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# Personal Involvement of Young People in HIV Prevention Campaign Messages: The Role of Message Format, Culture, and Gender

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To examine young people's reactions to and understanding of HIV prevention messages developed for MTV's global HIV prevention campaign *Staying Alive*, videotaped campaign materials were shown to focus group discussion (FGD) participants living in urban areas of Brazil, Kenya, Nepal, and Senegal. Responses related to "personal involvement" with the message were identified in the data from these FGDs and were examined in relationship to the emerging message themes, the message format (public service announcements [PSAs] vs. documentary), cultural context (site), and participant gender. Across groups, greater personal involvement (measured by personal connections, emotional reactions, and lessons learned) was found in responses about the documentary format compared to the PSA format. Exceptions were found for specific PSAs that were considered more relevant within specific gender or cultural contexts. Implications of findings for global campaigns were considered.

**Keywords:** *adolescents; media campaigns; personal involvement*

## Promoting HIV Prevention Among Young People

Young people are a key target group in the fight against AIDS. An estimated one third of the 37.8 million people living with HIV/AIDS at the end of 2003—2.5 million—were adolescents (UNAIDS, 2004). There are an estimated 6,000 new HIV infections among 15- to 24-year-olds every day (UNAIDS, 2004) or approximately one every 15 seconds. Infections in this age group account for half of all new infections among adults.

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During the past several years, MTV International, the world's largest youth-brand media network, has made a commitment to use its global reach to help stem the AIDS epidemic. From 1999 to 2001, it aired new half-hour documentary programs called *Staying Alive* each World AIDS Day. In 2002, MTV worked in partnership with YouthNet/FHI, the Kaiser Foundation, and the Gates Foundation to produce, broadcast, and distribute a campaign that included its usual documentary as well as panel discussions, seven public service announcements (PSAs), a Web site linked to MTV.com ([staying-alive.org](http://staying-alive.org)), a new hour-length *Staying Alive 4* documentary, and live concerts held in Seattle, Washington, and Johannesburg, South Africa, on World AIDS Day (December 1, 2002).

### The Campaign

The PSAs and the documentary focused on different aspects of AIDS prevention. The PSAs focused exclusively on reducing condom stigma, whereas the documentary focused on issues related to people living with AIDS or at risk of AIDS. An overarching theme of the Staying Alive campaign running through both PSAs and the documentary was taking personal responsibility in the fight against AIDS both on a social and an individual level. Several PSAs focused on reducing embarrassment about buying or having condoms, whereas others emphasized condoms as a way of showing that you care about someone. They included scenes from a restaurant, a drugstore, a disco, a men's toilet, a young woman's apartment, and the apartment of a young married couple.

Two of the stories told in the documentary were about the stigma faced by people living with HIV/AIDS—Srun, a young Cambodian woman who had been infected and deserted by her husband, and Oleg, a young man from Latvia who had been a heroin addict and contracted the disease by sharing needles. In Srun's story, neighbors kept their children from playing with her because of her illness; Oleg had trouble finding a job because of the double stigma of having AIDS and having been an addict. Both Srun and Oleg were portrayed struggling against the odds to live as full a life as possible with their illnesses. Srun clearly had AIDS and was very sick; a key element of the story was her difficulty accessing medicine.

The documentary stories also focused on sexual fidelity. Two stories were told in which an unfaithful partner had endangered the lives of others. First, Srun had unwittingly been infected by her husband, a relationship to which she had been faithful. The other story was about Isidore, a young man from the Ivory Coast who had a good job that afforded him three girlfriends. He was unconcerned—at least initially—about the need to use condoms or the risk of HIV infection. Isidore was warned by several people of the danger to himself and others caused by this behavior, but he considered changing his behavior only after he tested positive for hepatitis C.

### The Evaluation

As part of an evaluation of the campaign, focus group discussions (FGDs) were conducted in four countries where the campaign was aired to find out more about young people's perspectives on the documentary and PSAs.<sup>1</sup> Because it was a global campaign

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reaching 789 million households in 166 countries, there was concern about whether young people in diverse cultural contexts would find materials developed for a global HIV prevention campaign to be personally relevant. Conventional wisdom tells us that they would not be, but MTV's success as a global youth-brand media network speaks to the possibility of a youth media culture that transcends local cultural meanings.

Although questions were not asked directly about cultural relevance, FGDs allowed us to examine reactions to and interpretation of the content across four culturally diverse countries. During the first reading of the transcripts, researchers noted responses indicating various types of personal involvement with the content. Because personal involvement is a mediator of communication effects (see following discussion), an analysis was planned to examine participants' involvement as it related to message format, culture, and gender.

### **Personal Involvement and Persuasion**

There are two pathways to persuasion according to the elaboration likelihood model (ELM; Petty & Cacioppo, 1981). The first pathway is through the central route, which produces message-relevant thinking. The second is the peripheral pathway in which there is less thinking about the message and more reliance on cues that are likely to persuade the viewer in the absence of message elaboration: source attractiveness, source credibility, humor, aesthetics of the visuals and audio, or associations with pleasant feelings. Persuasion resulting from the central route, or greater message-relevant thinking, is more stable and more likely to foster behavior change.

People process messages through the central route when they are able and motivated to think about them. The ability to think about them is affected by the recipient's own cognitive abilities as well as the comprehensibility of the message itself. A key factor in motivation to process the message is personal involvement or relevance. Petty and Cacioppo (1981) demonstrated that people who perceive a message as being relevant think more message-relevant thoughts during and immediately after exposure to the message, measured through a standardized thought-listing procedure.

Personal relevance has been shown to affect message processing through the self-referencing effect (Higgins & Bargh, 1987; Symons & Johnson, 1997). That is, personal relevance elicits self-schemas that increase the speed of processing and our ability to remember what we saw, heard, or read. Schemas are mental templates by which we organize our perceptual world, and self-schemas are our mental templates for information about ourselves (Markus, 1977). Because we know more about ourselves than anything else, self-schemas are particularly rich and complex. Personally relevant messages that evoke a self-schema are integrated into this rich network of cognitions that allow for greater elaboration because there are more possibilities for connection. Greater elaboration at the time of the persuasive message strengthens one's memory for the message, allowing for greater future access and stronger interconnections among components of related schemas (Symons & Johnson, 1997). Petty, Cacioppo, and Goldman (1981) demonstrated empirically that personal relevance or message involvement promotes greater message-relevant thinking and more persuasion through the central route when sound arguments are made in a persuasive appeal.

Message involvement also has been discussed in terms of "referential involvement" or the degree to which individuals relate a media message to their own personal experience. Papa et al. (2000) suggested that the behavioral effects of prosocial messages embedded in entertainment programming ("entertainment-education") result from referential involvement if and when the audience member relates the experiences of a

character to his or her own life. They believe that this is necessary before an individual will consider behavior change in response to the message.

Previous research related to the influence of personal involvement has been primarily quantitative. Even the open-ended thought-listing procedure used by Petty and Cacioppo (1981) quantifies the number of message-relevant thoughts rather than looking more deeply at the content of the thoughts (beyond the initial coding of them as message relevant). Although not elicited in the same manner as thought-listing tasks, our FGD data provided information about the degree to which recipients found the messages personally involving and integrated them into their self-schemas through self-referential statements.

### **Factors Potentially Affecting Message Involvement**

The campaign components viewed in the focus group discussions were in two different formats. There were seven PSAs (short form) 30 to 45 seconds in length, and the documentary (long form) was about 40 minutes (without advertisements). The ELM predicts that longer messages are more persuasive than short ones if the information is credible and relevant because they would elicit more message-relevant thinking given the greater amount of information in them (Petty & Cacioppo, 1984). Because there is more information about the characters in the documentary stories than in the PSAs, we expected that the recipient would find more to connect with on a personal level.

Recipient culture, identified crudely in this study as study site, may affect message elaboration in at least two ways. First, it may affect the recipient's ability to understand the message. Cultural understandings may affect the ability of some viewers to understand and then think carefully about the message. Second, viewers might perceive the message as more or less relevant based on the culture depicted in the PSAs or documentary stories. Viewers may be more or less motivated to think carefully about the specific campaign component to the extent that they feel the culture depicted is relevant to them. Thus, differences were expected in the amount of personal involvement by study site as study sites reflect differences in cultures.

Gender also may influence perceptions of personal involvement to the degree that messages are perceived as relevant for one gender or the other. HIV prevention behaviors are enacted within specific cultural and gender norms (Bertrand, 2004). For example, in many cultures sexual fidelity is required for women but only given lip service for men. Condom use has different implications for women and men because of this norm. Because gender norms vary from one culture to another, the influence of gender may vary from one culture to the other. Messages about HIV prevention may be processed differently for men and women because of sexual gender norms, and these may also vary by site. Viewing the campaign content in same-gender or mixed-gender groups might also have an influence on reactions to the materials.

## **STUDY OBJECTIVES**

The overall objective of this study was to obtain audience perspectives on a subset of materials aired as part of MTV's Staying Alive HIV prevention campaign in 2002. The specific objectives of the analysis presented in this article were as follows:

1. to determine the broad themes that surfaced in discussions of the various materials and how self-referential statements were expressed within these themes,

Table 1. Number of Focus Group Discussions Within Each Gender Category by Country

Site	Gender			Total
	Male Participants Only	Female Participants Only	Mixed	
Kathmandu	2	2	2	6
São Paulo	3	2	2	7
Dakar	6	6	6	18
Nairobi	2	4	6	10

2. to determine whether there were differences in amount and type of self-referential statements with respect to program format (PSA vs. documentary),
3. to determine the degree to which themes identified and types of self-referential statements varied by cultural context (site) and participant gender,
4. to consider the implications of these findings for future programming of global HIV prevention campaigns for youth.

## METHOD

### Study Design and Study Population

The study described here was a FGD study conducted in the four sites where the larger evaluation was being conducted. The FGDs were conducted in all sites several months<sup>2</sup> after the campaign was aired. In each site, FGDs of 6 to 10 16- to 25-year-olds (the stated target audience of MTV) were convened to provide audience perspectives on two types of campaign materials: PSAs and the documentary. In total, 6 to 18 FGDs were conducted at each site (Table 1). About one third of the groups were composed of female participants only, one third were composed of male participants only, and one third were mixed-gender groups. Specifically, 167 male and 168 female participants took part in this study. Gender composition was the only consistent segmentation across sites. In some sites there were also distinctions made by class,<sup>3</sup> although the FGDs for each site as a whole represented a range of class, education, and age. The one exception to this was in Kathmandu, which included college students only. The number of focus groups in each site represented two FGDs per gender, class, and/or other variable classification, which we felt would give us saturation of new ideas. Due to the logistical circumstances we could not be flexible enough to let each site determine the number of groups on their own based on saturation. In most cases, two groups for each segmentation classification were sufficient to reach saturation.

Participants were asked if they had seen the materials previously, but there were too few positive responses in any of the sites to consider this in the data analysis.

The age range among study participants straddles later adolescence and young adulthood. From our transcripts we were not always (or even usually) able to identify participant ages, and therefore, we did not try to identify distinctions in our results based on age differences. There might be age differences in processing based on personal experience or cohort membership and/or that the views of younger participants might have been influenced by older ones in the same group; we acknowledge this as a limitation of our study. Much of the research on the ELM was conducted in university settings (as is most

communication research) with participants presumably around the ages of 18 through 21, and we believe that our framework is applicable to the age group in question.

The viewing environment created by the focus group discussion facilitated more attention to the PSAs and documentary than there might be in normal viewing conditions in a home, where the viewer might be more easily distracted. Although this reduces the ecological validity in one way, conducting this study in multiple countries increases our confidence in the study findings.

### Study Sites

Four sites were included in this focus group study: São Paulo, Brazil; Kathmandu, Nepal; Dakar, Senegal; and Nairobi, Kenya. These sites were chosen to be a diverse group of countries but also because of the availability of local research organizations with experience with this type of research. These sites are all large urban areas where young people are most likely to have access to a variety of media. We generalize our results only to urban areas because urban youth may react to and interpret media content differently because of their greater access and exposure to global media compared to suburban or rural youth.

There are strong social, cultural, and environmental contrasts among the sites chosen. Of the four, São Paulo is the most affluent (World Bank, 2004).<sup>4</sup> São Paulo is located in the industrialized southeast region of Brazil and has more than 10 million residents. It is the main economic center and the largest urban concentration in Brazil (World Gazetteer, 2004). Kathmandu is located in the Kathmandu Valley near the center of Nepal, with a population of about 1 million (World Gazetteer, 2004). Nepal is probably the most socially conservative of the four sites. Nepali culture is tightly bound by traditional gender norms, and youth are closely bound by the authority of their parents (Waszak, Thapa, & Davey, 2003). Senegal is also relatively socially conservative because of the religious influences of Islam and Christianity. It is the westernmost country on the African continent, and its capital, Dakar, is home to 2.7 million people (World Gazetteer, 2004). Nairobi, the capital of Kenya, an east African country, has a population approaching 2.8 million (World Gazetteer, 2004). Although there is some influence of Islam in Kenya, a greater conservative religious influence is found in Christian churches that promote abstinence and discourage making condoms accessible to young people as a way of preventing HIV/AIDS (Allen, 2004).

Premarital sex is one indicator of traditional norms that illustrates cultural differences among the sites (see Table 2). Age at first intercourse for female participants is somewhat similar across all countries except Brazil, but the timing of first intercourse vis-à-vis marriage varies. In Brazil (Bemfam, IBGE, Ministry of Health, & Macro International, 1997) and Kenya (Central Bureau of Statistics, Ministry of Health, & ORC Macro, 2004), there is a larger gap between age at first intercourse and age at first marriage among female participants than there is in either Nepal (Ministry of Health, New ERA, & ORC Macro, 2002) or Senegal (Ndiaye, Ayad, & Gaye, 1997), indicating lower rates of premarital sex and stronger traditional norms. The social norm against premarital sex in Nepal is so strong that in 2001, unmarried women were not included in the Demographic and Health Survey on reproductive health because it was not considered relevant.

These four sites also differ with regard to the AIDS epidemic, with the rate in Kenya being substantially higher than in the other three countries (Table 2). In Kenya, the majority of new infections are occurring among youth, especially young women aged 15 to 24 and young men younger than age 30. Brazil's epidemic is showing clear signs of stabilization (UNAIDS, 2002) over the past 5 years. The prevalence rate in the

Table 2. Background Information on Study Sites, by Country

	Nepal	Brazil	Senegal	Kenya
Median age of first intercourse (in years)				
Female participants	16.7 <sup>a</sup>	19.5 <sup>b</sup>	17.1 <sup>c</sup>	17.6 <sup>d</sup>
Male participants	18.8 <sup>a</sup>	16.7 <sup>b</sup>	n/a	17.2 <sup>d</sup>
Median age of first marriage (in years)				
Female participants	16.6 <sup>a</sup>	21.1 <sup>b</sup>	17.4 <sup>c</sup>	19.7 <sup>d</sup>
Male participants	19.7 <sup>a</sup>	24.1 <sup>b</sup>	n/a	25.1 <sup>d</sup>
Number aged 15 to 49 years living with HIV (2003) <sup>e</sup>	60,000	650,000	41,000	1,100,000
HIV prevalence rate among those 15 to 49 years (2003) <sup>e</sup>	0.5%	0.7%	0.8%	6.7%
Number of adults and children dying from AIDS (2003) <sup>e</sup>	3,100	15,000	3,500	150,000

a. Ministry of Health, New ERA, and ORC Macro (2002).

b. Bemfam, IBGE, Ministry of Health, and Macro International (1997).

c. Ndiaye, Ayad, and Gaye (1997).

d. Central Bureau of Statistics, Ministry of Health, and ORC Macro (2004).

e. UNAIDS (2004).

socially conservative Nepal has been relatively concentrated until recently (UNAIDS, 2004). Senegal's relatively low prevalence rate has been attributed to early action on the part of the government to address the issue, a long history of regulated sex work, and a conservative religious environment that fosters later sexual debut and less extramarital sex than in some other countries (UNAIDS, 1999).

### Data Collection

Study participants were recruited through local youth organizations by local researchers who conducted the FGDs and constituted samples of convenience. Young people interested in participating in the study were contacted after indicating their initial interest and were screened to ensure they were the appropriate age, gender, and (in some sites) class for the particular focus group they were recruited for. After giving oral consent to participate in the study, participants were asked questions about their knowledge and beliefs about HIV/AIDS. Participants were then shown videotaped clips from the Staying Alive PSAs. Each clip was shown twice. A set of standardized questions guided the postviewing discussions, though moderators were free to follow up and probe further on some questions as appropriate. After participants discussed the PSA clips, they were then shown a videotape of the documentary, followed by questions about the documentary.

The decision to present the PSAs first and then the documentary and not randomly vary the order was a conscious one on the part of the research team. First, it was thought that showing the longer format documentary first might fatigue the participants and they might lose interest in the PSA discussion. Second, we had tapes prepared ahead of time to ensure that they would be shown in the same order and that we would know which order they were shown. This study was done in four different countries with research staff experienced in FGD moderation but with little or no experience in conducting experiments, and we were not confident that a randomization plan could be implemented with consistency. We traded the limitation of possible confounding by order effects for consistency across the groups.

The campaign materials were shown in the language they would have been shown on their local station: Portuguese in São Paulo, French (subtitles) in Dakar, and English in Nairobi and Kathmandu. The PSAs were mostly nonverbal except for a tagline at the end of each. The FGDs were conducted in site-specific languages. In Dakar, participants were given the option of speaking in French or a local language. All FGDs were audiotaped and then transcribed by the local research team in each site. All transcripts were translated into English by professional translators in the United States, Dakar, Nairobi, and Kathmandu.

### **Data Analysis**

Analysis of qualitative data is an iterative process, and there were several layers of data analysis for this article. First, all transcripts were read through in English translation by three U.S.-based researchers trained in qualitative analysis and media effects. Questions about the translations (e.g., idiomatic phrases) were referred back to local researchers. General codes were assigned for gender composition of each FGD and for study site. A coding tree was developed to identify the general themes that surfaced during the discussions. Two analysts were involved in the initial data coding, working together on several transcripts and discussing the appropriateness of the various codes until they reached 100% agreement. The coding tree was revised during this process, and nuances in the code definitions were worked out through this discussion. The remaining transcripts were coded by one analyst using QSR N6 software, and then reports were generated by site and focus group, generally focusing on discussion of specific PSAs or documentary “characters.”

These reports were read several times by a similarly trained third researcher who then created a second layer of codes for several specific types of self-referential statements. The first category was personal connections, which referred to statements of a connection of the story to one’s own life or belief or the way in which the material was not like one’s life or one’s own social context. The second category was lessons learned. These were often statements ranging from what the respondent believed was the message being conveyed in the story (e.g., “The message was that people should protect themselves”) to statements of intention to change behavior based on something seen in the campaign materials (e.g., “After seeing this film, I will stop having so many partners”). The final type of self-referential statement was emotional reactions in which the respondent made a statement that expressed some affect or emotion about a story, a person, or the situation. These ranged from very light affect (e.g., “I liked it”) to very intense emotions (e.g., “It made me want to cry”).

These statements were grouped by PSA or documentary character, site, and specific FGD (which also identifies gender composition). These were then grouped into matrices to identify similarities and differences by the message format, site, and respondent gender. A final list of findings was generated from an examination of these matrices and submitted to the other two researchers for review and discussion. Some matrices were revised as a result of this review process.

## **RESULTS AND DISCUSSION**

This section is organized by study objective. We first describe the general themes found in the focus group discussions for the documentary and the PSAs. We then focus on the relationship between self-referential statements and message format. Next, we examine the degree to which self-referential statements varied by cultural context and

participant gender. Finally, we consider the implications of these findings for programming of global HIV prevention campaigns.

### **General Themes and Personal Involvement**

#### *Condoms*

The PSAs focused on condoms. Overall, the reactions to the PSAs were positive. Most of the responses indicated that respondents liked the PSAs, found them entertaining, identified a relevant message in them, and/or connected to them on a personal level. The most common "lessons" identified from these PSAs were (a) young people should not be embarrassed to buy condoms or talk about them and (b) protecting your health is important and someone who cares about you would want you to use a condom.

To the extent there was any resistance to the messages, it was generally on the basis of conservative attitudes about sex and condoms and/or perceptions of cultural inappropriateness or irrelevance. These comments were fairly rare and will be discussed more in the context of differences by format, culture, and gender.

#### *Tolerance for Persons Living With HIV/AIDS*

In two of the documentary stories, respondents recognized issues related to the stigma felt by these two people. Both stories elicited a great deal of sympathy and a recognition of the damage that stigma causes. A typical response to Srun's story was "The saddest thing is the woman with AIDS. She wants to play with a young child but his mother prevents her from doing that" (young woman, Dakar).

#### *Struggle for Life*

Respondents were very heartened by Srun's hope and struggle, especially in light of the fact that it was her husband who had transmitted AIDS to her. Oleg also was seen as a survivor; despite the fact that his drug addiction was also the cause of his infection, respondents felt that he had atoned for his earlier behavior because of his struggle to stay off the drugs, find a job, and teach others about AIDS prevention. *Courage* is a word that is used often when respondents talked about Srun and Oleg. A young man from Nairobi said of Oleg, "I like Oleg the most . . . Oleg got AIDS because he used drugs mistakenly. But he admitted his mistakes and got help from his friends and was encouraged to do something." Toward the end of the story, it was mentioned that Oleg had started using drugs again. Many people did not hear this, but even among those who did, they continued to sympathize with him because of the difficulties he faced and his earlier attempt to stay clean.

#### *Fidelity and Trust*

There was universal anger toward Srun's husband, who is never seen in the story, because he was the cause of Srun's suffering. A young woman from Dakar said, "The woman is innocent. It is her husband who contaminated her. Some men are really mean." There was also almost universal hostility toward Isidore because of his *laissez-faire* attitude toward fidelity, exemplified by the respondents who said that they wished Isidore had been diagnosed with HIV instead of "just hepatitis C."

Sympathy was aroused for Srun and for Isidore's girlfriends because they were victims of men's lies. There was much discussion about not being able to trust sexual partners even when you think you know them. Both stories led respondents to discuss the necessity of HIV testing prior to a new relationship and/or marriage. Some respondents even discussed the possibility of never getting married because of the fear that they would never be able to trust their husbands. A young woman from Nairobi explained, "It makes me think twice about marriage. . . . If I get married and I think my husband is faithful and all, and I still get AIDS, then what is the point?" Another young woman from Nairobi said, "I thought maybe marriage is the only institution where someone might be safe . . . but I have changed my mind. We are all at risk." Others relate these stories—especially Isidore's—to the need to remain abstinent until marriage.

### *Need for Access to Medicine*

Srun's story focused on her lack of access to antiretroviral drugs. This created sympathy for Srun and increased respondents' awareness of the issue. They felt empathy for this situation because of their residence in similarly resource-poor countries. This was one more factor in Srun's struggle and reason why many admired her. Many comments were made about her use of traditional medicines. Some of those comments gave the impression that the respondents believed that the herbs might be a cure for AIDS rather than treatment to relieve symptoms.

### *Personal Responsibility in the Fight Against AIDS*

This response surfaced more after watching the documentary than after the PSAs. The effects of the disease on the lives of young people as dramatized in the documentary stories seemed to be a much greater catalyst to action than were the PSAs' more superficial attempts to promote condom use. Respondents from Dakar seemed especially moved to action. One respondent in a mixed-gender group (gender unspecified) in Dakar said, "I think that each and every one of us present here must commit himself in the struggle, because it is a struggle that is going on and that never stops . . . we ought not to minimize what we can do."

## **Self-Referential Statements and Message Format**

### *Differences in the Proportion of Personal Connections Related to Type of Programming*

In general, FGD participants responded with more connections to their own lives for the long-form (documentary) compared to short-form (PSA) programming. As we expected, people were more likely to engage in self-referential thinking in response to a longer message that provides greater information about the "characters" and therefore greater context for the action.

The relationship between cognitive processing and the type of programming—long or short form—is somewhat confounded in our campaign materials by the differences in the messages conveyed in them. The topics themselves—funny vignettes about condoms in the PSAs compared to the social context of people at risk of AIDS or living with HIV/AIDS and facing death in the documentary—also may lend themselves to

different levels of processing. Each message format was associated with a different message topic.

There were two PSAs however that elicited a large proportion of personal connections—at least in some sites. The first was about a young man who goes into a pharmacy to get condoms. Although he initially looks suspicious, the wise, grandmotherly woman at the cash register knows (much to his relief) what he wants to buy and makes it easy for him. A large proportion of responses in Dakar and to a lesser extent in Nairobi, primarily among male respondents, were about similar personal experiences or experiences of their friends or relatives. For example,

Once my big brother sent me to the chemist's. When I laid down 150 F [the cost of condom] on the counter, the chemist asked who sent me. I told him it was my brother. He then told me to call my brother. When he came, he told him not to feel uncomfortable buying a condom and to do it himself. It was better than me. (young man, Dakar)

A second PSA to which there were a number of personal connections made was one in which a young man and woman “hook up” at a disco, go back to someone’s room, and before they actually have sex, an alarm clock rings to remind them to use a condom. Again, a large proportion of respondents in Dakar, again mostly male respondents, drew on their personal experiences in discussing this PSA. One young man shared this with the group: “You see my buddy over there wearing the white cap? Any time we decide to go dancing, his only ambition is to buy some condoms and get a girl. I am telling the truth and he won’t deny it.” This PSA also resonated among São Paulo participants—both female and male participants—who found the initial situation relevant to their lives. “Most Brazilians . . . a lot of people who go out to a dance club looking for sex, looking for a man or a woman” (young woman, São Paulo).

These two examples illustrate that even short-form programming can elicit self-relevant thinking if it portrays a strong, recognizable narrative. What is recognizable in one country may be different from what is recognizable in another. Short-form programming—because it has such a short time to “get it right”—seems to be more sensitive to cultural nuances of meaning than does longer form programming where more information is possible.

*Respondents Were More Likely to Express Changes  
in Attitudes and Intentions to Change Behavior in Response  
to the Documentary Compared to PSAs*

Although respondents could often identify the “lesson” one should learn from the PSAs, they were more likely to identify ways in which their own attitudes or thinking has changed or the ways in which they intend to change their behavior on the basis of the documentary stories. In response to Srun and Isidore’s stories, many participants said they planned to get tested for HIV, and many female participants said they would be less likely to trust the boys they go out with. Many respondents vowed greater kindness to people living with HIV/AIDS after watching Srun and Oleg’s stories. A young man from Dakar said,

I learnt that we should assist AIDS sufferers too but not to avoid them, as they did with the Cambodian woman to whom it was forbidden to be close to children. And yet, it would help her overcome her hardships she suffers.

*In General, Emotional Reactions Were More Intense  
for the Documentary Stories Than for the PSA Stories*

Again, some of the explanation for this difference in emotional reactions may be due to the differences in the focus of the stories rather than the length or form, but it is also true that there was more time for character development and contextual information in the documentary, so viewers had more time to form opinions about the people and comprehend the context of their actions. The result was that there was much more intense, emotional involvement with the characters in the documentary than those in the PSAs. Viewers hated Isidore and Srun's husband. They were so sad for Srun when neighbors kept their children away and when the doctor told her there were no drugs. "We feel her suffering as if it were our own," said one young man in São Paulo.

The strong emotions elicited by the documentary stories seem to result from interpretations of the stories as myth or archetype. They were interpreted like morality plays, where the respondents reacted in terms of good and evil with the expectation that good should win overall. Oleg found redemption in confession and struggle toward reform. Sympathy for Srun came from her martyr status and her courage and struggle. There was disappointment by many that Isidore's fate was not worse given his lack of concern about others.

Emotional response theories suggest that emotional responses to media messages "precede and condition cognitive and attitudinal effect" (Piotrow, Kincaid, Rimon, & Rinehart, 1997, p. 22). Although we cannot test for effects using these data, emotional response theories would predict a stronger effect of the documentary stories compared to the PSAs given the greater emotional response found to the documentaries compared to the PSAs. A theoretical test would require unconfounding the variables of topic (condoms vs. stigma/fidelity or personal struggle) and length, but until we can conduct this kind of study and for our practical purpose of providing feedback to MTV, we predict a greater potential impact of the documentary.

*Respondents Reacted More Negatively to PSAs  
Because of Cultural Inappropriateness  
Than They Did to the Documentary*

In general, respondents' reactions to both the PSAs and the documentary were positive. Discussions of cultural inappropriateness were relatively infrequent, but to the degree to which there was any discussion of cultural inappropriateness, it occurred more in response to some of the PSAs than to the documentary stories. Respondent perceptions of cultural inappropriateness were uncovered within the framework of personal connections—these being "reverse" or "negative" connections. These were acknowledgements of how the PSA or story is "not like" me. Typical comments about cultural relevancy (or lack of it) in the PSAs were "[The alarm clock PSA] was not suitable for Nepal . . . not proper for Nepali culture" (young woman in Kathmandu); "It's an American scene" (discussing a PSA where the boy gives his girlfriend a condom in a way that looks like a typical proposal scene; young woman in São Paulo); and "It is impossible to adopt those ways in our country. . . . We have to remark that that spot is among those which show the situation at an international level; it is for Whites" (young man in Dakar).

Presenting PSAs that are not culturally appropriate, or rather are culturally inappropriate, distracts the audience from the message because message-relevant thoughts in

reaction to the PSA such as “This is not realistic” and “This doesn’t apply to my culture” discredit the message. Petty and Cacioppo (1981) called this “counterarguing” and demonstrated that counterarguing reduces the persuasive influence of the message.

One of the differences between the cultures depicted in the PSAs and the documentary stories is that the PSAs were seen as more “Western,” whereas at least two of the documentary stories take place in developing countries. This may account for some of the difference in resistance to the two formats. Another possibility is that shorter forms may use visual or cultural cues (peripheral cues) that are shortcuts to meaning and that these do not translate well. For example, one of the PSAs took place in a restaurant and was based on a typical marriage proposal scene. The boy gets on one knee but instead of offering a diamond ring, he offers a condom. This visual pun is idiomatic to Western culture however and does not work so well in Dakar or São Paulo.

Among participants who responded with message resistance based on cultural norms, a common theme was a discomfort with public displays of affection. The aforementioned restaurant PSA made respondents as uncomfortable in São Paulo as in Kathmandu because the action was taking place in a public place.

The connection of documentary stories to larger myths that transcend culture, evidenced in responses to the documentary, may have reduced the need for cultural identification that continued to operate in the PSAs.

It also should be noted that there were respondents who saw “Westernization” of the content as a good thing because young people are often influenced by the United States and Europe. One girl in Dakar said, “Of course it exists here because youth of today copy exactly the ways of American people . . . dress their styles. I think that in the long run they will copy them in all fields of life.”

It is a limitation of this study that we cannot tease out the effects of order of presentation of the formats from the effects of the formats themselves. It may have been that seeing the PSAs in a particular order affected the viewers’ reactions to specific PSAs or that seeing the PSAs prior to the documentary had an effect. The reasons for conducting the study the way we did is explained earlier, but we acknowledge that the greater emotional effects of the documentary may have been exaggerated by a feeling of frustration after watching the much faster paced PSAs, and/or there may have been effects we cannot even speculate about.

### **Self-Referential Statements in Relation to Culture and Gender**

Differences in message processing related to recipient culture and gender are often embedded within one another. Thus, differences related to culture and gender are presented in one section. No differences were found in responses related to whether the respondents were in same-gender or mixed-gender groups, and so there is no further mention of this in the subsequent description of results.

#### *Gender and Personal Connections*

Some PSAs elicited more personal connections from young men than young women because they related more directly with the experience of young men than of young women. As mentioned earlier, young men were more likely than young women to relate personal stories of condom buying and picking up young women at the disco.

### *Gender and Culture and Reaction to Isidore*

Male participants in Dakar and to a lesser extent in Nairobi were more likely to see Isidore, the Ivorian womanizer, as being cool because he had three girlfriends, at least initially, than were male or female participants anywhere else. Although most respondents believed his behavior was wrong and should be changed, it was hard for some not to want to be like him. The story however seemed to be a potent force in helping men think about the need for change. One young man from Dakar said, "I will say that we somehow identify with him, but from now on, I will make it a point to change my behavior." A young man from Nairobi said, "But I will stop having many partners and before I do that I make sure to visit these people in Kicoshep [VCT center] . . . to know my status."

### *Girls' Emotional Reaction to Inequitable Gender Norms*

Female respondents often rallied behind strong female characters and railed against men who were mistreating women. One PSA showed a woman leaving the women's bathroom after finding the condom vending machine empty and marching into a men's bathroom to get what she was looking for. Whereas some focused on how unrealistic or inappropriate this was, many young women and some young men cheered her on as a strong role model. Comments included "shows how the girl is courageous enough to go to the men's washroom and take a condom" (young woman, Nairobi) and "You don't have to wait around for them; we can just go and do it" (young woman, São Paulo).

The double standard related to sexual fidelity as it was illustrated in Srun and Isidore's stories was the topic of much conversation in all sites as well as men's lack of responsibility in protecting against AIDS. One young woman in São Paulo noted, "And that young man [Isidore] is revolting, saying that he is a man and men can have three or four partners and women can't." And a young woman from São Paulo said, "If a woman has three or four partners she is a prostitute. Ok, so that is absurd." And from Kenya, "You find that mostly it is the men who do not want the issue of condom use and they are the ones who infect [others]."

### *There Was More Resistance to Condom Messages in Culturally Conservative Sites and More Resistance From Young Women Than From Young Men*

Resistance reflects an opposition to one's own values. There were differences among respondents from different sites with regard to which PSAs were the most (or least) culturally relevant. Discussions about HIV prevention prior to viewing the PSAs or documentary evidenced the most conservative sexual mores in Kathmandu, Dakar, and Nairobi, especially among female participants. The following quotes from young women in Nairobi are typical of how these values translated into resistance to the condom messages:

"It's like these people depend on these condoms to make their sex enjoyable."

" . . . creates the wrong impression about women . . . that they are cheap . . . that you can go with a man simply because there is a condom."

"There are these other things, most of them, I would say, from my point of view are immoral like the last one [PSA]."

" . . . there is no way I would go out with a guy and just on the first date decide to have sex."

### Implications for Future Campaigns

Results from this study point to greater “central” processing of documentary stories and some resistance to PSAs on the basis of cultural inappropriateness. This might lead us to conclude that all things being equal, long-form documentary programming is a preferable mode of persuasive communication. There are however practical issues that prevent us from making a blanket recommendation for long-form programming. Because they are shorter, PSAs are less expensive to produce and broadcast and are (thus) easier to get funded. They also are programmed for multiple broadcasts and get greater exposure than long-form programs that might be aired only once or twice, offsetting some of the seeming advantage of long-form programming. In survey results from the evaluation of the Staying Alive campaign we found the greatest exposure overall was to the PSAs (Geary, Mahler, Finger, & Shears, 2005).

Thus, rather than write off PSAs, we should identify contexts in which they work best. Short messages seem to be the most sensitive to culturally specific interpretation and therefore better left to local production. Use in a global campaign would require greater initial attention to cultural interpretation and would need simpler, more universal messages (with extensive pretesting).

The long-form stories presented in the 2002 campaign resonated strongly with audiences across genders and cultures. The identification of themes that had universal appeal was critical for this effect. New documentary story lines could benefit from input from young people concerning the types of themes explored.

A further recommendation is the use of this specific program in video form with HIV prevention programs for youth. Directed, intentional viewing of the documentary by groups of young people may increase their potential effectiveness in promoting HIV prevention behaviors. One might consider that the FGDs were themselves an intervention in terms of increasing knowledge and raising awareness, judging from the comments of the participants. Many participants made statements that they were now convinced of the need for condom use or fidelity or better treatment of people living with AIDS. For example, one young man in Senegal said,

The film will change lots of things in my life because 'til now . . . I did not evaluate the consequences. The case of Srun affected me much and I am more afraid of AIDS, from now on, I will change my behavior.

It was also obvious from the transcripts that the group process influenced some participants' interpretation of the materials. A guided discussion among young viewers would provide an opportunity for reflection and greater message-relevant thinking. Young people will gain a better understanding of the story as they talk through it together. This interpersonal reinforcement facilitates the personalization of the information so that it can be assimilated into one's own social expectations, norms, and values (Breinbauer & Maddaleno, 2005).

Although there was some diversity in interpretation of the documentaries and PSAs, there was more consensus across countries than there were differences. Strong themes emerged across sites, and we feel comfortable saying that there is rationale for creating global campaign content. This may not be generalizable beyond urban areas where young people have more experience with global media (or with any media), but it seems true for the young people in our study.

## ELM REVISITED

These data demonstrated that the documentary and at least some of the PSAs promoted self-referential thinking. The stories and characters in the documentary lead to more connections with personal lives. The extended time frame of the documentary allowed for greater story and character development, providing more information for the viewer to connect to on a personal basis. This allowed for greater understanding of the characters on an emotional level and inhibited resistance to people from other cultures. Some of the PSAs led to greater self-referential thinking among subgroups who could make a personal connection on the basis of quick visual cues and/or a familiar narrative.

A critical feature of the ELM is that it provides a rationale for why a message characteristic might promote message-relevant thinking in one case and not in another or in our case might have inhibited message-relevant thinking in one case and not another. Consistent with the ELM, visual cues (peripheral cues) that communicated cultural information were more critical to message processing for the shorter format PSAs than for the documentary. There was more resistance to PSA messages than to the documentary ones on the basis of cultural difference—communicated by the way people looked and acted—even though the documentary stories were as likely as the PSAs to portray characters outside the viewers' own cultures. With a longer format, other character information became more salient.

The primary function of the ELM is in predicting message effects based on characteristics of the persuasive communication. This analysis differs from and extends ELM research because it examines the content of message-relevant thinking. If one assumes the assertions of the ELM are true, then this information provides insights into the PSAs with which specific audience subgroups could identify and would be effective with those subgroups. We also identified PSAs for which the general positive affect would be more effective than those creating a lot of resistance on the basis of cultural difference.

## FROM RESEARCH TO PRACTICE

In light of findings from our focus group study, MTV revamped its PSA strategy for subsequent Staying Alive campaigns in 2003, using PSAs for global audience to create awareness of the campaign only with animated animal characters who want to "Save the Humans." This simplified message directed MTV viewers' attention toward the other campaign elements in an attempt to increase exposure to the longer form programming. The documentary and other long-form programs are reserved for conveying more substantive prevention messages. Most country and regional MTV channels have produced their own HIV prevention PSAs, and although not part of the global campaign, they reinforce the global campaigns messages.

## Notes

1. An impact evaluation also was conducted, and the results have been summarized in two manuscripts recently submitted for publication.
2. The interim between the campaign and the focus group discussions varied by site for administrative and logistical reasons.
3. In São Paulo, groups were segmented by two levels of socioeconomic class, and in Dakar, groups were segmented into three levels of socioeconomic status.
4. Specifically, 22% of Brazilians live in poverty compared to 50% in Kenya, 54% in Senegal, and 42% in Nepal (CIA, 2005).

## References

- Allen, J. (2004). Interview with Archbishop Ndingi Mwana a'Nzeki. *National Catholic Reporter*. Retrieved April 20, 2005, from <http://ncronline.org/mainpage/specialdocuments/nzeki.htm>
- Bemfam, IBGE, Ministry of Health, & Macro International (1997). *Brazil demographic and health survey*. Rio de Janeiro: Macro International.
- Bertrand, J. (2004). Diffusion of innovations and HIV/AIDS. *Journal of Health Communications*, 9, 113-121.
- Breinbauer, C., & Maddaleno, M. (2005). *Youth: Choices and change. Promoting healthy behaviors in adolescents*. Washington, DC: PAHO.
- Central Bureau of Statistics, Ministry of Health, & ORC Macro. (2004). *Kenya demographic and health survey 2003*. Calverton, MD: Author.
- CIA. (2005). *The world factbook, Brazil, Nepal and Senegal*. Retrieved April 20, 2005, from <http://www.cia.gov/cia/publications/factbook>
- Geary, C., Mahler, H., Finger, W., & Shears, K. (2005). *Using global media to reach youth: The 2002 MTV Staying Alive campaign* (YouthNet Youth Issues Paper No. 5). Arlington, NC: Family Health International, YouthNet Program
- Higgins, E., & Bargh, J. (1987). Social cognition and social perception. *Annual Review of Psychology*, 38, 369-425.
- Markus, H. (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology*, 35, 63-78.
- Ministry of Health, New ERA, & ORC Macro. (2002). *Nepal demographic and health survey 2001*. Calverton, MD: Author.
- Ndiaye, S., Ayad, M., & Gaye, A. (1997). *Demographic and health survey—Senegal 1997*. Calverton, MD and Dakar, Senegal: Ministry of Economics, Finance and Planning and Macro International.
- Papa, M., Singhal, A., Law, S., Pant, S., Sood, S., Rogers, E., et al. (2000). Entertainment-education and social change: An analysis of parasocial interaction, social learning, collective efficacy and parasocial communication. *Journal of Communication*, 50, 31-55.
- Petty, R., & Cacioppo, J. (1981). *Attitudes and persuasion: Classic and contemporary approaches*. Dubuque, IA: Brown.
- Petty, R., & Cacioppo, J. (1984). The effect of involvement on responses to argument quality and quantity: Central and peripheral routes to persuasion. *Journal of Personality and Social Psychology*, 46, 69-81.
- Petty, R., Cacioppo, J., & Goldman, R. (1981). Personal involvement as a determinant of argument-based persuasion. *Journal of Personality and Social Psychology*, 41, 847-855.
- Piotrow, P., Kincaid, L., Rimon, J., & Rinehart, W. (1997). *Health communication: Lessons from family planning and reproductive health*. New York: Praeger.
- Symons, C., & Johnson, B. (1997). The self-reference effect: A meta-analysis. *Psychological Bulletin*, 12, 371-394.
- UNAIDS. (1999). *Acting early to prevent AIDS: The case of Senegal*. Geneva: Author.
- UNAIDS. (2002). *Brazil—Epidemiological fact sheet-2002 update*. Geneva: Author.
- UNAIDS. (2004). *Report on the Global AIDS epidemic*. Retrieved August 9, 2004, from [www.unaids.org](http://www.unaids.org)
- Waszak, C., Thapa, S., & Davey, J. (2003). The influence of gender norms on the reproductive health of adolescents in Nepal—Perspectives of youth. In S. Bott, S. Jejeebhoy, I. Shah, & C. Puri (Eds.), *Towards adulthood: Exploring the sexual and reproductive health of adolescents in South Asia* (pp. 81-85). Geneva: World Health Association.
- World Bank. (2004). *World development indicators*. Retrieved August 9, 2004, from [www.worldbank.org](http://www.worldbank.org)
- World Gazetteer. (2004). *Cities and people*. Retrieved August 9, 2004, from [www.world-gazetteer.com](http://www.world-gazetteer.com)