked to the audience segmentation process. A channel's reach specificity and degree of involvement must be considered carefully with respect to the target audience. Campaign planners need to consider how well the chosen media channel reaches the target audience.

It is further recommended that campaign planners need to consider media relations as an integral part of any campaign and that they are trained in this regard. Campaign managers need to understand how to select communication media, the reason why the media is selected, who the media reaches and the costs involved relative to the number of people being reached.

It is also recommended that the message content must be creative to meet the challenge of dealing with subjects that are private and even taboo. Therefore, audience participation should be facilitated at the planning, implementation and evaluation phases of the campaign.

Tracking of the campaign

There is little evidence that tracking has routinely been incorporated into HIV/Aids campaigns at higher education institutions. Overall, the tracking of the campaign during the implementation phase was not considered a priority and, therefore, no appropriate modifications were made to the campaign. It is recommended that more attention be given to tracking the effects of campaign activities during the communication process and that tracking is considered a priority. Enough time must be allowed to track and test the delivery of campaign messages, and campaign effects need to be tracked as a matter of routine. This will allow modifications to campaign strategy based on the feedback received. To this end, an appropriate tracking tool that ensures that tracking of the campaign is monitored from inception right through until completion or re-implementation of the campaign, should be developed for each campaign.

Evaluation

There is acknowledgement of the need to shift from campaigns that focus only on individual attitudinal and behavioural change to influencing the social norms in relation to HIV/Aids preventative behaviour. Furthermore, it is difficult to assess the effectiveness of campaigns because of the lack of standardised measures. The most commonly used evaluation strategy was a questionnaire. It is recommended that other methods of evaluation such as formative, process, outcome and impact evaluations of HIV/Aids campaigns are also used. The results of the evaluation should be recorded and stored for future reference.

GENERAL RECOMMENDATIONS

Based on the above findings, the study recommends that more attention should be paid to setting realistic, specific and measurable objectives for communication campaigns. Subsequent campaign activities should be consistent with these goals and objectives, as well as with desired outcomes. Campaign concepts should become more central to campaigns; although respondents often mentioned these frameworks, they were not integrated throughout the campaign. Behavioural theories should also be more actively applied to design campaigns. Audience segmentation and research should be more central to the planning of campaigns. Better definitions of audiences' contexts, such as culture and language, should be present. Communication strategies should be formulated based on better information about target audiences' communication patterns. Better understanding of message design decisions and appropriateness should be included.

More importantly, a major shift in the thrust of HIV/Aids institutional campaigns at higher education institutions should occur in that campaigns should not focus exclusively on awareness, information and individual attitudinal and behavioural change, to campaigns aimed at influencing social norms in relation to HIV/Aids preventative behaviour. In this way, campaigns will assist in achieving institutional change as opposed to only individual change. The overall study concludes that institutional HIV/Aids prevention campaigns at higher education institutions would benefit from:

- Better reporting of campaign components;
- More systematic evaluation;
- Greater integration of theory; and
- Increased attention to linking campaigns to the institution's overall HIV/Aids policy.

PROPOSED MODEL

The following model for campaign planning and management at higher education institutions is proposed: *Institutional HIV/AIDS campaign planning and management model for higher education institutions*. Mody's (1991: 55) Audience Participation-Based Message Design model focuses on national transformation in Third World settings. Her model is applicable across various public service areas and national development sectors. Although Mody's model confirms the conclusions arrived at in this study, it should be noted that the researcher only became aware of the model subsequent to the designing of the Institutional HIV/AIDS campaign planning and management model for higher education institutions recommended in this study. The model in this study was designed based on the literature review and evidence from the empirical study. Whilst Mody's work was not consulted during the actual study it is encouraging to note that her model validates this study's proposed findings and model.

This model is broken down into seven phases. These phases are outlined in the table below and are then further explained.

TABLE 1: PROPOSED MODEL FOR CAMPAIGN PLANNING AND MONITORING

Stage 1	Determine the link between the campaign and the institution's HIV/Aids policy
	How does the campaign fit into the HIV/Aids policy? How is this campaign inter-related to other campaigns being run at the institution? What synergies does this campaign share with other efforts?
Stage 2	Conduct research
	Conduct research to: Identify the key people; Establish the resources; Review existing information; Review and understand the context; Determine baseline awareness and behaviours; Consult with relevant target audiences; Identify appropriate communications channels; and Identify and recruit campaign partners.

Stage 3	Using the research to plan the objectives
	<p>Campaign objectives should be realistic, specific and stated in measurable terms.</p> <p>Objectives should be formulated on the basis of the needs of research target audiences identified in Step 2.</p> <p>Design an overall campaign evaluation strategy based on the overall objectives of the campaign.</p>
Stage 4	Campaign strategy
	<p>Decide on a theory of change.</p> <p>Decide on the communication strategies systematically.</p> <p>Decide on the channel selection systematically.</p> <p>Evaluate the campaign strategy to ensure that the campaign is modified, adjusted and improved to address weaknesses and deficiencies in this stage.</p>
Stage 5:	Develop and pre-test messages
	<p>Develop messages:</p> <ul style="list-style-type: none"> Keep it simple; Consider contexts; Consider creativity; Make communications personally relevant; Address perceptions and outcomes; Design messages for maximum understanding; and Pre-test messages. <p>Evaluate to ensure that the campaign is modified and adjusted to address weaknesses and deficiencies based on the pre-testing of the messages.</p>
Stage 6:	Implementation and tracking of the campaign
	<p>Campaign activities and effects are tracked and monitored using the tracking tool.</p> <p>Evaluate the campaign during implementation. Based on the results, modify the campaign during implementation to ensure that the campaign is adjusted and improved to address the weaknesses/deficiencies identified during this phase.</p>

Stage 7:	Evaluate
	Evaluate the collective campaign to determine whether campaign objectives have been achieved through the following methods of evaluation: Formative evaluation; Process evaluation; Outcome evaluation; and Impact evaluation.

Explanation of stages

Stage 1: Determine the link between the campaign and the institution's HIV/Aids policy

One of the first steps in developing an institutional HIV/Aids campaign is to determine clearly how it fits into or how it is linked to the overall HIV/Aids policy of the institution. The communication planners should have a thorough understanding of the institutions HIV/Aids policy and the role of the HIV/Aids centre. All HIV/Aids campaigns should echo the institution's HIV/Aids policy and should be planned in relation to this policy. Furthermore, all campaigns planned within the HIV/Aids centre should be interrelated and should share synergies and complement each other's efforts as well as those efforts by academic/administration departments. This inter-relatedness will ensure linkage with the various structures, i.e. academic departments, management and administration support.

Stage 2: Conduct research

Basic research will help create more effective communication campaigns, with messages that resonate with the target audience. Large-scale communication efforts may require marketing and social science research methods: surveys, focus groups, formal or informal interviews. It is best to conduct separate research at the various stages of programme development at the front end (to determine the target audience's needs or attitudes toward HIV/Aids or to select messages and to test programme materials); during programme implementation (to monitor and refine communication tactics); and at the completion of a campaign (as part of an overall evaluation of impacts) (Egan and Brown 2001).

Research – whether rapid or extensive, formal or informal – helps determine the starting place for communication. Research should guide programme development. Campaign planning and management could benefit from conducting research around the following campaign elements/components:

Identify the key people involved in the planning and management of the communications efforts.

Establish the resources (financial, time and human) for the campaign to ensure that these will be adequate to accomplish campaign objectives and campaign activities. If resources are limited, objectives will be difficult to achieve. Financial and organisational support at the highest levels should be sought to ensure campaign continuity to make a significant, consistent and lasting difference. Remember if resources are limited, overall campaign objectives are compromised as they will have to be adjusted to fit the resources.

Review existing information on campaigns (if there is any). Were past campaigns linked to the institutional HIV/Aids policy, and how? What were success rates of past campaigns? What were the strengths, weaknesses and lessons learnt from previous campaigns at the institution?

Review and understand the context in which the campaign will be run. This process will ensure that one understands the environment and its barriers sufficiently to be able to set the campaign's objectives. In particular, contextual influences, such as culture and language, on relevant behaviours need to be routinely investigated in the planning process of campaigns. It is also necessary to understand context barriers in order to choose communication tactics and channels. Determine which context barriers stand in the way of effective communication – for example, specific contexts such as culture, language, level of study and resources.

At this stage, the campaign planner should clearly identify potential target audience/s. Prioritise the primary audiences, and conduct formative research to allow for segmentation if needed. Audiences should be prioritised based on programme goals and objectives, and a brief profile of each group should be created based on the formative research conducted.

Determine baseline awareness and behaviours through performing or reviewing quantitative/quantitative research. Seek out representative comments and viewpoints from all potential stakeholders including academic, administrative and management staff.

Consult with relevant target audience. Consultation ensures that communication tools and key messages are appropriate for target audiences; increases the likelihood that messages will be understood; ensures that potential barriers are identified early on and can be managed accordingly; and it builds relationships with useful contacts, which, in turn, can help during the implementation phase. Consultation with the target audience could take place by:

- Giving the target audience the opportunity to be involved in making decisions about actions that will affect them (through means such as stakeholder focus groups; being part of the planning and management of the campaign; and designing messages);
- Informing the target audience accurately about realities, problems, and reasons for decisions;

- Giving the target audience the authority to decide on the most effective way in which to participate (through such means as stakeholder focus groups);
- Recognising the target audience for their contributions to the programme (through acknowledgments in various media);
- Showing true interest and commitment (through supporting policies and training for implementers and relevant higher authorities); and
- Giving the target audience incentives and rewards (through prizes and acknowledgements).

Identify appropriate communications channels, i.e. where do the target audiences get information from and which sources they trust most. This information will inform the campaign planner about the target audience's media consumption patterns. It will further influence how information is packaged and distributed cost effectively.

Identify and recruit campaign partners. Communication programmes work well when they involve multiple stakeholders. It is useful to identify who else might benefit from the programme's efforts and which organisations can help carry campaign messages. Possible messengers for HIV/Aids programmes include: the Student Representative Council; non-governmental organisations; management; youth clubs; student societies; and academic staff. It is often helpful to go back to the programme's needs assessment to verify the communication channels that target groups use to get information. It is useful to plan on sharing printed materials, messages, website content, and other information. Academic departments, the SRC and institutional clubs and societies are especially effective "ambassadors" for a programme because their relationships with students may be stronger, more consistent, or better trusted.

Stage 3: Use this research to plan the objectives

The research study should inform the objectives of the campaign. Campaign planners must decide how to define success, and set goals to accomplish that success. Therefore, campaign objectives should be realistic, specific and stated in measurable terms so that the effects of the campaign can be objectively assessed. Furthermore, campaign objectives should be formulated on the basis of original or secondary data analysis descriptive of the target audience's needs. Once objectives have been set, the campaign planner should immediately plan the overall campaign evaluation strategy in relation to these objectives. This plan will ensure that the campaign planner has set realistic and measurable goals as the evaluation strategy will be able to predict whether the objectives can be measured or not. Very often, because campaign evaluation happens at the end, the evaluation strategy is omitted and, therefore, at times, very little attention is paid to the overall evaluation of the campaign and its importance is often underestimated.

Stage 4: Campaign strategy

Research has shown that there is no set cause-and-effect progression from knowledge and awareness of an issue like HIV/Aids to attitude and behaviour change. Thus, campaign designers must pay attention and link traditional media and behaviour-change strategies with on-the-ground community action to make the social and policy environment supportive of the desired campaign results. A “theory of change” will help campaign planners to lay out the pathway by which they expect change to occur (Coffman 2003). Therefore, one should decide on a theory of change that one will apply to the campaign. Thereafter, communication strategies and the channel selection should be systematically formulated. Media relations should be an integral part of any campaign, and the campaign planner should be trained in this regard. The campaign strategy should be evaluated, modified, adjusted and improved so that weaknesses and deficiencies in this stage are addressed.

Media channels should be appropriate for the target audience and linked to the audience segmentation process. A channel’s reach specificity and degree of involvement must be considered carefully with respect to the target audience. Campaign planners need to consider how well the choice of media channel reaches the target audience. “To maximize their chances of success, campaigns usually coordinate media efforts with a mix of other interpersonal and community-based communications channels” (Coffman 2002). Some have called this mix of communication channels “air and ground strategies”; the air strategy refers to public media campaigns typically implemented through advertising, and the ground strategy refers to community-based communications or grassroots organising, often implemented through public relations and events (Coffman 2002). The campaign planner would use more ground strategies for an institutional HIV/Aids campaign. Most of the ground strategies would consist of public relations tactics, events and activities. Research from Stage 2 should already indicate which communication strategies and channels could be used to best achieve campaign goals and objectives. In some cases, it is best that multiple channels of communication are used. Channels might include the following:

- internal communications;
- presentations;
- brochures;
- community workshops and outreach activities;
- websites;
- media outreach/public relations;
- training workshops;
- displays and promotions;
- advertising; and
- oramedia/folkmedia/traditional media.

The most effective communication campaigns use a variety of channels. The primary channels should reach the target audience at an appropriate time and in the right place. Secondary channels should help develop the infrastructure for a broad communication campaign. These tactics could include a website or hotlines. Messages should be consistent among all strategies, for each target audience identified. After the initial stages of introducing a programme, a communication campaign can take anywhere from three months to three years to reach and begin influencing the target audience. A campaign should be developed in stages with enough lead time to work with distribution channels. Campaign planners must sustain communication over the long term and raise and allocate appropriate resources to communication efforts. Programmes aimed at influencing attitudes and changing behaviour require long-term information and marketing strategies.

Stage 5: Develop and pre-test messages

Having completed the previous steps, implementers now have enough information to develop messages to communicate about their programme. Research from Stage 2 will already have indicated the target audience(s), their needs and how the information will be packaged. Using this information, it is recommended that the campaign planner systematically construct the campaign messages. The basic principles applicable to campaign messages are discussed below:

Keep it simple

Messages should be as simple as possible, relevant to the audience(s), and focused on benefits. Messages should make the desired behaviour attractive and easy and demonstrate benefits. Campaign planners should not make the mistake of developing complicated or highly technical text, graphs, charts, or other communications. Messages should be factual enough to be compelling but also user friendly. It is important to know the audience and design messages that are appropriate to it.

Consider creativity

It is also recommended that the message content must be creative to meet the challenge of dealing with subjects that are private and even taboo. This requirement can be achieved by consulting with the target audience to determine culturally creative messages.

Consider contexts

Messages must be compatible with cultural norms; i.e. messages must make socio-cultural sense. Campaign planners should be mindful to verify expected cultural attitudes through research, and create messages that work best for the target audience. Another important context is the languages spoken by the target audience. In South Africa, materials aimed at the youth generally benefit from familiar language, and culturally appropriate messages. Communication materials may have to be translated into multiple languages.

Make communications personally relevant

Beyond primary messages, communications can be most effective if they convey how efficient choices are personally relevant to the target audience. Messages should tie into motivations of target audiences and, if possible, make an emotional connection.

Address perceptions and outcomes

Cognitive dissonance theory is formulated around the premise that important determinants of behaviour are attitudes and beliefs about consequences. The more the target audience believes that engaging in reckless behaviour will lead to negative consequences, the more positive his or her attitude will be. A wide variety of motivators and messages may be effective.

Design messages for maximum understanding

The message is a powerful communication tool, so its design is an important element of the programme's communications strategy. The message must be visually striking and convey information quickly and intuitively. In some instances, messages contain hidden cultural meanings. The communication planner should attempt to understand these meanings by researching the content of the message.

To ensure that messages are appropriate and designed for the benefit and convenience of the target audience, messages should be pre-tested with the range of audiences that were identified during the audience segmentation process. Pre-testing often means presenting the campaign items to a subset of the target audience such as a focus group composed of members from the target audience. Pre-testing often has unexpected results, revealing whether the information presented is clear and effective. Finally, evaluate the campaign to ensure that it is modified and adjusted to address weaknesses and deficiencies based on the pre-testing of the messages.

Stage 6: Implement and track the campaign

Campaign activities and effects need to be tracked and monitored to refine communication strategies during the implementation of the campaign. Enough time should be allowed to track and test the delivery of campaign messages. Campaign effects also need to be tracked and monitored as a matter of routine and modifications to campaign strategy made on the feedback received.

The final stage of this phase calls for an evaluation of the campaign during implementation. Based on the results, the campaign should be modified / adjusted during implementation to ensure that the campaign addresses the weaknesses / deficiencies identified during this phase.

Stage 7: Evaluate the overall campaign

The evaluation process starts at the initial stages of planning. As research is conducted on various aspects to determine initial awareness, context, and behaviours, a type of evaluation is already in progress. The baseline data and context information collected beforehand will help measure changes attributable to the communication campaign. It is important to design an overall evaluation strategy at the beginning of the

communication campaign. Depending on resources available and information needs, the evaluation can use any or all of the following strategies identified by Coffman (2004):

Formative evaluation usually takes place ahead of time, collecting information to help shape the campaign's activities. For a public-will campaign, this evaluation might involve measuring awareness through public polling or testing of messages and materials in focus groups, either formally or informally. Sometimes, a "meta-survey" or summary analysis of existing polling data can serve the same purpose.

Process evaluation examines the campaign's implementation or the way activities unfold. Process evaluation might count the number of materials distributed, the development and dissemination of messages and materials, and the number of efforts to work with the media.

Outcome evaluation examines the campaign's results, which usually means its effects on its target audience(s). Evaluators often use surveys, polling, or other qualitative means of gathering this type of information.

Impact evaluation examines effects at the community, state, national, or international level, or a campaign's long-term outcomes (including the effects of behaviour or policy change). Impact evaluation can also attempt to determine causation, i.e. whether the campaign caused observed impact(s). This assessment typically requires rigorous evaluation design methodology, such as experimental or quasi-experimental techniques.

CONCLUSION

The purpose of this study was to explore how HIV/Aids communication campaigns are planned and managed at higher education institutions. Sixteen higher education institutions in South Africa were used for this study. It can be concluded that institutional HIV/Aids prevention campaigns at higher education institutions will benefit from the better reporting of campaign components; more systematic evaluation; greater integration of theory; and increased attention to linking campaigns to the institution's overall HIV/Aids policy.

REFERENCES

- Aids Foundation of South Africa. 2000. AIDS in South Africa. [Online]. Available at: http://www.aids.org.za/aids_in_south_africa.htm [Accessed on 08/11/2006].
- Airhihenbuwa, C. O. and Obregon, R. 2000. A critical assessment of theories/models used in health communication for HIV and Aids. *Journal of Health Communication* 5: 5-10.
- Coffman, J. 2002. *Public communication campaign evaluation: An environmental scan of challenges, criticism, practice and opportunities*. Cambridge, MA: Harvard Family Research Project, prepared for the Communications Consortium Media Centre.
- Coffman, J. 2003. *Lessons in evaluating communication campaigns. Five case studies*. Cambridge, MA: Harvard Family Research Project, prepared for the Communications Consortium Media Centre.
- Coffman, J. 2004. *Strategies communication audit*. Cambridge, MA: Harvard Family Research Project, prepared for the Communications Consortium Media Centre.
- Dalrymple, L. 1995. *The evaluation of a drama approach to Aids education*. Durban: University of Natal.
- Department of Health. 2004. Moving the nation to ACT. A research report on The Khomanani Campaign 2002-2004. [Online]. Available at: <http://www.aidsinfo.co.za> [Accessed on 08/11/2006].
- Epstein, E. 1997. *Sex news: Aids education media development in South Africa*. Durban: University of Natal.
- Feddes, R. 2006. *An experimental study of external stigma as a side effect of fear appeals in HIV/Aids education text messages among black adolescents and adults with a lower socio-economic status in South Africa*. Nijmegen: Radboud Universiteit Nijmegen.
- HIV and Aids audit: Interventions in South African higher education 2003-2004*. 2004. Pretoria: Higher Education HIV/Aids Programme (HEAIDS).
- Jennings, R., Mulaudzi, J., Everatt, D., Richter, M., and Heywood, M. 2002. Discrimination & HIV/Aids. [Online]. Available at: <http://www.alp.org.za> [Accessed on 15/10/2005].
- Kelly, K. and Parker, W. 2000. *Communities of practice. Contextual mediators of youth response to HIV/Aids Sentinel Site monitoring and evaluation project Stage Two*. Report commissioned by the Beyond Awareness Campaign HIV/Aids and STD Directorate Department of Health. South Africa: Centre for Aids Development, Research and Evaluation.
- Kelly, K., Parker W. and Oyosi, S. 2001. *Pathways to action. HIV/Aids prevention. Children and young people in South Africa. A literature review*. South Africa: Centre for Aids Development, Research and Evaluation.

- Lynch, V. J., Lloyd, G. A. and Fimbres, M. F. 1993. *The changing face of Aids. Implications for social work practice*. Westport (USA): Greenwood Publishing.
- Mody, B. 1991. *Designing messages for development communication*. New Delhi: Sage.
- Parker, W. 1994. *The development of community-based media for Aids education and prevention in South Africa: Towards an action-based participatory model*. Durban: University of Natal.
- Parker, W., Dalrymple, L. and Durden, E. 2000. *Communicating beyond Aids awareness. A manual for South Africa*. Auckland Park, South Africa: Beyond Awareness Consortium.
- Pettifor, A. E., Rees, H. V., Steffenson, A., Hlongwa-Madikizela, L., MacPhail, C., Vermaak, K. and Kleinschmidt, I. 2004. *HIV and sexual behaviour among young South Africans: A national survey of 15-24 year olds*. Johannesburg: Reproductive Health Research Unit, University of Witwatersrand.
- Shisana, O. 2002. Nelson Mandela/HSRC study of HIV/Aids. South African national HIV prevalence, behavioural risks and mass media household survey 2002. [Online]. Available at: <http://www.cadre.org> [Accessed on 05/10/2005].
- Soul City. 2000. *Soul City: Heartbeat of the nation. Series 4 – Audience reception – Aids*. Houghton: Soul City Institute for Health and Development Communication.
- Soul City. 2001. Soul City 4. Impact evaluation: Aids. [Online]. Available at: <http://www.soulcity.org.za> [Accessed on 05/10/2005].
- Swanepoel, P. 2003. *Stemming the HIV/Aids epidemic in South Africa: Are our HIV/Aids campaigns failing us?*. South Africa: Department of Afrikaans and Theory of Literature, University of South Africa.
- Uys, T., Martin, L., Ichharam, M., Alexander P., Els, R. and Eiselen, R. 2002. *HIV/Aids and students at RAU Final Report Centre for Sociological Research*. Johannesburg: Rand Afrikaans University.
- Yun, H., Govender, K. and Mody, B. 2001. Factoring poverty and culture into HIV/Aids campaigns. *Gazette* 63(1): 73-95.