

FACT SHEET



RURAL CENTER for AIDS/STD PREVENTION

A Joint Project of

INDIANA UNIVERSITY, UNIVERSITY OF COLORADO,
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HIV/AIDS Mass Media Campaigns

Introduction

The mass media have been employed with great frequency in the United States and around the world in interventions to help prevent the spread of HIV/AIDS.^{1,2,3,4} These mass communication campaigns have employed single or multiple media at the national, regional and local levels, either as stand-alone efforts or as part of multi-component programs. Traditional stand-alone efforts have often used television, radio, and/or print media,^{5,6,7} while newer campaigns are increasingly incorporating “new media” such as Internet websites.^{8,9} Multi-component campaigns have combined media with numerous “interpersonal” channels such as peer education and outreach, community coalitions, counseling, skill-building workshops, and/or support groups.^{10,11,12} Mass media campaigns are often utilized because of their ability to reach huge and diverse audiences in a cost-effective manner, giving such campaigns tremendous potential as a tool in fighting the spread of HIV/AIDS.¹³

Campaign Effectiveness

A key question that often arises about campaigns, however, is whether or not they are effective in impacting HIV/AIDS knowledge, attitudes, and/or behaviors. Unfortunately, many HIV/AIDS mass media campaigns have been evaluated using weak research designs,^{1,2,14,15} which can lead to unreliable or inconclusive results regarding the impact of a campaign. For instance, one systematic review of campaigns found that only 10% of published HIV/AIDS campaign evaluations (4 out of 41 studies) used a quasi-experimental design with a comparison or control group, while the remainder used non-experimental designs which do not allow firm causal conclusions about campaign effectiveness to be made.² A more recent review found little improvement in this area.³ Why is this the case? Reasons include both the high cost of rigorous evaluation as well as the scientific difficulties that arise when trying to evaluate “in the field” campaigns (e.g., randomly assigning individuals or geographic areas to different conditions is often not possible). As noted above, a minority of campaigns have largely overcome such difficulties by utilizing quasi-experimental research designs that do permit causal conclusions regarding campaign effectiveness to be made.^{16,17,18}

In addition, despite these evaluation challenges, researchers have recently made attempts to examine and

synthesize the evidence for HIV/AIDS campaign effectiveness. Here are some highlights:

- A recent effort to pool the results of HIV testing campaign studies found evidence for short-term effects of such campaigns on HIV testing behavior. No evidence was found for long-term effects.¹⁹
- A recent systematic review of campaigns conducted in developing countries concluded that the strongest evidence of effects existed with regard to increasing HIV/AIDS knowledge and reducing high-risk sexual behavior. Results were mixed on several additional outcomes including abstinence and condom use.¹
- An effort to pool the results of health mass media campaigns, including campaigns focused on safer sex, found that safer sex campaigns changed behavior, on average, of 6% of the target audience. These effects were comparable to media campaigns targeting other health behaviors such as heart disease, smoking, and mammography screening.²⁰
- Responding to the fact that many safer sex campaigns are not well evaluated, a recent study used a rigorous time-series evaluation design to examine the effects of an intensive 3-month televised safer sex campaign targeting at-risk young adults in a southeastern city in the United States. The campaign was found to have a clear positive impact on condom use behavior among the target audience.¹⁸

In summary, the existing evidence suggests much promise for HIV/AIDS prevention mass media campaigns. The greatest evidence exists for the ability of such campaigns to increase knowledge and raise awareness of HIV/AIDS. Evidence does exist, however, for the ability of campaigns to change unsafe sexual behavior. When such effects have been demonstrated, they have tended to be small-to-moderate in size and short-term in nature, suggesting the need for either a continuing campaign presence and/or other components that support the healthy behavioral changes that are made.^{2,18}

What Makes an Effective Campaign?

How can campaign designers maximize their chances of implementing an effective HIV/AIDS campaign? A large literature on mass media campaigns strongly suggests that the extent to which principles of effective campaign design

are followed is directly related to the success (or failure) of a campaign effort.^{2, 3, 15, 21} These principles include:

- **Conducting Formative Research** – garnering feedback from and about the target audience on the behavior under study, initial versions of campaign messages, and campaign channels under consideration for use.
- **Using Theory** – employing a behavioral theory as a conceptual guide for the campaign.
- **Segmenting Audiences** – dividing audiences into one or more homogenous groups for purposes of targeting campaign messages.
- **Effective Message Design** – using message design theory and formative research to create messages thought to be effective with particular audience segments.
- **Effective Channel Placement** – strategically placing messages in appropriate channels (e.g., TV, radio, print media) widely viewed by the target audience, in order to ensure high exposure to campaign messages.
- **Process Evaluation** – following campaign implementation closely to ensure that a campaign plan is effectively put into action, as well as making “mid-course corrections” where necessary.
- **Outcome Evaluation** – where possible, employing a sensitive outcome evaluation design that allows firm causal conclusions regarding the impact of the campaign to be made.

For researchers and practitioners attempting to achieve a community-level impact on HIV/AIDS prevention knowledge, attitudes, and protective behaviors, mass media campaigns are a viable option. This is the case particularly given that campaigns are capable of such wide reach. In fact, a campaign that changes the behavior of only 5% of the target audience, but reaches 100,000 people, would change the behavior of 5,000 people. Achieving such changes in protective behaviors is only likely, however, if principles of effective campaign design are carefully followed.

References

1. Bertrand, J. T., O'Reilly, K., Denison, J., Anhang, R., & Sweat, M. (2006). Systematic review of the effectiveness of mass communication programs to change HIV/AIDS-related behaviors in developing countries. *Health Education Research, 21*, 567-597.
2. Myhre, S. L., & Flora, J. A. (2000). HIV/AIDS communication campaigns: Progress and prospects. *Journal of Health Communication, 5*(Suppl.), 29-45.
3. Palmgreen, P., Noar, S. M., & Zimmerman, R. S. (2007). Mass media campaigns as a tool for HIV prevention. In T. Edgar, S. M. Noar, & V. Freimuth (Eds.), *Communication perspectives on HIV/AIDS for the 21st century*. New York: Routledge.
4. Singhal, A., & Rogers, E. M. (2003). *Combating AIDS: Communication strategies in action*. Thousand Oaks, CA: Sage.
5. DeJong, W., Wolf, R., & Austin, S.B. (2001). U.S. federally funded television public service announcements (PSAs) to prevent HIV/AIDS: a content analysis. *Journal of Health Communication, 6*(3), 249-263.
6. Ratzan, S. C., Payne, J. G., & Massett, H. A. (1994). Effective health message design: The 'America responds to AIDS' campaign. *American Behavioral Scientist, 38*(2), 294-309.
7. The Henry J. Kaiser Family Foundation. (2006). *Evolution of an epidemic: 25 years of HIV/AIDS media campaigns in the U.S.* Menlo Park, CA: Kaiser.
8. Geary, C. W., Burke, H. M., Castelnuovo, L., Neupane, S., Sall, Y. B., & Wong, E. (2007). Exposure to MTV's global HIV prevention campaign in Kathmandu, Nepal; Sao Paulo, Brazil; and Dakar, Senegal. *AIDS Education and Prevention, 19*, 36-50.
9. The Henry J. Kaiser Family Foundation. (2004). *Assessing public education programming on HIV/AIDS: A national survey of African Americans*. Menlo Park, CA: Kaiser.
10. Kegeles, S. M., Hays, R. B., Pollack, L. M., & Coates, T. J. (1999). Mobilizing young gay and bisexual men for HIV prevention: A two-community study. *AIDS, 13*, 1753-1762.
11. Meekers, D., Agha, S., & Klein, M. (2005). The impact on condom use of the “100% Jeune” social marketing program in Cameroon. *Journal of Adolescent Health, 36*, 530e1-530e12.
12. Peltzer, K. & Seoka, P. (2004). Evaluation of HIV/AIDS prevention intervention messages on a rural sample of South African youth's knowledge, attitudes, beliefs and behaviours over a period of 15 months. *Journal of Child and Adolescent Mental Health, 16*, 93-102.
13. Cohen, D. A., Wu, S., & Farley, T. A. (2005). Cost-effective allocation of government funds to prevent HIV infection. *Health Affairs, 24*(4), 915-926.
14. Hornik, R. C. (Ed.) (2002). *Public health communication: Evidence for behavior change*. Hillsdale, NJ: Erlbaum.
15. Noar, S. M. (2006). A 10-year retrospective of health mass media campaigns: Where do we go from here? *Journal of Health Communication, 11*, 21-42.
16. Centers for Disease Control and Prevention. (1999). Community-level HIV intervention in 5 cities: Final outcome data from the CDC AIDS community demonstration projects. *American Journal of Public Health, 89*(3), 336-345.
17. Vaughan, P. W., Rogers, E. M., Singhal, A., Swalehe, R. M. (2000). Entertainment-education and HIV/AIDS prevention: a field experiment in Tanzania. *Journal of Health Communication, 5*, 81-101.
18. Zimmerman, R. S., Palmgreen, P., Noar, S. M., Lustria, M. L. A., Lu, H. Y., & Horosewski, M. L. (2007). Effects of a televised two-city safer sex mass media campaign targeting high sensation-seeking and impulsive decision-making young adults. *Health Education & Behavior*.
19. Vidanapathirana, J., Abramson, M. J., Forbes, A. & Fairley, C. (2005). Mass media interventions for promoting HIV testing (Review). *The Cochrane Database of Systematic Reviews, 3*, 1-38.
20. Snyder, L.B., Hamilton, M.A., Mitchell, E.W., Kiwanuka-Tondo, J., Fleming-Milici, F., & Proctor, D. (2004). A meta-analysis of the effect of mediated health communication campaigns on behavior change in the United States. *Journal of Health Communication, 9*, 71-96.
21. Grier, S., & Bryant, C. A. (2005). Social marketing in public health. *Annual Review of Public Health, 26*, 319-339.

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