

Médicos del Mundo AIDS programme

21 to 25 November 2005

Safari Hotel, Windhoek

MESSAGES AND CONTENTS CAMPAIGNS

How to identify a good message

Prevention, cultural habits, misconceptions

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What make messages appropriate?

- **Relevance** to the target group – the people we are and live with:, understanding, knowledge, language, age, ability, norms, attitudes
- **Self-image**: emotion, self-efficacy, personal perceptions, perceived risks
- **Social influence**: how will the community view actions or change? With it, branding

What has been the Namibian experience?

- **Research base** essential for communication programmes
- **Advertising agencies:** they are after the awards, very little experience of social issues and effects of messages on target audience
- **Involvement of the target audience:** from planning, through design, pre-testing and execution to dissemination

What has been the Namibian experience (2)?

- **Collaboration and integrated approach:** need to have partners on board
 - **Representative organisations:** FBOs, NGOs, PLWHA, youth, vulnerable groups, people with disabilities
 - **Service organisations:** home-based care groups, volunteers, VCT, counselling and support groups
 - **Mass media component partners:** share messages and use same language concepts, eg partner testing

Youth reactions to campaign material

- Generally very **positive** to 2004/5 campaign
- Perception of people very **different**, some found
 - David and Gwen – played roles well, **did not identify** with celebrity status of Gwen
 - Clive and Rodine insincere because they laughed
 - Many young men **did not believe** messages of respect and equality are acceptable

Youth perceptions (2)

- **PLWHA** speaking out – convincing but expect them to be serious
- **Music** messages most favoured and drew most viewers/listeners
- **Credibility** of musicians seriously questioned
- Youth aware of **atmosphere**, venues
- Want to see more of **own leaders**: teachers, clergy and political leaders

Prevention understanding

- Research from JHU community programmes at 18 sites throughout Namibia – urban, rural, informal
- Knowledge high on HIV and AIDS, not on herpes and genital warts, even less of chlamydia
- Most recognise abstinence and condom use as prevention strategies, only 1/3 reduction of sexual partners

Culture, perceptions and misconceptions

- Many people (32,2%) believe you can tell someone has HIV by look only – 40 Oniipa, 58,4 Nyangana, 41,4 Rundu
- 3,1% believe sex with a virgin cures AIDS (5% N, 10,3% R)
- 5,5% believe HIV can be transmitted through mosquito, flea or bedbug bites (Rundu 16,1)
- 8,1% believe special herbs can prevent HIV transmission (23-17,4 Kavanto)
- 9,4% believe can protect through after mornign pill (21%, 29,7 14 Andara, N, R)