SOCIAL MARKETING AS AN HIV/AIDS COMMUNICATION TOOL: A
CASE STUDY OF THE STOP AIDS, LOVE LIFE CAMPAIGN BY THE
GHANA SOCIAL MARKETING FOUNDATION (GSMF)

BY

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THE AWARD OF MA COMMUNICATION STUDIES DEGREE

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DECLARATION

I hereby declare that this research is the result of my own investigation and that no part of it has been presented for another degree in the University or elsewhere. All references have been duly acknowledged.

EBENEZER TETTEH

MR. GILBERT TIETAAH
DEDICATION

Like all personal endeavors, this work, which just summarizes a gamut of several processes which begun at a tender age of six, has not been accomplished on my own strengths.

His love in time past, forbids me to think;  
He'll leave me at last, in trouble to sink;  
While each Ebenezer, I have in review;  
Confirms his good pleasure to help me quite through

John Newton (1725-1807)  
MHB 511

The above stanza sums it all. I deeply thank God for seeing me through my course work with minimal problems. This work is dedicated to no other, but to him
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To my special friends, Yvonne and Fortune, who always made sure I was prepared for any challenges in school, I say thanks and promise to do the same for them anytime. Their encouragement and honest support are very much appreciated.

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ABSTRACT

This work sought to find out whether social marketing works as an HIV/AIDS communication tool. Theories in social marketing were therefore used to assess the impact of the Stop AIDS, Love Life campaign. Previous campaigns in some third world countries also provided examples of the use of social marketing principles in HIV/AIDS campaigns. The Stop AIDS, Love Life campaign was compared to these campaigns to identify similarities and differences and to assess the impact of the Ghanaian experience. The case study methodology was used.

Analyses of data showed that like the other social marketing campaigns, the Stop AIDS, Love Life campaign used development, implementation, and evaluation techniques in social marketing for relative successes and failures. Condom usage in Ghana, for instance, increased by 200% a year after the inception of the campaign although the campaign failed to get young adults to abstain and delay sex.

Discussions of the findings proved that the campaign was successful in creating awareness about HIV/AIDS through television, radio and posters. However, participatory communication channels were less used and less popular and this led to failure to meet some campaign objectives. Recommendations were made for the use of more participatory communication channels synonymous with traditional African systems and the need for the avoidance of situations where Western communication policies were implemented in Africa without taking cognizance of the needs of the people and their peculiar situation.
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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

HIV/AIDS has the potential to create severe economic impacts in many African countries. It causes a reduction in the size and skill of the labour force, increases health care expenditures, raises the costs of labour and reduces savings and investment. More than 200 million people have died from the disease and an estimated 34 – 46 million others are now infected with the virus, which incidentally still has no cure.¹ HIV/AIDS is different from most other diseases because it strikes people in the most productive age groups and is essentially 100% fatal.² UNAIDS, for example, estimates that 60 million people have been infected with HIV/AIDS since the epidemic began in the late 1970s; and in 2001, the disease killed three million people.³

The devastating effects of the disease are currently attributed to the fact that millions of people worldwide continue to have sex without condoms and risk contracting HIV/AIDS although they are fully aware of its dangers.⁴ Questions have therefore been asked why most often communication campaigns do not yield the needed impact and fail to change people’s behaviour.⁵

¹ Reported in The Ghanaian Times, July 2, 2004, p 3
² Viewed on the web at http://www.aids.oneworld.net/guide/front.shtml on 20/11/03
³ Ibid
⁴ Viewed on the web at http://www.jhuccp.org on 20/11/03
⁵ Daily Graphic, June 10, 2004, p9
It is interesting to note that while rates of transmission in Africa as a whole remain high, the rates are levelling off among some social groups. For example, there is evidence to suggest that the incidence of HIV/AIDS is now declining among the better-educated urban dwellers in Africa where once it was highest (Gregson et al., 2001). It is therefore reasonable to conclude that HIV/AIDS communication strategies like social marketing, which have worked in Europe (where rates of infection have also remained stable in the past 10 years), have worked among the better-educated urban African population.\(^6\) This is presumed to be because these urban groups have been reached through conventional education and print-based information campaigns and because they are better off, have better education and are more able to access health care. They have, therefore, been able to put these behaviour-change messages into practice.\(^7\)

On the other hand, the rural poor and the vast majority of the African population remain acutely at risk from HIV/AIDS because these same principles have failed to achieve any success.\(^8\) Where conventional educational channels like the mass media, which are primarily for the educated population, have failed in rural Africa, health communication researchers are increasingly saying that education should be combined with entertainment (Njoku, 1989). This is because this strategy takes into consideration the local communication modes of these communities and it is what the majority of the people identify themselves with.

According to Njoku (1989), social marketing may appear an attractive new approach to reaching the rural masses but should be undertaken with great care in Africa if Africans

\(^6\)“AIDS deaths in Europe plummet” BBC News, November 27, 1998
\(^7\)Available on the web at http://www.news.bbc.co.uk
\(^8\)Ibid
are to avoid the failures of the past and build effective new communication channels in the future. Njoku (1989) contends that success would require the close cooperation of indigenous communication and mass communication specialists to bring their talents to bear on creating strategies and messages that are agreeable and persuasive to local audiences and their environments.

If the assertions by Gregson et al. (2001) and Njoku (1989) are to be taken into consideration, it would be realised that communicating HIV/AIDS messages is complex. It poses a significantly different and more difficult communication challenge from other challenges with other diseases within the health sector.9 So, if all these problems and difficulties exist in communicating HIV/AIDS information, how can communication be a useful and successful tool for preventing HIV/AIDS?

Internationally, there is the growing recognition of the important role of communication in combating HIV/AIDS. But there is also the clear recognition of the need to identify successful strategies that address the complexity of the HIV/AIDS pandemic. Given that HIV/AIDS communication is a broad issue, it is recognised that the epidemic must be understood in its wider socio-economic, political and cultural contexts and that prevention is not just about dissemination of information. Thus, two important and related questions beg attention: (i) how can this understanding be incorporated into the prevention programmes for successful HIV/AIDS campaigns; and (ii) how can

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9 This assertion is made because HIV/AIDS touches on all aspects of life. These range from understanding the infected individuals personal identity, sexual character and other habits through which the disease can be transmitted; the individuals' morality, the disease and the social stigma and discrimination associated with it.
communication strategies be designed to reach many people for effective dialogue and change of behaviour?

Using the mass media to communicate HIV/AIDS information indicates the use of radio, television and print as tools to inform, educate and mobilise large target groups to ultimately change behaviour. Aside the mass media, using a combination of communication types (interpersonal or group) will mean to work purposefully through existing social arrangements with particular emphasis on using key persons in a local setting as ambassadors to carry the relevant messages and ideas on to others in the immediate community. Participatory communication can also be used as HIV/AIDS communication strategies and this involves the active involvement of the target groups in discussing and reflecting about the disease.

James Deane of the Panos Institut presents a firm background in HIV/AIDS communication in a paper presented at a seminar organised by DANIDA, the ENRECA Health Research Network and the University of Copenhagen. He raises pertinent questions from which the discussions about the connection between HIV/AIDS prevention and communication can be made.10 In posing the question, “Is HIV/AIDS prevention a communication problem?” Deane draws a picture of how complex it is to combat the HIV/AIDS pandemic with communication. Hence, the need to use communication as a necessary tool in conjunction with other approaches. The same seminar highlighted, however, that understanding communication as an important tool in

10 The seminar was organised by DANIDA, the ENRECA Health Research Network and the University of Copenhagen on the 13/06/2002 on the topic “Communicating HIV/AIDS prevention to young people in income societies: Experiences and challenges.”
the HIV/AIDS prevention campaign cannot be overlooked. Thus, in using communication to fight the HIV/AIDS pandemic successfully, it is important to know that there is the need to professionalize the way communication strategies are developed, applied and evaluated. It is also necessary to agree upon the principles about how to communicate as well as what values to communicate and on what bases.

Despite the massive communication attempts by international development agencies, donors, local governments, and NGOs, to fight and prevent the epidemic, the success rate is still low.\textsuperscript{11} In order to strengthen the approach to prevent and fight the epidemic we need to improve the efficiency of our quantitative as well as qualitative communication methods. While we need to reach more people with our messages, we also need to guarantee that the messages are not just seen as information among the target individuals but that the messages also lead to behavioural as well as social change. This leaves a comprehensive challenge for researchers as well as policy makers and practitioners within the field of communication in HIV/AIDS prevention. In trying to apply communication as a tool for HIV/AIDS prevention it is important to acknowledge that the different communication approaches one takes are not separated from the societal, political and cultural context they are to be implemented in. It is also important to learn from the processes of different communication approaches if one wants to develop effective HIV/AIDS preventing communication strategies.

Fundamentally, the crucial issue in communicating HIV/AIDS information lies in understanding the nature of the pandemic and the social, cultural, political and economic

\textsuperscript{11} As reported in the \textit{Daily Graphic} of June 10, 2004, p.9
contexts within which it has been able to spread so dramatically. It also means an equal understanding of the basics of the communication method chosen and how it works. Recognizing and profoundly understanding these contexts is the first step in designing any communication strategy.

1.2 Social Marketing

The health communications field has been rapidly changing over the past two decades. It has evolved from a basic reliance on public-service announcements to a more sophisticated approach, which draws from successful techniques used by commercial marketers, termed social marketing. Rather than dictating the way that information is to be conveyed, that is from the top-down, public health professionals are learning to listen to the needs and desires of the target audience themselves, and building the communication campaign programme from there. This focus on the "consumer" involves in-depth research and constant re-evaluation of every aspect of the program. In fact, research and evaluation together form the very cornerstone of the social marketing process.¹²

Social marketing was born as a discipline in the 1970s, when Philip Kotler and Gerald Zaltman realized that the same marketing principles that were being used to sell products to consumers could be used to "sell" ideas, attitudes and behaviours.¹³ Kotler & Andreasen (1975) described social marketing as differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization. Social

¹² Available on the web at http://www.socialmarketing.com
¹³ Ibid
marketing seeks to influence social behaviour not to benefit the marketer, but to benefit
the target audience and the general society. Like commercial marketing, the primary
focus is on the consumer – on learning what people want and need rather than trying to
persuade them to buy what we happen to be producing.

A number of definitions of the social marketing construct have also been offered. Kotler
(1975:8), for instance, defines social marketing as “the design, implementation, and
control of programs seeking to increase the acceptability of a social idea or practice in a
target group(s). It utilizes concepts of market segmentation, consumer research, idea
configuration, communication, facilitation, incentives, and exchange theory to maximize
target group response.”

Andreasen (1994) also defines social marketing as the application of commercial
marketing technologies to the analysis, planning, execution, and evaluation of
programmes designed to influence the voluntary behaviour of target audiences in order to
improve their personal welfare and that of their society.

These and other definitions share more commonalities than distinctions.14

- The “social marketing” label is typically applied to situations judged by persons
  in positions of power and authority to be beneficial to both individuals and
  society.

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• Unlike commercial marketing, the agent of change (social marketer) does not profit financially from a campaign’s success.

• The ultimate goal is to change behaviours believed to place the individual at risk, not simply increase awareness or alter attitudes.

• The best social marketing campaign is tailored to the unique perspective, needs, and experiences of the target audience, hopefully with input from representative members of the group.

• Social marketing strives to create conditions in the social structure that facilitate the behavioural changes promoted and

• Most fundamentally, however, is its reliance upon commercial marketing concepts.

Social marketing consists of putting into practice standard techniques in commercial marketing to promote pro-social behaviour. From marketing and advertising, it has imported theories of consumer behaviour into the development of communication. Social marketing also suggests that the emphasis should be put not so much on getting ideas out or transforming attitudes but influencing behaviour. For some of its best known proponents like Kotler and Andreasen, behaviour change is social marketing’s bottom line, the goal that sets it apart from education or propaganda. Unlike commercial marketing, which is not concerned with the social consequences of its actions, the social marketing model centres on communication campaigns designed to promote socially beneficial practices or products in the target group.
Social marketing’s goal is to position a product, say condoms, by giving information that could help fulfil, rather than create open, demand. It intends to “reduce the psychological, social, economic and practical distance between the consumer and the behaviour” (Wallack et al, 1993:21). The goal would be to make condom use, for example, affordable, available and attractive (Steson & David, 1999). If couples of reproductive age do not want more children but do not use any contraceptive, the task of social marketing will be to find out why and what information needs to be provided so they can make informed choices. This requires sorting out cultural, religious, and other beliefs that account for such behaviour or for why people are unwilling to engage in certain health practices even when they are informed about their positive results. This knowledge is fundamental for a successful positioning of a social marketing product and ultimately a social marketing campaign.

1.3 Social Marketing and HIV/AIDS

HIV/AIDS campaigns in several parts of the world have used social marketing methods in disseminating HIV/AIDS information. The strategy combines market research and advertising techniques with health promotion through mass the media, peer promoters and community-based events. In HIV/AIDS social marketing campaigns, preventive messages are usually the products that are marketed, often with a secondary protection message to help protect against both pregnancy and Sexually Transmitted Infections (STI’s) including HIV.15

15 Available on the web at http://www.infoforhealth.org
There are several examples of the use of social marketing in HIV/AIDS campaigns in the world; and in Indonesia, for example, there has been a successful social marketing campaign to increase condom use among sex workers. The strategy combined the print media, events at bars and universities, counselling on condom negotiation and education of brothel owners to create awareness and adoption of campaign messages. As a result, the percentage of sex workers using condoms increased from 36% to 48% after the campaign. In addition, TV advertising, which is also one of the communication mediums used in social marketing, has been used in efforts to promote monogamy as a way of curbing the HIV/AIDS pandemic in Indonesia. It has encouraged men to stop having sex with prostitutes and urged couples to be faithful. In addition, advertisements have encouraged the youth to delay sexual intercourse or abstain until they get married.  

Further to this, other social marketing interventions like the Social Marketing for Adolescent Sexual Health (SMASH) programme, have been used to evaluate social marketing activities in urban areas of Botswana, Cameroon, Guinea and South Africa. The programme uncovered social marketing initiatives used schools and youth clubs with the help the mass media and peer interventions to raise awareness and promote safer sex practices, especially condom use, among young people.  

Social marketing has also helped to raise awareness about HIV/AIDS and encouraged safer sexual behaviour through strategies that rely on the national dissemination of branded messages using the mass media, including television, radio, newspapers, point-

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16 ibid
17 Available on the web at http://www.inforforhealth.org
of-sale materials, and special events such as comedy shows and music concerts. The Bangladesh Centre for Communication Programmes (BCCP), for example, and the National Adolescent Working Group have developed an innovative adolescent reproductive health communication programme, which is modelled on social marketing principles. It included broad approaches to adolescent health and prevention of HIV/AIDS and involved producing and disseminating question and answer (Q & A) booklets, radio and television series, a set of life skills videos, and a users' guide for working with young people on issues on HIV/AIDS.

The Helping Each Other Act Responsibly Together (HEART) campaign in Zambia is another example of how social marketing strategies have been used to curb the spread of HIV/AIDS. The campaign was conducted with the goal of significantly reducing the sexual transmission of HIV among the youth between the ages of 13 and 19 in Zambia. Its social marketing strategy featured partnerships with government, donors, youth organizations and other stakeholders to encourage the youth to abstain from sex or use a condom every time they have sex with every partner.18

1.4 The Stop AIDS, Love Life Campaign

The Stop AIDS, Love Life campaign, which was Ghana's first national social marketing HIV/AIDS prevention programme, was launched in February 2000 by the Ministries of Information and Health, the Ghana AIDS Commission and the Ghana Social Marketing Foundation (GSMF), with technical assistance from the Centre for Communication

18 Available on the web at http://www.infoforhealth.org
Programs (CCP) and support from the USAID. The Johns Hopkins University (JHU) and its collaborating partners in Ghana implemented this national HIV/AIDS campaign and this included the Ghana Social Marketing Foundation (GSMF) and the Ghana AIDS Commission.

The purposes for the campaign were to increase awareness about HIV/AIDS, to increase the adoption of safer sex behaviour, to de-stigmatize HIV/AIDS, and to encourage compassion, care, and support for People Living with AIDS (PLWA). The campaign focused on advocacy, community mobilization, and the mass media. The mass media components included a music video, television, and radio spots featuring traditional and religious leaders and People Living with AIDS (PLWAs), and a popular television drama. Community mobilization included school activities, women's groups, community rallies, and the use of a participatory tool called Journey of Hope to teach abstinence, fidelity, and condom use.

The campaign was implemented in phases over the life of the project, and each phase of the campaign focused on one overall theme. Year one emphasized shattering the silence on HIV and AIDS, and the second year focused on caring communities through an initiative with traditional leaders and use of community mobilization tools. The third phase, compassion, began in early 2002 in collaboration with religious leaders and community groups throughout Ghana.

19 http://www.jhuccp.org/topics/hiv/africa.shtml/ghana
20 http://www.jhuccp.org/topics/hiv/africa.shtml/ghana
1.5 **Objectives of the Stop AIDS, Love Life Campaign**

The campaign was primarily to assist the USAID in achieving its strategic objective of improved family health through increased use of reproductive health services related to HIV prevention. This intervention was anticipated to increase awareness and knowledge about HIV/AIDS, contribute to more positive social norms concerning the disease and its prevention, and increase the use of condoms. Specific project objectives included the following:

- sustain knowledge and awareness about HIV/AIDS in Ghana;
- promote and model HIV/AIDS prevention behaviours;
- increase adoption of safer sex behaviours;
- decrease the stigma surrounding HIV/AIDS;
- encourage compassion, care, and support for People Living With AIDS (PLWAs);
- strengthen the local and community NGO network; and
- improve and increase community-based communication approaches in Ghana.

1.6 **Activities of the STOP AIDS, LOVE LIFE campaign**

A number of activities were planned under the Stop AIDS, Love Life Campaign and these included the:

- development and distribution of print materials;
- production of an HIV/AIDS music video featuring Ghanaian hip-life, highlife, and gospel musicians with safe sex messages of abstinence, fidelity, and condom use;
- production of testimony spots, with HIV positive Ghanaians telling their stories;
- peer counselling workshops for People Living With AIDS (PLWAs);
- the use of traditional rulers (local chiefs) to produce TV/radio spots for communities;
- organising training workshops on community mobilizations against the disease;

1.7 Research Objectives

The purpose of this study was to ask, evaluate and examine whether the Ghana Social Marketing Foundation (GSMF) applied some of the social marketing principles recommended by Njoku (1989), Kotler (1975), Andreason (1995) and other social marketing authorities in the Stop AIDS, Love Life HIV/AIDS campaign and whether this helped achieve success in the campaign. It was designed to assess the impact of the use of social marketing strategies as HIV/AIDS communication tools and, ultimately, to determine whether social marketing works as an HIV/AIDS communication tool.

Therefore the following specific objectives were sought:

1. To find out what social marketing principles, if any, as established in theory, were employed in the Stop AIDS, Love Life campaign;
2. To assess the effectiveness of the various media channels employed in the effort to create awareness and encourage adoption of the *Stop AIDS, Love Life* campaign; and

3. To assess the extent to which the *Stop AIDS, Love Life* campaign objectives were met.

1.8 **Research Questions**

Flowing from the above objectives, the following questions were raised for research attention:

1. What social marketing principles were employed in the *Stop AIDS, Love Life* campaign?

2. How effective were the various media in the creation of awareness and adoption of the *Stop AIDS, Love Life* campaign messages?

3. To what extent could the *Stop AIDS, Love Life* campaign objectives be said to have been met?

1.9 **Significance of study**

This study is significant in a number of ways. Firstly, there is currently a lack of pragmatic evidence of the objective assessment of the effectiveness of the range of communication strategies employed in the promotion of HIV/AIDS massages. This study would therefore use the *Stop AIDS, Love Life* campaign as a case study to provide practical knowledge and information in the communication of major HIV/AIDS strategies.
Secondly, countries like Nicaragua, Zambia and Zimbabwe have used several aspects of the social marketing concept as a tool to create awareness and promote adoption of various HIV/AIDS messages. This study, using the *Stop AIDS, Love Life* campaign as an example, would facilitate an understanding of the use of social marketing as HIV/AIDS communication tools in Ghana. It would position, in the Ghanaian context, the relevant use of social marketing as HIV/AIDS communication tools.

Finally, the study, being an exploratory endeavour, would serve as a basis for further studies in HIV/AIDS communication strategies. This is because the *Stop AIDS, Love Life* campaign by the Ghana Social Marketing Foundation (GSMF) is the first attempt at the use of social marketing HIV/AIDS in Ghana. It would therefore be prudent to use this study as a foundation for more elaborative studies on the use of social marketing as HIV/AIDS communication tool in Ghana.

### 1.10 Operational Definitions

**Behavioural Change**: This is generally defined as the process of moving from one state, position, direction to another in terms of one’s attitudes and manners and the way one acts or functions in particular situations. In this study, it involved the determination or measure of how attitudes about HIV/AIDS change as a result of exposure to campaign messages. Specifically, we asked respondents about their reaction to various campaign messages.

**Behaviour Change Communication**: This term is associated with results-oriented, cost effective and science-based methods of exchanging information, news or ideas to
encourage people to make informed choices on issues that affect their attitudes and conduct. All HIV/AIDS campaign messages are intended to encourage people to cultivate responsible sexual habits and in this study, the use of social marketing in the *Stop AIDS, Love Life* campaign was considered as a behaviour change communication campaign.

**Commercial Marketing:** The act of trading (buying and selling) for profit. Although commercial and social marketing have a resemblance, the term is used in this study to indicate their distinct focus. Social marketing, for instance, focuses on pro-social behaviour instead of profit and most of the literature used for this study brings out their similarities and differences.

**Communication Strategies:** Actions or processes of exchanging information, news, or ideas with an aim to achieve a specific purpose or gain advantage over something. In this study, the media channels, and the processes used to make the messages available to the target audience was considered as part of the communication strategy adopted by the campaign.

**Consumer Behaviour:** A way of acting or conduct of someone to whom a product, service or idea is intended. The behaviours of the intended audience before and after the *Stop AIDS, Love Life* campaign were evaluated to assess the impact of the success of the campaign in Ghana.

**Health Communication:** The actions or processes of exchanging information, news, and ideas about the conditions and incidence of being free from diseases. All communication
processes used in this study were considered as health communication processes because they were geared towards encouraging people to be free from HIV/AIDS.

**Interpersonal Communication:** The action or process of exchanging information, news, and ideas between two people. This study assessed the use of several methods of communication in the *Stop AIDS, Love Life* campaign and included in this assessment was to find out whether there were some forms of interpersonal communication in the *Stop AIDS, Love Life* campaign.

**Mass Media:** The means of communicating with large numbers of people, especially in newspapers, television and radio. In this study, the mass media referred to communication through the use of channels like television, radio, posters, leaflets and stickers.

**Participatory Communication:** The process of being involved in or a part of the exchange of information, news or ideas. A focus of this study was to find out whether some participatory communication tools were used in the *Stop AIDS, Love Life* project.

**Social Change:** The process of moving from one situation, position or direction to another in terms of the organization of and relations between people and communities. In measuring the effects of the *Stop AIDS, Love Life* campaign, the term was used to measure improvements in the lives of the target audience of the campaign.

**Voluntary Behaviour:** A way of acting or conduct done without obligation and on one’s own choice. As used in this study, the term referred to behaviours of the target audience, which were not as a result of exposure to campaign messages.
CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 Introduction

This chapter evaluates two theories as postulated by various researchers: the social marketing theory and the campaign model. This would serve as the bases and foundation for the entire research as the Stop AIDS, Love Life campaign would be evaluated on the basis of these theories.

2.2 The Social Marketing Theory

The origins of social marketing date back to the intention of marketing to expand its disciplinary boundaries. Among various reasons, the emergence of social marketing responded to two main developments: the political climate in the late 1960’s that put pressure on various disciplines to attend to social issues, and the emergence of non-profit organisations that found marketing to be a useful tool (Elliott, 1991). Social marketing was marketing’s response to the need to be socially relevant and socially responsible (Kotler & Zaltman, 1971). It resulted from the need for marketing to be sensitive to social issues and to strive towards social good. But it was also a way for marketing to provide intervention tools to organisations whose business was the promotion of social change.

Kotler and Zaltman (1971, 5) have provided one of the standard definitions of social marketing. They state that “it is the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving consideration of
product planning, pricing, communication, distribution and marketing research.” More recently, Andreasen (1994, 110) has defined it as “the adaptation of commercial marketing technologies to programs designed to influence the voluntary behaviour of target audiences to improve their personal welfare and that of the society of which they are a part.” Others have defined it as the application of management and marketing technologies to pro-social and non-profit programs (Meyer and Dearing, 1996).

In the United States, social marketing has been extensively applied in public-information campaigns that targeted a diversity of problems such as smoking, alcoholism, and seat-belts use, drug abuse, eating habits, venereal diseases, littering and protection of forests. The Stanford Three-Community Study of Heart Diseases is frequently mentioned as one of the most fully documented applications of the use of social marketing strategies in health communication. Designed and implemented as a strictly controlled experiment, it offered evidence that it is possible to change behaviour through the use of marketing methodologies (Flora, Maccoby, and Farquhar, 1989). Although it was not an HIV/AIDS communication campaign like the *Stop AIDS, Love Life* campaign, the Stanford Three-Community Study of Heart Diseases included a mix of communication approaches such as interpersonal contacts, television and radio spots, newspaper advertisements, and billboard messages. In one town, for example, the media campaign was supplemented by interpersonal communication with a random group of individuals at risk of acquiring heart diseases. Comparing results among controlled and experimental communities under the Stanford Three-Community Study of Heart Diseases, the research concluded that the
media could be a powerful conduit of change, especially when aligned with the interpersonal activities of community groups (Flora, Maccoby, and Farquhar, 1989).

In developing countries and Africa especially, social marketing has been used in many interventions such as condom use, breast-feeding, and immunization programmes. According to Chapman et al. (1993, 107), "early health applications of social marketing emerged as part of the international development efforts and were implemented in the third world during the 1960s and 1970s". The first nationwide contraceptive social marketing programme in India, the Nirodh condom project, began in 1967 with funding from the Ford Foundation. The success of the Indian experience informed subsequent social marketing interventions such as the distribution of infant-weaning formula in public health clinics.

Maibach (1993) asserts that social marketing is consumer-oriented and knowledgeable of the belief systems and the communication channels used in a community. According to him, social marketing products need to be marketed according to the preferences and habits of consumers. Market research is also necessary in social marketing programmes because it provides development specialists with a better understanding of their audiences. Thus, it prevents potential problems and drawbacks in behaviour change. The precise contributions that social marketing adds to campaigns are the systematic, and research-based information about consumers that is indispensable for the success of interventions (Maibach, 1993).
Kotler and Roberto (1989) add that the goal of any social marketing programme in health communication must be the long-term benefits rather than the short-term goals of a given campaign. For such advocates of the social marketing theory, a major strength is that social marketing allows to position products and concepts in traditional belief systems. Thus, the process of forgoing in-depth research of the targeted populations in social marketing campaigns reflects the lack of understanding about the need to have basic research to plan, execute and evaluate social marketing interventions. Kotler and Roberto (1989) further argue that social marketing does not manipulate people by offering a product that falsely appeals to their beliefs and practices. If the desired behaviour meant to be achieved by social marketing is not present in the people, social marketing will not attempt to deceive them by packaging the product to appeal to existing beliefs.

Theorists like Beltran (1976) and Diaz-Bordenave (1976) have been strong critics of social marketing. For them, social marketing is a non-participatory strategy because it treats most people as consumers rather than protagonists. Because social marketing borrows techniques from Western advertising, it shares its properties, namely, a concern with selling products to consumers rather than the participation of the consumers in the selling process. To such critics, social marketing is concerned with individuals, not with groups or organisations. They also view social marketing as an approach that intends to persuade people to engage in certain behaviours that have already been decided by agencies and planners (social marketers).
Social marketers have brushed aside these criticisms, emphasizing that social marketing is a two-way process and that it is genuinely concerned with community participation. As Novelli (1990, 349) puts it, “the marketing process is circular.” This is why the targeted communities, gathered through qualitative methods such as focus groups and in-depth interviews, are fundamental to the designing of campaign activities and their contents. Social marketing is premised on the idea of mutual exchange between agencies and communities and is consumer-orientated in that the success of any intervention results from an accurate evaluation of perceptions, needs, and wants of target markets. These inform the design, communication, pricing, delivery of appropriate offerings (Novelli, 1990).

Also, participation in social marketing campaigns allows communities to contribute in finding solutions to issues in health, environment and other problems. Without information, there is no participation and this is what social marketing offers. Such participation is voluntary because individuals, groups, and organisations are not forced to participate but are offered the opportunity to gain certain benefits (Novelli, 1990).

Chapman et al (1993) summarise the tenets of social marketing as follows:

1) In social marketing campaigns, persistence and long-term perspectives are essential. Only programmes with sustainable support and commitment have proven to have impacts on the diffusion of new ideas, programmes, and practices in social marketing campaigns.
2) In social marketing campaigns, segmentation of the audience is central. Some researchers have identified for instance that acknowledging the different lifestyles in the target audience allows for a better identification of different market niches.

3) In social marketing campaigns, locating target audiences is also very necessary. This means therefore that designers of interventions need to know where potential customers live, and their routines, in terms of the multiple messages that are most often presented.

4) Incentives promote motivation among all participants in social marketing interventions and this helps in the acceptance of social marketing products/messages.

5) In social marketing campaigns, the teaching of skills is crucial to support behaviour change.

6) Supports from community leaders are essential for the success of social marketing programmes.

7) Community participation builds local awareness and ownership whilst the integration of support from different stakeholders of a social marketing campaign sets it apart from commercial marketing as it aims to be integrated with community initiatives.

8) In social marketing campaigns, feedback makes it possible to improve and refine programmes.

The Bureau of International Narcotics Matters (1988) have established that like commercial marketing, the primary focus in social marketing is on the consumer – on learning what people want and need rather than trying to persuade them to buy what
happens to be produced. They asserted that the planning process takes the target audience’s focus into account by addressing the elements of the ‘marketing mix.’ This refers to decisions about:

1. The conception of the product;
2. The Price;
3. Distribution (Place); and
4. Promotion.

These are normally called the “Four P’s” of marketing. But in addition to these “Four P’s”, social marketing adds a few more “P’s”. These include the Publics, Partnerships, Policy and Purse Strings. The following paragraphs briefly explain each of these concepts as elaborated in the literature.

The social marketing product is not necessarily a physical offering. It could be the knowledge, attitudes or behaviours the idea originators may want the target audience to adopt. A continuum of products exists and may range from tangible physical products (condoms), to services (medical examinations), practices (abstaining from unhealthy behaviours like alcoholism and drugs), and finally, more intangible ideas (environmental protection). In order to have a viable product, people must first perceive that they have a genuine problem, and that the product being offered is a solution to that problem.

Price is what the audience must give up to receive the campaign’s benefits. It also refers to what the audience must do in order to obtain the social marketing product. This price is usually something more abstract than money. It might be the psychological cost of
separating oneself from friends, abstaining from a known behaviour, or from the peer group that continues to use drugs. It could also require the audience to give up intangibles, such as time or effort. If the costs (price) outweigh the benefits for an individual, the perceived value of the offering (product) will be low and the idea will be unlikely to be adopted. However, if the benefits are perceived as greater than the cost, chances of trial and adoption of the idea are much greater.

In setting the price, particularly for a product like condoms, there are many issues to consider. If the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Social marketers must balance these considerations, and often end up charging at least a nominal fee to increase perceptions of quality and to confer a sense of “dignity” to the transaction. These perceptions of costs and benefits can be determined through research, and used in positioning the product.

In social marketing, place sometimes refers to the channel used in getting the message/ideas across to the audience. For a tangible product, this refers to the distribution system – including the warehouse, trucks, sales force, retail outlets where it is sold, or places where it is given out for free. For an intangible product, place is less clear-cut, but refers to decisions about the channels through which consumers are reached with information or training. This may include doctors’ offices, shopping malls, and mass media vehicles like radio, television, and drama. Other channels could include schools, churches, or workplaces.
Another element of place is deciding how to ensure accessibility of the idea offered and quality of the service delivery. By determining the activities and habits of the target audience, as well as their experiences and satisfaction with the existing delivery system, researchers can pinpoint the most ideal means of distribution for the message/idea. Choosing a particular channel should take into consideration the appropriate target audience.

Because of the visibility of promotion in the social marketing concept, this element is often mistakenly thought of as comprising the whole of the social marketing process. Promotion is the means for persuading the target audience that the product is worth the price. It may be a publicity campaign through the mass media but it can also include teaching life skills or community activities to participants of a social marketing campaign. Promotion also consists of the integrated use of advertising, public relations, media advocacy, personal selling and entertainment vehicles. The focus in this element is on creating and sustaining demand for the product. Public service announcements or paid advertisements are other ways of promoting social marketing concepts and ideas. In promoting the product, research is crucial to determine the most effective and efficient vehicles to reach the target audience and increase demand.

Social marketers often have many different audiences that their program has to address in order to be successful. Publics refer to both the external and internal groups involved in the programmes. External publics include the target audience, secondary audiences, policymakers, and gatekeepers, while the internal publics are those who are involved in some way with either approval or implementation of the programme, concept or idea.
Social and health issues are often so complex that one agency can not make an impression all by itself. In social marketing campaigns, agencies form partnerships by teaming up with other organizations in the community to really be effective. Agencies need to figure out which other organizations have similar goals to theirs – not necessarily the same goals – and identify ways they can work together.

Social marketing campaigns can do well in motivating individual behaviour change, but that is difficult to sustain unless the environment they find themselves in supports that change in the long run. Often, policy change is needed, and media advocacy programmes can be an effective complement to a social marketing programme.

Most organizations that develop social marketing programmes operate through funds provided by sources such as foundations, government grants or donations. What is therefore referred to as purse strings, adds another dimension to the strategy development – namely, where will you get the money to create your programme?

In this study, we were interested in identifying and assessing how the *Stop AIDS, Love Life* campaign used the various Ps in the social marketing mix. This was however not done in isolation since campaigns in other Third World countries like Ghana were evaluated to see how they also used their Ps and whether this helped in the success of their campaigns. These analyses would be used to evaluate the success of the Ghanaian campaign.
2.3 The Campaign model

According to McQuail (1989), campaigns are generally concerned with directing, reinforcing and activating existing tendencies towards socially – approved objectives like voting, buying goods, raising money for good causes and achieving better health and safety. McQuail (1989) further reiterates that because most of the time the degree of effect or major change in behaviour is essentially limited, the media are employed to assist other institutional forces in campaigns.

A second point that McQuail (1989) made about campaigns is that they work eventually through the targeted individuals who receive and act in response to the messages. McQuail’s (1989) assertion of the organised and large-scale character of campaigns has made it desirable for a sketch of a model of the influence of campaigns.

The model of the campaign influence process

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<tr>
<th>Collective Source</th>
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<th>Many Messages</th>
<th>Filter Conditions</th>
<th>Public Reach</th>
<th>Effects</th>
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The campaign model above draws attention to key features of the campaign process:
First, the originator of the campaign is almost always a collectivity and not an individual: a political party, government, church, charity, pressure group or business firm. The known position in society of the source will strongly affect its chances of success in a campaign.

Secondly, the campaign usually consists of many messages distributed through several media and the chances of reach and effect will vary according to the established nature of the channels and the message content.

Thirdly, there is a set of ‘filter conditions’ or potential barriers, which facilitate or hinder the flow of messages to the whole or chosen public. McQuail (1989) refers to these as:

1. **Attention**, which is necessary in campaigns because without it there can be no effect. Attention by the audience in campaigns would also depend on the interest and relevance of content for the receivers, their motives and predispositions, and on channel-related factors.

2. **Perception**, which is necessary because messages are open to alternative interpretations and the success of a campaign, would depend to some extent on the message being interpreted in the same way as intended. Here, McQuail (1989) establishes that campaigns usually come from ‘outside’ the many groups to which people belong, according to age, life circumstances, work, neighbourhood, interest, and religion. Therefore, because most societies are not so conveniently fragmented as some media campaigners had expected, campaign developers take
note of the different characteristics of their audiences and how they perceive the numerous messages.

3. Group allegiance, which when present or absent, has strong consequences for whether messages are noticed and then accepted or rejected and

4. Motivation, which refers to the type and degree of expected satisfaction on the part of the audience member, which can influence either learning or attitude change (Blumler and McQuail, 1968).

These ‘filter conditions’ together determine the composition or characteristics of the targeted publics and how the campaign messages are made available to them (public reach). Thus the success of the campaign is ultimately dependent on a reasonable similarity between the composition of the planned target public and the actual public reached.

Finally, the model ‘effects’ illustrates the enormous diversity of possible effects, some of which will be intended and others not, some short-term and some long-term. Again, a successful or effective campaign will depend on some match between planned effects and those achieved.

The model is a reminder of the complexity of campaigns and the ease with which they can go wrong. Although there are numerous literature on political campaigns (Rice and Paisley, 1981), their classifications are varied although some do seem to succeed (Mendelsohn, 1973) and some to fail (Hyman and Sheatsley, 1947), with partial failures
and partial successes accounted for in terms of the various conditions mentioned in the campaign model. Thus, from the campaign model, a few remarks can be made.

First, campaigners do not usually control the actual state of affairs determined by the target audience. Thus, circumstances may intervene to destroy or invalidate the message of a campaign. However, the more power campaigners have to manipulate the reality, the more control they have over the outcome of the campaign.

Secondly, campaigns do ultimately depend heavily on the relationship between sender and receiver and there are several ways in which relations favourable to successful campaigns are forged. Some of these include the attractiveness, authority and credibility of media and sources. Especially important are the moral and affective ties between audiences and media and audience belief in the objectivity and disinterest of sources.

2.4 Summary

The social marketing theory and the campaign model are useful to this research because it is expected that the Stop AIDS, Love Life campaign employed a number of the principles established in the two theories. The relevance of these theories to this research, therefore, was to use the guidelines established in the social marketing theory and the campaign model to assess the structure, procedures, impact, success and failures of the Stop AIDS, Love Life campaign. The transfer of these theoretical concepts into practical models like the Stop AIDS, Love Life campaign is what would be established in this research.
3.1 Introduction

This chapter consists of a review of related literature on the use of social marketing techniques in HIV/AIDS campaigns. This would be used to determine a relationship with the Stop AIDS, Love Life campaign by the Ghana Social Marketing Foundation (GSMF) in terms of similarities and differences. This chapter will evaluate some literature on HIV/AIDS social marketing campaigns in Nicaragua, Zimbabwe, and Zambia, all third-world countries with similar demographics like Ghana. The Johns Hopkins University partnered with established agencies in the various countries for the development of the campaigns. Thus they all had similarities in the campaign design, implementation and evaluation. The literature is evaluated from the individual country’s perspectives, to develop a holistic general context for comparing and evaluating the Stop AIDS, Love life campaign in Ghana.

3.2 Comparable Campaign Objectives

According to UNAIDS (2000), the youth in Nicaragua have begun talking among themselves about the issues of deciding together when to have sex, when to get married and when to have a child since the initiation of a behaviour change social marketing communication programme by the same name Juntos Decidimos Cuándo, which means
“Together we decide when”, in 1997. They are also beginning to heed the advice of always being safe in sexual relationships by using a condom.

Similarly, Huber (1994) has established that a social marketing campaign started in Zimbabwe after it was realized that young people generally have inadequate information about reproductive health issues, that they lack the skills to negotiate with their partners about delaying sex, and that they have limited access to reproductive health. The project was aimed at encouraging young people to adopt behaviours that reduce the risk of pregnancy and sexually transmitted infections (STIs). It also encouraged abstinence for young people with no sexual experience, while at the same time promoted condom use and a reduction in the number of sexual partners (Huber, 1994). Specific objectives of the youth campaign included the need to increase reproductive health knowledge.\(^{21}\) Two other objectives were (1) to heighten approval of safer sexual behaviours by promoting discussion of sexual matters with family and friends and (2) to encourage young people to adopt safer sexual behaviours and attend service facilities.

A unique feature of this campaign was that all campaign materials and activities were designed to reinforce a single set of messages, emphasizing the consequences of unprotected sex, and safer sexual behaviours. A key point was the fact that the target group helped in the design of materials and relevant messages.

Replicating social marketing campaigns in other parts of the world, the Helping Each other Act Responsibly Together (HEART) campaign in Zambia was also commissioned

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\(^{21}\) Based on the diagnostic determination that young people in Zimbabwe only had a general awareness of HIV, AIDS and family planning.
specifically for the youth and by youth. With near similar objectives, the campaign was meant to inform young people about HIV/AIDS, discuss ways to protect themselves from HIV/AIDS and promote abstinence and condom use (Grunseit, 1997).

With a focus much like the *Stop AIDS, Love Life* campaign, the HEART campaign was designed to provide a social context in which prevailing social norms will be discussed, questioned and reassessed. Through creating an atmosphere conducive to changes in social perceptions about HIV/AIDS, as well as in individual sexual behaviour, the campaign was intended to contribute to the national effort to enhance young people’s ability to reduce their risk of HIV infection. Like the Zimbabwean initiative, the Zambian campaign was done through the promotion of either abstinence or consistent condom use, which sought to reduce the incidence of HIV/AIDS and other sexually transmitted infections (STIs).

Like the Nicaragua, Zimbabwe and Zambia campaigns, the *Stop AIDS, Love Life* campaign in Ghana was used to encourage the youth to abstain from sex, use condoms or be faithful to their sexual partners. This study therefore sought to assess and evaluate the post campaign results of the *Stop AIDS, Love Life* campaign within the broad context of the various similar campaigns initiated in other countries to establish whether the Ghanaian experience achieved any success.
3.3 Similar Approaches

Like all social marketing campaigns with a focus on success, the Nicaraguan approach identified the need to create a united front among public and private agencies that were working and promoting reproductive health in the country. The Nicaraguan Interagency Commission for Reproductive Health was therefore formed in 1995 to coordinate all the efforts of the various HIV/AIDS organisations. The commission, as a first step, focused on informing Nicaraguans, especially those aged 15 and 24 years, about reproductive health issues and promoting responsible behaviour.22 They did this in collaboration with funding from the United States Agency for International Development (USAID), and in collaboration with the Johns Hopkins Population Communication Services (JHU/PCS) who helped design and implement the "Together We Decide When" campaign (UNAIDS, December 2000).

The Promotion of the Youth Responsibility Projects in Zimbabwe also focused on coordinating the efforts of the numerous HIV/AIDS organizations for the achievement of a national objective. Accordingly, the Zimbabwe National Family Planning Council (ZNFPC) launched the Promotion of the Youth Responsibility Project, with technical assistance from the Johns Hopkins University Population Communication Services (Huber, 1994).

The partners in the Nicaraguan and Zimbabwean project were also involved in the Ghanaian campaign. With partnership from the Johns Hopkins University, the Stop AIDS, Love Life campaign was commissioned because Ghana needed to reduce the existing

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22 The 1992-93 Demographic Health Survey (DHS) results had indicated that Nicaragua has one of the highest rates of teenage pregnancy in Latin America
HIV/AIDS prevalence rate. Thus the campaign was used as a social mobilization tool for behavioural change. It was informed by the lack of a large scale coordinated response to the effects of the disease both in the media and the leadership of the country.

A common feature of the social marketing campaigns in Nicaragua and Zambia was the use of youth committees. In Nicaragua, these youth committees were responsible for mobilizing more than 20,000 young people to launch the campaign and to work at the grassroots level in towns and cities throughout the country. The youth committees were able to conduct activities including singing contests, dances, music, and street theatre presentations, while local health organizations provided reproductive health information and counselling at the events. These activities secured the program and its messages in the communities with a direct link to their local health organizations. The Nicaraguan youth thus heard messages emphasizing the importance of being responsible and sharing decisions about matters of sexuality and relationships (UNAIDS, 2000).

Similar committees were formed in Zambia in addition to a range of programmes designed to enable young people to protect their reproductive health. The committees were used to mobilize community efforts at bringing people together to discuss the issues about HIV/AIDS. In addition, several media channels were employed and used to address many of the issues central to the HEART campaign.

Although youth committees were not relied on in the social marketing campaign in Zimbabwe, a six-month multimedia campaign directed at young people in growth
points\textsuperscript{23} were developed and rolled out in phases for maximum impact. The *Stop AIDS, Love Life* campaign replicated the Zimbabwean example and divided the campaign into phases. Phase 1 was to increase preventive behaviour with the Abstinence, Being faithful and Condom use (ABC) messages. Phase 2 focused on increasing community involvement in the fight against AIDS through endorsement from traditional and opinion leaders in society. The third phase, which was labelled “compassion”, focused on providing care and support to people living with HIV/AIDS. This represented a slight variation from the ZNFPC, which was divided into two phases with the first seeking to equip people with key HIV/AIDS information and skills in discussing campaign messages with others while the second phase sought to find support for behaviour change among their family, peers and community.

Aside the *Stop AIDS, Love Life* and ZNFPC campaigns, the *Juntos Decidimos Cuándo* in Nicaragua also implemented the campaign objectives in segments. Phase I of the *Juntos Decidimos Cuándo*, relied very much on used print materials. These included press releases, posters, and brochures. Youth mobilization activities also begun in this phase at a lower intensity in various towns after radio and TV spots went on air. Phase II of the campaign continued with a focus on reducing unwanted pregnancies and early fertility. It also highlighted the prevention of sexually transmitted diseases (STDs) and HIV/AIDS. A major component of Phase II was promoting the use of condoms. This dual protection message was disseminated through TV and radio spots and print materials. Condoms were made available to the youth in non-traditional outlets such as bars, discos, and gas stations. Along with the dual protection message, Phase II provided information about

\textsuperscript{23} Growth points are small towns at the centre of rural districts in Zimbabwe.
HIV/AIDS and its prevention, when a woman can become pregnant, and negotiation skills between sexual partners. Finally, phase III of the campaign began with messages reinforcing and highlighting self-worth in the use of condoms.

Thus while phases I and II of "Juntos Decidimos Cuando" campaign worked on both supply (condoms) and demand (behaviour change), phase III of the campaign provided critical information about how to reduce unwanted pregnancies and prevent STDs/ HIV/AIDS.

3.4 Communication Channels

The mass media, which McQuail (1989) describes as important elements in campaigns, were used in Nicaragua, Zambia, and Zimbabwe. Like the Juntos Decidimos Cuando campaign, the Stop AIDS, Love Life employed the use of the mass media (radio and TV) to implement the three phases of the campaign. The ZNFPC campaign also employed a mix of communication channels, since different media reach audiences differently.

Secondly, several messages were used because the chances of reach and effect of the numerous channels could vary according to the nature of the channel and the message content (McQuail, 1989).

In addition, by repeating and reinforcing messages, a strategy combining media with other HIV/AIDS activities had the likelihood of increasing recall by people and the ability to act on campaign messages (Gamurorwa et al., 1998).
Most of the mass media components used by the ZNFPC campaign could reach large audiences at a low cost, raise awareness, and disseminate information. They included TV, radio and posters. The remaining components, which were basically the use of drama and HIV/AIDS shows, employed interpersonal communication, which had the ability to reach fewer people but were effective in motivating people to adopt new practices. To further increase the reach and impact of the ZNFPC campaign, the launch events, radio programs and dramas used an entertainment-education strategy. This strategy, which inserts educational content into entertainment media, has proven effective in disseminating development and health messages around the world. It attracts and holds the attention of large audiences, provides role models for social learning and generates an emotional response that can heighten the impact of messages (Gamurorwa et al., 1998). The Ghanaian component to the use of drama was the development of an enter-educative program called Things we do for Love. This was popular among the youth in the urban areas because they were shown on television.

According to Gamurorwa et al (1998), a limitation of the campaign was the inability of the programme coordinators to produce and develop the print materials and radio programs in multiple languages. English was used because the developers of the campaign thought it could be understood throughout the country. Most young people in Zimbabwe understand and read English, and English is the language commonly used on radio.
3.5 Evaluation Methods

With regard to the impact the campaigns made on their respective targets, several research tools were used. These tools had the ability to statistically generate reliable and valid results and these were used to assess the impact of the various campaigns. To measure the impact of awareness of the *Juntos Decidimos Cuando* campaign, for example, the Johns Hopkins University (JHU) included questions in the 1998 Nicaraguan Democratic Health Survey (DHS).

In Zimbabwe, however, the evaluation of the campaign included a quasi-experimental design and follow-up surveys, which were used to assess changes in reproductive health knowledge and attitudes in both an experimental and comparison group. The impact of the campaign on behaviour was assessed by self-reported actions. According to Gamurorwa *et al.* (1998), using self-reported actions to measure behaviour change runs the risk that respondents may not report their actions accurately because of lapses in memory, a desire to please the interviewer or discomfort with discussing sexual matters. However, evaluations of other adolescent reproductive health campaigns have used this approach successfully (Gamurorwa *et al.*, 1998).

While young people in the five campaign sites made up the experimental group, the control group was made up of young people from two other sites, a city and a rural area, where ZNFPC made no intentional effort to reach youths with the multimedia campaign. This control group was not a true control group, however, because residents were exposed to some elements of the campaign. These were the nationally broadcast radio program, advertisements for the hot line on that program and a ZNFPC clinic calendar.
featuring the campaign's posters. Young people in both the experimental and the comparison groups were also exposed to other activities and materials about HIV/AIDS that were not part of the campaign but directed to Zimbabwean youths.

Prior to the experimental study, an initial survey was conducted among 1,426 respondents in April and May 1997, to access their HIV/AIDS awareness levels three months before the campaign was launched. A follow-up survey, including 1,400 respondents, was also conducted approximately three months after the end of the campaign.

In Zambia, a quasi-experimental, and a separate pre- and post-test design sample was used to evaluate the campaign, (Cook, T.D et al, 1979). The pre-test survey was conducted from July to November 1999 and the post-test was carried out in August 2000.

Like all the other campaigns, the evaluation of the *Stop AIDS, Love Life* campaign was done through a number of surveys. These included the Ghana Demographic and Health Survey, the Ghana Youth Survey, and the Ghana Reproductive Health and Child Survival Survey. All these surveys compared behaviour changes in the target before and after the campaign had been commissioned. The surveys provided important responses that were used to evaluate the overall success of the campaign.

3.6 Evaluation Outcomes

In terms of results, most of the campaigns in the various countries achieved relative successes although a few experienced some drawbacks. Post campaign results of the effect of the ZNFPA campaign components, for instance, showed that a significantly
higher proportion of youths in the campaign sites were more exposed to the campaign messages after the campaign than in the comparison sites. The follow-up survey, also unearthed that respondents in the comparison sites were exposed to dramas and peer education programs other than the ZNFPC youth campaign and this had a positive effect on their HIV/AIDS awareness levels. According to Vaughan (2000), a frequent problem for experimental research designs in mass media campaigns that may explain this finding is that the posters, radio program and leaflets were available in comparison sites and had some impact on young people there. Vaughan (2000) adds the inclusion of non-campaign activities presumably boosted exposure levels by roughly equal amounts in campaign and comparison areas.

A total of 80% of respondents in the campaign areas in Zimbabwe were exposed to the campaign. Posters and events on the day of the launch reached the largest proportions of young people (92% and 87%, respectively), followed by the leaflets (70%) and dramas (46%). However, the likelihood of respondents' exposure to each component varied according to the youths' characteristics. Students, for instance, were exposed to significantly more campaign components than out-of-school youths, presumably because much of the campaign was school-based. The students were twice as likely as other out-of-school young people to have seen a poster, read a pamphlet, watched a youth drama, or talked to a peer educator. Also, post-campaign results showed that respondents aged 10-14 were exposed to fewer campaign components than older respondents and were significantly less likely to have been exposed to posters, campaign launches, the radio program and peer educators.
In Nicaragua, evaluation of the campaign was done with the results of the Demographic Health Survey (DHS), which the JHU designed and conducted after the campaign. The survey was used to measure behavioural levels among the target audience. Findings from the survey, in which 1500 people aged 15-24 were interviewed, revealed that almost 68% of male respondents and 32% of female respondents engaged in premarital sex. Of these, only 15% said they had used some form of contraception the first time they had sex. Reasons given for not using contraception were unanticipated sex (39%), lack of knowledge that one needs to use contraception (32%), not considering it necessary to use any contraception and lack of knowledge about contraceptives (17%). For those youths using contraceptives, condoms were the preferred method (54% male and 56% female).

The DHS also revealed that more than 70% of men and women between 15-24 years (the intended audience) had seen the logo or heard the slogan, "Together we decide when." Moreover, 71% of all women and 68% of all men who heard the slogan related it to family planning or reproductive health. When asked what the slogan meant to them, 68% of men (15-24 years old) and 72% of women the same age described it as meaning a shared decision between a couple on the number of children to have; 42% of men and 22% of women interpreted it as deciding together when to have sexual relations; and 18% of men and 11% of women interpreted it to mean deciding together when to get married.

Finally, the survey revealed that although knowledge about STDs/ HIV/ AIDS in general is high among the study population, several gaps existed. For example, more than 12% of respondents believed that it was not possible for a healthy-looking person to have the
AIDS virus, and almost 20% could not name a single way to avoid contracting HIV/AIDS.

The findings from these surveys gave useful information about the sexual attitudes and behaviours of young Nicaraguans. This guided the development of the second and third phases of the campaign. Initial results of Phase II showed that more than two million condoms were sold in Nicaragua, and about 2500 sites that had not previously sold condoms began selling them.

Generally, the campaign in Zimbabwe succeeded in generating discussion on a wide variety of topics, including sexual issues and HIV/AIDS. Analyses of background variables revealed that in the period during and immediately after the campaign, respondents in campaign sites were significantly more likely than those in comparison sites to have a discussion with anyone about STIs and AIDS (78% vs. 67%), whether to have sex (77% vs. 69%), the pressure to have sex (48% vs. 42%), sexual urges (43% vs. 34%), and where to buy contraceptives (40% vs. 34%). When asked if they had taken action as a result of the campaign, young people were most likely to report having discussed reproductive health issues with others. For instance, eighty percent (80%) of respondents in campaign areas said they had talked with someone about HIV/AIDS.

The campaign had some drawbacks. It was less successful in shifting young people's thinking about gender roles. Respondents were asked whether the male, the female or both partners should be responsible for making sexual decisions. About four out of five
young people in both campaign and comparison sites believed that the male should decide whether to have sex.

In terms of behaviour change and as a result of exposure to campaign messages, the follow-up survey asked the respondents (regardless of whether they lived in campaign or comparison sites), whether they had practised some of the safer sexual behaviours contained in the campaign messages. Saying no to sex was a major campaign message, but the phrase covered a wide range of possible behaviours and practices which included religious beliefs or the unavailability of a sexual partner and may best be interpreted as a sign of the respondent’s intention in the near future, rather than the actual actions taken (Grunseit, 1997). The likelihood that respondents in campaign sites reported that they had said no to sex as a result of the campaign messages were 2.5 times as great as the likelihood that youths in comparison sites said so. Young people at campaign sites were also somewhat more likely than youths in comparison sites to say that they were continuing to abstain from sex as a result of the campaign, which may indicate positive intentions. Results on behaviour change also showed that young women for whom the campaign was targeted, were more likely than young men to report having said no to sex. In part, this reflects that young women are frequently pressured by boyfriends and older men to have sex. However, it may also suggest a positive change in women's attitudes about gender-appropriate behaviour as a result of the campaign, thus some young women may have come to believe that they had the right and responsibility to refuse unwanted sex.
The survey revealed that the use of modern contraceptives increased significantly in the campaign spots. Among respondents who had had sex within the previous six months, the proportion that reportedly used a modern method during their last sexual encounter rose from 56% at the research done before the campaign to 67% at the follow-up research after the campaign. Use of modern methods did not change significantly in comparison areas.

By far the campaign's biggest effect was to convince sexually experienced young people to stick to one partner. Sexually experienced respondents in campaign sites were much more likely than those in comparison sites to report taking this action as a result of the campaign. They also were substantially more likely to start using condoms.

3.7 Impact Assessment

Largely, the results of the Zimbabwe National Family Planning Council (ZNFPC) showed that the campaign was successful as it created the needed awareness about the HIV/AIDS disease and influenced behaviour change in the target audience.

In Nicaragua, campaign results showed that 57% of the men and women aged 15 to 24 who had been exposed to the campaign took some action due to their exposure. The most prevalent action was talking to someone about the campaign messages, followed by preventing pregnancy through the use of condoms. Other notable actions were postponing relationships, and abstinence from sex (especially for young people), waiting to have another child (child spacing), and starting a modern family planning method (UNAIDS, 2000).
Further, the campaign goals in Zambia were largely met. Among the significant findings was the fact that television was seen as an effective way to reach young people. The HEART campaign reached over 50% of the intended audience. Seventy-one percent (71%) of urban and 37% of rural youth saw one or more of the health communication television advertisements. Thus young women (both urban and rural) were as likely as were young men to have seen some or all of the TV advertisements. Comprehension of the messages was good. Between 60% and 90% of viewers spontaneously identified the correct message with any given advertisement. Approximately 60% of male viewers and 65% of female viewers said that the health communication advertisements prompted them to talk with others about the disease, while it influenced their decision to use a condom or abstain from sex until they were more matured. Among the target audience, the perceived value of using condoms was positively and significantly correlated with viewership of the campaign materials on TV. Overall, viewers were more knowledgeable about HIV/AIDS than were non-viewers. Nearly 86% of viewers of the HIV/AIDS drama *Mutale & Ing'atu* compared with 72% of non-viewers recognized that a person who looks healthy could still be HIV positive.

Analyses of data showed that viewers were 1.68 times more likely to report primary or secondary abstinence than were non-viewers. Viewers were also 1.91 times more likely to have ever used a condom and 1.63 times more likely to report condom use during last sex when contrasted with non-viewers. Also, older and better-educated respondents were more likely than the uneducated to use condoms. Interestingly, women were also found to be more likely to report condom use than were men.
While a relationship between exposure to the HEART campaign and positive reproductive health choices was demonstrated through an evaluation of the campaign, positive behavioural changes also occurred over the same time frame that could not be attributed to the HEART campaign. This when argued, reflects the combined effects of multiple campaigns and interventions. The data however showed that, while important progress had been made by the campaign, there was still much to be done.

While impressive, the campaign in Zambia, as in Zimbabwe, recorded some failures. The findings in the post-campaign research led to the conclusion that the following be considered in future campaigns: The need to

- continue to support and encourage abstinence or a “return to abstinence” as a viable alternative;
- convey the idea that abstinence is a social norm among young people;
- portray the use of consistent condom use as a social norm;
- address HIV/AIDS misconceptions directly and in multiple advertisements;
- continue to encourage young people to discuss safer sex and/or abstinence with their partners, close friends and family members.

3.8 Summary

The literature above suggests a few commonalities in the respective campaigns. They all had target audiences, were developed with the inputs of these target audiences, supported by developmental agencies, evaluated through pre-research and post-research techniques and communicated through media strategies (TV, radio, print, drama). Apart from the
campaign in Zimbabwe, that achieved less success in shifting young people's thinking about gender roles in decisions about sex, all the other campaigns achieved a relatively equal degree of successes in terms of getting the target audience to act on campaign messages. This was primarily due to similarities in the campaign processes and demographics of the target audiences. A breakdown in terms of the awareness and behavioural levels before and after the various campaigns is illustrated below.

<table>
<thead>
<tr>
<th>HIV/AIDS CAMPAIGN PROGRAMMES</th>
<th>AWARENESS (TARGET AUDIENCE)</th>
<th>ACTION (TARGET AUDIENCE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICARAGUA (JUNTOS DECIDIMOS CUANDO)</td>
<td>70%</td>
<td>57% of 70% (81%)</td>
</tr>
<tr>
<td>ZIMBABWE (THE YOUTH RESPONSIBILITY PROJECT)</td>
<td>80%</td>
<td>67% of 80% (83%)</td>
</tr>
<tr>
<td>ZAMBIA (THE H.E.A.R.T CAMPAIGN)</td>
<td>75%</td>
<td>64% of 75% (85%)</td>
</tr>
</tbody>
</table>

The figure above illustrates an awareness level of between 70%-80% among the target audiences of the three campaigns. Out of this figure, between 80%-85% of the target that were influenced by the communication in the three campaigns, acted on the campaign messages. There were no major differences in the figures largely because of the similarities in the social marketing procedures employed, the objectives of the campaigns, the communication channels used in relation to the target for the campaigns, and the integration of the target audiences in the development of the various messages.
The *Stop AIDS, Love Life* campaign was evaluated, based on the social marketing procedures adopted and used in the three third world countries, to establish whether a similar success rate was achieved.
CHAPTER FOUR

METHODOLOGY

4.1 Introduction

The case study, which is an example of a qualitative research technique, was applied as the methodology in this research. According to Wimmer and Dominick (2000), case studies are conducted when a researcher needs to understand or explain a phenomenon and such studies use as many data sources as possible to systematically investigate a phenomenon.

The advantage that the case study method of qualitative research brought to this research was that it enabled the researcher to gain a wealth of detailed knowledge and information about the research area and to find clues and ideas that can be used for further research in HIV/AIDS communication strategies.

This study used mainly one-on-one in-depth interviews to systematically investigate the application of social marketing as a behaviour change communication tool. This enabled the researcher to understand and explain the phenomenon of whether social marketing works as an HIV/AIDS communication tool and whether the Ghana Social Marketing Foundation (GSMF) applied some social marketing principles in the *Stop AIDS, Love Life* HIV/AIDS campaign.
4.2 Method of Data Collection

Although case studies provide a number of data collection methods, interviews were used in this research. A one-on-one in-depth interview of a participant each from LoweLintas Ghana, the Johns Hopkins University for Communication Affairs and the Ghana Social Marketing Foundation were conducted to gather data about the use of Social Marketing as an HIV/AIDS communication strategy. The three organisations were selected because they were involved in the designing, implementation and evaluation of the campaigns' programmes. Interviews were conducted and recorded with pens and notebooks and complemented with audio recordings so that issues that could not be recorded manually were captured by the audio recordings.

In addition to the interviews, secondary data in the form of pamphlets, handouts, handbills, and brochures on the Stop AIDS, Love Life campaign were relied upon to provide background data for the Stop AIDS, Love Life campaign. Of particular mention was Ghana's Stop AIDS, Love Life Program Evaluation Report (February 2000-June 2001), which was helpful in assessing the success of the campaign from the perspective of social marketing theory.

The combined data helped the researcher to explore, identify and analyse the principles in social marketing theory used in the campaign. It also afforded an understanding of the communication channels used in the campaign, which further helped in the evaluation of the success of the campaign.

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24 There are at least four sources of data that can be used in case studies and these include documents, interviews, observation/participation and physical artefacts - a tool, piece of furniture or computer print out. (Wimmer et al. 2000)
4.3 Data Gathering Instruments

Unlike quantitative research, which uses instruments like the questionnaire to elicit responses, a semi-structured question/interview guide was used to elicit an in-depth and detailed understanding of social marketing as an HIV/AIDS communication tool. The question guide had 17 open-ended questions and this allowed for further probing on responses that generated new discussions that were not previously included in the questions formulated. Questions in the interview guide were formulated to answer the research question and address the objectives of the study. The findings were then contrasted with the theory and literature in chapter two for comparisons in terms of similarities and contrasts and to see if the conclusions drawn would be in conformity with the purpose and objectives of the study in chapter one.

4.4 Data Analyses Procedure

Data were analyzed by coding responses into broad categories, themes and headlines under the social marketing theory and campaign models. This was compared with the HIV/AIDS social marketing campaigns in the literature review. Analysis was basically narrative, descriptive, and inferential as it made use of interpretation of the data collected in the interview.

4.5 Summary

The methodology outlined above provided the foundation for an understanding of the application of social marketing campaigns in Ghana. It elicited primary information on the use of communication in HIV/AIDS strategies for achieving the needed success in
combating HIV/AIDS. The usefulness of the methodology was also illustrated in its ability to collect primary and secondary information, which was used to generate findings and conclusions on the use of social marketing as a communication tool in the implementation of HIV/AIDS strategies in Ghana. The next chapter reports the findings.
CHAPTER FIVE

FINDINGS

5.1 Introduction

This chapter presents an analysis of the data collected with respect to the Stop AIDS, Love Life campaign. As indicated in chapter one, this study intended to assess fully the Stop AIDS, Love Life campaign with respect to the impact of social marketing strategies in Ghana. Therefore data collected were to reveal what social marketing principles were employed by the GSMF in the Stop AIDS, Love Life campaign. Secondly the effectiveness of the channels used and their ability to create the necessary awareness and influence the adoption of campaign messages were evaluated in order to assess whether the campaign achieved any success in Ghana. The following paragraphs present the findings of the data collected along these lines.

5.2 The Research Input

The first research objective of this study was to identify the social marketing principles adopted in the Stop AIDS, Love Life campaign. Accordingly, questions were asked to help trace how formative research helped in the development, planning and implementation of the campaign. The logical question was to find out what steps were put in place prior to the campaign to ensure that it achieved its objectives. This question was also asked because as Maibach (1993) noted, social marketing needs to be consumer-oriented and
knowledgeable of the belief systems and the communication channels used in the community. It also provides development specialists with a better understanding of their audiences.

In answering the question, Mrs. Linda Narh, a communications executive at Lowe Lintas Ghana, said that research played a fundamental role from the inception of the campaign till when the campaign was over. Research helped in the development and testing of messages, selection of channels, and evaluation of campaign tools. She stated the objective of the campaign as basically to reduce the HIV/AIDS prevalence rate in Ghana. With this objective as a focus, a nationwide research was done to find out what the prevalence rate was, the distribution across the regions and districts, and the percentage of people living with the disease. Apart from these, research was also done to find out people’s perception about the disease. This, according to Mrs. Narh, was because people did not believe HIV/AIDS was real and thought it could only be contracted through mystical means. Based on the research, a strategy was put together to implement the campaign messages in three phases. According to Mrs. Narh, the research findings helped identify the different needs of the Ghanaian public. Messages were then planned in such a way that there was a focus on particular messages at particular times.

Another part research played in the Stop AIDS, Love Life campaign was in the development of messages. Because it was realized that people did not believe that the disease was real, People Living With HIV/AIDS (PLWHA) were shown on TV and some
other channels to give personal testimonies and convey the message that the disease was real.

As Mrs. Narh put it, “we therefore saw the need to put people living with HIV/AIDS on TV for everybody to see the relevance of the disease and bring the message home that the disease was closer to them than they thought.”

According to Mrs. Narh, the use of the many messages was influenced by the fact that the pre-implementation research advised the need to talk to a broad spectrum of people, the youth, middle aged and elderly. Messages were therefore developed and focused to suite these targets. Thus, while some messages focused on the youth with dual messages of the need to abstain from sex or use condoms, others focused on elderly people talking about say their son or daughter who died as a result of HIV/AIDS.

Even the selection of most of the channels was influenced by the need to focus on the best way of making these messages available to the different people who could be reached through the different channels.

In addition, research was done at the end of every phase to evaluate the success of the campaign and to respond to new issues that needed attention. Thus, information generated from every phase was incorporated into the second phase to address some of the issues that had not been properly dealt with. Research also played a part in the couching of messages through pre-testing. Some messages, for instance, were withdrawn
from being shown to the public because pre-testing showed that they were in bad light and against general Ghanaian moral standards.

Using an example to explain this assertion, Mrs. Narh said that a particular TV commercial that encouraged the use of condoms was withdrawn from the airwaves. This commercial had a story about two young people groaning and moaning in a room. After a while, the woman comes out angry. The man follows her out and promises to use a condom. They then go back into the room and there is more groaning and moaning. This message was taken off because Focus Group Discussions that tested the several messages thought it was too provocative. This incident affirms the view of Novelli (1990) that research sets the stage for feedback, which when incorporated at the beginning of campaigns makes them consumer-focused, circular and a two-way process.

Research also showed that some messages were more appealing than others. “Enter-educative”\textsuperscript{25} programmes like Things We Do for Love were found to be one of the favourite among the youth. A lot of resources were therefore channelled into the development of this programmes, which was aired once every week on GTV, for national coverage. Its popularity also led to the addition of a discussion segment where sexual reproductive health professionals were invited to address the needs of the target.

\textsuperscript{25} These are communication programs that combine entertainment with education to teach a particular audience to adapt strategy or change behaviour. The messages in enter-educative programs are made simple with a lot of humour for easy adaptability.
In the words of Mrs. Narh, research played a tremendous role in the campaign; “even now, research has shown that a lot still needs to be done to address the issues of HIV/AIDS”

The pre-study illustrates the application of one of the principles in social marketing theory, which says that research helps in planning to take account of the audiences focus before addressing the elements in the social marketing mix (Novelli, 1990). Maibach (1993) adds to this by asserting that the precise contributions that social marketing adds to campaigns are the systematic, research-based information about consumers that is indispensable for the success of interventions.

5.3 The Target Characteristics

Still evaluating how the Stop AIDS, Love Life campaign played its Ps in social marketing theory, a specific question, “Did the Stop AIDS, Love Life campaign messages affect the categorization of the target audience?” was asked. This question was premised on an assertion by Novelli (1990). He established that social marketing is consumer oriented in that the success of any intervention results from an accurate evaluation of perceptions, needs, and wants of target markets and these inform the design, communication, pricing, and delivery of appropriate offerings. This assertion acknowledges the importance of identifying a target audience for whatever product the social marketing campaign offers. The American Bureau of International Narcotics Matters (1988) refers to this as the publics in social marketing. They could be external – comprising the target audience and secondary audience or internal – comprising those involved with the approval of the campaign idea.
As explained earlier, the programme talked to the youth, the middle aged and the elderly. However the primary focus was young people between the ages of 15 and 24 years. According to Mrs. Narh, the campaign focused primarily on this target because it was realized that the programme would have the greatest benefit and impact on young people before they started sexual activity or reached puberty. Secondly, secondary data accessed for this study\(^\text{26}\) also revealed that in Ghana, the most significant issue is that HIV/AIDS affects persons in their prime years, that is, 15 and 49 years and this principally informed the campaign’s motive to focus on this age group with the emphasis on young people aged between 15 and 24 years. Further data also showed that it was feasible to encourage adolescents who were already on the verge of being sexually active to take preventive measures by using condoms and reducing their sexual partners.

The numerous messages were developed mainly because of the numerous people the campaign wanted to reach with its messages. “We talked to everybody because HIV/AIDS affects everyone and is a national issue,” said Mrs. Narh. It was revealed that most of the TV messages, for instance, encouraged the youth to either abstain, be faithful to their sexual partners or promoted the use of condoms. In addition, there were other messages that were more suited to the secondary audience who consisted of commercial and long-distance drivers, hawkers, hairdressers and barbers, sex workers and those who controlled young people’s access to reproductive health information. Because of this focus, there were drive protected messages targeted at commercial drivers. Other messages included TV and radio commercials that talked to hairdressers and barbers,

\(^{26}\) Report of the National AIDS Control Programme, 2001
who in the course of their work used equipment which could facilitate transmission from person to person. Further to this, because the second phase of the campaign sought to gain approval of campaign messages from traditional rulers, there were messages that featured traditional leaders encouraging people to abstain from behaviours that led to HIV/AIDS. Also, the need to generate compassion from the public towards People Living with AIDS (PLWA) led to the use of faith-based organizations to develop messages that had Christian and Muslim clergy talking of the need to reach out and show compassion to PLWA. Other messages included those that talked about the need for people to accept family members who were infected with the disease. There were, therefore, specific messages for families in this regard and they talked about the devastating effects of the disease on a family that had lost a son who had contracted HIV/AIDS. This message was also used to generate compassion towards people living with HIV/AIDS.

With a national focus, the rural areas were also targeted with similar messages but through different channels. Information Service Department (ISD) vans were used in the rural areas to talk to people about HIV/AIDS. Local drama, which had an HIV/AIDS focus was shown by ISD vans in the rural areas at night to create the necessary awareness. Some messages were also developed for dressmakers, apprentice masons, welders and bakers to address the specific needs of these people. These messages talked about the need for these specific targets to stay focused on learning their job and abstain from sex till when they are ready to take the responsibility associated with sexual relationships.
5.4 Communication channels

The second research objective set out for the study was to understand how the various media used were successful in creating awareness and adoption. Accordingly, there was the need to place the messages and channels in the context of their targets to see whether they reached the various targets. This was important because as established by McQuail (1989) in his campaign model, the ability to change or influence behaviour is limited in campaigns; thus the media are employed to assist in conveyance of messages to the audience.

According to Mr. Fiagbey of the Johns Hopkins University Centre for Communication Programmes, there were several messages for the several segments of the targets and these were used in channels suitable to the particular audiences. In the rural areas, for example, twenty audio/video vans were purchased with the help of the Ministries of Health and Communication for rural outreach programmes in the remotest areas of the country so that those who could not have access to the largely urban media would still be reached. Day time audio presentations, nighttime video shows and question and answer sessions were conducted, reaching over four million Ghanaians, mostly in the rural areas. Using trained officers from the Information Services Department (ISD), the Ghana Social Marketing Foundation visited 3100 rural communities in all 110 districts in Ghana. The officers, equipped with HIV/AIDS promotional materials and translated video materials in several local languages, worked in conjunction with local grassroots organizations. Their interaction with the rural population afforded the target audience the opportunity to
clarify issues on the topic while it also afforded areas without electricity to gain access to HIV/AIDS information.

In the urban areas, TV and radio commercials were mostly used. According to Mr. Fiagbey, the messages were shown on all the TV stations in the country. A unique feature of the TV aspect was the serial drama Things We Do For Love, which was very popular with the youth. This was shown on Ghana Television (GTV), the national service broadcaster, which has a nationwide coverage and thus the ability to reach large segments of the society. There was also a local drama component called Speak Easy also targeted at the youth. These drama employed popular Ghanaian plots and casts, who were the favourites of people and combined them with HIV/AIDS messages to make them appealing to the targets.

Aside the conventional channels, other channels used in the Stop AIDS, Love Life campaign were identified from secondary data. These included 2,000,000 leaflets, 100,000 Question and Answer (Q&A) booklets, 50,000 stickers, 10,000 T-shirts, 10,000 caps and 45 billboards. An HIV/AIDS song was also composed with the help of the Musicians Association of Ghana (MUSIGA). This song used simple messages on the need to lead responsible lives to educate the target on HIV/AIDS.

As noted by Chapman (1993), community participation builds local awareness and ownership of campaign messages and this sets it apart from commercial marketing as it aims to be integrated with community initiatives. In this regard Mr. Fiagbey explained
that community rallies were the main communication channels employed. Over 400,000 people participated in *Stop AIDS, Love Life* live performances organized throughout the country, which entertained young people using an “enter-educate” format. These entertaining and educational activities included drama, games, competitions, and music, all linked to the AIDS messages. Performances conducted at over 120 cities and towns sometimes attracted an audience of over 4000.

More interpersonal channels included school visitations and HIV/AIDS workshops in some selected organizations and schools. At such places, People Living With AIDS (PLWA) were used to propagate the HIV/AIDS messages. Question and Answer sessions at these workshops also afforded people to ask questions about the disease and seek counselling on their sexual behaviours and needs. It afforded those who could not openly talk about the disease an opportunity to do so in a friendlier environment.

Lastly, a unique media component in the *Stop AIDS, Love Life* campaign was the testimonials. These television advertisements were unprecedented in Ghana. For the first time, HIV/AIDS positive persons were seen on TV talking about the reality of the disease. These testimonials put a human face on HIV/AIDS, thereby increasing the compassion for those already infected with the disease. These testimonials, which were mostly used in the third phase of the campaign, enlightened the public to the realities of the disease and added an element of believability from the public.
5.5 Benefits of the campaign

As in any commercial marketing strategy, there is an inherent benefit to every product, service or idea sold to consumers in a social marketing project. This is because products, services and ideas compete for people's attention. Thus product benefits are what differentiate products, services or ideas from each other. The American Bureau of International Narcotics Matters (1988) refers to this as the price offering in social marketing theory. Thus Mr. Fiagbey was asked a direct question: What benefits did the messages in the *Stop AIDS, Love Life* campaign have over other HIV/AIDS messages to make them appealing to their respective publics? This question was also asked because the similar studies showed that incentives promote motivation among participants in social marketing interventions and this helps in the acceptance of social marketing products/messages (Chapman, 1993).

Interview responses, corroborated by the secondary data, revealed that the primary price offering for the *Stop AIDS, Love Life* campaign was its single minded proposition – the focus on the individual instead of the nation. Before the inception of the campaign, other HIV/AIDS campaigns focused on the effects of the disease on the nation in terms of national productivity instead of its devastating effects on the individual. Thus HIV/AIDS messages told people to be watchful of the disease and how it is contracted because it has a bearing on their productivity and the nation's output.

Although previous messages had price offerings, consumers did not identify with them since they started to perceive the disease as something that could affect others and not
themselves. This perception was illustrated in the pre-study before the inception of the Stop AIDS, Love Life campaign. Thus the Stop AIDS, Love Life campaign focused on the perception consumers had of the disease ‘infecting other people and not me’ and improved on this idea to develop new ‘pricing’ strategies to make the messages more appealing to the target consumer. For that reason, messages in this campaign were developed with a consumer focus to satisfy particular consumer needs in terms of the direct benefits people would stand to gain if they abstain, stay faithful to their partners or use a condom. The long-term benefits to the nation were therefore separated from the short-term benefits to the individual. The message was therefore for people to stop AIDS by loving life and protecting themselves while taking control of their lives through wise decisions. The individual was portrayed in the campaign to be at risk of the disease since contracting it would mean putting his/her investment into managing a disease that has no cure and which would ultimately lead to death. The benefit in the Stop AIDS, Love Life campaign was simple and couched along the simple reason that everybody loves life and everybody would like to enjoy life and not die. So the need to tell people to be wise in order to avoid contracting the disease was strong. This benefit was also illustrated in the campaign slogan, Stop AIDS, Love Life. In order for people to love life, there was the need to tell them to stop AIDS through behaviour change messages.
5.6 Popularity of the Messages

Related to the use of the many messages and channels was the need to test the popularity of the messages. This was also because the popularity of the messages also had a relationship with the level of awareness created and the adoption of campaign messages.

As indicated in earlier chapters, another objective of this study was to establish whether the campaign was successful in creating awareness among the public. Therefore a question: “How popular were the campaign messages among the target audience?” was asked.

Interestingly, according to Mr. Fiagbey, the HIV song was the most popular among the target. The song had an easy-to-sing chorus on the need to reach out to people with HIV/AIDS. It was also sung by a number of popular artists who were the favourite of Ghanaian music lovers. It had a danceable tune that could easily appeal to the young and the old. The clip was shown on TV and played on radio across the country. This was mostly done in between programs that had a broad viewership and listenership, for example, before and between major newscasts and popular programs. It was therefore seen by many people and its easy to learn and sing chorus attracted a lot of people who sung along when the song was played.

Secondly, like most channels in social marketing campaigns, the TV and radio were also very popular with especially the urban population. According to Mr. Fiagbey, most people could identify with the messages they carried and people never grew tired of their
simple messages. Phrases from some of the condom advertisements shown on TV became catchwords among the youth. Examples were “I’ll chill tonight... am with you brother”, which became a popular phrase in one of the condom advertisements on TV. This advertisement talked about some University students going out to have fun and advises on the use of condoms for protection. There was another advertisement, which talked about a pack of three condoms, with the casts using their three middle fingers to represent the pack of three. This sign caught on with the youth and was easily associated with that brand of condom- Panther.

Secondary data\textsuperscript{27} also showed the popularity of most of the messages and the channels used in the Stop AIDS, Love Life campaign. Aside TV and radio, the posters and leaflets, which were distributed across the country, were very popular. They contained simple messages on HIV/AIDS and how it could be prevented. They were mainly in English and thus more geared toward an urban audience. HIV/AIDS stickers followed after the posters/leaflets in that order. People easily identified the many bright yellow stickers with the “stop” traffic sign as the Stop AIDS, Love Life sign. Other stickers included the “drive-protected” stickers, which could be found on many commercial vehicles in the country. They were colourful red and black stickers and had the drawing of a commercial vehicle in a condom. They came in different sizes and forms and could be used by the drivers as sun shields or to decorate their car.

\textsuperscript{27} Such as Ghana’s Stop AIDS, Love Life Program, Phase 1: Evaluation Report of February 2000-June 2001 (October 2002)
Unfortunately, the ISD van and rallies were the least popular channels because they were used in limited quantities and only in specific regions, the rural areas. They were also used primarily in areas where the major channels like TV and radio could not be used effectively. They were therefore more supportive of the other channels and used to complement the work of the other channels. In most of the regional capitals with high population figures like Accra, Kumasi and Tamale, these channels were not used. So most people did not have access to the use of these channels.

This study also sought to assess the popularity of the campaign among the target audiences by establishing the level of recall of campaign messages. This aspect of the evaluation of the campaign was mostly done with the help of secondary data. As established by Wimmer and Dominick (2000), qualitative data come in a variety of forms such as notes made available while observing in the field, interview transcripts, documents, diaries and journals.

According to such secondary data as Ghana’s *Stop AIDS, Love Life* Evaluation Report (October 2002), 83% of men and 77% of women recalled seeing the campaign materials in between seven and eleven communication channels. Aside recall of messages, there was the need to see what exactly people recalled about these messages. The need to abstain from sex, especially for young adolescents, was seen as one of the messages people could easily recall. This increased from 8% at the inception of the campaign to 67% in 2001 for men; and increased from 5% the 48% for women. Also, knowledge of
the use of condoms as ways of preventing HIV/AIDS grew from 37% to 57% for men and 40% to 55% for women.

Further to this and as stated in the objective of this study, the popularity of the campaign and its ability to create the necessary awareness was also weighed against its ability to influence a change in behaviour.

According to Mr. Emmanuel Fiagbey of the Johns Hopkins University Centre for Communication Programmes, the campaign was very successful in influencing people's perception about the use of condoms. This was one objective of the Stop AIDS, Love Life campaign that was met with a lot of success. According to Mr. Fiagbey, condom use, for example, doubled after the start of the campaign. Complemented with secondary data, it was realized that condom use in 1999 was 4.6 million. This went up to 10 million in 2001. “This was as a result of the many condom related awareness messages,” he said.

There were advertisements of several brands of condoms on TV and radio. Thus, people got to know of condom use as an HIV/AIDS prevention tool. The popularity of the use of condom was as a result of the numerous visits to schools, clubs and workshops, during which illustrations on the proper use of the condoms was demonstrated and free samples were distributed to people. This afforded people the opportunity to experience the product for themselves, ask questions about the product and remove the element of shyness people associate with the use of the product.
Aside the increases in the sale and the use of condoms, the campaign was slightly successful in getting married men who had multiple partners to stick to one partner. Thus according to Mr. Fiagbey, figures dropped from 18.6% to 18.3% for married men who said they used to have more than one sexual partner from 1998 to 2001. On the other hand, it increased from 21.5% to 35.1% for single men. Thus for single men, the campaign did not have any effect especially with messages that encouraged them to stick to one partner.

On abstinence, secondary data showed that it was 20.7 years for men and 18.9 years for women before the inception of the campaign. This decreased to 19.9 years and 18.8 years for men and women, respectively. The campaign was therefore not significantly successful in encouraging young people to abstain from early sex.

A question was asked to see whether there could be a replication of the campaign objectives in similar campaigns elsewhere. In response to this question, Mrs. Linda Narh said that it would be important to apply similar messages, channels and social marketing techniques in similar campaigns because clearly, post campaign results through research showed that the messages were successful in creating the necessary awareness. According to her, the pandemic is still spreading and therefore there is the need to create more awareness through more message development, which would be made popular through channels assessable to the specific audiences. As a follow up to this question, respondents were asked to identify what, in their experience, people would like to see changed in the Stop AIDS, Love Life campaign. Mrs. Narh thought there was the need to
go down to the people and use more interpersonal methods of communication by visiting specific groups in society with specific messages. According to her, "changing behaviours now is the task and therefore we need more interactive processes of finding out the reasons for the behaviours of people that led to contacting the disease”

5.7 Summary

This chapter presented how the Ghana Social Marketing Foundation played out the various Ps in the social marketing model and evaluated the communication channels used. This was used to evaluate the sort of awareness created by the campaign to establish whether there was a change in sexual behaviour by that target audience.

In a nutshell, the findings suggested that like other social marketing campaigns in other countries, the Stop AIDS, Love Life campaign played out some of the Ps in social marketing theory. In addition, a mix of communication channels was used to create awareness about the campaign and this resulted in changes in some behaviour among segments of the population. The next chapter discusses the findings and conclusions of that evaluation.
6.1 Introduction

This study was undertaken to make out and draw attention to the use of social marketing as HIV/AIDS communication tools. The *Stop AIDS, Love Life* campaign was therefore used as a case study to evaluate how similar Ghana’s social marketing campaign was in relation to campaigns in other countries. The preceding chapter presented some important findings. This chapter will be used to discuss whether the data as presented show success or failure in the achievement of campaign objectives.

The second part of this chapter would further draw conclusions from the discussions and summarize the effectiveness of the use of social marketing as an HIV/AIDS communication tool.

6.2 Social marketing theory

The *Stop AIDS, Love Life* campaign was successful in playing out or practicalizing most of the elements in social marketing theory. The campaign used a number of social marketing techniques in that prior research was done and this guided the campaign process from the beginning till it was over. In addition to this, the campaign clearly identified a public with its messages, had a pricing strategy, and was implemented by a partnership comprising several governmental and non-governmental agencies. Further to this, the campaign was also promoted through several channels in several places.
throughout the country. The several steps employed in the implementation of the campaign's communication strategy clearly points to the use of strategies in social marketing theory.

However, comments from social marketing critics like Beltran (1976) and Diaz-Bordenave (1976), have sought to imply that social marketing seeks to persuade people to engage in certain behaviours, which were determined by the agencies and planners. With the Stop AIDS, Love Life campaign, for example, the use of condoms was not common in Ghana before the inception of the campaign and secondary data affirmed this. The campaign implementers, on the other hand, realised the successful use of condoms in other societies and implemented a similar strategy in Ghana. Although the campaign was successful in increasing the use of condoms in Ghana in four years, it introduced a practice in Ghanaian society, which was alien to its culture. The campaign sold to the Ghanaian public an idea to use a product that was predetermined by the campaign implementers.

6.3 Successes and failures

Our findings also show that exposure to campaign messages was very high. According to Ghana’s Stop AIDS, Love Life Program, Evaluation Report, February 2000-June 2001, it ranged between 20% (community rallies) to 78% (HIV/AIDS song). The mass media components (TV, radio, and poster) had very high exposure levels. They recorded 70%, 68%, and 55% respectively.

Based on the findings, it may be concluded that the campaign was successful in creating the necessary awareness among the public. However, if the individual communication components are evaluated, it can be seen that while channels assessable to the urban dwellers achieved the highest success, the community rallies and the use of ISD vans in the rural areas had the least exposure levels (20% and 21% respectively). This explains the fears of Njoku (1989) who lamented that social marketing can be a new approach to reaching people but great care should be undertaken in Africa so we avoid the failures in past efforts aimed at building effective new communication channels. According to Njoku (1989), success would require the close corporation of indigenous and mass communication specialists to bring to bear in creating strategies and messages that are agreeable and persuasive to local audiences and environments. Going by the channel statistics and the assertion by Njoku (1989), HIV/AIDS prevalence rates in Africa are levelling up among the educated urban populace although the rural dwellers continue to be at risk. However, with respect to the Stop AIDS, Love Life campaign, the communication channels failed to address the needs of the rural populace and this is illustrated in the channel awareness statistics form the Evaluation Report, February 2000-June 2001.

Nevertheless, the campaign had some successes in terms of recall. A lot of people could easily remember most of the messages as four out of every five males and three out of every five females could remember messages. Specific message recall, for example, were calls for the use of condoms, which increased by 20% for men and 15% for women. These figures represent increases in the creation of awareness and recall of campaign messages. It would be interesting to evaluate the effect of these messages on behaviour.
With respect to changes in behaviour, the *Stop AIDS, Love Life* campaign had interesting statistics. Although there was a slight decrease of between 0.5% (males) and 3.9% (females) in the average age at first sex after the campaign, it shows a partial failure on the achievement of some of the campaign objectives. The partial failure of the *Stop AIDS, Love Life* campaigns’ inability to influence people to abstain from sex is affirmed by McQuail (1989) in his campaign model. He asserts that some campaigns do succeed (Mendelsohn, 1973) and some do fail (Hyman & Sheatsley, 1947) and attributes failures to ‘filter conditions’, which include the attention of the audience, their perception of the message, group loyalty and acceptance, and motivation. Clearly, attention was not a cause of the failure in this aspect of the campaign since a lot of awareness was created in this regard. Nevertheless, it could be attributed to filter conditions like individual perception and group allegiance since current records show that virginity is no more cherished among young adults in Ghana as they consider virginity as old fashioned.

When McQuail’s (1989) assertion is related to results of social marketing campaigns in other countries like Nicaragua, it is realized that the *Juntos Decidimos Cuando* had partial failures. For example, 43% of the target group who had seen campaign messages took no action. Also in Zimbabwe, the campaign was less successful in shifting young people’s thinking about gender roles although the campaign was directed towards this objective. Four out of every five respondents, representing 80%, still thought males should be the primary deciders of when to have sex after the campaign.

Notwithstanding these failures, a particular objective of the *Stop AIDS, Love Life* campaign, which was to increase the use of condoms was achieved extensively. Condom
sales went up significantly from 4.4 million in December 1999 to 7.8 million in 2000, a year after the campaign. This kept increasing by approximately one million condoms every six months. And considering the fact that research at the inception of the campaign said Ghana had the lowest figures in terms of condom use in Africa, these were significant results. Although these significant increases were phenomenal, theorists like Beltran (1976) and Diaz-Bordenave (1976) have been strong critics of this aspect of social marketing. For them, social marketing treats most people as consumers rather than protagonists because it borrows techniques from modern sales promotions and advertising, which concerns with selling products to consumers rather than the participation of the consumers in the selling process.

In spite of the success in getting people to use condoms as a result of the campaign, there was the lack of any observed effect of the campaign on delays in sexual debut and partner reduction. This is attributed to a variety of factors. The campaign, while promoting these issues, placed a stronger emphasis on condom use during the first phase for reasons explained earlier. Also, the late age of sexual debut and the low level of multiple partnerships observed in Ghana prior to the campaign may have created a notion that these issues were of less priority compared to condom use, which was low. Success in the use of condoms and failures in causing people to delay sex and stick to one partner could also be attributed to the several catchy massages on condom promotion. On TV for example, there was only one message that encouraged the youth to delay sex throughout the campaign. Meanwhile, several catchy messages on the effectiveness of the use of condom for protection against HIV/AIDS were shown daily on TV. These may have contributed to the less success in the other objectives of the campaign.
With regard to the magnitude of those with multiple sexual partners, there were fewer successes when married men were compared with single men. Single men, for example, were more likely to have multiple sexual partners in 2001, than in 1998. This trend could however not be due to the campaign, as the increase in multiple partners among single men was similar for all who had been exposed and unexposed to the campaign. Secondly, data showed that the proportion of married men with high levels of exposure to the campaign in 2001 were significantly less likely to have multiple sexual partners as compared to 1998. This meant a success in getting more married men to be faithful to their partners.

In general, discussions led to the fact that the use of social marketing as an HIV/AIDS communication tool is faced with a lot of challenges. There are varying extents to which they can be used to achieve stated results and this is illustrated in the Stop ADS, Love Life campaign. Like other campaigns in Zambia, Zimbabwe and Nicaragua, there were partial successes and partial failures in the campaign and these were as a result of several factors explained in McQuail’s (1989) campaign model.
6.4 Evaluation of the campaign results

The focus on evaluating the use of social marketing as HIV/AIDS communication tools is informed by the fact that despite numerous campaigns in Africa and the recent campaign in Ghana, the disease is still spreading. Quite recently, it has been reported that more than 46 million people are infected with the disease worldwide despite numerous attempts aimed at curbing its spread.\(^\text{29}\) It would be expected that the numerous social marketing interventions all over Africa would have contributed in bringing the spread in Africa down. This seems to be the opposite.

From this perspective, it can be realized that an evaluation of the *Stop AIDS, Love Life* social marketing campaign has unearthed a number of interesting results. Elliott (1991), for example, has established that social marketing resulted from marketing’s response to the need to be relevant and responsible to social needs. The Ghana Social Marketing Foundation (GSMF) succeeded in this respect by using the *Stop AIDS, Love Life* campaign to solve a social need. The HIV/AIDS prevalence rate at the inception of the campaign in 1998 was low in Ghana relative to other African countries but was increasing at an alarming rate and fast approaching 5%. Two hundred people were being infected every day with the disease. Thus, there was the need for a coordinated effort aimed at curbing the spread of the disease.

According to the Evaluation Report, of the *Stop AIDS, Love Life* campaign program (October 2002), the campaign succeeded in placing the disease in the minds of Ghanaians as a development and health problem, which needed everybody’s effort. The campaign

\(^{29}\) The *Ghanaian Times*, July 2, 2004
also succeeded in increasing awareness towards the disease and the use of condoms in the
country although it failed to change behaviour in terms of making the youth to delay sex
or stick to one partner.

The conclusion that can be drawn from these is that like any marketing campaign, the
Stop AIDS, Love Life campaign succeeded in letting people know of the availability of a
product – condoms. It was therefore easy for the campaigners to create the necessary
condom awareness in TV, radio, and print channels.

Behaviour change communication channels on the other hand, have been known to be
more participatory as they provide communicators with the skill to interact and know
their audience in other to identify their specific needs (Beltran and Diaz-Bordenave
1976). The channels identified in the Stop AIDS, Love Life campaign that were
participatory and could facilitate behaviour change – the mobile vans and community
rallies - had the least exposure. Most of the communication channels were therefore
impersonal and failed to note why the youth, for instance, engaged in early sex or had
multiple sexual partners and it is mostly from this perspective that the campaign failed.

Like any mass media campaign, the Stop AIDS, Love Life campaign tried to solve the
problems associated with the disease on a very large scale. There was therefore the lack
of focus on the different diverse groups within the target audience. It would be easy to get
people to patronize condoms like any other product once the benefits are recognized from
its use but issues concerned with changes in behaviour need a lot more effort. Here,
particular needs of the various groups within the larger group would have to be addressed
since people might have different reasons for different behaviours. A young girl, for
example, might have several reasons for keeping more than one sexual partner and these may range from economic to peer pressures. The challenge therefore has to do with how to use communication strategies to address personal issues associated with behaviour instead of relying more on the mass media. This problem is echoed in the Zimbabwean campaign where the use of a communication mix and media tools failed to shift young people’s thinking about gender roles when it came to making decisions about sex. The communication channels failed to address the individual needs of the audience by interacting with them to identify the problem from their perspective. McQuail (1989) could not have stated this more clearly when he noted that campaigners usually do not control the state of affairs determined by the target since many circumstances like the target’s perception intervene to destroy or invalidate the message of the campaign. Getting into the perspective of the audience would therefore be the first step in identifying their needs.

6.5 Limitations of the study

This study used the Stop AIDS, Love Life campaign as a case study to evaluate and understand the use of social marketing techniques. It is therefore affected by most of the drawbacks of case studies.

First, this study lacks the scientific rigour associated with quantitative studies, as data was not analyzed from an objective point of view. Yin (1994: 21) for instance points out that “too many times, the case study researcher has been sloppy, and has allowed equivocal evidence or biased views to influence the findings and conclusions.” This is not to say that sloppy presumptions have been made in this research. But definitely, findings
and conclusions drawn from the audience surveys of primary target audiences of the *Stop AIDS, Love Life* campaign would help enrich the observations discussed here. It would therefore be advisable for other researchers to use this study as a motivation to investigate further into the issue of the use of social marketing as an HIV/AIDS communication tool.

Secondly, because the study evaluates a particular case, the *Stop AIDS, Love Life* campaign, it would be difficult to make generalizations from this study. This is because the other campaigns in Nicaragua, Zambia and Zimbabwe were all peculiar to those countries and the reasons for their success or failures may be different from the Ghanaian example. The comparisons with those studies were purely to identify how they also played out the social marketing theory to see if social marketing works as a communication tool.

Lastly, the *Stop AIDS, Love Life* campaign is the only major national HIV/AIDS social marketing campaign undertaken in Ghana. Trends in the effectiveness of the use of social marketing strategies as HIV/AIDS communication tools in Ghana can therefore not be established from this research for statistically based conclusions to be made. This study was therefore exploratory and would need further studies in the area of how social marketing can be used to communicate HIV/AIDS information in Ghana to see how effective it can be used as a communication strategy.
6.5 **Recommendations**

Theorists and practitioners identified with participatory communication have been strong critics of social marketing. To such critics, social marketing does not involve communities in deciding problems and courses of action; and they suggest that change does not happen when communities are not actively engaged in projects (Beltran, 1976; Diaz-Bordenave, 1976).

With respect to the *Stop AIDS, Love Life* campaign, more individual and small group focused methods of participatory communication could have been developed. For instance, individual messages could have been targeted at small audiences who would have met at particular times to discuss HIV/AIDS issues with the direction of a facilitator. Their HIV/AIDS needs would have been identified easily this way and would have suited the Ghanaian indigenous modes of communication, which facilitate feedback.

According to Ansu-Kyeremeh (1998), the indigenous systems of communication in Africa can serve to meet the communication, social interaction, information, educational, development and entertainment needs of the people if they are used effectively. This is because they are established in the original communication modes of the people and therefore easy to comprehend. This is affirmed by McIvor (1990) who observes that theatre is one of the best ways of communicating to people for easy comprehension. He asserts that when you give an audience a lecture they listen; but when you give them some theatre, they participate. McIvor's (1990) assertion is confirmed by the popularity of the TV serial drama, *Things We Do For Love*, which was the favourite among the communication messages in the *Stop AIDS, Love Life* campaign, but which was limited to
an urban population. These theorists have established some useful points in participatory communication that could have been used in the *Stop AIDS, Love Life* campaign.

Further, given the failure of the campaign to reach the rural masses where illiteracy poses serious problems to efforts aimed at curbing the spread of the disease, numerous radio strategies can be developed to spread the news about the disease and challenge the people to change behaviours associated with HIV/AIDS. UNESCO (1968:3) sees radio in rural community education as the best since “in the past few years, much attention has been given to the problems of adult education in rural areas; and to experiments which have proved on several occasions that radio broadcasting, when skillfully used, can be the most effective medium of communication and education in such areas.” Radio strategies like the Instructional Radio or Radio Rural Forum\(^{30}\) can be used to increase awareness levels in the rural areas where the campaign achieved minimal success. Radio Rural Forum, for example, makes use of radio with discussion and decision for rural groups. The strategy involves the presentation of a regular weekly 15-30 minute magazine programme to audiences formed into listening groups. These groups listen to the programmes and discuss their contents under the guidance of a group leader and take decisions on points raised. The leader then sends monthly reports to the source of the program for review and possible inclusion in subsequent programmes. This strategy makes an extensive use of audience reaction, for subsequent programmes. Strategies like this, with in-built localized discussions and decisions, foster community ownership in HIV/AIDS programmes and facilitate feedback in a more organized way so messages can be tailored towards particular audiences.

Furthermore, these strategies, although best suited for rural audiences, can be used to target specific groups like prostitutes, porters, market women, drivers, masons, barbers and hairdressers, and craftspeople who through their daily activities pose a risk to the spread of the disease. They can be organized into groups at the association level to go through these participatory HIV/AIDS fora and workshops to increase their knowledge on the HIV/AIDS menace. At these interpersonal and small group workshops, specific behavioural needs would be identified through feedback, which is necessary for any effective communication strategy.
APPENDIX

QUESTION GUIDE

Introduction

This is a qualitative study being carried out by Ebenezer Tetteh, a postgraduate student of the School of Communication Studies. The study uses the *Stop AIDS, Love Life* campaign by the Ghana Social Marketing Foundation (GSMF) as a case study to evaluate whether social marketing works as an HIV/AIDS communication tool. The study is for academic purposes only and any information will be treated with absolute confidentiality. Thank you.

1. How long has the campaign been in operation?

2. What was the campaign meant to achieve?

3. What steps were put in place prior to the campaign to ensure that the campaign achieved its objectives?

4. What informed the use of the many messages in the campaign?
5. Did the target audience affect the categorisation of the *Stop AIDS, Love Life* campaign messages?

6. What benefits did these messages have over existing HIV/AIDS messages in terms of their acceptance by the target audience?

7. What contributions and participatory roles did the target audience play in developing the messages?

8. Which specific messages were most appealing to the target audience?

9. How accessible were the campaign messages to the target audience?

10. How popular were the campaign messages among the target audience?

11. What contributed to the other ways being less popular?
12. How would you access the popularity of the campaign among the target audience?


13. Would you recommend replication of campaign objectives to similar target audiences in similar campaigns?


14. What would you recommend as changes if such replications should be made?


15. What specific contributions did the participating organisations make in the campaign?


16. How did this help in achieving the reasons for the campaign?


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