

**First Things First at University of KwaZulu-Natal (UKZN):
Analysing visual materials and first-year students' perceptions of a
HIV-related campaign**

By

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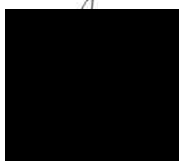
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ABSTRACT

The study focuses on the First Things First campaign and the responses of first-year University of KwaZulu-Natal (UKZN) students to the campaign posters. The campaign is a project of the Higher Education and Training HIV and AIDS Programme (HEAIDS) that emphasises counselling and testing to reduce HIV and AIDS prevalence amongst students. The First Things First campaign posters encourage students to get tested and know their HIV status.

The research seeks to determine if first-year students at UKZN understand campaign messages depicted in the posters. Stuart Hall's encoding-decoding model (1980) provides a theoretical framework to analyse the campaign, its context and communication patterns. Semiotics is used to analyse the posters. The students' perceptions about the campaign are explored in relation to the campaign posters and pamphlet specifically while UKZN Health Clinic Support Unit staff and UKZN Journalists' interpretations about the campaign are also explored.

Focus groups with first-year students and interviews with UKZN Health Clinic Support Unit staff and UKZN Journalists were conducted at the University. The data generated was subjected to interpretive semiotics and thematic content analysis.

The majority of participants understood the campaign messages, which they cite as 'get tested' and 'know your HIV status'. The findings indicate that students accepted that the posters encourage them to test for HIV but that stigma, personal fears and the social environment could deter them from testing.

Considerations related to the effective formulation of messages and the First Things First campaign material are outlined. Enhanced publicity and visibility of campaign posters on UKZN campuses at libraries, cafeterias and on notice boards is suggested. The campaign would benefit from the posters being prominently displayed on the UKZN Facebook page and also on a First Things First Facebook page linked to the campaign.

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ETHICS DECLARATION

I, Melissa Mungroo, hereby affirm that I have complied with all ethical procedures, as outlined and enforced by the Durban University of Technology, including:

- full approval granted by the Institutional Research Ethics Committee.
Ethical Clearance number IREC 128/15
- Gatekeeper's permission granted from the University of KwaZulu-Natal to conduct field work on their premises with their staff and students
- Signed consent forms from focus group participants

Signature: _____ Date: 13/12/2018

DEDICATION

This dissertation is dedicated to people living with HIV.

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
DHET	Department of Higher Education and Training
DOH	Department of Health
DUT	Durban University of Technology
FET	Further Education and Training
FPD	Foundation for Professional Development
GSM	Global System for Mobile
HCT	HIV Counselling and Testing
HEAIDS	Higher Education and Training HIV and AIDS Programme
HEARD	Health Economics and AIDS Research Division
HEIs	Higher Education Institutions
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IEC	Information, Education, and Communication
IMSA	Innovative Medicines South Africa
IREC	Institutional Research Ethics Committee (DUT)
MUT	Mangosuthu University of Technology
NACOSA	Networking HIV and AIDS Community of South Africa
NGO	Non-Governmental Organisation
RHRU	Reproductive Health Research Unit
SANAC	South African National AIDS Council
SAUVCA	South African Universities Vice-Chancellors' Association
STI	Sexually Transmitted Infection
TB	Tuberculosis
UKZN	University of KwaZulu-Natal
UNAIDS	(Joint) United Nations Programme on HIV and AIDS
VCT	Voluntary Counselling and Testing

GLOSSARY

** The Glossary uses the HIV and AIDS sensitive language as described by the Joint United Nations Programme on HIV and AIDS (UNAIDS 2011).*

Acquired Immunodeficiency Syndrome (AIDS): An epidemiological definition based on clinical signs and symptoms. AIDS is caused by HIV, the human immunodeficiency virus.

Age-disparate relationships (ADR): Generally refers to relationships in which the age gap between sexual partners is five years or more.

Behaviour change: The adoption and maintenance [by individuals] of healthy behaviours for addressing knowledge, attitudes and practices.

HCT: HIV Counselling and Testing, otherwise referred to as Voluntary Counselling and Testing (VCT) is defined as a process by which an individual undergoes counselling, enabling him or her to make an informed choice about being tested.

HIV: The human immunodeficiency virus that weakens the immune system, ultimately leading to AIDS.

HIV incidence: The number of new cases arising in a given period in a specified population.

Risk: The risk of exposure to HIV or the likelihood that a person may become infected with HIV.

Safer sex: Reflects the idea that choices can be made and behaviours adopted to reduce or minimise the risk of HIV transmission.

Stigma: A dynamic process of devaluation that significantly discredits an individual in the eyes of others.

Discrimination: Any form of arbitrary distinction, exclusion, or restriction affecting a person in the case of AIDS, a person's confirmed or suspected HIV-positive status.

CHAPTER ONE

Introduction

1.1 Research Milieu: Locating HIV and AIDS within the South African University context

The chapter provides an overview of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) within the context of South African universities. This study focuses on the First Things First campaign posters and dedicated pamphlet to analyse how first-year students identify with the poster message, what meanings they derive from it and how it relates to their lives. The study also offers a semiotic analysis of the posters by the researcher and explores the perceptions of the campaign by UKZN Health Clinic Support Unit staff and UKZN journalists.

1.2 The First Things First campaign

First Things First is a campaign spearheaded by the Higher Education and Training HIV and AIDS Programme (HEAIDS) that focuses on HIV Counselling and Testing (HCT) and prioritises first-year university students.

Launched in 2011, the First Things First campaign is a public-private partnership involving Innovative Medicines South Africa (IMSA); the Foundation for Professional Development (FPD); the Department of Higher Education and Training (DHET); the Department of Health (DoH); and the South African National AIDS Council (SANAC), and covering 23 public universities in South Africa¹. The campaign operates through the Campus Health Centres and Campus Health Clinic Support Units.

¹Since 2011 three new public universities have been established in South Africa, bringing the total to 26.

The First Things First campaign evolved from the findings of the HIV Knowledge, Attitudes, Behaviours and Perceptions study at universities (HEAIDS 2008). The campaign encourages students and staff to test for HIV and to know their status in order to make better informed lifestyle decisions.

The objective is to support HCT programmes across the public higher education sector. The campaign uses a rapid HIV test. A healthcare provider conducts pre-counselling with the student. The test involves taking a sample of blood from the index finger of the left hand. Post-counselling is carried out based on the student's HIV test results.

The campaign is aligned with the objective of the 2012-2016 National Strategic Plan for HIV, STIs and TB that aims to promote annual HIV testing and TB screening in SA. According to DoH, first-year students arrive at university and are confronted by new environments, experiences and challenges requiring them to be responsible in the face of risks such as unprotected sex, alcohol and substance abuse (Department of Health 2011).

At the launch in 2011, the First Things First campaign aimed to test 35 000 students at 23 public Higher Education Institutions (HEIs). Of the 22000 students tested at 17 universities, 58% had never been tested before (HEAIDS 2011)

The results show the importance of a HCT-gearred campaign that creates awareness around first-time and regular testing, contributing to students heeding the intended message of testing and knowing their status. The campaign further highlights how HCT can assist students to make sexually informed and responsible decisions around their statuses (HEAIDS 2011).

HCT is paramount in the First Things First campaign with organisers striving to educate and inform students about HCT. The campaign includes group screening (cinema-style) of an edutainment film about the need for HIV testing.²

² The 30-minute film titled First Things First is created by FPD, HEAIDS, IMSA and DoH. The film showcases student-centred stories and provides information on HIV risk, transmission, infection and

After testing, staff and students are encouraged to sign a pledge wall, which is placed near the film-screening venue. The pledge wall enjoys prominence and is highly visible to staff and students. It is set up manually, similar to a large banner, and is used annually for students to pledge their efforts to know their HIV status. It acts as a means for staff and students to commit to: [...] “know our status (through on-going HIV testing); to stop HIV and AIDS stigma; and to contribute to the struggle against HIV and AIDS” (Interview with Ms Noxolo Batembu, Health Promoter at UKZN Campus Health Clinic Support Unit 2015).

Posters and a pamphlet are used as part of the First Things First campaign to inform, educate and turn the tide against HIV incidence (Batembu 2015). Bertozzi *et al.* (2006) argue that utilising different HCT campaign components (posters, pamphlets) or HIV prevention strategies amongst students allows for a strong information-sharing element that overlaps with (a) information, education, and communication (IEC) through the media; (b) peer interventions; and (c) the counselling component of sexually transmitted infection (STI) treatment.

Peer interventions in the form of students themselves are utilised to disseminate information or teach specific skills. Such interventions are known to be effective in reducing unsafe behaviours such as multiple concurrent partners, casual sex and even sexual intercourse with no condoms (Bertozzi *et al.* 2006). The First Things First campaign uses these HCT campaign components for HIV prevalence with information-sharing elements such as the edutainment film, the use of peer educators (students) to influence HCT and nursing staff to administer the tests and offer pre- and post-counselling.

In their 2004 South African National Survey, the Reproductive Health Research Unit (RHRU) at the University of the Witwatersrand identified a trend that showed students have multiple partners, lack of HIV testing, inconsistent condom usage and

life choices. The film is shown on campus by the Campus Health Clinic Support Unit. Before counselling and testing, each person receives a Universal Serial Bus (USB) loaded with the film and additional information about HIV and AIDS.

that most students believed they would not contract HIV and AIDS (Raijmakers and Pretorius 2007).

In response to the survey, HEAIDS stated that the findings were relevant to management of HEIs. Information on students' attitudes and perceptions on HIV and AIDS were believed to enable management of HEIs to review their strategies and policies, in turn facilitating the implementation of the most effective methods of responding to the HIV prevalence rate amongst students at South African universities. Through understanding students' perceptions of the campaign posters, this could potentially lead to behaviour change.

A 2008 study by HEAIDS on HIV prevalence, knowledge, attitude, behaviour and practice revealed that at 3.4%, the HIV infection rate among students at South African universities was below the national average of 11%. This suggests that interventions, programmes and prevention strategies being rolled out at HEIs were working and contributing to a lower infection rate amongst the general student population.

The HEAIDS (2008) study reveals the incidence of HIV infection increased as students grew older and that some of the student population displayed a lack of knowledge in aspects of HIV prevention. The study shows HIV stigma still exists (HEAIDS 2008).

Considering the 2008 HEAIDS study, Dell (2010) discovered that 53% of students, 60% of academic staff, 62% of administrative and 54% of service staff felt their institutional management was taking HIV and AIDS in South Africa seriously. The majority of students and staff across 21 of the then 23 public universities, indicated there should be more emphasis on AIDS education in academic classes, with recommendations to allow for the greater incorporation of HIV and AIDS into the academic curriculum at universities. The survey noted that apart from one or two exceptions, HEIs have not "used the opportunity of being research institutions to conduct strategy-relevant research on HIV and AIDS on their own campuses" (Dell 2010: 1).

Through a survey conducted by the South African National HIV Prevalence, Incidence and Behaviour Survey, 2012-2014 coordinated by the Human Sciences Research Council (HSRC), it was found that the HIV and AIDS infection rate had risen amongst young people in South Africa. eThekweni in KwaZulu-Natal and Ekurhuleni in Gauteng had the highest HIV prevalence (14.5%) in South Africa, particularly amongst young people (Shisana *et al.* 2014).

HIV prevalence and young people in KwaZulu-Natal

According to the HSRC study, eThekweni recorded the highest HIV prevalence among youths aged 15-24 years old at 7.1%. In terms of higher education, students would fall into this category, as it is the common age group for university students. Statistically the HIV-incidence rate among female youths aged 15-24 was over four times higher than the incidence rate found in males in this age group (2.5% vs. 0.6%). Almost a quarter (24.1%) of all new HIV infections occurred in young females aged 15-24. Black African females aged 20-34 recorded the highest HIV-incidence rate of 4.5% among the analysed population groups (Shisana *et al.* 2014).

The study shows female youths are at greater risk of HIV infection (Shisana *et al.* 2014). Research suggests that the high HIV prevalence rate can be partly attributed to what has been referred to as the ‘sugar daddy’ experience. Brouard and Crewe (2013: 52) see ‘sugar daddies’ as problematic for HIV transmission, because the younger person, who is usually female, “has less power to negotiate the sexual encounter and condom use”.

Much of the literature on intergenerational and transactional sex highlights the increased risk of HIV infection, and coercive and unsafe sexual practices for young women in these relationships. For example, Bhana and Pattman's study (2011) with a group of poor young women in a township in KwaZulu-Natal found that ideals of love amongst participants were linked to their aspirations for material goods. The Potgieter *et al.* (2012) study on the phenomenon of young girls and older mini-bus taxi drivers/sugar daddies found that condom use was inconsistent, that girls did not

always feel able to negotiate the use of condoms, and that pregnancy was common among them.

Kelly (2001: 30-31) attributes an increase in “contracting and spreading HIV to ‘sugar daddy’ practices and sex work that occur in South African student communities”. Kelly (2001) explains the idea of ‘sugar daddy’ as an age-disparate relationship where younger women bargain with older men for money in exchange for sexual favours. According to Levine and Ross (2002:5): “Female students may take part in these ‘sugar daddy’ practices and prostitution, not only because of the possible enhancement of financial and social status, but due to the myth that HIV is only found among young people, and that unprotected sex with older men is therefore seen as ‘safe’.”

The South African National HIV Prevalence, Incidence and Behaviour Survey (Shisana *et al.* 2014) found that the majority of respondents (79.2%) believed that they were not at risk of acquiring HIV through unprotected sex with older men. There was a significant decrease in knowledge about HIV transmission and prevention between 2008 and 2012 with the survey finding that only 26.8% of South Africans had accurate knowledge about the sexual transmission and prevention of HIV in 2012 compared to 40.6% in 2008.

The South African National HIV Prevalence, Incidence and Behaviour Survey (Shisana *et al.* 2014) emphasises print media in the form of newspapers and magazines as a vital medium in raising awareness around HIV and prevention practices amongst student youths and the general South African population. The survey findings suggest prevention programmes be designed to create awareness about the risk of acquiring HIV and promote the use of condoms among students. This could only be done if the students are subsequently made aware of the “failure rates of condoms and only if it does not appear as an alternative to the message of abstinence” (Moodley 2007:10).

It is particularly important to revive and re-design prevention programmes. Contributing factors need to be considered especially as they are linked to the risk

profile amongst students, in that tertiary education provides a time for sexual exploration and freedom for young people. Sexual practices become appealing to students, leading to increased experimentation and risk-taking, which could result in students contracting HIV (Thompson-Robinson *et al.* 2005).

A study by Buthelezi (2013: 4) at Mangosuthu University of Technology (MUT) recorded the HIV and AIDS prevalence rate amongst students at 3.5%.

When considered alongside the 2014 HSRC survey results, the MUT figures show the lack of proper dissemination of HIV information to curb the spread of the disease. This calls for HEIs in South Africa to instigate a strategic and effective response to the HIV and AIDS prevalence rate. The use of communication campaigns and institution-based media and marketing vehicles could provide support to HEIs.

1.3 Problem Formulation and Aims of the Study

HIV and AIDS awareness campaigns intended for students at universities are meant to communicate messages that develop individuals who are more informed about HIV and AIDS (Naidoo 2006). First Things First campaign posters, pamphlet and internal media³ at universities are employed to generate hype and publicity around the campaign to make students aware of HCT and prevention programmes.

Gobind and Ukpere (2014) argue that HEIs have an advantage as they are in a position to communicate with students about HIV and AIDS information. Apart from social media, posters are still the traditional method and useful when used in high foot traffic environments such as university corridors and cafeterias. However, the lack of visible First Things First campaign posters as observed by the researcher over the course of six months on three UKZN campuses (Howard College, Westville and Edgewood) was a contributing factor to embarking on this study. Key areas of

³ University internal media refers to full-time journalists and public relations practitioners who write news articles for university publications that are accessed by staff and students via email and the UKZN website.

student activity such as libraries, lecture rooms and cafeterias were devoid of any First Things First campaign posters leading to the current study.

While HIV and AIDS awareness campaigns that use posters, pamphlets and graffiti provide students with important information about HIV and AIDS prevention (Hofisi and Kachidza 2013), the success of campaigns is dependent on the messages reaching the target audience as intended.

Gray *et al* (2007) argue that the loveLife campaign⁴ is an example of how a campaign message is not received as intended by its target market. Gray *et al* (2007) explains the effectiveness of the campaign⁵ became questionable when it failed to achieve its target of halving the number of HIV infected youths by 2004.

Considering the importance of promotional messaging and its far-reaching effect on the target audience, the study focuses on the First Things First campaign and whether it is communicated effectively to first-year tertiary students. In particular, the posters and pamphlet designed by the HEAIDS Marketing Support Services are examined to determine if students understand the key message behind the campaign as intended. Semiotics is employed to analyse the posters while UKZN staff perceptions of the campaign are explored.

Gobind and Ukpere (2014) reinforce the effectiveness of posters as necessary tools in raising awareness about HIV. Posters are seen as the primary non-electronic communication piece utilised to reinforce messages in a communication plan. “When strategically placed, posters spark interest in order to get individuals curious and involved in a program” (Gobind and Ukpere 2014: 741). While Hossain, Quaiyum and Jakariya (2003) posit that posters and the messages they contain indicate how public health educators and activists see themselves and their audiences, how they understand the disease and define normal behaviour; posters are still meaningful to

⁴ The loveLife campaign encourages youths to talk about sex and other related issues.

⁵ This resulted in a major campaign funder discontinuing support. loveLife is still operational with more campaigns to help youths talk about sex and other related issues due to its use of social marketing for behaviour change.

viewers because they frequently draw on images from popular culture and express the living habits of people.

1.4 Research Questions

The primary research question for this study is as follows:

What are first-year students' interpretations and perceptions of the First Things First campaign at UKZN as seen through encoding-decoding of HIV and HCT communication?

The study addresses the following sub-questions:

- How are the First Things First campaign posters decoded by first year students?
- What are first-year student perceptions of the First Things First posters?
- How do UKZN staff reflect on the communications aspects of the First things First campaign?

1.5 Research Objective

HIV is seen as an epidemic especially amongst the youths. The RHRU survey (2004) revealed the trend of inconsistent condom usage, multiple partners, lack of testing, and the belief by students that they would not contract HIV and AIDS. The 2014 HSRC national survey results corroborated the RHRU findings. Moreover, the national survey indicated that at 14.5%, eThekweni had the highest HIV prevalence in the country, particularly amongst young people (Shisana *et al.* 2014).

In their HSRC survey, Shisana *et al.* (2014) argue that one of the key interventions necessary to educate the public about prevention and treatment is to communicate information about HIV through various media vehicles (television, radio, newspapers, billboards, leaflets and posters). The survey revealed that 50.6% of young people (15-24 years old) identified television as the most useful medium for

communicating information about HIV. Radio was rated second at 30.8%, newspapers at 16.8%, leaflets and posters at 8.4% and billboards at 5.8% (Shisana *et al.* 2014).

While posters appear to be less effective than television, they are more useful than billboards. A greater number of students interacting with HIV and AIDS posters “would indicate that some level of awareness of the poster and more importantly the content has been far reaching to the university population” (Gobind and Ukpere 2014: 742).

The research objective of the current study therefore seeks to ascertain whether the First Things First campaign posters contribute towards first-year students (intended audience) being aware of HCT as a necessary intervention to being HIV-free, which is the principal intended message of the campaign.

The main research question addresses first-year students’ interpretations and perceptions of the First Things First campaign at UKZN as seen through encoding-decoding of HIV and HCT communication. UKZN internal media and health clinic support units form part of the study with a focus on their perceptions of the campaign posters and how they can collectively improve HCT communication within their HEI. Semiotics is employed to analyse the posters.

1.6 Research Rationale and Motivation

The researcher chose to investigate the First Things First campaign as it is a critical HCT campaign at universities. Communications and public relations practitioners at universities often provide coverage of the campaign through their newsletter platforms. The efficacy of the First Things First poster component is under-researched (Cameron and Van der Merwe 2012; Buldeo and Gilbert 2015).

The campaign is significant as indicated by coverage in the Mail & Guardian and other mainstream publications (Africa Check 2015; Dell 2010; Singh 2016; Malgas

and Fisher 2015). The prominence of the campaign has attracted large numbers of students and university staff to test and know their HIV status. While 22 000 students at 17 universities were tested in 2011, by 2015, 150 000 students had been tested at 20 universities (HEAIDS 2015).

HEAIDS Programme Director Dr Ramneek Ahluwalia (HEAIDS 2015: 3) argues that “HEIs are enabling and empowering places for young South Africans, benefitting their health and wellness”. A supporting example, according to Ahluwalia, is the existence of the First Things First campaign that targets students at HEIs, which he posits as “a return on our investment in health care, allowing young people to contribute to the welfare of their own families, to our sector and to the economy of the nation as a whole” (HEAIDS 2015: 3).

Although there has been an increase in testing numbers of students, which is encouraging, the 2012-2016 National Draft Strategic Plan for HIV report that, globally, over 40% of all new infections in 2011 occurred among young people between the ages of 15 and 24. The report, originated by the Department of Basic Education, found “65% of these infections occurring in Africa” (Department of Health 2011: 14).

Young people were identified as particularly vulnerable to HIV infection and the impact of HIV and AIDS. Reducing their risk to HIV infection and introducing measures to alleviate the impact of HIV and AIDS in their lives will be instrumental in determining the future course of the HIV epidemic in sub-Saharan Africa (Department of Health 2011).

The First Things First campaign posters piqued the researcher’s interest in determining whether first-year students know the campaign and its posters and if the campaign has indeed informed students of the need to test by analysing their perceptions to the campaign in connection with the intended message of the posters as created by the organisers (Semba 2016). A semiotic analysis of the campaign posters is important to understand the underlying campaign message and design parameters. Ramaprasad (2011: 12) argues that two of the major means of

communication for creating awareness about HIV prevention are “strategic communication campaigns and the journalistic word”. Hence, the researcher also chose to address how UKZN staff, particularly those in the Communications office, perceive the campaign.

1.7 The Significance of the Study

The research seeks to determine first-year students’ awareness around the First Things First campaign and to assess their perceptions and interpretations of the campaign posters. In addition, a semiotic analysis of the posters by the researcher and the way in which UKZN staff perceive the campaign contribute to a holistic understanding of the campaign.

If found necessary by the research, it is expected that the findings could assist HEAIDS Marketing Support Services in a re-evaluation of the campaign posters. It is hoped the study will provide in-house journalists and public relations officers at UKZN with background information about the campaign and supply additional guidelines on reporting about the campaign.

1.8 Project Scope, Delineations and Limitations

Research Site

The First Things First campaign aimed at tertiary-level students and staff. This study, however, focuses specifically on first-year students and is periodised to 2015.

In terms of delineations and linked to HIV prevalence, the research focuses on UKZN, as one of South Africa’s 26 public HEIs and on UKZN’s Health Clinic Support Units and internal Communications office. Given student protest action and disruptions during the field work stage, the research focuses on three of the five UKZN campuses, namely Edgewood, Howard College and Westville as they

appeared safer than the Pietermaritzburg campus and the Nelson R Mandela School of Medicine.

Promotional Campaign Material – A Focus on Posters

The researcher focuses on the posters linked to the First Things First campaign. Posters were selected as a unit of analysis because of their accessibility and visibility on the campuses especially in areas with high user traffic like corridors, lecture rooms, cafeterias and libraries. Audio-visual texts and social media platforms were excluded from the research.

Research Ethics

Ethical clearance was required from the Institutional Research Ethics Committee (IREC) of DUT due to HIV-related empirical data collection. Regrettably, the delays experienced because of back-and-forth engagements with IREC over several months impacted negatively on the approved research plan.⁶ By the time approval was granted and interviews scheduled (04 November 2015), the sample size and number of focus groups were affected by the #feesmustfall movement⁷ and the related protest action across South African universities, including on UKZN identified campuses.

With no immediate end to the unrest in sight, the researcher reduced the number of focus groups and proceeded to interview a sample of UKZN students. The reduced sample size is identified as a limitation owing to potential implications on generalising and extrapolating the results of the study (Dattalo 2010).

1.9 Researcher Orientation

The researcher is a Journalist and Public Relations Practitioner within the College of Humanities at the University of KwaZulu-Natal (UKZN). This position provides

⁶ The research plan is contained in the research proposal as approved by the Faculty Research Committee and IREC.

⁷ The #feesmustfall movement was a call by students across South Africa for free education (Malgas and Fisher 2015).

improved opportunity to conduct field work on campus and to access information from the Campus Health Clinic Support Units and various other HIV and AIDS-centred research organisations such as HEARD.

1.10 Chapter Outlines

Chapter One, the Introduction, positions HIV and AIDS within the context of universities and provides an overview of the research study, including research questions and aims of the study. The Literature Review (Chapter Two) covers secondary data and the theoretical framework, while Chapter Three (Methodology) discusses data collection methods, sampling, data analysis strategies and the qualitative research approach. Chapters Four and Five (Findings and Analysis) draw on primary data from interviews and focus groups. Chapter Six (Conclusions and Considerations) presents the results of the current study, how the research questions have been addressed and whether the aims and objectives of the study have been achieved. The chapter includes suggestions for further research around HCT and the role that youths can play in designing and implementing HIV and AIDS campaigns.

CHAPTER TWO

Literature Review

2.1 Introduction

The literature review covers policy documentation from the Department of Basic Education and what it entails for HIV prevalence amongst the student population. It further looks into theories that support and link to the research questions being asked while utilising semiotics as an approach to explore the First Things First campaign posters.

In terms of the communication dimension in relation to HIV and AIDS, two studies are utilised Rawjee (2002) and Martins (2007), in which they explore the success and failure of the loveLife campaign. This is integral for the current study to gauge the communication strategies used and how the campaign was received by the target audience.

2.2 Draft Integrated Strategy on HIV and AIDS 2012-2016

The Draft Integrated Strategy on HIV and AIDS 2012-2016 is designed to guide the Department of Basic Education in delivering a more comprehensive HIV and AIDS messaging campaign that targets learners and tertiary-level students, the latter forming an integral part of this study. The document highlights that globally over 40% of all new infections in 2007 occurred among youths aged between 15 and 24, with “65% of these infections occurring in Africa” (Department of Basic Education 2011: 57).

The policy document is influenced by UNESCO findings in that it “stipulates a comprehensive education sector response that needs to take a holistic, sector-wide view of the impacts and challenges brought about by the HIV epidemic” (Department of Basic Education 2011: 40). It is important to then use the full

capacity of the education system to address and moderate those impacts (Department of Basic Education 2011).

Considering the increase in the HIV and AIDS infection rate amongst students, the First Things First campaign aligns with the goal of the 2012-2016 National Strategic Plan (Department of Health 2011) to help institutions strengthen campus health services especially for HIV and AIDS, STIs and TB, and to integrate the campaign into the curriculum. Since April 2011, the National Treasury through the Department of Higher Education and Training (DHET) has funded the campaign. USAID provides funding to assist in training HEIs health clinic staff while the Department of Health provide testing kits.

Power Imbalances and Gender Norms

Alongside notions of HIV susceptibility and an increased HIV prevalence rate amongst youths linked to multiple concurrent partners, there is a gender power imbalance that needs to be considered in order for HCT campaigns to be effective. According to Gupta (2000: 4), “the power imbalance that defines gender relations and sexual interactions also affects women’s access to and use of services and treatments”. The power imbalance, herein, refers to the differences between men and women regarding decisions surrounding HCT and HIV in which women carry a double burden of being infected and being a woman (Gupta 2000: 4).

This is not a new phenomenon in South Africa as a study by Eriksen Bue (2014) reveals that the male partner takes decisions for HCT and if the woman is infected, she is socially ostracised, marginalised and sometimes killed; the male partner denies treatment and adequate access. Due to the patriarchal system of dominance (evident in South Africa and in other parts of the world) males usually determine the sexual relationship, from initiation of sex, to condom usage and HCT. The gender dynamics during empirical data collection was observed and is discussed further in the research findings.

Gender dynamics is a vital component in any HIV related research particularly to understand how young people are responding to the challenges of HIV and AIDS in contemporary South Africa and their navigation through these challenges evidenced through the Shefer, Strelbel and Jacobs (2012) study that found students are at a higher-risk especially when female partners have trouble negotiating condom use with their male partners in order to protect themselves from HIV, STD's and pregnancy. The situation is reflective of gendered power relations in general.

Taking into account cultural notions of masculinity, there is the underlying implication that women have little to no power to “negotiate the terms of the sexual encounter and possible prevention measures against HIV transmission” (Eriksen Bue 2014: 3) such as condom usage and testing. Males have the power and control in sexual relationships but women are blamed for HIV infection and have no control or a right over their bodies (Eriksen Bue 2014).

Gupta (2000: 4) acknowledges that “an important first step is to recognize, understand, and publicly discuss the ways in which the abovementioned power imbalance in gender and sexuality fuels the epidemic”. She asserts it would be useful for the HIV and AIDS community to hold governments accountable for their promises to decrease the rate of HIV infection, educate women on HCT and HIV and strengthen HCT awareness campaigns. Gupta claims that women have little or no political power, meaning governments, especially in African countries, may not even pass laws that could improve the situation of women with regard to HIV infection.

Women are not able to participate in important political decision-making concerning gendered HIV vulnerability, thus shifting the responsibility of this from government to NGOs to HEIs and media to promote women's empowerment related to HIV and AIDS and subsequently women getting tested (Eriksen Bue 2014). The shift in responsibility approach and the resultant awareness campaigns do not take into account issues such as gender inequality, taboo and fear, which according to Durden (2010: 10) “feeds the epidemic”.

While masculinity is equated with being strong and not needing help, “the experience of being sick and taking treatment forces men to redefine their sense of identity and masculinity” (Orr *et al.* 2017: 70). Communication programmes that encourage people to discuss HIV-related issues create an enabling environment for long-term behaviour change such as regular HIV testing (*ibid.*).

In line with communication programmes that allow for a shift in responsibility, the Orr *et al.* (2017) study finds that men see fear-based messaging as ineffective in increasing their willingness to test and treat because fear-based messaging increase stigma and fear:

through the use of blood—red colours, black ninjas—goggas (insects), and posters of sick people. This links to masculine identity that is closely associated with the pride of appearing as strong, with fear associated with being viewed as weak by others. As a result, the men stated a preference for advertisements that are humorous because these facilitate interpersonal discussions (Orr *et al.* 2017: 72).

The findings of the Shefer, Strebel and Jacobs (2012) study demonstrate the gap between reported HIV-prevention knowledge and safer-sex practices with complex socio-cultural dynamics. The study covers normative gender roles and power inequalities between men and women, socioeconomic challenges, and differences in age and status between sexual partners that contribute to substantial denial, stigma and HIV and AIDS ‘fatigue’.

The abovementioned factors in the study could be a result of low levels of HIV awareness and knowledge. Goal 6 of the Millennium Development Goals⁸ included combatting HIV and AIDS, malaria and other diseases. The Millennium Development Goals Report (Department of Economic and Social Affairs of the United Nations 2015) indicates that knowledge about HIV and how to prevent the disease remains relatively low among university students. Statistics show that only 30% of young women and 37% of young men had a comprehensive, correct knowledge of HIV in 2014 in Sub-Saharan African countries.

⁸ In 2015, a set of Sustainable Development Goals (SDGs) replaced the Millennium Development Goals, following a two-year process of global consultations and intergovernmental negotiations.

The report links with the South African HSRC study (2014) in that it indicates the HIV-incidence rate among female youths aged 15-24 was over four times higher than the incidence rate found in males in this age group (2.5% vs. 0.6%). “Almost a quarter (24.1%) of all new HIV infections occurred in young females aged 15-24 years” (Shisana *et al.* 2014: 154). It is likely that if campaigns such as First Things First increasingly consider gender power imbalances in their posters, there might be a decline in HIV-incidence rate statistics, particularly for youths and tertiary students.

Accounting for power imbalances and gender norms, a study by Murphy *et al.* (2006) in Uganda focused on the ABC (Abstinence, Being Faithful, Using Condoms) approach to determine whether it was responsible for Uganda’s decline in HIV. The approach included the challenging of gender norms through an analysis of the 2000-2001 demographic and health survey that was supported by President Museveni’s leadership resulting in noticeable changes throughout the country especially in relation to sexual attitudes and practices. The survey data showed a large proportion of women (91%) reporting that they can freely undergo testing. Murphy *et al.* (2006) claim that these larger numbers of women who are sexually victimized and women in poor countries are not homogeneous in terms of their vulnerability or ability to protect themselves especially through HCT.

The implication is that by increasing and ensuring free and widespread testing, individuals can be empowered to protect themselves as well as their loved ones by being informed of their own and their partner’s infection status (Murphy *et al.* 2006). The researchers note that to confront HIV and AIDS, important steps towards progress in HIV prevention need to be taken such as effective testing, counselling and properly designed campaigns (Murphy *et al.* 2006).

Considering the importance of testing for HIV prevention, Buldeo and Gilbert (2015: 215) point out in their study that the “gendered nature of clinics was a cause for concern because male students expressed difficulty in discussing issues regarding sex and sexuality with older females”. This suggests that men test far less than women. This is due to a myriad of issues linked to masculinity such as pride, fear, denial, embarrassment and ignorance (Shisana *et al.* 2014).

2.3 The key role of Universities in educating students about HIV and AIDS

During a presentation at the ‘Tertiary Institutions Against AIDS’ conference in 1999 in Benoni, South Africa, former Minister of Education in South Africa, Professor Kader Asma lamented the lack of response from HEIs to provide prevention and education strategies (Chetty 2000). Following the Conference, the then Department of Education and HEIs expanded their AIDS research initiatives and introduced campus awareness campaigns.

As Chetty (2000:12) argues “some students are already infected when they arrive at university and others become infected whilst at university”. Moreover students who become infected with HIV will be unable to study, unable to find necessary employment and could be abandoned by their families, calling into question the role of institutions as guardians (Chetty 2000).

Van Wyk and Pieterse (2006) propose that HEIs must develop and sustain institutional responses to HIV and AIDS both individually and regionally, and also present guidelines on how current gaps could be addressed and successes developed. They highlight that education is key against the epidemic and that HEIs should be implementing an institutional response:

The university’s curriculum should reflect the institution’s commitment to institutionalise HIV and AIDS as a primary object of research and development, and university resources should be mobilised to facilitate the institution’s unique position to respond innovatively to the disease. An institutional response, or the institutionalising of HIV and AIDS, is essential to overturn the stigma and discrimination that has accompanied the disease amid a culture of silence (Van Wyk and Pieterse 2006: 42).

Education is key to curbing the spread of HIV and in their study of HIV and AIDS knowledge among undergraduate university students in Ghana, researchers Opong and Oti-Boadi (2013) found that formal education about HIV and AIDS should begin at primary school proceeding to high school, thereafter at universities and extending to reach parents and other adults from the community. They suggest that HIV and

AIDS Clubs should be created at universities for the dissemination of information and subsequent discussion of the disease. These suggestions could lead to the breakdown of stigma associated with HIV and AIDS and develop a greater knowledge base for HIV and AIDS.

While gaining knowledge about HIV is important, Blignaut, Vergnani and Jacobs (2014: 89) also place strong emphasis on designing HIV prevention programmes during the high school phase that should continue into higher education, stating:

This is particularly important if one considers that just over half of the students became sexually active before entering the university and that many of these students also used alcohol and/or drugs. The higher levels of sexual activity amongst male students call for targeted interventions with male groups when they enter university.

The idea of targeted interventions, raised in the above statement, call for a targeted audience and a campaign aimed at them. As a result, the report produced by the then South African Universities Vice-Chancellors Association (SAUVCA) recognised that students are susceptible to high risk behaviour and comprise the ideal target audience for responsibility messaging (Chetty 2000). HEAIDS (2012: 12), claims that students are “considered drivers of the epidemic, they also represent the most viable opportunity to halt the spread of AIDS and to prevent new infections” while university graduates, equipped with HIV and AIDS knowledge, can be agents of change within their families, communities and places of work.

However, there are existing research studies and programmes that have evaluated HIV risk reduction strategies linked to the First Things First campaign for university students in South Africa and consequently the efficacy of such strategies. Yet, much of the prevailing literature focuses on behaviour change and not specifically on the campaign’s posters. The posters, which are the driving force of the campaign, could be seen as a starting point for grabbing the attention of the target audience (Semba 2016).

Previous studies (Reddy and Frantz 2011; Cameron and Van der Merwe 2012) evaluate the campaign's risk reduction strategies and contribute to the growing body of literature related to HIV prevention. "The information obtained from new research on knowledge about sexual behaviour among the youths can provide an important baseline for the design of educational intervention strategies aimed at reducing transmission" (Reddy and Frantz 2011: 167).

Durden (2010) recognises that the key to reducing HIV is to provide information about the disease to encourage people to adopt behaviours that put them at less risk of infection. This feeds into the First Things First campaign poster message of adopting the behaviour of HIV testing, subsequently knowing one's status and then making responsible sexual decisions. The behaviour change intervention should ensure the target audience receives the necessary information, motivation and access to HCT to take charge their sexual behaviour thus reducing the likelihood of HIV transmission.

However, any HCT campaign should take into consideration that "students cannot be considered a homogenous population for which one type of intervention will be effective" (Mutinta *et al.* 2013: 137). Understanding the sexual practices and factors that make students susceptible to HIV infection may help HIV and HCT campaigns to keep pace with the dynamics of students' risky sexual behaviour and effectively reduce the HIV epidemic. "The university environment therefore provides opportunities to reach students with HIV prevention interventions" (Mutinta *et al.* 2013: 137).

Although universities are seen as fertile grounds for HIV prevention interventions, increased access to information and resources as well as exposure to constant HIV-prevention messages could lead to AIDS fatigue, which is a "sense of information overload, saturation and personal impatience" (Shefer, Strebel and Jacobs 2012: 118). Campaign organisers should be mindful of this and find creative ways to impart messages on HIV-prevention and safe-sex that do not only refer to HIV but link rather with broader issues concerning relationships, lifestyle and identity, and

are responsive to the particular cultural context of university campuses (Shefer, Strebel and Jacobs 2012).

The 2014 HSRC survey (Shisana *et al.* 2014) reinforces this notion with evidently high prevalence figures in eThekweni suggesting that HIV and AIDS awareness campaigns and knowledge have not always translated into individual behaviour change and the adoption of safer sex behaviours, particularly HCT. It could be the result of poorly designed awareness campaigns, education policies and outdated HIV curricula that have been ineffective on the target population.

Therefore, to heighten the knowledge about HCT and the AIDS epidemic, the Higher Education and Training HIV and AIDS Programme suggests the integration of HIV and AIDS materials into the curriculum, either as part of a course or module, a set of assignments, or as stand-alone HIV and AIDS-focused modules (HEAIDS 2010). The suggestion recognises that in the age of AIDS in HEIs, the components of the curricula linked to sexual health and testing are a critical area for investigation.

The HEAIDS assessment study of curricula responses in South African HEIs (HEAIDS 2014) noted that participating universities and their respective staff respondents utilised posters and various other print media from their campus health clinics, testing stations and government. The material was used to educate, inform and create awareness amongst students in their classes. One of the respondents stated:

...when I am introducing communication theory one of the aspects we cover will be verbal and non-verbal communication and what I do is there, is to use a poster called "I have AIDS-Please Help Me". And through the use of this poster I will actually be teaching verbal and non-verbal communication but the hidden curriculum there is...um...that we understood the student about AIDS and how we treat people who have AIDS, so the questions that I have set on this poster, while it will focus on communication theory, at the same time, the content is covering HIV and AIDS....That's why this question here: what's public attitude that the poster sets out to change? So yes, I am teaching communication skills but I am using the AIDS poster... (HEAIDS 2010: 39)

To be effective, awareness campaigns targeted at students need to be both properly designed and part of an integrated strategy with a wide range of materials that can

support lecturers in their teaching of HIV and AIDS⁹. Assistance from publishers who are already working with HEIs could be encouraged to develop better materials in this area, thus helping in further incorporating HIV and AIDS into other teaching areas (HEAIDS 2010). The intervention could curb the HIV infection rate amongst students while simultaneously cementing the importance of HCT, particularly if the materials target first-year students.

However, Muzenda and Rembe (2014) point out that HIV and AIDS teaching and learning material require large sums of money for university-gearred curricula programmes to run. Even though Gobind and Ukpere (2014: 741) assert that posters are often regarded as the easiest and cost effective way to communicate a message to a large mass audience and that “public health posters are able to alter the consciousness of the public to bring about an improvement in health practices”, posters are not interactive. Another consideration is that posters often lack in-depth information and as such are not always given sufficient attention.

Accompanied by HIV and AIDS education coursework, the First Things First posters could lead to awareness about the importance of HCT for responsible sexual decisions. In particular, “first-year students provide a good window of opportunity for targeted prevention campaigns and changing risky behaviour and consolidating healthy sexual behaviour” (Blignaut, Vergnani and Jacobs 2014: 81).

Buldeo and Gilbert (2015) see university students as future leaders who are agents of social change that encourages Voluntary Counselling and Testing (VCT) acceptance among their peers and impact favourably on the reduction of the epidemic. The suggestion is that “higher education plays a role towards students’ empowerment and agency over their health and sexual well-being” since “the level of peer pressure that seems to exist is a motivation for students to access VCT and to remain risk-free” (Buldeo and Gilbert 2015: 213-214). Their findings show the acceptance of VCT and the positive change in sexual norms are beneficial for the decline in the HIV

⁹ The academic programme shall include modules and or courses on HIV and AIDS in order to provide all students, irrespective of their field of study, with the opportunity to raise their awareness of HIV and AIDS (UKZN AIDS policy 2005:13).

prevalence rate because students are taking cognisance of the impact of HIV and AIDS and the benefits of knowing their HIV status.

2.4 Theoretical Framework

Hall's encoding-decoding Model (1980) forms the main theoretical framework which underpins this study to guide the research approach while supporting theories and subsequent communication dimensions include the Diffusion of Innovation Theory (Rogers and Shoemaker 1971) and the Theory of Visual Rhetoric (Foss 2005).

The main theory and supporting theories for this study were chosen as they are theories that are most cited in related HIV and AIDS research for health communication campaigns aimed at youths (viz. Rawjee 2002; Moodley 2007; Tlou 2009). Health communication is a "process for the development and diffusion of messages to specific audiences in order to influence their knowledge, attitudes and beliefs in favour of healthy behavioural choices" (Schiavo 2007: 8). Therefore, the study focuses on the interpretation and perception of the First Things First posters by the target audience to test for HIV, to make responsible sexual choices, thus linking to the research objective. The study incorporates semiotic analysis of the campaign posters and the perception of the campaign by UKZN staff.

2.4.1 Prevailing Theoretical Understanding

The supporting theories for this study were chosen as they are most cited in related HIV and AIDS research for health communication campaigns aimed at youths (viz. Rawjee 2002; Moodley 2007; Tlou 2009).

This section offers an overview to the prevailing theories that link to the research questions.

Diffusion of Innovation Theory

The Diffusion of Innovation Theory, based on the work of sociologists Rogers and Shoemaker (1971), places emphasis on the communication process by which a new idea/product becomes known and is used by a specific target group. The theory provides necessary insight into how to achieve behaviour change to curb the spread of HIV and AIDS through health communication strategies, especially within a student context.

This means that students are exposed to a new idea through media that will then determine the degree at which they would most likely adopt the new behaviour. In addition, the diffusion of innovation theory (Rogers and Shoemaker 1971) is conducive to enhancing the effectiveness of university health awareness programmes through communication channels.

To bring about effective change and ensure information disseminated about university health awareness programmes, is relevant to the target audience, Durden (2010:10) argues that campaigns should “ideally include both mass media and small-media strategies” that consider the social consequences and constraints of the target audience in order to influence their behaviour.

Figure 1 below illustrates how media allows for wider communication by clearly promoting the key messages. Dialogue, participation and small media (pamphlets and posters) provide additional support and contextualise the importance of media as a campaign communication tool.

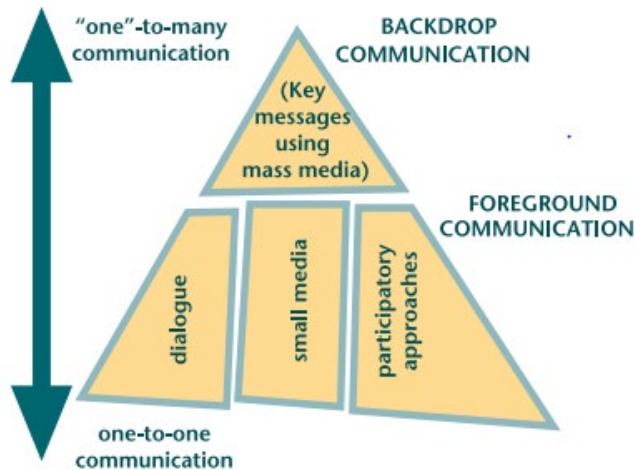


Figure 1. The importance and far-reaching power of media in relation to communication
 (Source: Parker, Dalrymple and Durden 2000: 13).

In relation to Figure 1 (above), small media or posters can play a critical role in creating an enabling and supportive environment where some of the taboo issues and underlying driving forces of HIV and AIDS can be addressed through dialogue amongst two or more people. Durden (2010) asserts that understandings and beliefs about HIV and AIDS are generated at a local or micro-level, since dialogues about HIV and AIDS are happening at the local level, solutions should also be generated at this level through involving community-generated media. “This participatory approach also requires some outside expert intervention to ensure that myths are dispelled and that message content is accurate as well as being locally acceptable” (Durden 2010: 18).

Regarding community-generated media, Peltzer *et al.* (2012) study on the impact of national HIV and AIDS communication campaigns in South Africa to reduce HIV risk behaviour adds to the growing literature that communication campaigns provide a broad backdrop of support to HIV prevention activities. They argue that these campaigns are likely to be strengthened via coherent and systematic prevention activities conducted at the community level and that mass media campaigns can be effective in changing HIV risk behaviour and attitudes.

Their research finding confirms “the development of a shift in the purpose of campaigns, from simply aiming to raise awareness about HIV and AIDS to attempting to impact safer sexual behaviours” (Peltzer *et al.* 2012:5).

It is notable that interpersonal networks are crucial to the rapid diffusion of new ideas. “These networks create awareness about new ideas and their source, and result in persuasion through peer–peer or near–peer interaction” (Lubinga, Jansen and Maes 2016:69). The theory is particularly important for health communication in terms of HIV and AIDS awareness and prevention as it spotlights the development of the adoption process for new ideas “despite inconvenience, for instance, the use of condoms for prevention of sexually transmitted diseases” (Hanan 2009: 134).

Mai Do, Kincaid and Figueroa (2014) posit that dialogues can lead to reframing the issues and making them more relevant. “Discussion with others also produces a multistep process of mass media effects and accounts for the well-documented diffusion effect” (Mai Do, Kincaid and Figueroa 2014: 1109).

Looking at mass media effects, Gobind and Ukpere (2014) argue that posters (small media) can increase awareness of health promotion issues, however their messages are not necessarily effective in changing target audience’s behaviour and lifestyles. “The intention would then be to continue to create awareness until there is a shift in behaviour and lifestyle change. The need to persist with awareness campaigns is imperative” (Gobind and Ukpere 2014: 742).

However, Nunyenge (2013) counters that the main objective of posters, as with other communications media, is to influence attitudes; to sell a product or service or to change behaviour patterns. It is to “alter the perception of the public to bring about an improvement in health practices” (Nunyenge 2013:1).

In relation to the AIDS epidemic, to gauge students’ attitude towards various small media (flyers, posters, billboards), for communication purposes, the theory is further applied in the Nigerian study titled: “Tertiary institution learners’ HIV and AIDS

sensitization tool(s) receptivity: Implications for sustainable democracy in Nigeria” (Onyene *et al.* 2010).

The Nigerian study is related to individual student conduct and explains an issue of a tertiary institution programme that aims to locate HIV and AIDS concerns that arise from students’ and their social relationships. The research process developed 10 communication tool combinations and sensitisation theoretical models that were tested amongst first-year and second-year students at two universities and two colleges in Lagos, all in an effort to increase awareness about HIV and AIDS.

These 10 tools that were utilised for the study were a combination of educational campaign tools, used by NGOs, agencies, and government to either create awareness or follow-up on how the campaign was proceeding. These tools were one-on-one interaction, use of *Global System for Mobile* (GSM) monitoring, use of billboards/flyers/pamphlets, semester symposia on HIV and AIDS, administrative elements, curricula based activities, sex education programmes, individual mentoring and counselling, use of local and wide area network facilities and faith and culture based education (Onyene *et al.* 2010).

The table below illustrates the ranking of sensitisation tools in creating student awareness around HIV and AIDS. Printed promotional materials such as flyers and billboards only rank 5th and 6th respectively out of eight.

S/No.	Items	Public educational institutions		Religious institutions	
			Rank		Rank
1	Flyers	54	5 th	57	5 th
2	Text messages	101	1 st	77	2 nd
3	Billboards	40	6 th	38	6 th
4	Religious tracts	81	2 nd	72	3 rd
5	Television preaching	30	7 th	35	7 th
6	Oral contacts	23	8 th	34	8 th
7	Customary norms	62	4 th	112	1 st
8	Jingles	75	3 rd	72	3 rd

Table 1. The ranking of sensitisation tools in creating HIV and AIDS awareness (Source: Onyene *et al.* 2010: 85).

According to Onyene *et al.* (2010) if the flyers utilised in the study were well-designed and billboards erected on campuses, the flyers could have possibly been ranked in the top three of public educational institutions, especially if all media and message design elements are carefully considered in light of their cultural implications and their effectiveness in communicating the intended message. Gobind and Ukpere (2014) argue in their study that the environment, experience, education, beliefs and sexual behaviour of the intended audience is already deeply rooted in culture and tradition, therefore messages to raise awareness and encourage preventive behaviour is dependent on the intended audience and the various media utilised.

When using media, it is imperative to involve culturally knowledgeable people to avoid errors “by involving local artists, designers and the like, who will almost automatically, unwittingly even, apply the appropriate codes” (Pauwels 2005: 339). The study found that students need regular awareness and updates around issues of HIV and AIDS to maintain their social relationships and to exercise responsible sexual behaviours on campus.

To which Lubinga, Jansen and Maes (2016) declare that including puzzling elements in health messages could spark conversations about messages pertaining to HIV and AIDS and HCT. They use loveLife, as an example, that deliberately used puzzling messages in their health promotion campaigns. “The assumption was that if the audience found the message difficult to understand they would want to talk about it to improve their comprehension” (Lubinga, Jansen and Maes 2016: 69). However, possible undesirable side effects of the use of puzzling messages (such as yielding incomprehension or miscomprehension), could result in the priming of unintended, possibly even dangerous beliefs that might influence global perceptions, behavioural intentions, and ultimately behaviour in a negative way (Fishbein and Yzer 2003).

It suggests, “conversations might strengthen the illusion in receivers of a puzzling message that they understand the meaning”, when the reality is that they do not. The unintended result of conversations could then be that “the recipients mistakenly gain confidence in their incorrect interpretations” (Lubinga, Jansen and Maes 2016: 69).

This finding is important for media campaign designers who construct complex messages with the intention of triggering conversations about the topics addressed in the messages. Such messages can lead to confusion and misunderstanding of health risks and risk prevention (Fishbein and Yzer 2003).

According to Lubinga, Jansen and Maes (2016: 79), more research is needed in the health communication field “to help designers of mass media health campaigns to create messages that their audience finds interesting enough to discuss, but which do not at the same time lead to possibly dangerous misunderstanding and undesirable beliefs”.

An example of such is Hofisi and Kachidza’s (2013) argument that future studies on HIV and AIDS should further investigate the frequency and consistency that students use condoms while taking into account the stigma and myths that accompany condom usage. They argue that prevention campaigns that use antiretroviral therapy can help reduce perceived barriers and stigma associated with HIV and AIDS through effective communication channels. This can be done through the use of posters, pamphlets and graffiti to give students information; use of prayer meetings and setting up information tables at busy places like the students centre to educate and inform the target audience in order to effect a positive behaviour change towards dispelling stigma and myths and consistent condom usage (Hofisi and Kachidza 2013).

However, their study failed to look at the university media and public relations units as possible communication campaign mechanisms or tools. It brings to the forefront Reddy and Frantz’s (2011) argument that using media as a tool is a critical and powerful medium to disseminate information especially around HIV and AIDS and the importance of HCT. If the information is not packaged with both an infotainment element and a creative element, then students will not be attentive and attracted to the information being provided. Infotainment, according to Vögele (2011: 6), is “a neologism that was developed in the 1980s where media use entertainment to provide specific information to the audience.” Despite the appeal of education

entertainment/infotainment as a way to create awareness around a campaign, its success rate is debateable.

Cardey *et al.* (2013) affirm that entertainment education interventions have a measurable impact on behaviour in areas such as HIV and AIDS prevention but highlights how it often misses the importance of 'listening' during communication, indicating the importance of flexibility and responsiveness to context for both development communication and HIV and AIDS communication. Using HIV and AIDS discussions to further unpack other key health and development issues Govender (2013:16) argues that in some cases, education entertainment interventions “aim to help young people identify problems, develop solutions and encourages them to take the appropriate action to bring about positive change”.

The Nigerian study by Onyene *et al.* (2010) cements the importance of media as catalysts for HIV and AIDS awareness campaigns targeted at tertiary students.

Students obtained information about HIV and AIDS primarily from the media rather than from school classrooms and homes. Many students of this university may be at risk of becoming HIV infected due to their age bracket, level of sexual activity and past/present sexual behaviours. University faculty can be actively involved in developing and implementing HIV and AIDS education and prevention strategies on their campuses (Harding *et al.* 1999: 23).

Furthermore, a study undertaken amongst students at two South African universities by Reddy and Frantz (2011: 168) note that in “receiving information about HIV and AIDS, television and billboards were most frequently mentioned (79.9%), followed by public service announcements on the radio (79%) and information from university health promotion programmes (71.9%)”. The data shows that student respondents ranked university health promotion programmes, which was one of the items used in the study, last as a source of information about HIV and AIDS.

In light of the above case studies (Onyene *et al.* 2010; Reddy and Frantz 2011), the commonality is the premise that the AIDS epidemic can be managed by controlling human voluntary action through the use of media as a means to advocate change. The influential powers of various media platforms could be favourably harnessed to create

awareness about AIDS and to encourage behaviour that reduces the probability of HIV infection.

Through the study *Scoring the HIV and AIDS Awareness Campaign Goal: Evidence from a Historically Disadvantaged Higher Education Institution*¹⁰ in South Africa, Hofisi and Kachidza (2013) assess the impact of HIV and AIDS awareness campaigns on the sexual behaviour of students at the University of Fort Hare. The research aimed to find out whether HIV and AIDS awareness campaigns are making any significant changes on the sexual behaviour of students at the University of Fort Hare.

It was noted that most of the students who participated, perceived themselves as highly susceptible to contracting HIV and AIDS which in turn prompts them to engage in safe sexual behaviour. HIV and AIDS awareness campaigns have, therefore assisted students to see the severity of HIV and AIDS, prompting them to accept that they are susceptible to contracting HIV and AIDS and thus leading them to opt for safe sexual behaviour (Hofisi and Kachidza 2013: 303).

When the theory is applied to the University of Fort Hare's communication campaign, the innovation was getting tested and knowing your HIV status. The adoption phase identified is choosing to be sexually responsible through the use of condoms or practicing abstinence from sex (Hofisi and Kachidza 2013).

The approach utilised for the current study is the process of communicating, since diffusion is how the innovation is communicated to people of a specific social system over a period of time, four stages are identified within this theory, "the innovation, its communication, the social system and time" (King 1999: 9).

In the current study, the communication channels (posters and pamphlets) are the means by which a message is transmitted. Through the innovation-decision process, the target audience undergoes five stages of awareness, knowledge, persuasion, adoption, and implementation (Rogers and Shoemaker 1971). Using the theory as a framework for HIV and AIDS awareness and prevention, Bertrand (2004), classifies

¹⁰ The historically black universities in South Africa (SA) were a heterogeneous grouping formed after 1984. The establishment of these universities was overtly political and instrumental; they were not established because of an academic need for institutions of the kind they became (Bunting 1994: 44).

the diffusion of innovation theory (Rogers and Shoemaker 1971) into three categories: focus on individual change, social theories and models, and structural and environmental.

The first category is the focus on individual change that Rawjee (2002) illustrates through the loveLife campaign's use of influential leaders (Nelson Mandela, Bill Clinton etc.) in the media (billboards, posters, pamphlets) to show their commitment and support towards the loveLife campaign. This results in stage one of the diffusion of innovation theory: awareness.

The next stage is the interest stage, established through colourful advertising and messaging designed to get youths talking about sex. This was facilitated by the teaser campaigns (small-scale trial) that made the brand well known among South Africans leading to more discussion around HIV.

However, Rawjee (2002) questions the acceptance of the theory's innovation (testing) by the intended target audience, arguing that it is due to the theory's limitation of not taking into account psychological factors such as HIV and HCT stigma, discrimination and fear. She claims that the innovation could be accepted by the target audience if communication campaigns that use small media (posters, pamphlets) are designed effectively. "Small media is given the role of helping with the removal of the prejudices so that a climate for change is created, which will lead to greater acceptance of innovations and therefore the promotion of the innovation" (Rawjee 2002: 19).

On the other hand, the diffusion of innovation (Rogers and Shoemaker 1971) illustrate how a new practice can diffuse through a given social system to the point that it readily becomes a social norm. For instance, "trend setters in a social group begin to model a new behaviour to others - they alter the perception of what is normative. Subsequently, others will begin to adopt the new behaviour" (Bertrand 2004: 115). Both one's own attitude and the expectations of others could influence the degree to which one tests after adoption - in this case, HIV testing as promoted in the First Things First campaign posters.

The Theory of Visual Rhetoric and Semiotics

The study draws on a second supporting theory known as the Theory of Visual Rhetoric that focuses on visual communication, behaviour change and the interpretation and meaning of what is seen. As defined by Foss (2005: 141), “visual rhetoric is used to describe the study of visual imagery within the discipline of rhetoric/communication”.

The supporting theory was selected to provide guidance in the examination of the design and effectiveness of the pamphlet and posters produced by the First Things First campaign. Components such as the overall image, the arrangement of elements, the use of fonts and the selection of colours (Pepper, Brizee and Angeli 2010) that comprise the visual presentation of the posters and pamphlets are interpreted. A focus on the rhetorical design perspective provides insights into the meaning and understanding of the promotional material and how the message is being interpreted.

However, in order for a visual image to be communicative, it has to have symbolic action, human intervention and be presented to an audience for the sake of communication. While this is true, rhetorical response (a form of criticism that employs the principles of rhetoric to examine the interactions between a text, an author and an audience) and aesthetic response (combines thought and emotion) comes into play. This is whereby meaning is attributed to the image, colour, text, illustrations etc., and in an aesthetic response the target audience personally experiences the sensory aspects such as enjoying the colour or valuing the texture (Foss 2005).

First-year students’ interpretation of the campaign posters was a useful approach to ascertain whether or not the messages of the First Things First campaign failed or succeeded amongst the target audience. The students’ interpretation corresponds to the method of semiotics to decode messaging of posters and promotional materials used in the First Things First campaign. Semiotics can be explained as “an approach to communication which focuses on meaning and interpretation. Semiotics helps us

to realise that meaning is not passively absorbed but arises only in the active process of interpretation" (Chandler 2007: 222).

Leiss, Kline and Jhally (1990: 2012) state that "to create meaning, the reader or the viewer has to do some 'work' because the meaning is not lying there on the page, one has to make an effort to grasp it". Similarly, Tomaselli (1996: 23) notes that:

Semiotics is a study of how meaning occurs in language, pictures, performance and other forms of expression. The method incorporates not only how things come to mean, but how prevailing meanings are encountered between individuals, groups and classes and their respective cosmologies and conditions of existence.

Considering the importance of understanding the intended message behind any visual medium is vital in determining the success of the campaign message. Leiss, Stephen and Jhally (1990) argue that socially oriented semioticians insist that the exploration of people's interpretive practices is fundamental to semiotics.

Hence, the discussion around the visual communication properties of the posters and pamphlet is supported by semiotic interpretative analysis. Peirce's triad of signs (1931) will be explored.

The triad is explained as follows:

- "A sign is considered to be *iconic* if it looks like the object signified, bearing a resemblance to its object
 - An *indexical* sign draws attention to the thing to which it refers
 - A *symbolic* sign has no obvious connection to the idea it represents except through convention, agreement or rule in our culture that it does"
- (Peirce 1931: 58).

The triad of signs is organised into a system or codes that are developed to meet the needs of society or as a way to explore channels of communication for dissemination.

The study of codes therefore emphasises the social dimension of communication. These codes are referred to as signifying codes. There is a difference between a code of behaviour and a signifying code, but these are interconnected. The

signifying code cannot be separated from the social life or practice of its users. The language used, for instance, cannot be separated from the social life of a particular group. Codes have a number of units from which a selection is made. They all convey a meaning, dependent upon the agreement amongst their users and a shared cultural background. They perform identifiable social or communicative functions. They are also transmittable by appropriate media and/or channels of communication (Diko 2005: 26).

Contemporary semioticians refer to the creation and interpretation of texts as 'encoding' and 'decoding' respectively. Chandler (2007: 147) argues that these processes sound too programmatic, 'the use of these terms is of course intended to emphasise the importance of the semiotic *codes* involved, and thus to highlight social factors'. In the context of semiotics, Smith (1988) asserts that, 'decoding' involves not simply basic recognition and comprehension of what a text 'says' but also the interpretation and evaluation of its meaning with reference to relevant codes.

Where Peirce emphasized the ways in which signs work, Hall (1980) and subsequent media reception¹¹ scholars developed ways of understanding how communities of interpreters (what Peirce called 'sign-communities') make sense of media messages (Tomaselli 1996). Hall's encoding-decoding model illuminates Peirce's triad of signs in the act of reception/decoding, rather than focusing just on encoding on the one hand or decoding on the other.

2.4.2 Active Audience Approach

To fully understand how the First Things First campaign is contributing towards first-year students at UKZN testing and knowing their status, the encoding-decoding model and the circuit of culture model (du Gay *et al.* 1997) form part of the main theoretical framework. The circuit of culture model describes how messages are regulated and how messages are interpreted, consumed and understood within a community (Segopolo 2014). Hall (1980) contributed to the circuit of culture model

¹¹ Reception analysis concentrates on the audience and how they come to a particular understanding view of a media text (Morley 1980). While reception theory is about the relationship between the text and the reader, "reception of any media has significance for audiences because of the way media intersect with other parts of their lives" (O'Shea 2015: 219).

(du Gay *et al.* 1997), which is arguably an enhancement on his classic encoding-decoding model.

The ‘encoding-decoding’ model is a model of mass communication that highlights the importance of active interpretation within relevant codes, and the ‘circuit of culture’ model is an updated version of the 1980 circuit of revision or communication version (Hall 1980). As Chandler (2007) affirms with respect to the former model, both the encoder and decoder are given prominence and “decodings do not follow inevitably from encodings” (Hall 1980: 136).

The circuit of culture model (figure 2) focuses on five key interconnected points of the communication process namely: representation, identity, production, consumption and regulation.

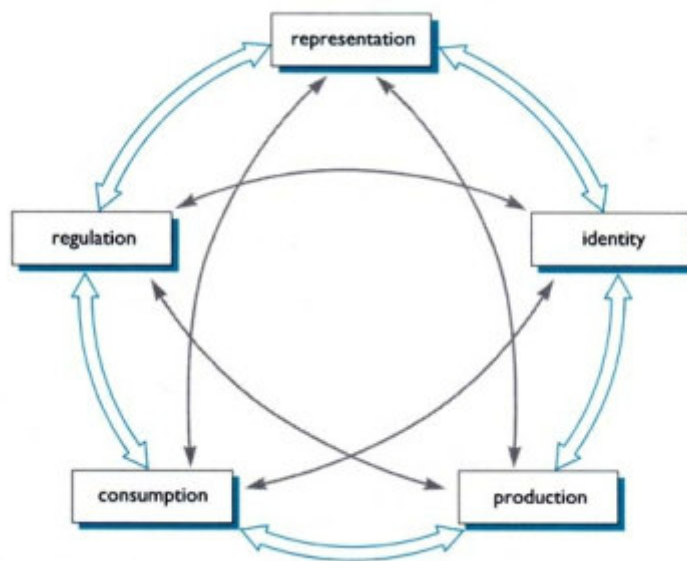


Figure 2. The Circuit of Culture Model (Source: du Gay *et al.* 1997: 3).

Representation is the first step of the process and shows how signs are used to present a meaningful concept (du Gay *et al.* 1997). It is deemed a vital component for the production and exchange of meaning between members of a culture (Hall 1997).

In the case of the First Things First campaign, the posters and pamphlet are the representational system to communicate the campaign's message. According to Martins (2007: 19), the process of representation has a single main system of language, signs and symbols used to "represent phenomena and it is through these media that meaning is realised".

Production refers to how the product is made and involves "meaning-making by producers of messages in the representation process" (du Gay *et al.* 1997: 4). This is encoding. According to du Gay *et al.* (1997) the producers choose codes and symbols and organise them into symbols and signs that are interpreted (decoding) by the target audience through language.

Consumption shows how the product is used, what meaning do people give to it when they use it, and within what kind of social context is it used. Du Gay *et al.* (1997: 5) further define the consumption moment as "audience interpretation and sense-making of cultural processes and practices of the world around them". This is decoding.

Identity concerns the impact of cultural products and meaning construction on self, while regulation refers to the rules and systems of controls, neither of which are the focus of this research.

Hall (1980) and du Gay (1997) further argue that through the combination and articulation of these processes, meaning is constructed but the creation of those meanings can occur during any one of those five key interconnected communication points (du Gay *et al.* 1997).

du Gay (1997: 3) adds:

This entire process is a circulation of translation, transformation, comprehension and reception of a message. At each stage of the circuit of culture there is an underlying intricate form of institutional power relations. Although the stages are linked, they are somewhat independent of one another as far as transparent control of reception of messages is concerned. In other words, there is an inherent but opaque control of reception of messages at each stage that has its determining limits and possibilities.

The reception and consumption stage of the 'circuit of culture' model is important because it is where messages are interpreted and made sense of. According to Hall (1973: 507) this is active audience reception whereby "audiences don't just absorb everything they are told but are actually involved, sometimes unconsciously, in making sense of any given message as it relates to them in their own personal contexts".

In the context of media, Hall (1973) stressed the role of social positioning in the interpretation of mass media texts by different social groups. He suggested three reading positions explained below:

- *dominant (or 'hegemonic') reading*: the reader fully shares the text's code and accepts and reproduces the *preferred reading* (a reading which may not have been the result of any conscious intention on the part of the author(s) - in such a stance the code seems 'natural' and 'transparent');
- *negotiated reading*: the reader partly shares the text's code and broadly accepts the preferred reading, but sometimes resists and modifies it in a way which reflects their own position, experiences and interests (local and personal conditions may be seen as exceptions to the general rule) - this position involves contradictions;
- *oppositional ('counter-hegemonic') reading*: the reader, whose social situation places them in a directly oppositional relation to the dominant code, understands the preferred reading but does not share the text's code and rejects this reading, bringing to bear an alternative frame of reference such as radical or feminist (Hall 1973; Hall 1980; Chandler 2007).

Using the circuit of culture model (du Gay *et al.* 1997) as the theoretical framework for her research, Martins (2007) investigated whether loveLife's billboard producers had succeeded in communicating their intended message to the readers of the billboards. She compared two groups of rural and urban school-learners in their reception of the billboards and their identification of themselves as a target audience

for the billboards, primarily focused on the moment of representation to discover how the billboards carried meaning to the intended audience.

While applying semiotics through encoding and decoding, Martins (2007: 41) highlights:

Therefore, in the case of loveLife, when a message is encoded on billboards, it is meant for particular individuals and in that process creates an interpretant. The interpretant of the word AIDS or condom on billboards would be the result of an experience of how the decoder has experienced that word and what mental concept exists in relation to that specific word.

Findings from her study revealed that the different respondents assigned different meanings to the loveLife billboards. The messages were not obvious to all respondents and, therefore, the intended messages assigned to the billboards by their producer were lost. All respondents felt that they were the target audience of the campaign (Martins 2007).

However, the respondents also felt that the messages the billboards were trying to convey were of too complex a nature for younger audience members to comprehend (Martins 2007). In light of the findings of Martins' (2007) study, it is imperative to assess whether or not the intended audience interprets the First Things First campaign as intended.

The current study explores the UKZN Health Clinic Support Unit and journalists' perceptions on the campaign. Wieringe's (2017) study *'F' is for fake news / filter bubbles / framing: How politicians frame media (content) on Facebook & Twitter during the Dutch Tweede Kamer elections of 2017* provides an example of how media are vulnerable to having their content taken out of its original context.

The study concerns itself with the way in which Dutch (aspiring) politicians frame the media and their content. It found that the predominant encoding strategy was a dominant-hegemonic (i.e. endorsing) one (68-72%). In one in five messages a

negotiated strategy was used (20-21%), and only in 11-7% of the cases an oppositional strategy was found.

To determine whether or not campaign organisers designed their posters effectively and if media and campaign marketers promoted awareness of the First Things First campaign, it is of value to then explore in the current study the different perspectives on the same subject matter (First Things First campaign posters) by first-year students and the perspective which fits them best.

Overall, the literature review covers material drawn from the fields of visual communication, attitude change, persuasion, graphic design and semiotics. Two case studies that focus on HIV and AIDS campaigns conducted in Nigeria (Onyene *et al.* 2010) and South Africa (Reddy and Frantz 2011) are examined.

A key policy document is the Draft Integrated Strategy on HIV and AIDS 2012-2016 developed by the Department of Basic Education in collaboration with the Health Economics and AIDS Research Division (HEARD) at UKZN. A second study is the reception analysis by Martins (2007), *'Lost in interpretation? Creating meaning from loveLife's HIV: Face it Billboards'*, directed at youths between the ages of 12 and 17, which is the target audience of the *loveLife* campaign. The third study (Gobind and Ukpere 2014) addresses the use of posters in disseminating HIV and AIDS awareness information within HEIs through an examination of the visibility of posters at a university. These studies provide insight into the importance of HCT amongst students through promotional material related to HIV and AIDS campaigns.

The theoretical framework helps guide the exploration and the connection between the empirical research and the research questions being addressed. Hall's encoding-decoding model (1980) provides the major contribution to the theoretical framework because his approach shows how media messages are produced, disseminated, and interpreted. With respect to health promotion, this framework helps illuminate the ways in which HIV posters are ascribed meaning by target audiences. The circuit of culture is employed to help make sense of the ways in which messages are constructed and interpreted. Semiotic analysis is used as a method to decode the

messaging of posters used in the First Things First campaign. The Diffusion of Innovation Theory (Rogers and Shoemaker 1971) and Theory of Visual Rhetoric (Foss 2005) provide the interpretive background against which the campaign, context and communication patterns are read.

The current study deals with perceptions of the First Things First campaign posters by students and UKZN staff and uses Hall's encoding-decoding model (1980) as a methodological and analytical tool to address research questions relating to the campaign posters and perceptions thereof.

2.5 Chapter Summary

The literature review addresses issues to be explored around the topic of HIV and AIDS awareness campaigns. Considerations include the role of government in addressing HIV prevalence amongst youths alongside the key role that Universities or HEIs could play in educating students about HIV and AIDS. Semiotics is introduced as a tool to analyse campaign posters, highlighting representation and reception of the First Things First campaign. The theoretical framework of the study includes the circuit of culture and the encoding-decoding model. The study also draws on the diffusion of innovation theory and the theory of visual rhetoric. These theories provide for the analysis and interpretation of meanings and messages of the First Things First campaign posters. The next chapter will focus on research methodology.

CHAPTER THREE

Methodology

3.1 Introduction

The process of research aims to provide answers to research questions and sometimes raises further questions. According to Creswell (2008: 15), “research is a process of steps used to collect and analyse information to increase our understanding of a topic or issue”. It begins with initial curiosity about what, how and why something is happening the way it does and at a particular time. Then, with time, questions develop, data is collected and an understanding of the phenomenon is sought.

In light of the statement by Creswell (2008), the study analyses promotional messaging linked to HCT for tertiary students. The study will therefore focus on the First Things First campaign posters and its interpretation by students at the University of KwaZulu-Natal (UKZN). The posters are examined through semiotics and student interpretation to determine whether they interpret the intended message behind the campaign correctly. The role of the UKZN Health Clinic Support Unit in relation to the campaign is explored while the reporting of the campaign by the UKZN journalists is examined.

The research design strategy utilised for this study is interpretive with purposive sampling because one of its defining characteristics is its ability to allow for the documentation of what the researcher thinks the data means or represents (Mason 2002). For this particular study, it is the intended message linked to the First Things First campaign posters, as interpreted and understood by tertiary students.

Cherry (2015:1) explains this as, “looking at a public health issue, such as whether a particular behaviour might be linked to a particular illness”.

Another reason behind the selection of this research design is the ability to: integrate the different components of the study in a coherent and logical way, ensuring the research problem is effectively addressed while considering the subjective meanings that people bring to their situation (de Vaus 2007).

Willis, Jost and Nilakanta (2007) suggest that interpretive research is derived from 'context' and any conclusion must be made with the context in mind. "Interpretive research studies how humans make meaning out of their interactions, producing practical knowledge" (Willis, Jost and Nilakanta 2007:117).

3.2 The Qualitative Approach

Qualitative research is research that "views experiences from the perspective of those under study in a non-prescriptive way" (Struwig and Stead 2001: 21). The study employs qualitative research methods with data sources being first-year students, UKZN journalists and the UKZN Health Clinic Support Unit. The data collection methods are focus groups and semi-structured interviews.

This method offers the opportunity to obtain an independent response from the research participants as to how and what they think and feel about an issue being researched, thus giving an insight into the attitudes, beliefs, motives and behaviour of the research participants.

The research is also exploratory in nature (Struwig and Stead 2001) because the First Things First campaign and its posters have received limited attention, in relation to audience receptivity of the posters. Two studies exist on the First Things First campaign: *Are students being coerced into HIV testing? Ethical considerations related to offering incentives for HIV counselling and testing at tertiary institutions in South Africa* (Cameron and Van der Merwe 2012) and *Exploring the Health Belief Model and first-year students' responses to HIV/AIDS and VCT at a South African university* (Buldeo and Gilbert 2015). Given the significance of the campaign across universities, more research is required on the campaign's effectiveness and impact on the target audience in terms of HCT and decreasing the spread of HIV.

Therefore, qualitative research methods are used and include the use of tools (interviews and focus groups) that encourage openness and flexibility and allow unexpected responses to be heard. Qualitative research methods are particularly appropriate in the context of HIV and AIDS research as explained in the figure below:

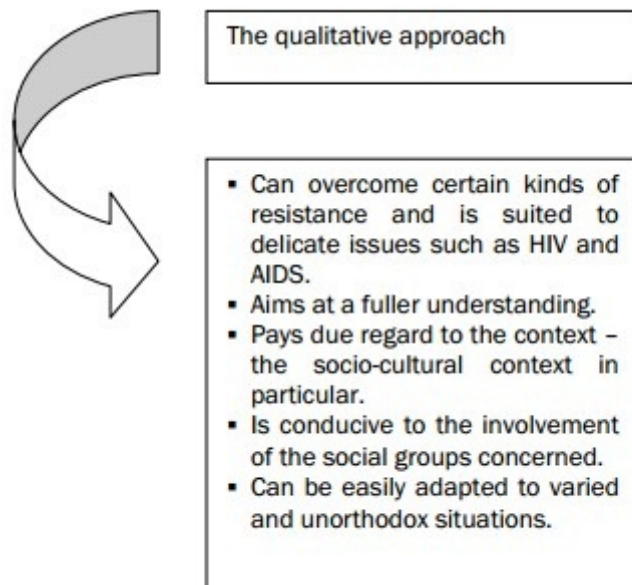


Figure 3. The Qualitative Approach adopted for HIV and AIDS Education (Source: Akpaka 2006).

Figure 3 above provides information in the context of qualitative HIV and AIDS research. In the current study, the qualitative approach is emphasised through semi-structured interviews and focus groups. These allow for a more open, robust conversation among participants and also between participants and researcher. This aids in a greater understanding of the epidemic through the participants opinions and views. This can assist in the roll-out of implementation strategies and plans, allowing for the monitoring of the impact of HIV and AIDS in an education setting. The qualitative research method offers opportunities for collaborative research ventures, based on the revelation from the interviews and focus groups, to better facilitate the decline in the HIV prevalence rate.

Since qualitative research is steeped in understanding certain social phenomena and is linked to the behavioural sciences through observation and experiences, it is therefore seen as vital to understanding the socio-behavioural aspects of HIV. According to Power (1998: 687) qualitative research “has enabled us to appreciate the subtlety and complexity of HIV-related behaviours and the importance of lifestyle and culture in determining crucial factors, such as risk and negotiation”.

He acknowledges that qualitative research is appropriate in examining sensitive HIV-related issues because it is non-intrusive and subtle and is useful in describing attitudes and knowledge concerning HIV while further examining crucial epidemiological questions, such as trends in prevalence, incidence and behaviour of people (Power 1998). This is ideal for the current study because the campaign posters contribute towards first-year students being aware of HCT as a necessary intervention to being HIV-free, which is the principal intended message of the campaign.

Olson, Young, and Schultz (2016) argue that qualitative research is critical in engaging with the transformation required to solve the challenges facing worldwide health-care systems. They see qualitative research being focused on the voices of the participants while providing approaches for considering the effectiveness of policies, programmes and practices intended to benefit a group of people. In this instance, it is how students perceive the First Things First posters and how effective the campaign is from their perspective as the intended target audience.

Graffigna (2016) notes that qualitative research is a source of insight for the researcher and research participants. It is easily applicable in orienting health practices to speak about and to human beings. Graffigna (2016: 329) states that “qualitative research evidence is really able to have an impact in a real social context and to sustain healthcare interventions and innovations in the area of HIV and AIDS management and is able to produce relevant knowledge in the field”. Since the First Things First campaign is under-researched (Reddy and Frantz 2011, Buldeo and Gilbert 2015), the researcher is providing an opportunity to contribute to the growing body of knowledge and literature on the campaign.

3.3 Sampling

The First Things First campaign has three distinct posters and one pamphlet used for promotional and marketing purposes. Indicative of purposive sampling, the researcher elected to analyse all three posters and not the pamphlet.

This method of sampling was further utilised to find out how people or a particular group of people feel about a certain issue, the processes on how these attitudes are constructed and the role they play in dynamic processes within the group. In other words, it is when a researcher chooses specific people within the population to use for a particular study or research project (Palys 2008). In this study, first-year students are selected to offer their interpretation of the campaign posters, so as to determine if the intended message to test to curb HIV infection is being understood by the target audience.

Although there are several different types of purposive sampling (e.g. maximum variation sampling, typical case sampling, homogenous sampling, expert sampling, critical case sampling, total population sampling and deviant case sampling) one of the main advantages of purposive sampling is that it allows “the researcher to gather large amounts of information by using a range of different techniques” (Palys 2008: 697-698). This variety will, in turn, give the researcher a better cross-section of information”.

The purposive sampling method of homogenous sampling was selected because it focuses on study participants who share similar traits or specific characteristics as explained earlier by Palys (2008). In this research study, participants in homogenous sampling would be similar in terms of age (18-20 years), and being first-year students. The selection of the students, their age group and the level of their study was done by the researcher because it correlates with the First Things First campaign’s target audience. Palys (2008) describes this method of purposive sampling as the focal point as it relates to the topic being researched. UKZN Health Clinic Support Unit staff and UKZN journalists’ perceptions on the campaign are explored during scheduled semi-structured interviews.

3.4 Data Collection Methods

The researcher used semiotics as a method of analysis for campaign posters. Semi-structured interviews were conducted with UKZN Health Clinic Support Staff while focus groups with students were another form of data collection. Below is a representation of the data collection:

UKZN Health Clinic Support Unit (Health Promoters)	2
UKZN Health Clinic Support Unit (Peer Educators)	6
UKZN journalists	4
Focus Group One	7
Focus Group Two	7

Table 2: Representation of Data Collection.

3.4.1 Semiotics

Semiotics is rooted in providing an insight into how people come to make meaning out of text that has been encoded (Delate 2001). In light of this statement, three First Things First campaign posters were sourced from the UKZN Health Clinic Support Unit for semiotic analysis by the researcher, thereafter interpretations of the posters by UKZN students followed by the perceptions of the campaign by UKZN staff.

3.4.2 Focus Groups

Focus groups are vital components of qualitative research however Morgan (1988) argues that focus groups should not be relegated to a preliminary or exploratory role. They are useful for acclimatising to a new field, creating hypotheses from the participants' responses, screening the research sites and the populations under study and creating questionnaires and interview schedules and interpretations of results from earlier studies. The importance of the focus group technique as a self-contained means of data collection is one of the components in a larger research programme. It

is emphasised that “focus groups are the main form of data collection for a qualitative study” (Morgan 1988: 11).

Below is a representation of the composition of focus groups:

Pseudonym	Gender	Age	Race
Stephen	Male	18	White
Neville	Male	18	Coloured
Nothando	Female	19	Black
Lungelo	Male	19	Black
Ravi	Male	18	Indian
Malibongwe	Male	18	Black
Simone	Female	18	Indian
Kyle	Male	18	White
Brian	Male	18	Black
Mikhail	Male	18	Indian
Sheldon	Male	18	White
Tina	Female	18	Black
Ziphezinhle	Female	19	Black
Geraldine	Female	18	Coloured

Table 3: Focus group structure.

The focus groups conducted by the researcher allowed the students to share in a group their ideas and views of student participation in designing campaign posters, the role of dialogue and theatre and the effectiveness of the HCT campaign. A particular ethical issue that was considered in the case of these focus groups was the handling of sensitive material and confidentiality. Participants were encouraged to keep confidential what they hear during the session while the researcher had the responsibility to anonymise data from the group.

Due to the perceived value of focus groups, the technique was incorporated in this study. Purposive sampling was then used to recruit participants for the focus groups and were done by the researcher. The researcher’s contact details and research aims

were posted to the Online UKZN notice system which sends general notices to all students. The notice was displayed at health clinics on the three campuses as well as on campus notice boards so that potential participants keen on joining the focus groups could contact the researcher.

The researcher wrote up the notice, explaining the current study and requesting for focus group participants, to which 25 responded. The students that contacted the researcher had to fulfil the following criteria to be a part of the study: (a) a first-year full-time registered student at UKZN, (b) between the ages of 18-20, (c) from Howard College, Edgewood or Westville campuses and (d) from one of the four race groups, Black (African), Coloured, White and Indian.

The initial research proposal included three focus groups, but instead two focus groups were formed. The registered students from the Westville campus were excluded because of student protests and a volatile situation on the Westville campus at the time, rendering it unsafe and impossible to conduct a focus group session with them. The researcher had a timeline to adhere to for student empirical data collection and could not re-form the Westville campus focus group.

Each focus group had seven students. Focus Group One was held on the Edgewood campus while Focus Group Two was held on the Howard College campus. All focus group participants were given the choice to remain anonymous or to use their real names. Eight students chose to use their real names while the remaining six students chose to remain anonymous. Pseudonyms were nevertheless applied to all participants.

Fourteen students (9 males, 5 females) participated in the study. Due to time constraints and the student protests across all five UKZN campuses, the focus groups yielded valuable information based on the range and diversity of experiences and perceptions.

The students who participated were of different race groups, different disciplines of study (Music, Mechanical Engineering, Social Science, Housing, Architecture,

Education, Law and Accounting) and they came from three different UKZN campuses (Howard College, Edgewood and Westville).

Generally, it is the accepted size of focus groups according to Bloor *et al.* (2001: 27) who state:

six to eight participants which is deemed the optimum size for focus group discussion. The optimum size of the group further reflects the characteristics of the participants as well as the research topic being explored with smaller sized groups being successful in studies of sensitive behaviour.

Large groups are difficult to moderate and could possibly become a point of frustration for other participants who don't have the adequate time to express their opinions. Conversation dominance in larger groups is a possibility where a large number of the participants dominate the discussion, leaving the smaller grouping of participants with not enough intellectual space to air their views (Bloor *et al.* 2001)

According to Morgan (1988) and Calder (1977), research that is exploratory in nature or aimed at getting perceptions on a topic usually takes three or four groups. Small groups can add value in that they demand a greater contribution from each participant.

Bloor *et al.* (2001: 35) argue that "groups of strangers are advantageous to use for focus groups as it eliminates the risk of 'over-disclosure' which pre-existing groups might have and in that case could lead to fear of repercussions once the research is over". For this study, students were strangers and did not know each other.

According to Leask, Hawe and Chapman (2001), there are advantages of pre-existing/natural groups and constructed groups, the latter allowing for more discussion around taboo topics. Groups of strangers for focus groups allow for a discussion that is open, free and honest without the problem of 'over-disclosure' that can affect the assurances of confidentiality that the researcher stipulated (Bloor *et al.* 2001), this is especially crucial for sensitive topics such as HIV and AIDS.

Regarding the questions used for journalists and health promoters (Annexure 5-7) and the list of questions used in the two focus groups (Annexure 8) was comprised of largely open-ended questions allowing for greater information flow with the opportunity for raising anecdotal responses. In support of the recorded data, the researcher made observations on the dynamics of the group and wrote notes on pertinent issues raised in the group discussions. The process adopted by the researcher is supported by Krueger (1998a: 23) who recognises, “the actions and behaviours of focus group participants as a means to interpret them by the factors of communication such as body language, gestures and tone of voice”.

The selection of suitable venues in which to conduct focus groups was another critical aspect of the data-gathering process. Safe, secure and easily accessible venues were located on the three campuses based on their availability, space and lack of disruptive noise levels. Safety for the students and security in terms of venue were deemed necessary, because of student protests related to the #FeesMustFall movement. During the recruitment period, the student protest impeded the student empirical data collection until the situation was resolved.

The #FeesMustFall movement is a student-led protest campaign that started in October 2015 when students at WITS University took a stand against an increase in fees. This led to South African universities joining in the protests. Some of the other universities that joined the protest were University of Cape Town and Rhodes University, Durban University of Technology and UKZN (Singh 2016: n.p).

During the #FeesMustFall movement, student protest action at UKZN turned violent with University campus main entrances blocked, University Risk Management vehicles set alight and the main administration building of the University petrol bombed (Mnisi 2015: n.p).

Disruptions impact on students’ access to campus and thus access to the posters therefore the study further proved to be highly relevant to gauge students’ access to the campaign and its posters, students’ awareness of the campaign posters during protest action and their understanding of the intended message to get tested and know

one's status. With violent protests and unrest on UKZN campuses, three events led to a re-working of the data collection process.

The first event that impacted on this process was the burning of the main UKZN administration building on the Westville campus that houses Corporate Relations and its media personnel of journalists, editors, graphic designers, marketers and events management. The burning of the building led to subsequent disruption of the work routine which negatively impacted on the sustained support regarding media and other services that is essential to the operations and success of the First Things First campaign and the imperative to get tested.

The second event led to Campus Health Clinics and the Campus Health Clinic Support Units forced to close their offices because of possible violence and damage to property and equipment. Thirdly, the violent protests interfered with opportunities for students to take heed of the 'Get tested' message that the campaign posters portray.

During the violent protests (August 2015 to October 2016) emanating from the #FeesMustFall movement on the UKZN campuses, the students were less likely to even notice the First Things First campaign posters as they were being harassed and threatened in the classrooms, corridors and campus-wide (Malgas and Fisher 2015). The message of 'Get Tested' would be deemed less important or irrelevant to the students. If students are not in classes or in the library and are prevented from attending campus activities, there is a likelihood that they could turn to risky behaviour particularly when semi-idle off campus. Falling behind in coursework and submission of assignments could contribute to nervous and unpredictable states of mind.

This all ties in with Friedman, Rossi and Braine's (2009: 284) assertion of 'Big Events' in the context of behaviour patterns. These 'Big Events' refer to wars, transitions and similar phenomena and their impact on HIV:

Big Events *sometimes* create patterns of causation that alter the effectiveness or content of normative regulation, create situations in which large numbers of youths

use substances and have many sex partners, and increase the relative attractiveness of sex trading and drug dealing as ways to make money. These same post-Event periods can also disrupt services and other socially and medically protective structures in ways that make HIV and STI epidemics more likely.

In the context of the campaign, the researcher's selected methodology and the responses sought from the participants, Bloor *et al.* (2001: 94-95) assert that, "focus groups can be a starting point for transformative action while allowing for the development of awareness for a collective remedy". Further to this, Redman-MacLaren, Mills and Tommbe (2014) see interpretive focus groups with participants of similar educational, age and/or cultural backgrounds as a way to reduce the risk of 'missing the mark' and to increase trustworthiness of interpretation of the research findings. In terms of transformative change arising from focus groups and how it has been achieved for both participants and researcher is what Moloney (2011: 70) describes as two dimensions: changes of mind, "insights that have risen from engaging with Spirit," and changes of heart, whereby "one's picture of who one is and how one operates in the world alters".

Brazilian educationist Paulo Freire fosters the concept of conscientization as a key element in health promotion and education, particularly when held up as a potential tool for 'citizen science' (Freire 1970). Chiu (2003: 173) views focus groups as an appropriate method for "radical social transformation through consciousness raising and empowering participants" therefore change can be made if focus group participants are actively involved in the formulation of solutions to address the problems identified in the research study.

This is indicative of the transformational potential of focus groups to facilitate change in health promotion practice by not only understanding participants' concerns but also facilitating actions for change. This means that focus groups now move from becoming a tool for exploring perceptions and experiences, to a tool for raising critical awareness (Chiu 2003). Willis, Jost and Nilakanta (2007) claim that participatory research is an even more interpretive approach because the participants actively participate in the formulation of conclusions.

Achieving trustworthiness is another important aspect when engaging with focus groups as Lincoln and Guba (1985: 30) see “trustworthiness as an important part of the qualitative research paradigm which involves establishing:

- Credibility - confidence in the 'truth' of the findings
- Transferability - showing that the findings have applicability in other contexts
- Dependability - showing that the findings are consistent and could be repeated
- Confirmability - a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest”.

However, Shenton (2004: 63) states that “validity and reliability cannot be addressed in the same way in naturalistic work”. Different terms have been used by other researchers to distance themselves from a positivist paradigm which embodies the notion that science is the only way to learn about the truth and that if you choose a positivist approach to your study, then it is your “belief that you are independent of your research and your research can be purely objective. Independent means that you maintain minimal interaction with your research participants when carrying out your research” (Wilson 2010: 10).

In relation to the current study, trustworthiness was achieved by utilising the strategies outlined by Lincoln and Guba (1985) in which the findings of the study can be applied to other HCT studies that use posters and is a full reflection of participant responses. In terms of internal validity, which “seeks to ensure that the study tests what is actually intended by the researcher” (Shenton 2004: 64), the adoption of qualitative research methods (interviews, focus groups) was established. The manner in which the questioning was done in the data-gathering sessions (fieldwork) and the methods of data analysis was another component. For example, the line of questioning during the focus group session in the current study was direct and to the point with the aim to understand the thinking and ideologies of the students in relation to HCT and the First Things First campaign posters. This was achieved through constant communication and follow-up questions.

Triangulation was utilised, which as explained by Shenton (2004: 65), includes “the use of different methods, especially observation, focus groups and individual interviews, which form the major data collection strategies for much qualitative research”. Within the current study, semi-structured interviews and focus groups were employed which enabled a stronger relationship to be built between the researcher and the participants based on the rapport created between researcher and participant, leading to honest and open discussions.

Communication and rapport were integral to gain the trust of the participants. With multiple qualitative methods utilised, it allowed the researcher to add to the validity, reliability, credibility and authenticity of the study.

3.4.3 Interviews

Interviews are further known to have a high response rate since there is a face-to-face encounter with the participants that tend to facilitate their cooperation (Power 1998). The researcher has the opportunity to observe the surrounding environment and take advantage of non-verbal communication and to follow up with responses by the participants to gain a better insight into their understanding of the epidemic and HCT and to gauge the gaps in their knowledge of HIV and AIDS.

Interviews were scheduled and conducted with the UKZN Health Clinic Support Unit and UKZN journalists. Below is a representation of the interviewees.

Name	Surname	Job Title	Gender
Noxolo	Batembu	Health Promoter	Female
Nomalibongwe	Buthelezi	Health Promoter	Female
Nomfundo	Zuma	Peer Educator	Female
Hlobisile	Mnguni	Peer Educator	Female
Khanyisile	Khubeka	Peer Educator	Female
James	Ndlovu	Peer Educator	Male
Thembelani	Mazibuko	Peer Educator	Male

Khethani	Njoko	Peer Educator	Male
Raylene	Captain-Hastibeer	Journalist	Female
Thandiwe	Jumo-Shepherd	Journalist	Female
Sithembile	Shabangu	Journalist	Female
Lihle	Sosibo	Journalist	Female

Table 4: Representation of UKZN Staff interviewees.

Akpaka (2006) even notes that individual interviews are able to offer far more personalised and detailed observations regarding the subject of research while semi-structured interviews allow for the interviewee to talk openly and freely while the researcher has the chance to explore further. In validating that interviews should not be confused with a conversation, Akpaka (2006) advises that there are advantages and limitations of interviews. These advantages are confidentiality, flexibility, a wide variety of interesting information on complex situations, interest on the part of those who are encouraged and who feel listened to.

Limitations of interviews are that they are time-consuming (ranging up to 2 hours), calls for training and listening and is language dependent.

The interview schedule included semi-structured interviews with six HIV and AIDS peer educators (three male UKZN peer educators, three female UKZN peer educators) conducted at the University of KwaZulu-Natal. Peer educators are registered students at UKZN who are involved in teaching, informing and educating fellow students about HIV and AIDS. Further interviews were conducted with two health promoters at the UKZN Campus Health Clinic, with one of the organisers of the First Things First campaign and also with four journalists from Corporate Affairs, UKZN.

Peer educators and health promoters (inclusive of gender and race) were selected for the study based on their daily and on-going interactions with fellow students on campus and at residences. This allowed the researcher to gain more information about the relationship between students, peer educators and health promoters and their subsequent role in the facilitation of the campaign posters for HCT awareness. Four journalists were interviewed to determine how they report on the campaign in

their various UKZN publications (newsletter, magazines). The researcher interviewed the national campaign coordinator as a way to fully understand the message encoded within the campaign posters by the organiser.

Interviews with health promoters, journalists and focus groups with fourteen students were conducted by the researcher and recorded using a digital voice recorder. As Morgan (1988: 39) states: “no amount of accuracy in transcription will ever substitute for the excitement of actually listening to an emotional exchange among participants”. Bloor *et al.* (2001: 42) underscores the value of audio recordings: “tape recorders, based on the analysis of audio recordings and transcription, are advantageous in that it avoids the pitfalls of inaccurate and selective manual recording and recall”.

During the interviews and focus groups the researcher took down written notes (annotated on transcripts) as further evidence of the conversations and to serve as a way to document the focus groups. This face-to-face interview technique helps to clarify concepts and discuss possible problems encountered by the interviewee and allows the researcher to conduct follow-up questions. The process allows for the discovery of new aspects of the problem by investigating in detail some explanations given by the interviewees (Bless and Higson Smith 1995).

Note-taking is important because it allows for a discussion between the participants and researcher and amongst participants around comments jotted down and to recall points that should be discussed later or to record comments that need further explanation or clarification (Krueger 1998b). The writing down of notes is also a qualitative method for participant observation which Kreuger (1998b) describes as an important component because of the informal conversation and interaction amongst participants of the study.

The written notes provided the researcher with an understanding of the physical, social, cultural, and economic contexts in which study participants live; the relationships among and between them, contexts, ideas, norms, and events; and their behaviours and activities towards relationships and HIV testing – what they do, how

frequently, and with whom. According to Krueger (1998b), this is important for the researcher as it uncovers key factors for a thorough understanding of the research problem but that were probably unknown when the study was designed.

3.5 Data Analysis Strategies

The analysis process involves the detection of clues identified as trends and patterns that reappear in the focus groups. The researcher's task is to prepare a statement about what was found, a statement that emerges from and is supported by available evidence (Bloor *et al.* 2001).

3.5.1 Semiotics

When analysing the campaign's posters, semiotics proved helpful in order to develop an understanding of branding and messaging through determining interpretation by the researcher. Semiotics for poster deconstruction shows how both text and the visual elements work together to convey meaning of a particular situation. In other words, it tries to explain "non-linguistic facts transforming them into language metaphor" (Dağlı 2015: 394).

According to Barthes (1996), there are two kinds of relationships between text and image: anchorage and relay. For this study, anchorage is where the text "anchors" the meaning of the image by naming the intended denoted meanings (helping identification). On the level of connotation, the linguistic message guides interpretation. All images are "polysemic" in that they are open to different readings, implying an uncertainty of only one true meaning.

Barthes (1996) posits that the dispatching associated with the anchoring of an image by a text is different from the process of relay, the second function of the linguistic message. He argues that attention must be paid to the composition of an image as a signifying complex as this is where "text and image stand in a complementary relationship; the words, in the same way as the images, are fragments of a more general syntagm and the unity of the message is realised at a higher level of the story,

the anecdote, the diegesis (which is ample confirmation that the diegesis must be treated as an autonomous system)” (Barthes 1996: 21).

While Gessesse and Sileshi (2013) claim that messages about HIV and AIDS are made known to people by verbal language and visual semiotic signs to explain the reality of the disease. Peirce’s triad of signs is used to understand the messages encoded in the First Things First campaign posters (Peirce 1931). The signs were categorised as either icons, indexes or symbols in relation to the implications of the underlined intended and perceived meanings of the employed visual semiotic signs in qualitative terms (Peirce 1931; Gessesse and Sileshi 2013).

Taking into account the Barthes study, *The Rhetoric of the Image* (1996), Barthes suggested semiotic analysis steps are useful to deconstruct posters through summarising the message conveyed to the reader; explaining the key signifiers and the paradigm and determining how the signifiers form the meaning. Overall, these steps assist the researcher to uncover the key message of the campaign posters.

Hence semiotics is used in this study to investigate the meaning of the First Things First campaign posters that is meant to persuade individuals to engage in safer sex practices and undergo regular HIV testing.

Semiotics is used to uncover the meanings that are embedded in the texts of the campaign to create representations of HIV and AIDS and HCT, indicating the crucial role that semiotics has, to help identify the denotative and connotative meanings that are inherently embedded in the texts of the campaign posters. Deacon *et al.* (1999: 143) hold the view that,

identifying the operative principles of various signs together with the different orders of signification; exploring the implications of the codes and conventions inherent in any text and developing some form of ideological analysis of the text role in contemporary public culture.

It ties in with Peirce’s triad of signs (Peirce 1931) which explains that promotional material often uses various semiotic resources (linguistic and non-linguistic,

particularly visual) to ensure impact in meaning-making of the text and how language and visual elements are then used in the production and consumption of print-based HIV and AIDS promotional materials. This is useful to examine the First Things First campaign posters in line with the choice of linguistic and visual codes of the posters.

To conduct a semiotic analysis of the posters, classification of the visual signs was done by the researcher using Pierce's triad of signs (icon, index and symbol), previously discussed in the literature review chapter. All visual semiotic signs on the posters were categorised based on the content similarity of the messages about HIV and AIDS and HCT. Once each visual semiotic sign was identified, the types of the signs used to address a range of messages related to HIV and AIDS and HCT was analysed. This analysis was done in relation to the implications of the underlying intended and perceived meanings of the campaign posters.

3.5.2 Thematic Analysis

Thematic analysis was employed to interpret the data in order to identify commonalities and variances of the participant responses through comparative analyses applied to males and females that comprised the focus groups. Thematic Analysis is a method for identifying, analysing and interpreting patterned meanings of themes in qualitative data. This is a useful method when "investigating an under-researched area, or working with participants whose views on the topic are not known" (Rohleder and Lyons 2015: 95).

Using thematic coding, which follows a form of qualitative analysis that involves recording or identifying passages of text or images that are linked by a common theme or idea (Gibbs 2007), this allowed the researcher to index the text into categories and thereafter establish a framework of thematic ideas about it. Some of the examples of codes found in the current study were: healthy living, fear of testing positive, confidentiality and promote testing. Semantic thematic analysis was applied

by the researcher, involving a process of description of the data, followed by interpretation.

This method reports the experiences, meanings and the realities of the participants. “A theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set” (Braun and Clarke 2006: 10).

Hence, thematic analysis is used to provide a more detailed account or explanation of a particular theme or a grouping of themes, related to a specific question or interest area within the data, namely a semantic approach. According to Braun and Clarke (2006) with a semantic approach, the themes are identified within the meanings of the data without the researcher delving deeper than what the participant has said or written. Moodley (2007) emphasises that these focus groups allow students to provide valuable input to assess the current situation posed by the researcher and are given the opportunity to do so.

Through this approach, students displayed the ability to recognise and identify a problem to create meaningful dialogue on campus, to extract key ideas and views. Therefore, this section of the study utilises thematic analysis as an essentialist or realist method, which “reports experiences, meanings and the reality of participants” as outlined by Braun and Clarke (2006: 9). The posters and the pamphlet related to the First Things First campaign were analysed using semiotics as a method. The transcripts from the interviews were analysed using the thematic analysis approach utilised by Moodley (2007:63), these phases of thematic analysis are outlined below:

Phase	Description of the Process
1. Familiarising yourself with the data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.

4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back to the analysis of the research question and literature, producing a scholarly report of the analysis.

Figure 4. The Thematic Analysis Approach (Source: Moodley 2007: 63, adapted from Braun and Clarke 2006: 87).

The researcher used the six steps outlined above (Figure 4). The first step involved accurately transcribing the data, then reading the data a few times for familiarity before initial coding. Moodley (2007, 68) describes coding as ‘a method of conceptualizing research data and classifying them into meaningful and relevant categories for the participant to study’.

During the second step, direct quotes were extracted from the verbatim transcript. This data source led to a nuanced understanding of the research topic in which a range of codes were identified through various patterns found from the data of the two focus groups. Inductive coding was used in the focus groups because the study is exploratory and little knowledge informs the development of the codes (Moodley 2007).

The third step involved continuous analysis of the identified codes to form emerging themes that addressed the research questions. However, some of the emerging themes provided background knowledge to the research questions of the study.

The fourth step was reviewing and refining the identified themes while the next step led to defining and naming the themes. The final step was producing the report with findings.

Transcripts of the audio recordings made from the interviews with peer educators, health promoters at the UKZN Campus Health Clinic Support Unit and the UKZN Media Unit were interpreted according to the research questions and presented in the findings. Student focus groups were transcribed to reflect verbatim the discussions as they happened, so that anyone reading the transcripts can have a clear idea of the proceedings (Bloor *et al.* 2001).

3.6 Ethical Considerations

The Institutional Research Ethics Committee (IREC) at the Durban University of Technology (DUT) granted ethical clearance for the research study (IREC 21/15). Miller *et al.* (2012: 14) emphasise that,

ethics concerns the morality of human conduct. It refers to the moral deliberation, choice and accountability on the part of researchers throughout the research process. Academic Institutions have set up ethics committees to which academics and students should submit their projects for approval.

Gatekeeper permission was granted by the University of KwaZulu-Natal (UKZN), (Annexure 2 and 3), in order for interviews, focus groups and data collection to be conducted on campus. The researcher briefed the participants about their involvement in the research study and presented each of them with a Letter of Information (Annexure 1a) that outlined their roles and responsibilities. The option to remain anonymous in line with the confidentiality clause was emphasised. Consent Forms (Annexure 1b) were completed before the focus groups and interviews commenced.

As a part of the consent forms and discussion prior to each session, participants agreed to the use of a digital voice recorder during the sessions. They were advised about their right to withdraw from the study at any point and that their withdrawal would have no bearing on their standing at UKZN. The researcher assured the participants that information gathered would be presented fairly and responsibly and

under no circumstances would the participants' personal details be divulged in any public forum or publication without their consent.

The researcher respected the participants as individuals and appreciated their opinions and views. In an effort to gain further information for research purposes, the researcher was honest and did not lead the participants under any false pretence. The participants were informed that they had the right to receive feedback about the outcomes of the study and to the complete project with pseudonyms removed.

3.7 Chapter Summary

The research methods and data analysis strategies that comprise thematic analysis and semiotic interpretative analysis are necessary to examining the campaign posters. Pierce's triad of signs is employed to understand the message encoded in the campaign posters. Thematic analysis was used for focus groups. Focus groups are an integral part of qualitative research. In this chapter, the selection of participants; recruitment procedure; focus group discussion; in-depth interviews and data transcription were discussed. The critical role that ethics plays in the research process was emphasised through gatekeeper permission and ethical considerations linked to the research participants. The relevance of social movements such as student protest action and potential impacts on access to campus as well as prevention materials, like condoms, HCT and campaign posters was also discussed. This was acknowledged. The next chapter presents the research findings and attempts to provide some answers to the questions posed in the study.

CHAPTER FOUR

Findings and Analysis: Semiotics and UKZN Staff perceptions of the First Things First campaign

4.1 Introduction

The results of the study are explored in relation to the research objectives and the research questions. The campaign posters are analysed through semiotics. The role played by UKZN journalists and the University Campus Health Clinic Support Unit in relation to the First Things First campaign is addressed.

4.2 Making Sense of the First Things First campaign posters: Semiotic Analysis

The First Things First campaign posters are mass produced. They exist because of the HIV and AIDS epidemic and belong to mass culture. In an effort to curb HIV prevalence, the posters were created to be widely distributed in HEIs to attract and persuade students to test for HIV.

The analysis of the posters is attempted by qualitatively interrogating the construction and design of the posters through semiotics. Linguistic (language and words) and visuals that make-up the posters are explored by the researcher such as an analysis of how language, image and colour work together during the process of attaching meaning to visual images.

Posters and their intended meanings have to be interpreted by its semiotic complexity (Tomaselli 1996). However, if the visual image on the posters do not match the written texts, the text carrying a message is deemed ineffective as there is no link between visual and written text.

Therefore, this section of the study concentrates on how language and image, which includes design and layout, contribute towards how the target audience attaches meaning to the campaign posters. In analysing the texts and visual image, the

objective is to ascertain how both these elements contribute towards the process of making sense of the data.

For semiotic analysis, the selected campaign poster dimensions are 58cm (length) x 42cm (width) (HEAIDS 2012). The posters are reproduced below, Figures 5-7:

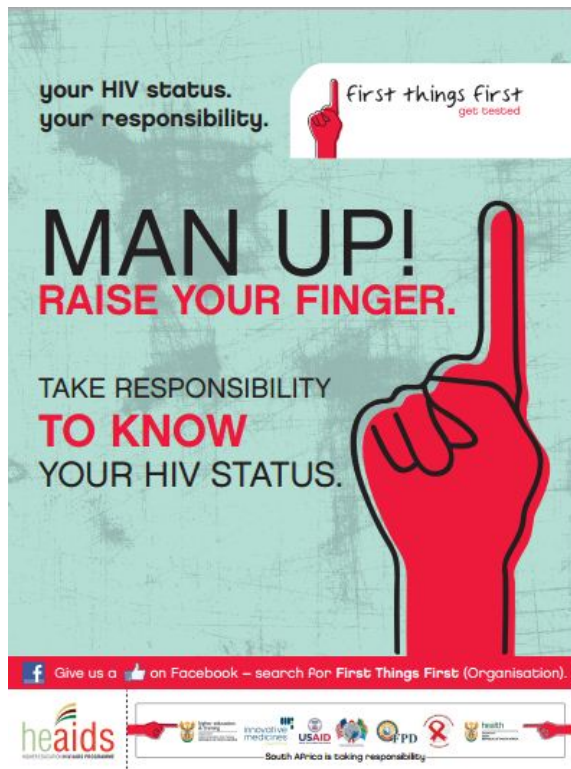


Figure 5. Poster One: Man Up! - Raise your finger.

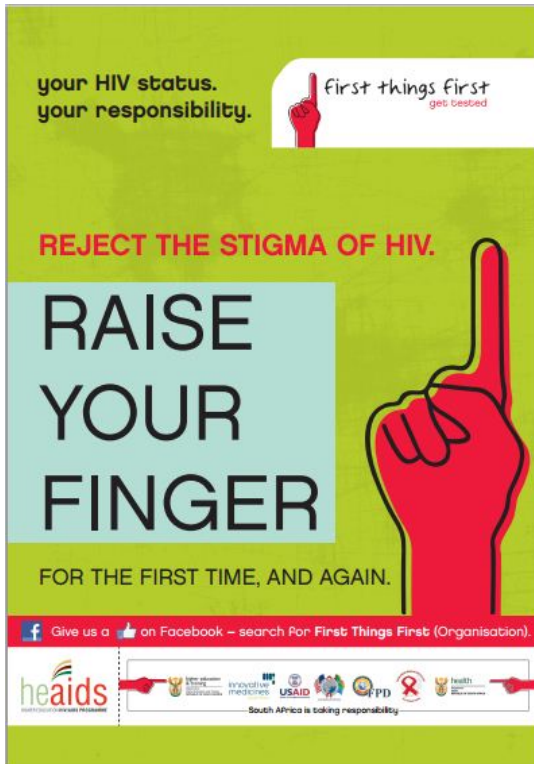


Figure 6. Poster Two: Reject the stigma of HIV- Raise your finger.



Figure 7. Poster Three: Raise your finger- Get Tested.

The selected campaign pamphlet dimensions: 21 cm (length) x 15cm (width), source: HEAIDS (2012) are reproduced below Figures 8-9:

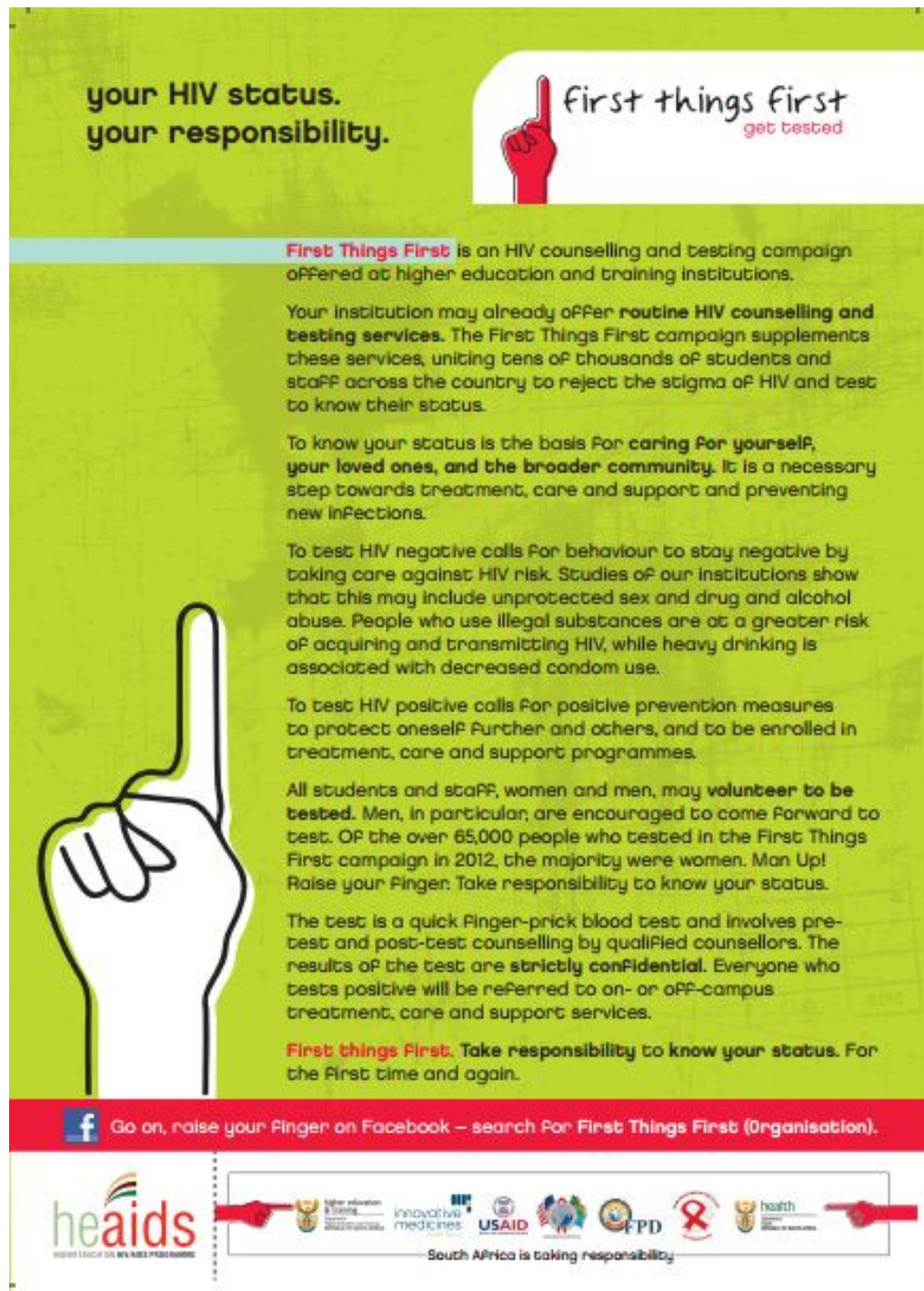


Figure 8. First Things First Pamphlet (front cover).

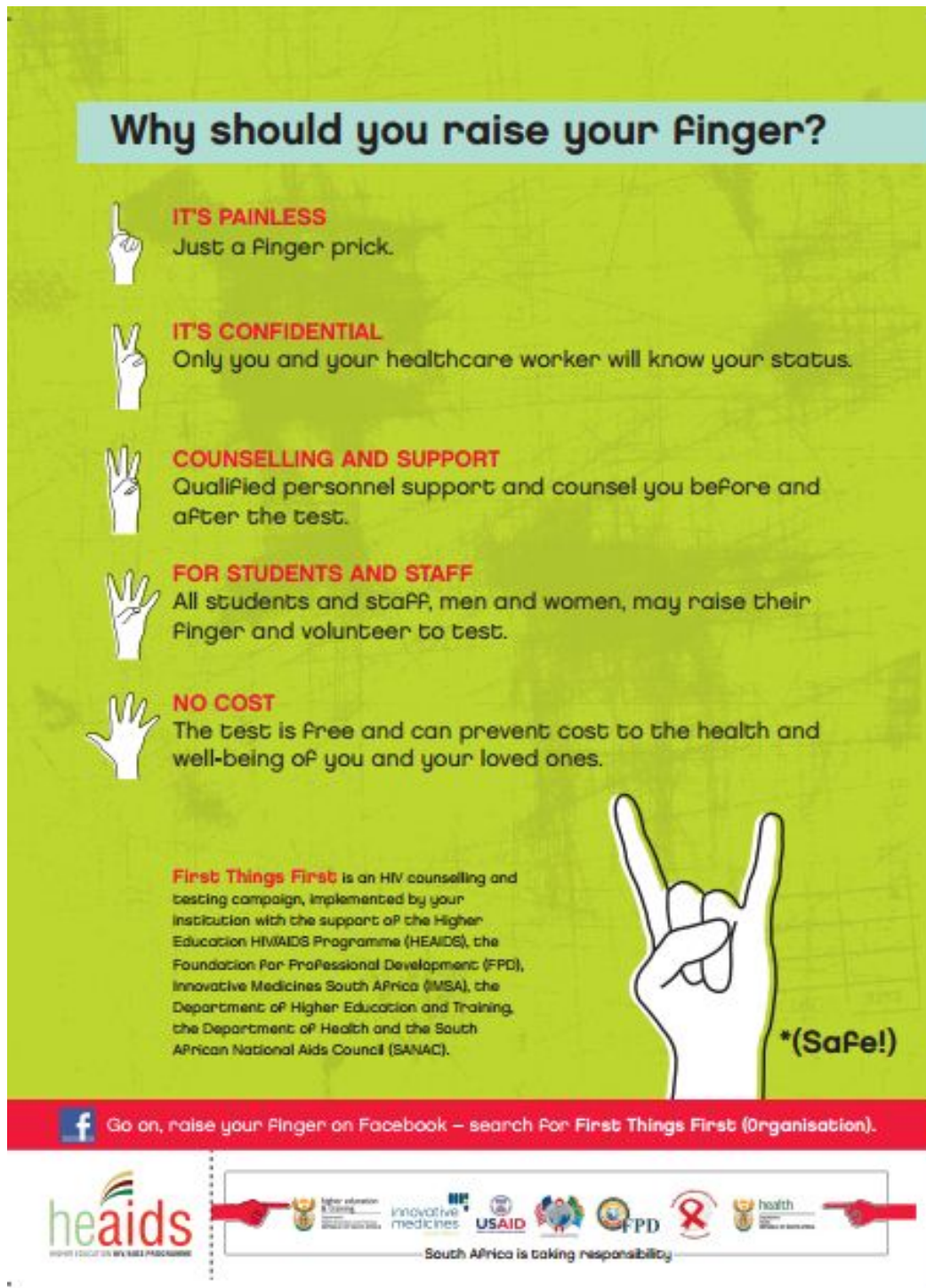


Figure 9. First Things First Pamphlet (back cover).

The use of colours in a visual represents a particular mood or feeling that the target audience will identify with. In Figures (5-7), it is not clear how the First Things First

campaign poster designers determined the colour choices because it seems to have adopted a Western centric¹² perspective about what the colours should mean.

The implication is that the posters require a Western schema for one to understand the symbolic meanings behind the choice of colours and not necessarily an African centric¹³ focus. It must be noted though that the symbolic meanings we attach to particular colours normally change according to context. This is discussed further into the research.

Danesi (2002: 31) claims that “The colour connotations of posters are used to symbolize an array of referents in Western and global representational practices” but the colours used in the campaign posters send out mixed messages. The three dominant colours used in the posters are suggestive of symbolism but have accompanying contrasts and is indicated as follows:

- Blue – hope, calmness. Also suggesting inner strength and determination
- Green – candour, trust, life, existence but power and formality too
- Red – blood, passion, sexuality, fertility, sensuality. The colour red can also promote expectations and quick decision-making (Danesi 2002: 31).

It should be noted that dressing the posters with bright colours might not contribute towards making sense of the intended message. Hence, the researcher makes a conscious attempt to contextualise and analyse the visual objects and the use of colour as a way to enhance the interaction, interpretation and understanding of the texts involved in the study.

When analysing the texts, the focus is on the language and literacies of the intended message. Particular emphasis is placed on whether the designers of the First Things First campaign posters utilised texts that demonstrate linguistic and socio-cultural knowledge of the intended audience who in this case are South African youths (both urban and rural) who are first year students at HEIs.

¹² Western centric (Eurocentrism) is a worldview centred on and biased towards Western civilisation (Sachsenmaier 2006).

¹³ African centric (Afrocentrism) is a frame of reference wherein phenomena are viewed from the perspective of the African person (Sachsenmaier 2006).

The posters overall display writing that is large and informal (Semba 2016). The writing style is colloquial in comparison to the pamphlet's writing style which is refined and sophisticated. Compact phrases are set in eye-catching patterns (horizontally) while the use of contrasting font styles and formats along with supporting illustrations (animated human finger raised) are congruent with the clinical testing method.

According to Van Leeuwen (2005), visual images contain a wealth of information, much of which the viewer processes unconsciously, it was deemed important then to analyse the visual images using the angle of framing. This involves paying attention to the formal design elements, the narrative content, context and presentation of complex layers and understanding of a visual image or object. "The use of drawings rather than photographs may foster better understanding, as drawings allow for graphic simplification while photographs can be too detailed, providing unnecessary and possibly distracting information" (Van Leeuwen 2005: 100).

Slogans such as 'Raise your finger' are designed to appeal to the target audience (Semba 2016), because the index finger of the right hand is usually used for a HIV test. Van Leeuwen (2005: 100) claims, "this discourse of 'bodily action as a mechanism' was not only realised in philosophical treatises but also in cultural artefacts and practices". This communicates a specific, clear, unambiguous and straightforward message. This means that the elements that constitute the text should be accessible and easily understood by the target audience.

The campaign's posters were further designed to keep up with the shifts in socially-technological trends (indicated through a social network, Facebook) thus speaking directly to the students in terms of how they see their own personalities represented through the image (Semba 2016).

To encourage engagement with a social media platform, a Facebook logo and 'Like' symbol are displayed towards the bottom of the poster. Van Leeuwen (2005: 12) describes this as information linking, explaining: "there is a relation of extension

between two items of information, the second item will add new information, and the link between the two items will be temporal, logical or additive”.

The poster design makes no use of visual portraiture through the creation of a fictitious character, nor does it use famous people to endorse the campaign. Rather than using ‘scare copy’ techniques to promote testing, the poster (Figure 5) plays on the ‘Man up...’ text to appeal to the macho side of men, coaxing them to display their ‘manliness’ by testing, knowing their HIV status and behaving responsibly. Lubinga, Jansen and Maes (2014) posit that ‘Man up’ is a colloquialism indicating the adoption of masculine ideals such as courage and being strong-willed. By suggesting that it is manly to be tested for STIs and HIV and linking specific gender ideology to health behaviours, “the use of the colloquialism recognizes and deploys male gender norms to change men’s behaviours—an oft-recommended strategy for furthering health and well-being” (Fleming, Lee and Dworkin 2014: 5).

This could lead to young men coaxing each other to test and to talk about the importance of testing. To which Lubinga, Jansen and Maes (2014: 62) argue: “in interaction with the absence of verbal rhetorical figures, it was the absence of visual rhetorical figures that could prove to positively influence willingness to discuss the campaign messages with many people”.

In line with Peirce’s (1931) triad of signs the raised finger on the posters signify HIV testing. A sign is considered *iconic* if it looks like the object signified, bearing a resemblance to its object (Tomaselli 1996). The raised finger on the posters signifies HIV testing, because rapid testing for HIV requires a finger prick, often using the forefinger, as displayed on posters. The finger, shown on the posters is also indexical of HCT, in that it classically ‘draws attention to the thing to which it refers’ (Tomaselli 1996).

The words (Raise Your Finger, Get Tested, Man Up) and colours (Blue, Red and Green) on the posters are symbols and depict the relationship between signified (raised finger) and signifier (getting tested), requiring the presence of an interpretant

to make the signifying connection while taking into account culture (Tomaselli 1996).

The abovementioned visual semiotic signs appear to serve as a tool of change in ending HIV infections. This allows for some kind of change in their knowledge, skills, and perception about the campaign and its posters and the need to test on a regular basis for HIV and AIDS. The information represented through the signified (raised finger) and signifier (getting tested) of the posters seem to have much more direct implications on the target audience to test.

However in order to gain maximum effect during a campaign, in this instance the posters used in the First Things First campaign, it is important to ensure that information offered to the audience is coherent. Coherence forms the sub-surface of a text, which acts as a blueprint for meaningful texts in terms of concepts, relations among items and how this relates to reality.

Taking into account the target audience of the poster, it can be argued that first-year students could be seen as a more sexually active group than the rest of the student population and now have to shoulder a lot of responsibilities especially through regular testing. The overall message 'Get Tested. Know Your Status' represented through the visual semiotic signs and textual indexes of the three posters would help students to construct realities by modelling what is being transmitted by the semiotic signs.

Primarily, the campaign poster designers exclusively depended on these semiotic signs to get their message across to the target audience. The critical step is ensuring that the intended message of their posters are pre-tested.

It is unclear whether the animated hand of the First Things First campaign material was examined as part of focus group pre-testing, prior to the campaign going public. According to Van Leeuwen (2005: 39), for communication to take place, messages need to be created from signs which,

“stimulate the generation of meaning that relates to the meaning generated in the message in the first place. It is only through sharing the same codes and using the same sign systems that the two meanings generated will approximate one another.”

Mindful of Van Leeuwen’s claim, messages must be meaningful to the target audiences in the context of their own lives, therefore research is essential.

As a result, students able to construct messages from these visual semiotic signs were likely to understand the importance of HCT. These semiotic signs (inclusive of their bright colours, bold text) might allow students to stop for a while and take actions such as testing one’s blood for HIV. The visual semiotic iconic signs contain the core message to test.

While the objective for using posters in a campaign is to attract the attention of the target audience as they walk past, Figure 6 loses its impact as one would have to pause to read the text in conjunction with the image. The ‘Raise your Finger’ text is placed against a green background and placed inside a blue background. This is not easy on the eye, making it difficult to read quickly with the added constraint of having to decipher what the image next to it actually depicts. It potentially causes more confusion for audiences who already find it difficult to comprehend the multiple messages, to now decipher and comprehend the text attached to the message.

In Figure 6, multiple messages are being sent to the target audience. An example is asking whether they will ‘Reject the stigma of HIV’, then asking whether they will be part of testing by ‘Raise your Finger’. This dilemma of having to deal with multiple messages presents disorders of discourse, thereby failing to impact positively on students’ behaviour change (Segopolo 2014).

In Figure 7, based on the bright red colour used in this particular poster, it projects mixed messages, particularly as the background colour red is dominant. Hence, the background tends to be the entry point or the draw card for the target audience, with the text ‘Get Tested’ taking a secondary position. Thus, the red colour sets the tone in terms of mood i.e. blood, danger, sexuality (Danesi 2002).

However, when attention is drawn to the text ‘Get Tested’ it reflects the immediate message to tell the target audience the immediate benefits of a health behaviour (testing). This is shown to be more effective and appropriate to the target audience.

Messages should also be kept simple and void of technical or scientific jargon or symbols. The interpretations or meanings given to a sign are informed through the culture, attitude and emotions that the reader applies to the sign. Therefore the reader is seen to be playing an active role in the generation of the meaning of the text (Danesi 2002).

In terms of poster design, Stein and Cooter (2011: 85-108), in their study, state that, “the iconography of AIDS posters appealed predominantly only to the *feelings* of onlookers. All that could really be said in their favour was that they sponsored a positive moral practice, namely caution against the spread of HIV”. They noted that in general most of the multimodal texts in AIDS posters follow the Western traditional reading paths starting from left to right and proceeding from top to bottom.

They query whether youths in South Africa, where literacy in formal Western material is still low or non-existent in some communities, will follow these reading paths? “Even those Blacks and Coloureds with some formal education might still find the Western approach to discourse adopted by AIDS campaigns rather difficult to follow” (Stein and Cooter 2011: 100).

While all three posters (Figures 5-7) establish general intent of the target audience (first-year students) to commit to the literal signification of the word ‘Test’ through the explicit obligational modality of ‘Raise Your Finger, Get Tested, Man Up’, the implicit challenge underlying the message is ‘would You test?’ Simultaneously inviting the viewer to engage and make a decision on whether to test or not. Textual constructions such as language style are most noticeable in the poster, so is the animated hand, which occupies a greater part of the poster.

The visual 'Test' is realised through the animated hand. Visual modality is accentuated with vibrant and strongly saturated colours of blue, red and green in the background that illuminate the represented animated hand to make it stand out impressively. This could be seen as a way to get students to test.

The linguistic message and the visual are congruent, as the animated hand with the raised index finger directly spell out the message inherent in the words. This, once again, shows the relationship between the signifier and signified. Although the statement 'Reject the stigma of HIV' in Figure 5 challenges the student, there is an obvious absence of the question tag "would you?" that could have followed the declaration statement. The absence of the question tag acts as differentiation.

The posters even draw on a conversational style (Man Up! Get tested, your HIV status your responsibility) to instil a sense of informality. "Conversation is essentially private speech, dialogue between equals" (Van Leeuwen 2005: 159). A hybrid of different styles is utilised to express the identity of the campaign's intentions.

An example is the repeated text 'Raise your finger' used in all three posters which is categorical and explicitly asserts the intention to test for HIV with the aim of influencing the thoughts and beliefs of the student to make sexually informed decisions when it comes to HIV and HCT. These linguistic and visual codes, evident in all three posters, effectively enforce social action discourses such as rejecting HIV stigma associated with testing.

The semiotic analysis reveals that the dominant discourse encoded by the poster image (animated hand with the raised index finger) communicates that students could adopt safer sex practices through regular testing. The text on the posters revealed layers of discourses and representations: representations of femininity, representations of masculinity, HIV stigma and safe sex practices.

4.3 The Role of the Campus Health Clinic Support Unit: First Things First campaign

In an interview session with peer educators and health promoters, who plan and develop ways to help people improve and manage people's health at the UKZN Campus Health Clinic Support Unit, believed the First Things First campaign is well-received by both the staff and students especially first-year students.

UKZN health promoter Ms Noxolo Batembu said...*we have the same students who get tested with us on a regular basis and throughout the year, we market the campaign to students through fun ways like fashion shows, so they can come in and get tested to know their status...* However, students who are the target audience for the campaign, argue that they have not seen the posters on their respective campuses, they are unaware that the First Things First campaign exists and that the campaign calls for getting tested and knowing one's HIV status.

Batembu explained that regular testing is conducted throughout the year but bulk testing occurs during the annual First Things First campaign event held in the week of World AIDS Day (1 December). Testing stations are erected, a pledge wall is constructed on which students and staff can declare that they will be responsible regarding their HIV status. Entertainment, motivational addresses, prizes and giveaways accompany the event: *this campaign was aimed mainly at first-year students because they are so vulnerable - that's why the theme of the campaign is First Things First. The aim is for first-year students to "know their status" and know how to take care of themselves...* (UKZN health promoter Ms Noxolo Batembu).

Batembu stated that the marketing events, which include prizes and giveaways, surrounding the campaign were designed to help students make informed decisions around their status and sexual relationships, acquire skills to deal with peer pressure and live a healthy lifestyle regardless of their test results: *the response was positive. Students are really interested to learn and know their HIV status.*

However, Cameron and van der Merwe's (2012) study on whether the prizes unduly influenced the students' participation revealed that the students tested purely because of the prize giveaways. "A major concern is that behaviour may be short-lived if the incentive is no longer available," (Cameron and van der Merwe 2012: 97).

While the Unit claims they implement effective marketing strategies in the form of fun, informative events, they need more support from the University Corporate Relations Division particularly related to their attendance at awareness events for the campaign organised by the Campus Health Clinic Support Unit. Noxolo Batembu said... *we give them advance notices and they sometimes do attend and take pictures and sometime they just ask for a write-up and for us to send pictures for the campus online newsletter. The only time they really make a concerted effort is when we have government officials in attendance. They don't even share the photos they've taken...*

The Campus Health Clinic Support Unit believes that if the University Corporate Relations Division engaged with them more often, it would create increased awareness around the campaign: *I think the University Corporate Relations Division is fair and responsible when they write up the articles but it would be nice if we could get more support...* This puts into perspective key aspects of Hall's encoding-decoding model (Hall 1980) shedding light on important characteristics of how journalism and subsequent articles are given meaning in a digital world. In relation to journalism, this is not only altering how content is circulated and ascribed meaning but also how events are transformed into news thus the circulation of journalism plays into the broader circuit of culture.

The Campus Health Clinic Support Unit recruits peer educators, who are students at UKZN, to assist with marketing and publicity-related events related to the First Things First campaign and other HIV and AIDS related issues.

Peer educator Khanyisile Kubheka (female) said: *it is easier for us to speak to students and get them talking about these issues and to get tested because we're more or less more relatable and approachable than adults and nurses. It's easier for*

them to share their experiences and to get advice from us because we understand them better and the challenges they go through...

UN Children's Fund (2002) states that peer educators is an effective way for students to participate in HIV prevention. It is because they are able to provide important information on sexual issues (provided that they are properly trained) in order to dispel misconceptions, myths, to present information on HIV prevention and relaying the benefits of testing in a way that other young people will find relatable.

Nomalibongwe Buthelezi (2013) asserts that peer educators are effective in reaching individuals and groups at high risk including 'males having sex with males', those who are sexually abused and drug-users. Since such students distrust social workers, peer educators step in to meet these students in a respectful, understanding and fully relatable context.

The peer educators believe that students understand the campaign's message. This is due to their personal experiences and interactions with students, which Nomalibongwe (female) explains:

The students really seem to want to be responsible and to do the right thing so they come in and get tested. We've been setting the whole 'Get Tested. Know your status' trend among students. We've noticed that students who get tested for the first time usually come back to get tested a few months later. We encourage them to become regular testers. Some students even bring their partners. These students even inform other students about the importance of getting tested. I mean, once you start testing, it never stops...

The aforementioned highlights the success of the peer education programme that is linked to the First Things First campaign. The success of the peer education programme is further underscored by Hanan's (2009) argument that the value of interpersonal communication is most effective for influencing the behaviour of an individual or a small group of people when the message is delivered by a person who belongs to that particular group and the content of the message considers local

culture, tradition, norms and values. Peer educators disseminate new information and knowledge to the group members and can become a role model to others by practicing what she or he preaches (UN Children's Fund 2002).

The diffusion of innovation theory posits that certain individuals such as opinion leaders from a given population act as agents of behavioural change by disseminating information and influencing group norms in their community (Rogers and Shoemaker 1971). In light of this, a peer educator not only tells students about a desired risk reduction practice but also models it. They demonstrate behaviour that can influence students to promote HIV and AIDS risk reduction within their networks. They are better able to inspire and encourage their peers to adopt health-seeking behaviours because they are able to share common weaknesses, strengths and experiences (UN Children's Fund 2002).

4.4 The Role of the UKZN Media Unit: First Things First campaign

Media is a powerful tool in support of social change. Media support for the First Things First campaign would assist in its aims to create awareness for behaviour change linked to the 'Get Tested' message. Parker, Dalrymple and Durden (2000: 71) assert that "mass media give prominence to ideas, create an agenda of key issues for discussion and debate and influence people's understanding of their reality. Media attention can support and endorse social change".

Taking into account Noxolo Batembu's (health promoter) claim that UKZN Corporate Relations Division should support them more by providing greater coverage of their events, the journalists at the UKZN Media Unit confirmed that they do cover the First Things First campaign for the internal publication UKZNdaba Online (Shabangu 2015). UKZN staff, students and alumni via email and on the website access this publication. Stories emanating from the UKZNdaba publication are selected for their prominence (for example World AIDS Day stories) and inclusion on the UKZN homepage.

The screenshot shows the UKZN homepage with a navigation menu at the top, the university logo, and a search bar. The main content area features a large banner for 'HIV: Getting to Zero' with a group photo of people holding a candle. A sidebar on the right displays a list of news items, including 'HIV: Getting to Zero', 'UKZN hosts farewell dinner for Dr Phumla Mnganga', and 'Social Work Student Defies Disability Stereotype, Hopes for Brighter Future'. Below the banner is a red bar with the word 'HEROES' in white.

Figure 10. World Aids Day lecture showcased on the UKZN Homepage (Source: UKZN 2015).

Journalist Raylene Captain-Hastibeer said, *we usually get a request from the various UKZN AIDS offices be it either HEARD or CAPRISA or the campus health clinics and support units and we then cover the event and take pictures. If we are unable to attend and this usually happens because we would have other events taking place at the same time, then we ask them to send us some information and pictures and we run the story...*

Depending on the newsworthiness of the event, a press release is written and sent to external media, in the hope that they might attend, and possibly create awareness for the campaign and the University. The events are publicised on the University social media pages such as Facebook in an effort to disseminate the information to the target audience.

These articles and social media marketing activities linked to the campaign could be increasingly circulated on digital platforms showcasing traces of user activity (visits, readings, likes, shares, commentary, etc.). This means that the commodity, i.e. the “discursive form in which the circulation of the ‘product’ takes place” (Hall 1980: 117) is transformed through generating awareness and understanding for the target audience.

The idea of sharing on social media platforms leads to recirculation of the article meaning it can be consumed continuously. Hall (1980:124) posits that “work is required to enforce, win plausibility for, and command as legitimate a decoding of the event within the limit of dominant definitions in which it has been connotatively signified” thus giving an assumption that headlines, photographs linked to articles are circulated online highlighting the professional context of journalism. The advent of social media as a means of communication could be seen as a different structured mediated layer to how Hall saw the construction of meaning.

According to Ramaprasad (2011), journalists’ articles that hold HIV information are further used to address the disease deeming it powerful enough to bring about awareness. However, HIV and AIDS coverage is dependent on the same news values of novelty, timeliness, proximity, conflict and newsworthiness used as filters for story selection for other topics. She argues that:

social issues of importance to community, society, nation and the world might be better addressed by a socially responsible press that uses social justice filters to determine the salience of a story as well as the approach used in covering it. Thus, per this line of thinking, the seriousness of the disease warrants greater and more nuanced and sensitive coverage of HIV and AIDS than traditional filters might allow (Ramaprasad 2011:12).

The UKZN journalists claim they cover the stories fairly and responsibly through ensuring that the material is sent to the organisers for approval and verification before being published. Permission is required from those who appear in the photographs before publication. Journalist Sithembile Shabangu explained, *if there are activists or people who are infected or affected with HIV, we ask for permission to take their picture and then we use it for our publication. With such sensitive issues, we have to be ethical...*

In the encoding/decoding example of journalists’ using a moral code of ethics and conduct, the explanations by the journalists reflect the broader communication science in which each step or protocol that is observed by the journalists’ links to

different interpretations of the campaign and subsequent posters by the intended audience (Hall 1980; Tomaselli 1996).

Offering a suggestion to increase awareness of the campaign, journalist Raylene Captain-Hastibeer states...*students could collaborate with staff and with various AIDS organisations within the University and externally. There should be a Department of Health presence for such a thing. Vice-chancellors should be running with the campaign as the campaign targets first-year students. There should be more support and a complete buy-in from university management for the campaign to have a greater impact...*

The team regards students as key role players in creating awareness around the First Things First campaign. If students have events that are geared around HIV and AIDS awareness such as plays, song, dance performances and even open discussion panels, they become agents of change. Parker, Dalrymple and Durden (2000: 72) argue that,

participatory media and dialogue-oriented approaches allow people to become practically involved in issues, and can relate issues more directly to their personal circumstances. Change agents may initiate the impetus for a social movement, but without grassroots support, change will not be sustained. This support is often highly visible.

Journalist Thandiwe Jumo-Shepherd said, *even if we provide yearlong coverage of the campaign, who knows if it is even making a difference and informing students. Maybe research needs to be done on this...possibly a survey to gauge how best to package HIV and AIDS related stories to students and maybe rope-in students to further publicise the campaign...*

The team suggested that AIDS organisations on campus that focus on HIV prevention and awareness and the health clinics and support units could collaborate with the public relations and marketing teams to make the campaign more widespread across the University. Journalist Raylene Captain-Hastibeer added...*get the Student Representative Council, ENACTUS and student organisations on board or create a compulsory course on HIV and AIDS much like the compulsory isiZulu*

Language course offered to first-year students at UKZN. Use social media intensively...I don't know....create a #AIDSMustFall movement...

4.5 Chapter Summary

The chapter presented the findings and analysis of the study. First Things First campaign posters and pamphlet were examined through semiotic analysis to find the meaning of the campaign posters. The role of the UKZN Campus Health Clinic Support Unit in relation to the campaign was explored and coverage of the campaign by the UKZN media unit was assessed. It was found that UKZN Campus Health Clinic Support Unit requires more assistance and support from the UKZN Media Unit. The next chapter provides some findings and an analysis of student perceptions of and responses to the campaign.

CHAPTER FIVE

Findings and Analysis: Student Perceptions of the First Things First campaign posters

5.1 Introduction

The findings and analysis address the meanings and understanding that the target audience derives from the First Things First campaign posters; whether the meaning is in line with the campaign's intended messages; and if the students consider themselves as the target audience for the campaign. These results are discussed in relation to the research objectives and research questions.

5.2 Participants' awareness and understanding of the First Things First campaign: First Impressions Conversations

The section covers the following topics: students' knowledge, awareness and understanding (perception) about the First Things First campaign and its posters and making sense of the campaign posters using semiotics and thematic analysis respectively.

During the focus group discussion, the participants were first tasked to name at least three campaigns that came to mind that dealt with HIV and AIDS. Participants identified loveLife, Brothers for Life and Khomanani. There was no mention of the First Things First campaign.

Focus group participants were then asked if they knew about or had heard of the First Things First campaign or seen any of its three posters or pamphlet on campus. The researcher was met with blank stares as all 14 students stated that they had not heard about the campaign:

Stephen (male, 18) said: ... *when we came in as new students at the university...we had orientation and were shown around campus and were told what services were*

available for us...there was student counselling and the campus clinic and getting tested...they might have mentioned the campaign...but I can't remember...that was right at the beginning of the year...

Neville (male, 18) said: *...I don't know what this is. It's obviously linked to students, who else then?*

Nothando (female, 19) said: *...No. Never heard of it before. Is it for students?*

The students interviewed were not aware of the First Things First campaign and its related link to HCT. They did however, express they were aware of the HCT service at the campus health clinic and the abovementioned campaigns link to safe sexual behaviour. They also knew the exact location of both the campus health clinic and the Campus Health Clinic Support Unit on their respective campuses.

However, the results from this brief exercise appear to be a negative relationship between attitude towards the campaign and the posters. Participants who perceived the poster to be attractive, interesting and those with a strong liking for it, believed it would have a stronger impact on the campaign's overall image of HCT.

This indicates that the stronger a participant's perception towards the poster, the more likely the student will test or influence others to test. Also, the results of the analysis suggests the stronger a participants understanding of the intended message, the more positive will the perception towards the First Things First campaign be.

After the participants' of the study had been shown the campaign's three posters and a pamphlet, they were given the opportunity to individually engage with the material. Questions were then asked by the researcher related to the campaign. The questions explored the participants' knowledge of the campaign and its posters, whether they had seen the posters prior to the focus groups, their knowledge on HCT, the intended message of the posters, if they considered themselves as the target audience for the campaign and their overall perception of the posters.

Lungelo (male, 19) stated: *I've never even heard of this campaign. I know about other HIV campaigns like Lovelife and Khomanani...only because we heard about them at high school...this is a new campaign for me...first time I'm even seeing these posters...*

Taking into consideration campus poster campaigns in the United States of America, Weigle (2005: 1) observes that:

Posters obscure every possible inch of bulletin boards, lamp posts, and kiosks of colleges around the country. They advertise everything from campus clubs and gatherings to sales, bands to graduate school, and jobs to incomprehensible art. The underlying design motivations vary, but all these displays have one common goal: first, to get attention, second to give information, and finally to get the viewer, typically a student, to do something.

However, student Ravi (male, 18) added: *I haven't seen this poster on campus. I study mechanical engineering...and I haven't seen this on the notice boards or anywhere near the Science Block...or even the library...*

However, one respondent, Stephen (male, 19), said he had seen a poster at the campus health clinic: *I only saw this poster [points at Figure 7] at the health clinic. I didn't even bother stopping to read it. I was in a hurry...but it was at the clinic so it had to do with HIV...I think...*

Although Weigle (2005) argues that posters should be displayed in highly populated areas for it to be noticed by students, respondent, Stephen (male, 19) expressed he was, *sick and tired of hearing about HIV. We hear about it so much that we become desensitised to it...*

While the UKZN Health Clinic Support Unit claims that the posters designed by the HEAIDS Marketing Support Services are displayed at the campus health clinics, residences and other student-populated areas with health promoters from the Unit putting up the posters themselves - the students from the focus groups argue that they have not seen these posters on campus.

According to the students, there is a lack of posters to publicise the First Things First campaign across the campuses. Stephen (male, 19) claims that the posters are restricted to the campus health clinics, as he has only seen the posters displayed outside the health clinic office. As Pauwels (2005: 341) asserts, “an important additional challenge in the case of poster campaigns is that they need to be displayed in the right places, where the target groups can be reached and have enough time to absorb the message (public spaces, waiting rooms, clinics, and so on)”. Students’ claims that the posters are not displayed in strategic places on campus, highlights the need for a concerted effort by health promoters to put up posters in actual places that are frequented by students.

With the campaign rooted in knowing your HIV status by testing and being responsible, the students were asked about their knowledge of HCT and the slogans of ‘Raise your Finger’ and ‘Your HIV Status, Your Responsibility’ appearing on the posters. Malibongwe (male, 18) answered:

... I know that you do a finger-prick test and then you get told whether you’re negative or positive...I don’t know which hand they use but I know they use the index finger for testing...

The comment from the participant above is reflective of MacPhail, Pettifor and Rees (2007: 476) claim that, “in South Africa levels of knowledge about HIV transmission and protection are high but this knowledge is relatively simplistic and there is confusion about the more complex factors relating to prevention, testing and treatment”. Theories and models used in health communication and promotion especially those advocating HIV and AIDS prevention such as diffusion of innovation theory (Rogers and Shoemaker 1971) are derived from assumptions of individual rationality that are compliant with an established linear path from awareness to attitude to action based on high levels of HIV knowledge. These theories have been criticized for “being too linear and widening gaps between those already knowledgeable and those lacking knowledge of HIV and AIDS issues” (Segopolo 2014: 124).

The participants concluded that the First Things First campaign refers to testing for the first time and knowing your HIV status. Simone (female, 18) added, *to get tested means to know if you're HIV positive or HIV negative. If you know your status, you will be responsible enough to keep your partner safe.*

The participants identified that the campaign targets them as first-year students: *I think that the naming of the campaign was smart. They are saying that we as first-years should come get tested for the first time...like...we get into university and there is all this peer pressure and parties...and we fall into this trap so First Things First...is to get tested and make responsible choices...* (Kyle: male, 18).

Ravi (male, 18) added... *it says clearly on the poster to get tested. And since this is aimed at us, the students, then obviously we must get tested...*

This targeting process of the campaign identified by the participants is what Singhal and Rogers (2003: 201) describe as “customising the design and delivery of a communication programme on the basis of the characteristics of an intended audience segment,” to slow or halt the spread of the virus.

When students were first shown the posters and asked to engage with it, they displayed limited understanding of the campaign’s ideas, aims and objectives which HEAIDS Project Manager: HEI Mr Alex Semba, in an email communication on 11 April 2016 stated,

First Things First aims to help South African tertiary students in particular to fulfil their destinies by encouraging them to be responsible, get tested for HIV and empower themselves by knowing their status and committing to behaviour that will protect them and their peers.

While the majority of the students were introduced to the campaign and its posters for the first time during the focus group session, indicating their overall lack of awareness of the campaign, they base this on the visibility and recollection of the campaign posters on their respective campuses. However, once the students were shown the posters during the focus group session and were given the opportunity to

fully engage with it, they then indicated limited knowledge and understanding of the First Things First campaign and HCT.

Considering the First Things First campaign was five years old at the time of the empirical data collection, it was anticipated that the campaign distribution and impact should have been greater.

Through an application Hall's (1980) encoding-decoding model demonstrates that students' understanding of the message occurs when they interpret the encoder's intentions without being made aware that the message is a construct created within the codes and rules of meaning structuring (Tomaselli 1996). However, walking by and seeing a poster tacked up on a wall does not imply an understanding of the First Things First brand which is generated through the mental image that the brand icon (animated hand) creates in the target audience's mind. Where a low level of awareness exists of the symbolism of the brand icon, it is important for the campaign designer to keep the messages short and simple so the target audience can then develop an understanding of the product or service (Tomaselli 1996).

5.3 Students' Perceptions on First Things First campaign posters

This section focuses on textual analysis and readings of students' perception of HCT within a critical framework since these elements influence and are influenced by the consumption process (Hall 1980). The posters (Figures 5-7) and pamphlet (Figure 8-9) were then interpreted and decoded by the students in order to examine visual elements such as colours, fonts, slogans, patterns and images.

The students were asked questions relating to the poster design (colours, graphics and slogans), messaging, information and their overall perception of the posters. When the students were asked to provide a description of the posters in terms of colour, Simone (female, 18) replied with, *informative, bright and colourful* while another student Brian (male, 18) responded, *big and had bright colours*. Most of the students agreed that the colours were *eye-catching and bold*, and were *sure to grab their attention on campus*. They are of the view that colours red, blue and green gave

a sense of danger, calm and cooling respectively. One of the students felt that the colour red is tied to HIV and AIDS because blood is red and HIV is transmitted through blood.

Student responses validated the colour choices, with the majority of students pointing out that the posters should be uniform and emphasise red to be used to connect with the theme of HIV and AIDS and the danger of contracting the disease. A minority of students argued that green and blue were more user-friendly and approachable for students to view the posters up-close without being affronted by bold bright red. It is clear that the use of colour may be more attractive and informative than black-and-white, yet as Pauwels (2005) argues, colour is particularly culturally specific and may invoke powerful and sometimes unanticipated associations.

The students felt the *big and bold* text could be easily spotted and fit in well with the dominant colours. *It grabs my attention.* However, they expressed a need for more information than that provided by the slogans and graphics. *If I was walking past with my friends and I just happen to see the posters, I might stop and read it because of the colour and big words but if there's no more information other than the Get Tested, Raise your Finger then for me, it wasn't worth it* (Mikhail: male, 18).

Countering Mikhail's comment, Kyle (male, 18) argued: *That's why they have the pamphlet, which gives more information, and you can pick it up and read at your leisure. Let's not forget that they have social media shown on the poster where we can get more information....imagine if you walk up to this red poster and someone sees you reading it, they're gonna know you're thinking about getting tested and then you have them thinking things about you. I rather go to their Facebook Page for more information or something...*

The students felt that the step-by-step procedure on the pamphlet alongside the animated hand and the fingers that represent each step should have been incorporated into the poster design. They point out that *nowhere on the posters do I see where we can get tested. They talking about getting tested on the posters but where? Maybe they should've added that in* (Sheldon: male, 19). The posters do not state where a

student or staff member should get tested. The designers of the posters should have indicated somewhere on the poster that testing is done at the campus-based health clinics. The First Things First campaign is essentially an HCT campaign. Focus group participants pointed out the lack of information on where testing is done and by whom. A re-design of the posters should reflect this important information in future.

Generally, the students responded well to the colours, big bold words and stated that the slogans were '*quick and easy to remember*'. Although their responses indicate the posters were easy to recall and was attention-grabbing, the students had never seen the posters on campus or heard of the campaign prior to the focus group session. The posters should have been strategically placed in areas on campus frequented by students (cafeterias, library, student union building etc.). Perhaps this would have boosted the effectiveness of the campaign's image and message to test.

There were mixed reactions (confusion, surprise, acknowledgment) to the graphics, with half of the students agreeing that the animated hand with the raised finger signified getting tested and were comfortable that it did not use race and gender as a form of identification that they believed could create a wrong impression. Mikhail (male, 18) added: *If it was an image of a real hand and it was someone who was black then people would think that this campaign and poster is targeted for that race so by using the animated hand, there's no outing of any race groups. It's neutral. There's individuality.* The use of an animated hand, as indicated by the student, is simplistic but effective. It allows the intended target audience to identify with the message of the poster without being racially profiled in terms of HIV.

Two students preferred a cartoon figure to an animated hand or celebrities because it would readily identify the First Things First campaign. The remaining three students were confused about the animated hand. Some thought it was referring to the number one and so linking to the word 'First' in the campaign title. Others identified the hand with HIV and AIDS with one student saying: *The poster obviously is dealing with HIV and the raised finger probably means if you don't do A or B, you might end up in heaven. That's my first impression of the poster...* (Tina: female, 18).

The student's link between HIV and heaven is one that signifies both negative and positive connotations. Negativity in that people who have contracted HIV are perceived to die quickly and painfully instead of living a moderately healthy normal life. The positive element, evident from the student's first impression, is one of fear, in that it stops risky behaviour.

The above observations about the animated hand, link to the statement by Pauwels (2005: 338) which emphasises that:

pictures and other visual representations, particularly the more realistic ones, are often considered to constitute a universal language and are therefore widely regarded as the ideal means of communication in multicultural and less literate environments. However, while pictorial information may indeed play a crucial role in intercultural and developmental communication and education, it would be naïve to think that it is easily comprehensible and invariably effective.

Much as the case of the slogan, MAN UP! Raise your Finger on Poster A (Figure 5) which was not favoured by 13 of the students who felt the slogan was *gender-specific and biased*, created a *wrong impression* and perpetuated a *gender divide*. The remaining male student points out that: *this particular poster was possibly designed with Men being the target because a lot of guys have this macho thing going on and wouldn't want to acknowledge that they need to get tested and be responsible. By using Man Up, it's appealing to their macho side...*

Nothando (female, 18) countered saying, *This isn't about just Men, it is about both genders. If they created a poster targeting Men why isn't there a poster for Women? They should have not done that. It should've been just three gender neutral posters without calling out to one gender and not the other...*

It ties in with Hanan's (2009: 145) recognition of the value of visuals in making messages more attractive and impact oriented. "The use of visuals enhances the message retentions because (a) it overcomes language barriers especially in societies where the literacy rate is low, (b) the visual symbols are always eye catching and leave long term impact on the memories of individuals." Hanan states that language consideration helps in getting rid of the alienation of the message, and makes the

message culturally, geographically and educationally more understandable and acceptable. “Messages or slogans and information material must be developed in languages that are understood and accepted by the target audience. Simple language without medical jargon would be effective for the necessary communication” (Hanan 2009: 149).

In this case, the students felt the animated hand (visual symbol) was eye-catching and it was something they were able to remember, long after seeing the poster, however, all of the students had an issue with the language choice used on the posters. They at least expected an isiZulu poster to cater for those who spoke and related to the language. Despite the language issue, they welcomed the fact that the posters were *attention-grabbing*.

The analysis of the First Things First posters and pamphlet processed through students’ thoughts, views and perceptions reveals different understandings and interpretations of the elements used within the design. It reflects an overall positive response regarding the construction of the posters and pamphlet and the use of colour, graphics and wording. However, some of the students displayed a negative response regarding the construction of the posters and pamphlet and the use of colour, graphics and wording.

5.4 Students’ interpretations of the messages contained in the posters

Hall’s (1980; 1973) theoretical model of three different reading positions: ‘dominant’, ‘negotiated’ and ‘oppositional’ show the communication process as pivotal especially when audiences interact with the programme. The three readings explain the different positions or views that readers take when interpreting messages linked to media (Hall 1980; 1973).

It should be noted that audiences are constantly differing in their thoughts and feelings. However, a relationship between the audience member and the text is portrayed as each message becomes just as important as the next. This is in line with Hall’s theory of “how audiences react and make sense of media” (Hall 1973: 21).

This encoding/decoding model by Hall (1973: 22) is when the message is first designed by the “producer and contains various signs to reinforce the dominant hegemonic viewpoint”. The message is sent through a specific medium where it is received by the audience and then decoded in one of three ways which Hall (1973: 23) describes as:

- the dominant position where the viewer takes the meaning of the message the way the producer intended. For instance, Ravi (male, 18) said, *it says clearly on the poster to get tested.*
- the negotiated position where the viewer accepts parts of the message but rejects others that don't fit their interests. Nothando (female, 18) said, *I know that the poster says to get tested but why are they using the slogan Man Up! It's supposed to be about both genders.*
- the oppositional reading where the reader decodes the message and rejects the entire message. Malibongwe (male, 18) said, *the poster says to get tested and know your status but that doesn't mean that since I know this from reading the poster, I'm actually gonna do it.*

Hall states in “Encoding, Decoding, the degrees of 'understanding' and 'misunderstanding'...depend on the degrees of symmetry/asymmetry...established between...encoder-producer and decoder-receiver" (Hall 1973: 510). This is an important aspect of audience reception because as Hall (1973: 511) states “audiences don't just absorb everything they are told but are actually involved, sometimes unconsciously, in making sense of any given message as it relates to them in their own personal contexts”. Thus, audiences play a much more active role in receiving media and messages.

In the current study, the student responses appear to indicate that the messages of the posters were decoded as the designers initially encoded them. According to HEAIDS Marketing Support Services officer Ms Zandile Mashaba (2016, email correspondence, 04 January), as the encoder, noted the dominant or preferred reading of the posters was understood by the target audience which is to “get tested for HIV and empower themselves by knowing their status and committing to behaviour that

will protect them and their peers.” The raised hand with the index finger is what the students associated with testing.

The response from the encoders indicates that the majority of students are correct in their description of the posters being simple to interpret and easy to understand.

Students Lungelo (male, 19) substantiates the correlation: *the poster says Get Tested. And it also has the word HIV on it so obviously it means get tested and know your status* and Ravi (male, 18) said, *it says clearly on the poster to get tested.*

In comparison, a study by Martins (2007) exploring an HIV awareness campaign, yielded contradictory results in that the respondents interpreted messages differently to that intended by the organisers. The divergent responses appear linked to the fact that the designs on the billboards were abstract in nature whereas the posters for the First Things First campaign were simple, clear and direct.

5.5 Thematic Analysis - Focus Group Data

To analyse the data generated from the focus group discussions, a widely used qualitative method referred to as thematic analysis was employed to identify ideas expressed as themes within the data.

A thematic map (Moodley 2007) assisted the researcher in defining and naming the themes identified in the data. Thematic analysis led to the emergence of three key themes that partly addressed the research questions and provided further background information related to the research questions. It is important at this stage to reflect on the circuit of culture model (Hall 1980) as it becomes clear that although the students display an understanding about the campaign message, it further reveals underlying themes which are examined below:

5.5.1 First theme: Gender Construction, Peer Pressure and Sexual Identity

The participants claimed that when they arrive as first-year students at the university, they are exposed to different cultures and develop friendships and relationships with

people from diverse walks of life. As with a sense of newfound freedom at university, they are able to explore their sexuality and endeavour to establish their sexual identity in relation to casual sex, more than one sexual partner, alcohol at parties and sexual experimentation... *When we come from high school to university, everything is different, there's more freedom. There's no teacher running after you for anything And with more people around your age, you tend to make more friends, become more outgoing, go out with them to drink and to parties and meet girls and have fun...* [Brian (male, 18)].

According to Selikow, Zulu and Cedras (2002), the risk of contracting and spreading HIV lies in having several sexual partners, engaging in casual sex, unprotected sex, demonstrating negative attitudes toward condom use, having control over women, and owning expensive accessories indicative of 'sugar daddy' relationships.

The students identified that it is often through peer pressure that some students choose to engage in such behaviour. It appears that male students succumb to peer pressure and having to prove their 'manliness' to their friends while female students prefer having a steady partner or being in a relationship.

Stephen (male, 19) mentioned that, *for men...for us...it's always about being macho. For some, they prove their manliness by having lots of partners...maybe they'll have a steady girlfriend but then they'll have a side chick too. And then they'll be controlling too in that relationship...*

Another student Lungelo (male, 19) added: *in the Zulu culture whatever the man says, the woman must obey. Some of us recognise this because of our backgrounds and seeing it happen first-hand. That same thinking is practiced with some young men at university who, for example, tell their partner that to prove their trust and love, no condoms should be used.* This statement is indicative of the current thinking and ideologies that accompany some of the relationships that students are involved in. This gives rise to elements of patriarchy, gender-based violence and manipulation. The campaign, besides the use of posters and other small media, should be utilising alternative media vehicles to address these issues especially

during campaign marketing events. This would have a greater and long-lasting impact for students.

Nothando (female, 18) added, *I agree with Lungelo. Some of the guys use their cultural upbringing to take charge of the relationship. They think because they are men, they can control us. All we want is a normal, healthy relationship with a partner that doesn't have all these other side chicks.*

Gender is apparent in the different ways in which young people construct themselves as masculine or feminine and in the challenges that these constructions present to safe sex in patriarchal societies (MacPhail, Pettifor and Rees 2007). This is supported by the students' statement. The manner in which young people construct their sexuality is influenced by family, peer, organisational, community and cultural contexts and is central to the development of representations of sexuality and HIV risk (Hall 1980).

Leclerc-Madlala, Simbayi, and Cloete (2009) expand on this by revealing that Zulu men are raised to be independent, to keep all emotions in check and not to ask for any assistance or help when in trouble which then prevents them from knowing their HIV status to keep their sexual partners safe. As these researchers argue, the traditional ideal for Zulu men to prove their manliness is by having multiple partners. According to Leclerc-Madlala, Simbayi, and Cloete (2009), in traditionally patrilineal societies such as the Zulu where *ilobola*, (bride payment) is practiced, sexual domination and male control over women are evident.

A man demonstrates his manliness by demonstrating how well he can assert control over 'his' women be they wives, girlfriends or daughters. This deeply embedded notion even extends into the workplace and school environment, with men displaying their manhood in ways that result in the sexual harassment of female colleagues or the sexual abuse of schoolgirls by teachers. Recent research is elucidating links between a woman's experiences with sexual coercion and violence, and later risky behaviour such as having multiple sexual partners, trading sex for money or drugs, and a high likelihood of engaging in unprotected sex (Leclerc-Madlala, Simbayi, and Cloete 2009: 13).

As a result, Ziphezinhle (female, 19) pointed out that *women seem to be the ones to suffer because they could end up pregnant, have some STD or get HIV. And some men would never want to take responsibility because that's not their problem and put all the blame on us but they don't realise that their behaviour is putting their health at risk. They think that being a man means being unable to get HIV...* emphasising that the role of gender constructions and HIV risk is thought of as a female issue.

MacPhail, Pettifor and Rees (2007: 478) observe there is increasing realisation that certain gender constructions are damaging to male sexual health because they are more likely to “maintain high degrees of control over their female partners, engage in more sexual risk-taking, avoid health care clinics, and enact more physical and sexual violence with their partners”.

There exists a close parallel between the two focus groups in terms of demographics, lifestyle, choices and outlooks (Hall 1980). Their opinions are displayed and exhibited through similar ideals and examples of practices of HIV and AIDS and HCT.

Through such revelations and discoveries, the students believe that a dialogue needs to happen between and among the youths to allow for a change in this behaviour. Neville (male, 18) asserts *if we want to see some sort of a change in order for the youth to be responsible about sex, we need to talk openly about these issues without the fear of being discriminated against or ridiculed.* While Geraldine (female, 18) added, *we can't hide from important issues like HIV and AIDS. We're the future. If we can't communicate with each other, then what's left for our future?*

Bhana and Pattman (2009) argue that the lives and identities of young men and women must be central in any initiative to change behaviour. They note that within the context of HIV and AIDS, youths have become pivotal to contemporary South African social thought and educational policy concerns regarding changing behaviour, addressing gender inequalities, safe sex and preventing the spread of the disease. “Yet very little is known about how youths in specific social contexts give meaning to gender and sexuality. Greater understanding of these processes would

appear vital to successful educational strategies in the protection against HIV and AIDS in South Africa” (Bhana and Pattman 2009: 68).

5.5.2 Second theme: Stigma attached to HCT

According to Singhal and Rogers (2003: 45) “stigma is prejudice and discrimination against people who are regarded and treated in a negative way. Throughout the world, ‘anti-AIDS’ stigma is a barrier to the humane treatment of infected individuals”. Lieber, Boutakidis and Chin (2013) claim the dangers of sexual behaviour risk inherent in any changing environment are clear and worthy of serious attention.

There is a need for innovative and effective HIV prevention efforts given the influence of social stigma, traditional values and expectations, “a relative absence of reliable and trustworthy information about sexual health, and expanding and unguided exposure to information from outside sources influences stigma among youths,” (Lieber, Boutakidis and Chin 2013: 247).

Research on young people, HIV and AIDS by the United Nations Children’s Fund (2002) reveals the fear of stigma and deep-rooted discrimination makes young people less likely to adopt preventive strategies such as using condoms, seeking testing for HIV and other STIs, adhering to treatment or disclosing their HIV status to sexual partners.

The students raised concerns in relation to HCT as promoted by posters,

if you know you have done something irresponsible the night before or whenever and you become fearful and go to the campus clinic for testing...which we all know is in quite a busy place, people are gonna see you go in and come out and they’re gonna be thinking why you went there....they could think HIV or STD or something...and then they’ll judge you and tell others and you’ll be disgraced and discriminated [Stephen (male, 19)].

The participants believed that the fear of being ostracised or discriminated against were some of the factors responsible for some students not testing or disclosing their status to their partners out of concern that word would spread around campus that they were HIV positive and people would be afraid of them.

Johnny and Mitchell (2006) argue that attempting to understand campaigns from the perspective of their intended audiences is an approach for a new reading on stigma and discrimination through unravelling some of the complexities within the field of health promotion and social change.

While Eriksen Bue (2014: 3) notes “stigmatising behaviours also impact on a person’s fear of becoming HIV-positive and reduces the likelihood of getting tested, disclosing one’s status to sexual partners and receiving treatment”, Singhal and Rogers (2003) posit such fear of infection, even among people who know and understand the actual means of transmission, may be based on an irrational reaction. The life-threatening nature of AIDS undoubtedly raises the level of fear.

According to the students, although a person’s HIV status would be kept confidential by the campus clinic, upon their exit from the clinic, the assumption is that their status could be detected by their facial expressions and demeanour. The focus group on the Howard College campus expressed concern that their particular campus clinic was situated in a busy student-oriented area in close proximity to the student car park. Student Lungelo (male, 19) added:

If you go in there for testing and come out looking sad or worried or angry, then people will assume the worst and think you have HIV and then you might be ostracised or laughed at...that’s why some people might choose not to tell anyone their status. If you don’t know your status, you think you’re safe. But that’s just being ignorant and irresponsible...

Despite the element of stigma attached to HCT, the students emphasised the importance of knowing one’s HIV status: *knowing your status keeps you safe. It keeps you alive* [Ziphezinhle (female, 19)]. The students believe that communication

and trust are key factors in countering the stigma attached to HIV and HCT. They feel that breaking the silence will allow for dialogue among students and the community so that it no longer is taboo to talk about these issues openly, especially in safe, comfortable public spaces.

Another valuable suggestion the students raised was enlisting spiritual leaders to address these issues and the role of government in implementing policies and programmes to humanise people infected and affected by HIV. Sexual openness is important for the development of adolescent sexuality, sexual health and regular testing. However, if spiritual leaders and the Church restrict sexual talk to abstinence and being faithful, it defeats the purpose of mitigating HIV and AIDS and the importance of HCT at all levels especially with regard to the youths who may have already been engaging in penetrative and oral sex. One of the male students Kyle (male, 18) added:

If church members and pastors could explain the importance of HCT and persuade people to get tested and try to address issues of stigma and discrimination with the congregation, it would go a long way to helping people cope with HIV...as for government, they could have workshops or awareness days to talk about and educate people about HIV and make them see people who are HIV positive are still human beings and should be treated better...

5.5.3 Third theme: Alternative Media for HIV and HCT awareness

A recurrent theme emerging in focus group discussions was the use of alternative media (theatre, poetry, music) in order to communicate about HIV, address the importance of knowing one's HIV status and making responsible choices and decisions. The students felt that participatory theatre would provide an ideal platform to create awareness around issues associated with HIV and HCT that would include gender construction, peer pressure, sexual identity and responsible sexual behaviour.

Participant Geraldine (female, 18) emphasises this, saying: *no matter how much we hear about HIV, it's just not enough. There's still ignorance and students are still*

unaware about HCT and contracting HIV. Maybe a different approach should be taken to inform students in the form of musicals, plays, poetry....there's so many art forms to use to get the message across...why are we not using it?...

The selection of the appropriate medium is underscored by Pauwels (2005: 352) who states “the importance of talking the language of the receiver, of choosing the right kind of appeal and of feeding the target audience with carefully considered message elements to foster the right kinds of perception and attitude”. According to Parker, Dalrymple and Durden (2000: 52), “it seems that young people take great delight in cleverly rendering these forms in an appropriate way for the occasion – if the theme is the fight against HIV and AIDS or drugs then all the items will focus on this theme”.

In linking this to alternative media and to the posters and the message ‘Get Tested’, actors could perform a scene (in this particular study, it could be viewing the poster and then a series of critical events, played out in successive scenes leading to getting tested), and the action is stopped as it reaches a climax or crisis.

The audience are then encouraged to take on the roles of the key protagonists and to change the direction and the outcome of the action. This allows them to challenge what they see, to relate it to their own specific circumstances, and to rehearse real-life solutions to known oppressions (Durden and Nduhura 2003: 9).

Alternative media can then not only provide entertainment but can relay critical messages, especially messages linked to HCT and HIV, in a fun way. HIV and HCT campaigns should be investing in this communication form in order to meet the aims and objectives of the campaign. Parker, Dalrymple and Durden (2000: 61) further explain the essence of theatre by noting that:

it engages an individual on a personal and emotional level, as well as an intellectual one. When individuals are involved in the creation of theatre, the engagement becomes physical as well. Creating plays, songs and dance demands a certain amount of investment and commitment from participants, and they leave the experience with a wealth of new skills.

An example of such a play with the message ‘No to Xenophobia’, performed on the Howard College campus, was used to show the value of theatre. Lungelo (male, 18)

said when we did the play, we had so many students come to watch us. You could see that they were enjoying the show but also understanding the underlying message that we're sending out....No to Xenophobia...if HIV campaigns could use this on campus...it would be better received than posters...I think...

In addition, Neville (male, 18) said that *there should be student-led societies that use theatre to raise awareness about HIV and HCT, get people involved and work together. This is so much better to teach the youth and have them contribute to society meaningfully...*

Parker, Dalrymple and Durden (2000: 62) argue that making a play allows the participants to explore problems and develop problem-solving skills by role-playing and as such the process actively teaches life skills such as communication and negotiation. They argue that, “the fictional dimensions of playmaking provide a safe haven to practise and learn life skills through simulation. In this sense, plays are rehearsals for life. When making a play, values are explored by the group – they are not imposed by outsiders” (Parker, Dalrymple and Durden 2000: 62).

A 2009 study by Khumalo investigated the role of participatory theatre linked to a play that dealt with the awareness of HIV and AIDS, produced at the Durban University of Technology. The findings revealed that 80% of the students who watched the play pledged to test for HIV.

Of the students who watched the performance, it made them change their views about HIV and AIDS and vow to adopt a positive way of living, which is free of risky sexual practices i.e. having unprotected sex. According to Khumalo (2009: 27) universities “seldom have any HIV and AIDS campaigns of this nature (theatre) on campus and they are usually not given an opportunity to actively participate on the development and presentation processes”.

In line with working through theatre and with young people, the UN Children’s Fund (2002) see students as an invaluable resource to curb HIV prevalence noting that their input in programme design and outreach and the relevant information is

communicated effectively through various channels. The duty of being responsible instils pride in students simply because they are actively getting involved in preventing the spread of HIV. The social interaction that students display with each other will make way for greater peer networks and greater HIV information dissemination.

The idea of students actively engaging in prevention efforts in many ways, indicates they are starting HIV and AIDS prevention clubs in schools, directing youths-initiated projects in their communities, and working with governments and non-governmental organizations to develop implement and monitor programmes. The belief is that over a period of time students will become challenged and engaged and resort to a lasting sense of responsibility (UNCF 2002). If students are directly engaged with the promotion and creating awareness around the campaign and its posters, this could lead to a greater impact on the intended target audience to test and know their status for responsible sexual choices and behaviours.

5.6 Chapter Summary

The chapter presented the findings and analysis of the study. The findings revealed that meaning varies among participants. Overall, students understand the intended message of the campaign, which is to get tested, know their status and make responsible sexual choices. The findings indicate that students were of the opinion that the posters could influence them to test for HIV but stigma and the social environment that they encounter on campus could deter them from testing as well. Based on these results, it could be concluded that the meanings of the posters were generally understood and potentially served as a prompt to test. Themes generated were gender construction, peer pressure and sexual identity; stigma attached to HCT and alternative media for HIV and HCT awareness. Themes were indicative of what students found to be important factors that future HIV programmes could reflect on and incorporate into their campaigns. The final chapter provides concluding remarks and recommendations.

CHAPTER SIX

Conclusions and Considerations

The study sought to ascertain the perceptions to the First Things First poster campaign at UKZN by staff and university students while taking into account the semiotic meanings behind the posters, students' interpretation of the posters and how staff and students perceive HIV campaigns – including the First things First campaign on university campuses.

As stated in preceding chapters, the semiotic analysis of the campaign posters show that much of the design in terms of colour and language display a Western-centric approach and not an African-centric approach which inhibits understanding of the posters to an extent. Although graphics and branding of the campaign is made evidently clear, the contrasting colours and placement of text was found to be confusing at times.

Utilising the circuit of culture model (Hall 1980), there were areas of reference and connectivity across the five interconnected points of the model and therefore across aspects of the producer-text-consumer relationship. However, by applying the same process of analysis, in this instance a thematic analysis, across the student data sets allowed for themes to be assessed for differences and similarities more easily than if varied forms of analysis were applied.

The research further found that first-year students (intended audience), displayed a general lack of awareness of the campaign, its posters and any marketing events on campus surrounding the campaign. However, once students were introduced to the posters - for many this was the first time seeing the posters during the focus group session - they then expressed moderate knowledge about getting tested and about HIV, and a lack of enthusiasm to visit the University health clinic to get tested.

Although the study found that the majority of the intended audience appears to have understood the intended meanings of the campaign, students feel that the First Things

First campaign posters could be improved to further and better communicate the intended message to fellow students by incorporating various factors such as gender construction, culture, language and more visual elements. They suggested alternative media to augment the campaign and proposed students design future posters.

The students revealed that the First Things First campaign posters was not well-publicised on UKZN campuses in key, strategic places such as libraries, cafeterias, notice boards for instance – an absence that should be immediately addressed. Upon seeing the posters for the first time during the focus group sessions, students were then able to assess the campaign message. Consequently, if the posters were made visible on campus in high traffic areas such as student cafeterias; campus libraries; lecture rooms; corridors and campus residences, more students might become aware of the campaign, leading to the possibility of increased testing, knowing their status and being responsible.

With respect to the role played by the University Campus Health Clinic Support Unit an opportunity exists to improve on marketing events surrounding the campaign as students from the focus groups argued that they were unaware of the campaign and its marketing events. In this regard, a suggestion was made that the University Corporate Relations Division assist with communication and marketing activities organised by the Campus Health Clinic Support Unit.

The UKZN Media Unit suggested ways they could improve coverage of the campaign, such as providing a framework for students and staff to collaborate with university AIDS organisations, creating a special HIV and AIDS online news edition, using all UKZN social media platforms intensively with a possible #AIDSMustFall movement while engaging more with the Campus Health Clinic Support Unit for publicity purposes.

Through the findings of this study, it is hoped that the University Campus Health Clinic Support Unit and the UKZN Media Unit meet to discuss a way forward in relation to publicity of the campaign and any HIV and AIDS related events. This in

turn will ensure a strengthening of their partnership and subsequently greater student awareness of HCT, HIV and AIDS.

Noting the limitations of this research as a result of the sample size impacted by timing of empirical data collection at the height of #feesmustfall protest action, future University HIV and AIDS communication studies would benefit from the inclusion of additional participants drawn from all five campuses at UKZN.

In addition, future studies should consider extending this research to Further Education and Training (FET) colleges. A comparative study of HIV and AIDS prevention campaigns conducted at Universities in KwaZulu-Natal, for example UKZN and the Durban University of Technology (DUT) could also prove useful. The study could critically assess the different marketing strategies used by both HEIs in order for health clinics and university media to collaborate and borrow ideas from each to take the campaign forward in their HEIs.

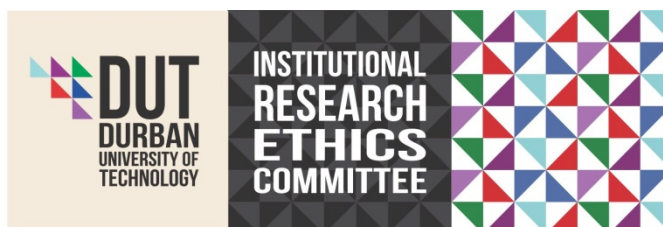
Although the study did not set about to investigate social media and the campaign's Facebook page (managed by the HEAIDS Marketing Support Services), it was established at the time of empirical data collection that the First Things First campaign does not have a dedicated Facebook page, instead they have a HEAIDS Facebook page that speaks to the campaign. This presents an additional opportunity for improved communication on the First Things First campaign specifically. Considering that first-year students frequent social media platforms, it is strongly advisable that the campaign posters be prominently displayed on both the University and an active First Things First Facebook page. This is a vital platform in displaying the campaign posters, thus stimulating feedback and interactive communication amongst the student population. Students could interact and make comments on the campaign messaging that could possibly provide helpful peer-to-peer advice amongst first-year students through a moderated online platform.

Universities and their health clinic support units should consider undergoing training in the area of marketing and communication and even social media marketing to better facilitate the publicity and marketing of the First Things First campaign.

Alternatively, health clinic support units should work closely together with the University communication departments and not rely solely on email and telephone communication mediums.

Based on the students' strong belief in the power of theatre, various student bodies could consider performing monologues, plays, dance pieces and songs that would train volunteers in aspects of theatre aimed at health promotion. The performances could take place around the campuses and focus on communal spaces at student residences. This could be one of the innovative ways to get students talking about HIV. By using theatre as an innovative practice to inform students about HCT and HIV, new health developments around this issue can also be re-enacted through plays and musical compositions, to inform students. This in turn could lead to possible re-design of the campaign poster, based on audience feedback.

Finally, while the extent to which the First Things First campaign has achieved its objectives nationally is yet to be determined, it is hoped the campaign organisers and health promoters consider this study's findings on the significance of HCT campaign posters and the need for active social media and marketing campaigns for HCT promotion and adoption.



ANNEXURE 1a: Letter of Information to the Participant

Title of the Research Study: An analysis of an HIV and AIDS University print media campaign aimed at youths (students) at the University of KwaZulu-Natal (UKZN)

Principal Investigator/s/researcher: Miss Melissa Mungroo (N.Dip & BTech Journalism)

Co-Investigator/s/supervisor/s: Dr Mikhail Peppas (PhD) and Dr René Smith (PhD)

Brief Introduction and Purpose of the Study: The study will focus on an HIV and AIDS campaign (First Things First campaign) aimed at University students and the understanding of these campaigns by a sample of first-year students. Central to the study is the First Things First campaign as a whole; ways in which it is being communicated through the use of promotional material (posters) at the University of KwaZulu-Natal (UKZN); and whether it has been reported upon responsibly by journalists, public relations practitioners and the overall media unit at the University. The study will seek to determine whether the intended audience (students) derived the same meaning/understanding from the campaign as they were initially intended to by organisers of the campaign. A further consideration would be whether the campaign organisers have succeeded in communicating the intended message to students through the campaign's promotional material on campus.

Outline of the Procedures: The participant will enter the focus group discussion on his/her own volition and will be required to answer questions honestly and without bias or prejudice. The discussion and information from the session will be confidential and used only for research purposes based on the study. The focus group session is estimated to run for up to two hours and will take place on three of the five UKZN campuses - namely Howard College, Westville and Edgewood campuses. A secure office space will be utilised for the focus group. Research participants must answer all material and questions as frankly as possible, and should not feel obliged to answer any material and questions that they find objectionable or that makes them feel uncomfortable. They have the choice to withdraw at any time with no effect on their standing at the University. The focus group session will be centred on first-year students' perceptions of the First Things First campaign at the University of KwaZulu-Natal (UKZN) and their understanding of the promotional material (posters) in relation to its design and message which contain phrases, words and sentences in the English medium.

Risks or Discomforts to the Participant: No anticipated risk

Benefits: It is expected that the research would create awareness around the importance of such HIV and AIDS campaigns at tertiary institutions, and in turn aid universities and their campaign communication teams in improving their strategies by taking into account the perceptions of their target audience.

Reason/s why the Participant May Be Withdrawn from the Study: Participants can withdraw from the study should they feel discomfort at the questions being asked or if they feel at any time that they no longer wish to participate in the study. They have the choice to withdraw at any time with no effect on their standing at the University.

Remuneration: The participant will not receive any monetary or other types of remuneration.

Costs of the Study: The participant will not be expected to cover any costs towards the study.

Confidentiality: The responses of the participants will remain confidential. Only examiners and the Ethics Committee will have access to this information. To help ensure confidentiality, participants have the option of remaining anonymous. The data may also be published in professional journals or presented at scientific conferences, but any such presentations will be of general findings and will never breach individual confidentiality. Should participants be interested, they are entitled to a copy of the findings.

Research-related Injury: Based on the particular nature of the research-related injury, it shall be dealt with accordingly and through the correct channels but no compensation shall be given.

Persons to Contact in the Event of Any Problems or Queries: Please contact the researcher Miss Melissa Mungroo (031 260 1848), my supervisor Dr Mikhail Peppas (031 373 6614) or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za.

General: Participation is voluntary and an approximate number of 18 students (three focus groups each comprising of six first-year UKZN students) of different race groups and gender from the Howard College, Edgewood and Westville campuses will be included in the study.

The first-year student respondents are selected based on their first-year level of undergraduate study at the University. Since they attend lectures in the English medium, the focus group discussion, interview session and all correspondence will be in English.

During the focus group session, discussions will be based on the campaign and the promotional material (posters) items that were utilised by the University. Perceptions and anecdotes from the focus group participants would then be analysed.



ANNEXURE 1b: Consent

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, M Mungroo (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: IREC 128/15,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I hereby confirm that permission is granted to record the discussions.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature/ Right Thumbprint
---------------------------------	-------------	-------------	--

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher	Date	Signature
--------------------------------	-------------	------------------

Full Name of Witness (If applicable)	Date	Signature
---	-------------	------------------

**Full Name of Legal Guardian
(If applicable)**

Date

Signature

Please note the following:

Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level - use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)

If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).

If anyone makes a mistake completing this document e.g. wrong date or spelling mistake a new document has to be completed. The incomplete original document has to be kept in the participant file and not thrown away and copies thereof must be issued to the participant.

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes* <http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/>

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at: http://www.nhrec.org.za/?page_id=14

ANNEXURE 2: Gatekeeper's Permission Letter

Professor. D. Jaganyi
UKZN Registrar
128 Admin building,
UKZN WESTVILLE Campus
Tel: 031-260 7971/2206
Email: registrar@ukzn.ac.za

28 October 2015

REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT UKZN

Dear Professor Jaganyi

My name is Melissa Mungroo, and I am a Masters in Journalism student at the Durban University of Technology (DUT). The research I wish to conduct for my Master's thesis involves *A reception analysis of an HIV and AIDS University print media campaign aimed at youths (students) at the University of KwaZulu-Natal (UKZN)*. This project will be conducted under the supervision of Dr Mikhail Peppas (DUT, South Africa) and Dr Rene Smith (DUT, South Africa).

I am hereby seeking your consent to conduct separate semi-structured interviews with six HIV and AIDS Peer educators (three male UKZN peer educators, three female UKZN peer educators) and three focus groups comprising of six first-year students (different race groups and gender) from the Howard College, Edgewood and Westville campuses will be formed at the University. Thereafter interviews will continue with researchers and marketers at the UKZN Campus Health Clinic Support Unit and both journalists and Public Relations practitioners from UKZN.

I have provided you with a copy of my thesis proposal which includes copies of the letter of information and consent forms to be used in the research process, as well as a copy of the approval letter which I received from the DUT Institutional Research Ethics Committee (Human).

If you require any further information, please do not hesitate to contact me. Thank you for your time and consideration in this matter.

Yours sincerely,



Melissa Mungroo

Tel: 031 260 1848

Cell: 0827586051

Email: mungroo@ukzn.ac.za

ANNEXURE 3: Gatekeeper's Approval Letter



5 November 2015

Ms Melissa Mungroo
DURBAN UNIVERSITY OF TECHNOLOGY

Email: mungroo@ukzn.ac.za

Dear Ms Mungroo

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), towards your postgraduate studies, provided Ethical clearance from UKZN has been obtained. We note the title of your research project is:

"A reception analysis of HIV and AIDS University print media campaigns aimed at young adults at the University of KwaZulu-Natal (UKZN)".

It is noted that you will be constituting your sample by performing interviews and conducting focus group discussions with staff and students from UKZN's Howard College, Edgewood and Westville campuses.

Please ensure that the following appears on your questionnaire/attached to your notice:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

MR S.S. MOKOENA
REGISTRAR

Office of the Registrar

Postal Address: Private Bag X54001, Durban, South Africa

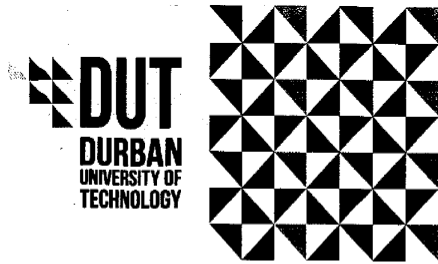
Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: registrar@ukzn.ac.za

Website: www.ukzn.ac.za



Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

ANNEXURE 4: IREC Approval Letter



Institutional Research Ethics Committee
Faculty of Health Sciences
Room MS 49, Mansfield School Site
Gate 8, Ritson Campus
Durban University of Technology

P O Box 1334, Durban, South Africa, 4001

Tel: 031 373 2900

Fax: 031 373 2407

Email: lavishad@dut.ac.za

http://www.dut.ac.za/research/institutional_research_ethics

www.dut.ac.za

13 November 2015

IREC Reference Number: **REC 21/15**

Ms M Mungroo
P O Box 688
Verulam
4340

Dear Ms Mungroo

A reception analysis of HIV and AIDS University print media campaigns aimed at young adults at the University of KwaZulu-Natal (UKZN)

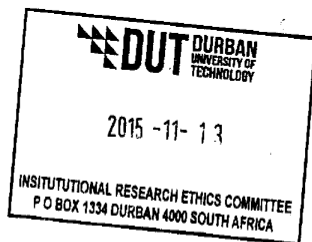
The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that Full Approval is granted to your research proposal. You may proceed with data collection.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'J K Adam', is written over a horizontal line.

Professor J K Adam
Chairperson: IREC



ANNEXURE 5: Questions - UKZN Campus Health Clinic Support Unit

An analysis of an HIV and AIDS University print media campaign aimed at youths (students) at the University of KwaZulu-Natal (UKZN).

1. How has the First Things First campaign been received by students since inception? Provide stats, if possible.
2. What role does the campus health clinic at UKZN play in relation to the campaign?
3. Why should first-year students adopt the message being conveyed by the campaign organisers?
4. What print media vehicles are utilised by the University for the Campaign and why were these specific print media vehicles used?
5. Who designs the posters, pamphlets etc.?
6. What visual and communication methods are used in the design of the posters pamphlets etc.?
7. How do you think your posters and pamphlets can be improved?
8. Would you consider allowing students to sit in on the design of the posters and pamphlets? Elaborate further.
9. What message are you conveying with the campaigns posters and pamphlets?
10. Do you think your intended message is being received by the target audience? Elaborate.
11. What services do you provide to students in relation to the campaign?
12. Why do you think this campaign is important and relevant for students?
13. How is the campaign marketed to students? What are the marketing tools used?
14. What future plans are being rolled out to improve on print media design and distribution (posters, pamphlets etc.)?
15. Does the UKZN Media Unit assist in creating awareness of the campaign?
16. How do you think the UKZN Media Unit can help in the marketing and student awareness of the campaign?
17. Do you think the UKZN Media Unit is fair and responsible in reporting on the campaign? Elaborate.

ANNEXURE 6: Questions - HIV and AIDS Campus Peer Educators

An analysis of an HIV and AIDS University print media campaign aimed at youths (students) at the University of KwaZulu-Natal (UKZN).

1. What is your role in relation to the First Things First campaign?
2. Is it easier to inform students as a peer educator? Are students more open to being informed about the campaign from a fellow student? Elaborate.
3. Are you involved directly in the marketing of the campaign? Yes/No responses to be probed.
4. What are your views on the marketing of the campaign? Can it be improved and how?
5. How do you think the posters and pamphlets for the campaign can be improved?
6. What do you think is the campaigns message to students?
7. From your personal experience and interactions with students, is this message being conveyed and understood by them? Probe further.
8. Do you market the campaign's message throughout the year to students? Elaborate on this.

ANNEXURE 7: Questions - UKZN Media Unit

An analysis of an HIV and AIDS University print media campaign aimed at youths (students) at the University of KwaZulu-Natal (UKZN).

1. Do you cover media stories in relation to the First Things First Campaign?
2. How are the stories covered? Is there a strategic communication tool?
3. Are the journalists and PR practitioners reporting on the campaign fairly and responsibly? In what ways is this done?
4. How much publicity is afforded to the campaign and why?
5. How can future First Things First campaigns and other HIV and AIDS university awareness campaigns improve their media coverage and media relationships?
6. Is there an increase in articles, pertaining to the campaign, closer to major events and dates such as World Aids day etc? Why?
7. How does the media unit assist in creating awareness around the intended message of the campaign?
8. Are moral ethics considered during campaign coverage? How is that done?
9. In what ways can the UKZN Media Unit improve coverage of the campaign?

ANNEXURE 8: Questions – Focus Groups

An analysis of an HIV and AIDS University print media campaign aimed at youths (students) at the University of KwaZulu-Natal (UKZN).

Finding out about the campaign from students:

1. From your understanding, what is the First Things First campaign all about?
2. Have you seen any communication material about the First Things First campaign in and around campus?
3. What messages do these materials convey to you?
4. What does 'Your HIV status, Your responsibility' mean to you?
5. What does First Things First mean by 'Raise your finger'?

The researcher will show three posters and one pamphlet, numbered A, B, C and D

1. Have you seen any First Things First posters in your area?
2. Describe the posters you have seen.
3. What impression did you get about the poster?
4. What message did you get from the poster?
5. How often do you hear/read information about HIV and AIDS being emphasised while on campus?

Meanings that are derived out of selected posters by the target audience

1. Have you seen these posters prior to today?
2. Describe what you see on each poster and tell me what First Things First is trying to convey to you as the audience?
3. What do the slogans mean to you?
4. What do the graphics mean to you?
5. What are your impressions about the colours used in the posters?
6. What do you think about the information that is communicated through these posters?
7. What draws you to the message?

Have the posters succeeded in communicating the message as initially intended by the First Things First campaign?

1. What effect do the messages on the posters have on you?
2. What does the message on the posters tell you about HIV and AIDS and testing?
3. Is the message easy and straightforward to understand?
4. What action do the posters prompt from you?

Further Questions:

1. Who do you think is the campaigns target audience?
2. Do you consider yourselves as the target audience? Why?
3. Do you identify yourselves with the messages being communicated by the posters? Why?
4. How can the posters be improved?
5. How can the marketing be improved to facilitate awareness amongst the target audience?
6. Do you think it is a good idea to allow students to assist in the design of the posters?
7. Why do you think student involvement is necessary?
8. What are your general views on the campaign?

NB: Posters and pamphlets are utilised for each interview session with the focus groups.

ANNEXURE 9: First Things First campaign Poster 1


your HIV status.
your responsibility.

first things first
get tested

MAN UP! RAISE YOUR FINGER.

TAKE RESPONSIBILITY
TO KNOW
YOUR HIV STATUS.

 Give us a  on Facebook – search for First Things First (Organisation).

South Africa is taking responsibility

ANNEXURE 10: First Things First campaign Poster 2


your HIV status.
your responsibility.








First things first
get tested

REJECT THE STIGMA OF HIV.

RAISE
YOUR
FINGER

FOR THE FIRST TIME, AND AGAIN.

Give us a  on Facebook – search for First Things First (Organisation).


South Africa is taking responsibility.

ANNEXURE 11: First Things First campaign Poster 3



ANNEXURE 12: First Things First campaign Pamphlet

**your HIV status.
your responsibility.**



first things first
get tested

First Things First is an HIV counselling and testing campaign offered at higher education and training institutions.

Your institution may already offer **routine HIV counselling and testing services**. The First Things First campaign supplements these services, uniting tens of thousands of students and staff across the country to reject the stigma of HIV and test to know their status.

To know your status is the basis for **caring for yourself, your loved ones, and the broader community**. It is a necessary step towards treatment, care and support and preventing new infections.


To test HIV negative calls for behaviour to stay negative by taking care against HIV risk. Studies of our institutions show that this may include unprotected sex and drug and alcohol abuse. People who use illegal substances are at a greater risk of acquiring and transmitting HIV, while heavy drinking is associated with decreased condom use.


To test HIV positive calls for positive prevention measures to protect oneself further and others, and to be enrolled in treatment, care and support programmes.



All students and staff, women and men, may **volunteer to be tested**. Men, in particular, are encouraged to come forward to test. Of the over 65,000 people who tested in the First Things First campaign in 2012, the majority were women. **Man Up! Raise your Finger. Take responsibility to know your status.**

The test is a quick finger-prick blood test and involves pre-test and post-test counselling by qualified counsellors. The results of the test are **strictly confidential**. Everyone who tests positive will be referred to on- or off-campus treatment, care and support services.

First things First. Take responsibility to know your status. For the first time and again.



 Go on, raise your finger on Facebook – search for First Things First (Organisation).



South Africa is taking responsibility

Why should you raise your Finger?



IT'S PAINLESS

Just a Finger prick.



IT'S CONFIDENTIAL

Only you and your healthcare worker will know your status.



COUNSELLING AND SUPPORT

Qualified personnel support and counsel you before and after the test.



FOR STUDENTS AND STAFF

All students and staff, men and women, may raise their Finger and volunteer to test.



NO COST

The test is free and can prevent cost to the health and well-being of you and your loved ones.

First Things First is an HIV counselling and testing campaign, implemented by your institution with the support of the Higher Education HIV/AIDS Programme (HEAIDS), the Foundation For Professional Development (FPD), Innovative Medicines South Africa (IMSA), the Department of Higher Education and Training, the Department of Health and the South African National Aids Council (SANAC).



*(SaFe!)



Go on, raise your Finger on Facebook – search For First Things First (Organisation).



South Africa is taking responsibility

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