HIV/AIDS awareness campaigns as perceived by young people in Wesselton Township, Mpumalanga

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ABSTRACT

The article reports on an investigation into whether young adults in the Wesselton Township, Ermelo, in South Africa are aware of any HIV/AIDS awareness campaigns and to determine whether these campaigns have had any impact on young people. Face to face interviews were conducted with young adults. The sample consisted of eight young adults, four males and four females aged between 25 and 30 years of age. The interview schedule consisted of questions about HIV/AIDS campaigns of which the participants were aware and their source of HIV/AIDS information. The participants were also asked to share their perceptions of the impact of these campaigns in reducing risky sexual behaviour. Community based campaigns appeared to be more prominent than campaigns using media platforms. The participants appeared to lack confidence in their own definitions of HIV/AIDS campaigns. They reported positive effects of the campaigns on themselves and a negative impact on the general population of young people. HIV/AIDS awareness campaigns were found to be effective in conveying HIV/AIDS information. However, the findings indicate that it remains the individual’s responsibility to apply this information in practice, which hardly occurs as human beings are known to be contradictory.

Keywords: HIV/AIDS; HIV/AIDS awareness campaigns; risky sexual behaviour; young people

Millions have been invested in HIV/AIDS campaigns in anticipation of having an HIV-free future generation. HIV/AIDS awareness campaigns are identified as being the most cost-effective tool for curbing the spread of HIV/AIDS by enlightening the public with information aimed at modifying sexual behaviour (Swanepoel, 2005). These campaigns raise awareness about HIV/AIDS transmission, prevention, and treatment, in anticipation that information may persuade individuals to adopt preventative behaviours (Florich & Vazquez-Alvarez, 2009). However, it appears...
that although people possess sufficient information about the pandemic, little sexual behavioural change has been observed (Florich & Vazquez-Alvarez, 2009). It is therefore the objective of almost every campaign to influence and sustain sexual behavioural change among young people.

Several HIV/AIDS campaigns have been evaluated and positive outcomes have been found. For example, exposure to loveLife and Soul Buddy campaigns was associated with responsible sexual engagement (loveLife, 2007). Clearly, these campaigns and many more interventions have been somewhat successful in empowering young people with knowledge regarding HIV/AIDS, thus encouraging positive attitudes as far as the pandemic is concerned, and to some extent, have influenced minimal behavioural changes. Nevertheless, the thought still remains that there is a number of missing elements in these campaigns that prevents them from being fully effective in altering young people’s sexual behaviour (MacPhail & Campbell, 2002; Qakisa, 2003).

The present study investigates young adults’ perceptions of HIV/AIDS awareness campaigns. This information could be useful to identify pitfalls that serve as barriers in attitude and sexual behavioural change. Furthermore, if these programmes are for young people, it is necessary to be acquainted with their insights with regards to these interventions, as this may enable the campaign designers to modify existing interventions and/or design new campaigns that have been informed by young people’s views.

**METHOD**

Permission to conduct the study was provided by the Ethics Committee of the University of Pretoria and the study was carried out in June 2010. The participants comprised four males and four females residing in Wesselton Township in Ermelo, Mpumalanga province, South Africa. Their ages ranged between 25 and 30 years. Seven of the participants were unmarried but were involved in stable relationships, six had completed high school and one was unemployed. The selected participants were eligible based on whether they were between the ages 25 and 30 and whether they had had exposure to HIV/AIDS campaigns.

The participants were recruited from the streets of Wesselton. Both young men and women were approached. Two screening questions were asked to determine whether the potential participants were eligible for the study; if they had responded ‘yes’ to both questions, they were recruited to participate in the study. In most cases, the participants agreed to participate and asked to be interviewed at the time, while others agreed but requested that the interview be scheduled for a later time.

Data were collected through face to face semi-structured interviews, which were conducted in English and isiZulu. The participants were asked about their perceptions
and experiences of HIV/AIDS awareness campaigns. They were asked to define HIV/AIDS awareness campaigns in their own words, and to share their views on the impact of these campaigns on themselves and the general population of young adults residing in the area. Each interview took approximately 20-30 minutes and all interviews were audio recorded. Pseudonyms were used during the interview to ensure anonymity.

Audio data were transcribed verbatim and translated into English. Interpretative Phenomenological Analysis (IPA) procedures were followed, as suggested by Smith and Osborn (2003), to analyse the data. Each transcript was read several times while noting significant comments and themes. Connections between emerging themes were identified, and translated to psychological concepts. Following the analysis of all eight transcripts, a table of master themes was constructed. Direct quotes by the participants are included in the findings below.

FINDINGS

Comprehension of HIV/AIDS awareness campaigns

Education regarding the HIV/AIDS pandemic

Five participants defined HIV/AIDS awareness campaigns as people who teach the community about HIV/AIDS. They stated that these people provide knowledge about HIV transmission, prevention, treatment, support, and care.

It's those people who go around teaching us about HIV and AIDS. And that if you are HIV positive how do you live, or [pause] okay if you are HIV positive how you live, and that to protect yourself against HIV, what ways can you use to protect yourself like using a condom. – Mcondo

I don't know how to put it. It's a way people can get... like since you are in a campaign... it's something that teaches about AIDS, how should people abstain, and if they engage in sexual practices what they should do to protect themselves from HIV risk. – Thandeka

Most participants were uncertain on how to structure their definitions. This is evidenced by the long pauses and the repetition of words. Most definitions included “people” who “teach” the community about HIV/AIDS and ways to protect themselves from contracting HIV. Although they had an idea of what HIV/AIDS awareness campaigns were, they did not display sufficient confidence in their own definitions.

Support for the infected and the affected

According to the participants, HIV/AIDS campaigns provide support for people who have been infected or affected by the virus. These campaigns provide information to
people infected with HIV on what it means to be HIV positive, how to live healthily, and how to stay optimistic in order to prolong their lives.

*But if you take care and eat healthy [you can] live a normal life like any other person. Ja because it doesn’t help to say AIDS will kill you tomorrow, it won’t kill tomorrow, you can still live for 25 years as far as I know. They told me so, that you can live with AIDS for 25 years but only if you take care of yourself and everything is right.* – Mfamo

The above extract captures the kind of support and knowledge provided by HIV/AIDS campaigns to people living with HIV. It further indicates that these campaigns offered hope as far as the life expectancy of an HIV-positive person is concerned. The participants also pointed out that HIV/AIDS campaigns teach the families and friends of the people living with HIV about ways of supporting and caring for their loved ones, while protecting themselves from the virus.

**Counselling and testing**

The participants mentioned that HIV/AIDS awareness campaigns encourage people to check their HIV status, as indicated by one participant:

*It’s like this thing that is happening at my workplace . . . We sometimes go for HIV testing. They take us for counselling you see. They tell us that whatever happens don’t be scared and say AIDS kills. AIDS doesn’t kill.* – Mfamo

According to the participant, from time to time employees are offered free HIV testing as well as pre and post test counselling. During the counselling, the counsellees are given the assurance that if one cares for oneself, one can live longer. For this participant, similarly to the other participants, during the HIV/AIDS counselling, the virus is portrayed as any other incurable but controllable disease.

**The consciousness of HIV/AIDS campaigns**

When participants were asked to speak of the HIV/AIDS campaigns of which they know, six participants spoke about the door-to-door HIV/AIDS campaigns carried out around Wesselton Township, as well as the HIV/AIDS sessions that take place at the local clinics and hospitals. A group of people sometimes visit their neighbourhood and go to every household teaching about HIV/AIDS. This also occurs at the local hospital and clinics, whereby clinic-based educators teach patients about the pandemic.

Most participants could not simply identify awareness campaigns that utilise media platforms. It is only when they were probed further did they mention television and radio broadcasted programmes that they indicated that they were aware of these. Only two participants mentioned print media HIV campaigns, and none mentioned billboards. One of the reasons that the participants could not identify HIV/AIDS campaigns using media channels was that although they own television and radio
sets, they barely have time to watch television or listen to the radio. An additional reason was that they had forgotten about these campaigns. The explanation for this could be that perhaps these campaigns have minimal or no impact on them, or that they did not perceive them as being HIV/AIDS awareness campaigns. However, with regard to billboard campaigns, the participants pointed out that they do not recall seeing any billboards with HIV/AIDS messages in Wesselton, as indicated by the dialogue below:

Mcondo: I’ve forgotten there are those people who were here . . . [Long pause], um, I have forgotten them. They were going [from] house-to-house teaching.

Interviewer: Okay. Besides the people who were going house to house, there are no other campaigns that you know?

Mcondo: There is another at the hospital, I think.

Interviewer: Media?

Mcondo: Oh and Siyanqoba on SABC 1. It also teaches about HIV/AIDS, and then they also interview the people who are HIV positive, asked them how they contracted the virus, and now how do they live with it. And then advise those people who don’t have HIV on how they should live in order to protect themselves from the virus.

This extract also indicates that although the participants could speak of the HIV/AIDS campaigns of which they are aware, the majority of them could not recall the campaign’s name or the organisations which carried out those campaigns. Perhaps this indicates ignorance on the part of the the young adults, as another participant articulated:

I don’t take it into account . . . I don’t say now they are talking about HIV let me pay attention. I don’t sit and listen, you see things like that. – Bonga

Another possible explanation could be that HIV/AIDS campaigns use unmemorable names for their programmes, thus they do not leave an impression on young people.

**Effectiveness of HIV/AIDS awareness campaigns**

**The positive effects on self**

All the participants reported that HIV/AIDS campaigns are somewhat effective with regards to themselves because they have altered their sexual behaviours as a result of these campaigns. Six participants reported consistent use of condoms during sexual intercourse. One participant reported that since she found out that she was HIV positive, she now always uses condoms during sex as she was taught at the clinic.
Only one of the eight participants reported that he does not use a condom because he and his partner trust each other. He stated that if one introduces the topic about condom use in a relationship it implies lack of trust or infidelity, as indicated in the dialogue below:

Interviewer: So even you, you always have condoms?

Mfamo: Me? No. I do have them [condoms] but I can’t use it because I have only one partner, I don’t cheat . . . because if you are a woman and a man in a house it’s hard for one person to introduce the topic of condom use [pause] that means there is someone cheating between the two of you.

Ironically, the participant quoted above claimed that HIV/AIDS campaigns had a positive impact on him because he has remained monogamous, but still insists that he does not see the necessity of using a condom even though his partner is HIV positive. With the exception of one participant, all the participants reported being monogamous because they know that having multiple partners could put them at risk of contracting HIV:

I sleep with my wife only. – Sipho

I have one boyfriend and I’m faithful to him, but I’m not sure if [he] does the same. – Thaka

I know that I’m not supposed to have multiple partners. I have to be committed to one person. – Mfamo

One participant reported that he does not have a steady partner, but that he has multiple sexual partners, whom he referred to as “one night stands”. However, he declared that he uses condoms with all his sexual partners. This participant’s explanation for having multiple sexual partners was that he is looking for the right woman to be his wife. He stated that he might die before he even finds the right woman to be his wife, thus he has to enjoy life:

Interviewer: Do you follow these messages [HIV/AIDS campaigns messages]?

Bonga: Uh yes [pause] a bit. I say a bit because I use a condom, although I sleep around . . . I know that something like this [HIV/AIDS campaigns] exists. I can’t abstain because I don’t know when I’m going to die. I can’t wait for Mrs. Right [because] I don’t know when am I going to meet her . . . what if I die?

Although the participant quoted above claimed that HIV/AIDS campaigns are partially effective on him, he stated that it is necessary for one to take pleasure in life regardless of HIV/AIDS. He holds the belief that HIV is from God. His rationale was that not everyone who has multiple sexual partners will contract HIV, but that it was intended for certain people.
The slight effectiveness of campaigns on others

The participants reported that although HIV/AIDS campaigns are doing well in terms of educating the community about HIV/AIDS, these campaigns have a slight effect on young people residing in Wesselton. They stated that HIV/AIDS campaigns have been successful in informing young people about the pandemic, but have somehow failed to modify risky sexual behaviour in this group. Nonetheless, the participants blamed the inability of these campaigns to alter young people’s behaviour on human nature. Most explanations highlighted that the campaigners could do all they can to educate communities about the pandemic, but it primarily depends on an individual whether she or he wants to adhere to these teachings.

The effect of these campaigns depends on the person, how he believes it and what does he take, because you can’t tell a person that ‘don’t do this, or do that’. The person will choose for himself, because if you tell him, he will tell you ‘okay I will do this’ and after you have left he will say ‘this person is joking’. But if it is a responsible person he will see that this person is telling [him] the truth. – T-Boz

Several participants articulated that HIV/AIDS campaigns are effective with regards to less than fifty per cent of the youth in Wesselton and that the effectiveness is pronounced among people who are ambitious.

I am a person who likes spending time with other people you see, and discuss about these things [HIV/AIDS issues]. We often talk about them as men. [We] advise each other on how we can protect ourselves and what can we do, come up with varying solutions [and] get ideas[s] from others and they also get ideas from us. Yes I enjoy spending time with other people and focus. I don’t have time to be alone. – T-boz

The above extract indicates that clearly, young people are informed about HIV/AIDS and that they discuss the HIV/AIDS-related issues. However, as mentioned above, individuals perceive the seriousness of HIV/AIDS differently.

According to the participants, young people understand the HIV/AIDS messages as they are presented in a clear and simple manner that is easy to understand. They reported that these messages are translated and are available in various languages, which make it even easier for them to comprehend. Therefore, misapprehension is omitted as a possible reason for the partial impact that these campaigns have on the youth.

Successful campaigns

Several participants reckoned that reality television programmes, whereby people who have directly suffered from HIV/AIDS are interviewed, and community campaigns whereby HIV positive people teach others about the pandemic, are more likely to be effective. Such programmes provide more meaning to the disease and its consequences compared to the dramas and discussions by people who have never
been confined to bed as a result of this pandemic, which may be viewed as simply a tale rather than reality.

I have a friend who is HIV positive; she is a counsellor at the hospital. So I sit and chat to her and she tells me that ‘Thaka it’s like this and that’, that is where I get information. When you watch TV, you watch [and] maybe there are people who . . . sometimes people [who are] infected with HIV speak, like I’ve watched this show [pause] I forgot the name of the show. Like there was a person who experienced those things [HIV/AIDS] you see . . . You see there are things that when I can tell you about, something that I haven’t experienced, it will get in one ear and get out the other ear. But if it is said by someone who [has] experienced that thing, you see it can build you. – Thaka

For this participant, having an HIV positive friend, who is also an HIV/AIDS counsellor, has helped her shape her own behaviour. HIV was real to her because she heard about it from someone close to her and someone who has suffered extensively owing to the disease. The above quote also demonstrates that having someone close to you, such as a friend or family member, to educate you regarding this pandemic may be more useful than being told by a complete stranger.

**DISCUSSION**

**Comprehension of HIV/AIDS awareness campaigns**

Findings from the study revealed a number of uncertainties among the participants in defining HIV/AIDS awareness campaigns. These doubts suggest that young adults are not confident regarding their own definitions. HIV/AIDS campaigns are defined as “people who go door-to-door educating the community about HIV and AIDS”. In contrast to previous studies that highlighted radio as being the most informative medium in relaying HIV/AIDS information (Shisana & Simbayi, 2002), among young adults in Wesselton, door-to-door campaigns emerged as the most popular and effective source of HIV/AIDS information, followed by television.

One explanation for defining HIV/AIDS as primarily involving door-to-door awareness campaigns is that young adults in the study area had limited exposure to television, radio, print media, and billboards. It is not that they did not have access to these media platforms but they simply did not have time to watch TV, listen to radio, or read pamphlets. In addition, as mentioned, they did not have exposure to billboards. Thus, door to door campaigns are more memorable than any other HIV/AIDS campaigns utilising other means of communication. Another explanation could be that some platforms are more persuasive than others; therefore, even their impact is unforgettable.

A gap fairly exists between HIV/AIDS practitioners’ objectives to utilise a range of media platforms to reach communities and that which is accessible to communities. To be precise, HIV/AIDS practitioners assume that communities
have unlimited access to the HIV/AIDS information received through HIV/AIDS campaigns (Standler & Hlongwa, 2002). Whilst this is somewhat true, in a sense, when using multimedia to convey HIV/AIDS messages that allow the campaigners to reach a larger audience and help reinforce the messages (Piotrow, Kincaid, Rimon, & Rinehart, 1997), it is essential to bear in mind that certain households barely own a television set or a radio, and those who do possess such equipment barely have time to listen to or watch the programmes, as is the case with the participants in this study. Therefore, while planning the campaigns, it is important to take such issues into consideration. Ideally, each district should use different types of media channels to transmit the messages rather than using just one or two modes of communication. This view is supported by Vaughn, Rogers, Singhal, and Swahele (2000), who highlighted the necessity to use a variety of media channels as one channel might be useful for certain individuals and not for others.

The current study points out the roles played by HIV/AIDS campaigns as providing knowledge about HIV/AIDS, that is, how it is transmitted, prevented, and treated. These campaigns also offer care and support to people who have tested HIV positive. Although it was difficult to establish existing views by young adults about HIV/AIDS campaigns, these findings are consistent with definitions provided by researchers. These findings are consistent with the objectives of various HIV/AIDS awareness campaigns that aim to fight the spread of HIV/AIDS by equipping people with all the necessary knowledge of the pandemic (Goldstein, Usdin, Scheepers, & Japhet, 2005).

HIV/AIDS campaigns also promote Voluntary Counselling and Testing (VCT), whereby individuals are encouraged to know their HIV sero-status, with the anticipation that if one’s HIV status is known, one’s sexual behaviour may be altered. Van Rooyen, Richter, Coates, and Boettiger (2009) suggested that knowing one’s HIV status is significant for HIV prevention and treatment. Hence, VCT is acknowledged and promoted as an effective strategy for alleviating HIV/AIDS (Shisana & Simbayi, 2002). Kenyon, Heywood, and Conway (2001) believed that individuals who know their HIV status are more likely to be responsible, that is, those who test positive may protect their partners, and those who test negative may adopt preventative measures in order to remain negative. According to the Family Health International Institute for HIV/AIDS (2002), VCT helps individuals assess their level of risk and establish realistic plans to reduce their risk of infection and increase safe sex practices.

Effectiveness of HIV/AIDS awareness campaigns

In respect of the success of HIV/AIDS awareness campaigns in reducing risky sexual behaviour, the study found that HIV/AIDS campaigns are less than 50 per cent effective in reducing risky sexual behaviour in the general population. On the contrary, the results indicated that these campaigns are effective for 90 per
cent of the participants in the study, since all participants reported altering their sexual behaviour due to the instructions and/or messages conveyed by HIV/AIDS campaigns. Specific behavioural changes resulting from these campaigns include consistent condom use, being monogamous, and knowing one’s HIV sero-status. These findings are consistent with previous studies whereby exposure to HIV/AIDS programmes was linked to a reduced number of sexual partners and the use of condoms consistently (Goldstein et al., 2005; loveLife, 2007). These findings are also similar to those of a national study conducted by Shisana and Simbayi (2002), whereby 40.2 per cent of the sample reported being monogamous due to exposure to HIV/AIDS prevention interventions.

The potential rationale for participants reporting the effectiveness of campaigns with regards to themselves rather than others is probably that knowledge of at least one HIV/AIDS awareness campaign was a requirement to participate in this study, and perhaps, it is such exposure that influenced their behaviour. An additional explanation could be that people generally portray good things about themselves more so than they would about others. The reason for the latter explanation is that in the transcripts, it appeared that certain participants contradicted their own statements. While they reported understanding and adopting messages conveyed by HIV/AIDS awareness campaigns, they persisted in holding onto myths about HIV/AIDS and its transmission. Certain young adults believe that HIV/AIDS is a ‘gift from God’, and that only people whom God chose, not everyone, would contract the disease. To a certain degree, these beliefs are similar to those established by Kalichman and Simbayi (2004) that ‘God is the ultimate cause of the disease’. However, the beliefs differ in a sense that in the study conducted by Kalichman and Simbayi, HIV/AIDS was viewed as a punishment from God, but the current study demonstrated that it is more about fate than punishment.

Furthermore, it surfaced from the transcripts that people who claimed that HIV/AIDS campaigns were effective with regards to themselves, hold the notion that condom use signifies lack of trust in an intimate relationship. These findings are consistent with previous studies that revealed that condom use is perceived as being inconsistent with trust and intimacy in a sexual relationship (Wood & Jewkes, 1998). Such revelations indicate that HIV/AIDS campaigns are somewhat insufficient in terms of altering false beliefs about HIV/AIDS; in a sense, people exposed to these campaigns persist in maintaining such misconceptions. Hence, HIV/AIDS awareness initiatives need to pay greater attention to addressing misinformation about HIV/AIDS in order to reduce the stigma and fallacies associated with the disease (Brown, Macintyre, & Trujillo, 2003).

With regard to strategies that can be utilised by HIV/AIDS practitioners, particularly the campaign developers, to ensure the adequacy HIV/AIDS campaigns, the findings suggest that there is nothing that can be done by these campaigns to alter human behaviour because people will not change even though they are aware
of the potential adverse consequences of their contradictory behaviour. HIV/AIDS campaigns are compared to the Bible, which is often preached to people, but they continue to adopt behaviours that are contradictory to the Bible. This suggests that although information can be made available, individuals still have to make choices as to whether to apply that information or not. While certain people may choose to utilise the information provided, others may choose not to. The same notion applies to HIV/AIDS information. By contrast, other studies have revealed that HIV/AIDS campaigns could be sufficient in altering risky sexual behaviour if certain elements could be considered while developing campaigns, these include group segmentation, theory based campaigns, and so forth (Qakisa, 2003). Undoubtedly, findings from the current study suggest that young adults have somewhat given up on the efforts of HIV/AIDS campaigns to fight the disease, suggesting that it is a given that these campaigns can only work on certain people and not on everyone.

The findings also suggest that HIV/AIDS campaigns should be promoted by people who possess a lived experience of HIV/AIDS, that is, people who could give testimonies about the manner in which they have contracted the disease, how they have been affected by the disease, and provide advice to young people. Basically, the face of HIV/AIDS awareness campaigns should be persons who have direct HIV/AIDS experience, so that the campaigns could be more authentic. This indicates that young people want to see HIV/AIDS and not only hear about it, which could probably inform young people and allow them to make decisions based on real observations. These findings are consistent with other studies that revealed that direct exposure to a person with HIV/AIDS was associated with perceiving HIV/AIDS as a serious disease. Shisana and Simbayi (2002) found that respondents who knew someone who had died of AIDS were likely to take the problem of HIV/AIDS more seriously than those who were merely exposed to media campaigns.

In support of the findings in a study conducted by Dermatteo et al. (1999), personal support from counsellors or volunteers to drug users and those who engage in casual sex could perhaps be useful in reducing risky sexual behaviour. The current study demonstrates that HIV positive counsellors or volunteers who may develop personal relationships with young people engaging in risk bearing sexual behaviour may lessen this kind of behaviour as they could obtain personal advice rather than the distant advice received from various media platforms. Young people appear to yearn for more intimate HIV/AIDS awareness campaigns.

**CONCLUSION**

Findings from the study highlight a number of issues regarding HIV/AIDS awareness campaigns. This kind of information could assist the government, HIV/AIDS practitioners, and developers of HIV/AIDS campaigns in developing campaigns that could be more useful in altering young people’s sexual behaviour,
and to enhance existing campaigns. The data collected in this study present clear evidence that campaigns are doing great work in terms of relaying HIV/AIDS information, and to some extent, modifying sexual behaviour of some of the youth. However, much more work is needed to ensure full accessibility of these campaigns and more personalised ones, that is, context-suitable campaigns.

Due to time and financial constraints, the study was conducted only at Wesselton Township, and thus, the findings of this study cannot be generalised to the general population of young adults. However, it is recommended that further studies of a similar nature be conducted in order to understand the general views of young adults regarding the role played by HIV/AIDS awareness campaigns in reducing risk-bearing behaviour. Such information may be useful in developing context-appropriate campaigns.

BIOGRAPHICAL NOTE

Nomhle Khoza is a research psychologist, currently employed at Wits Reproductive Health and HIV Institute. Her research interests include youth, HIV/AIDS and gender issues. She is involved in programme evaluation and research around HIV/AIDS and young people in South Africa. She holds a Master’s Degree in Research Psychology, her thesis focused on the effectiveness of HIV/AIDS campaigns as an instrument to reduced risky sexual behaviour among youth. She has previously worked on various research projects conducted by the Human Sciences Research Council, these include a study on women in engineering and technology, the impact of peer-led HIV interventions, youth policy initiative and young fathers’ project. She is currently enrolled for a PhD at the University of Pretoria.

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