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## **1.0 INTRODUCTION**

The National HIV/AIDS Commission was established on May 15, 2001. It was born out of the National AIDS Programme and the need to provide greater financial assistance and political commitment to fight and reduce the incidences of HIV/AIDS within the island. Unlike the former programme, the National AIDS Programme, the National HIV/AIDS Commission is multi-sectorial in focus and involves all the ministries. Its mandate is to “coordinate effectively the national expanded response to reduce” the cases and spread of HIV/AIDS in Barbados. To this end the Commission will advise government on policies and plans to manage, control and reduce the spread of HIV/AIDS.

## **2.0 BACKGROUND**

As a part of its integrated promotional campaign the National HIV/AIDS Commission had erected two community billboards in high traffic areas within the city. These were located in Bay Street and Constitution Road with each billboard having a specific message and objective. These objectives were:

- To encourage individuals to assume responsibility for their own sexual well-being
- To raise the level of awareness of the Barbadians population to issues of stigma and discrimination surrounding HIV/AIDS.

Other programmes initiated throughout the year sought to reinforce these themes and objectives. The National HIV/AIDS Commission is now seeking to assess the effectiveness of these campaigns and has engaged the services of the Earle and Phillips Consulting Group to help in this endeavour.

### **3.0 TERMS OF REFERENCE AND SCOPE OF WORK**

For ease of reference, the Terms of Reference and Scope of Work for the exercise are as follows: -

#### **TERMS OF REFERENCE**

The objective of the research exercise is as follows: -

- *To test the effectiveness of the message in both billboards*

#### **SCOPE OF WORK**

The research was conducted amongst:

- *One hundred respondents within Bay Street*
- *One hundred respondents within Constitution Road*

## **4.0 APPROACH AND METHODOLOGY**

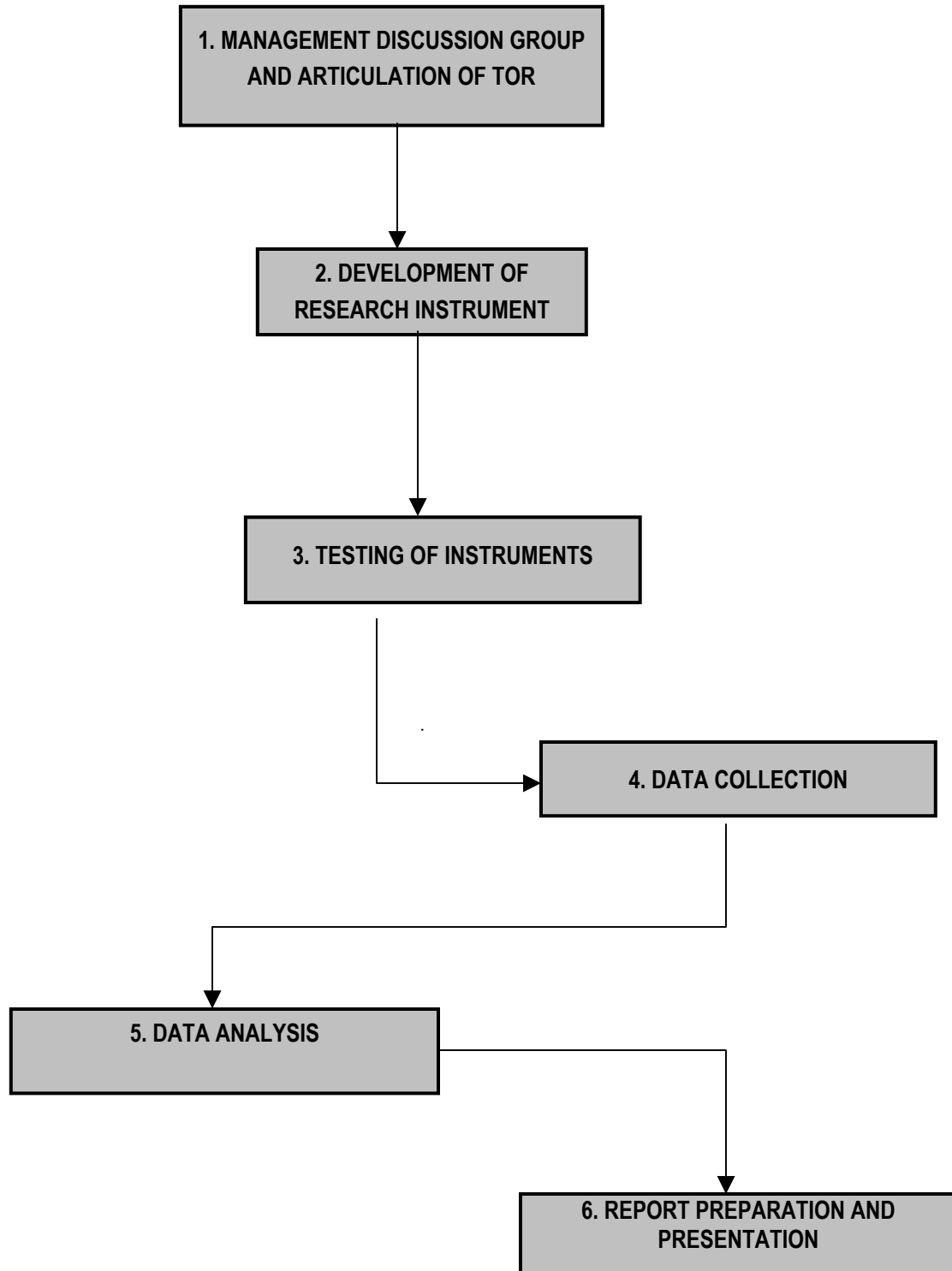
### **4.1 APPROACH**

Our approach was inclusive and emphasised the participation of the client organisation. Given the research design, it is hoped that the exercise addresses the client needs and priorities; and provides for the effective implementation of a programme that will allow the client to achieve its objectives.

### **4.2 METHODOLOGY**

The methodology for the exercise is outlined in Figure 1.

Figure 1: Summary of the Approach and Methodology



#### **4.2.1 SAMPLE COMPOSITION AND METHODOLOGY**

The research exercise aimed to produce an evaluation of the effectiveness of the community billboards as such a non-probability sampling procedure was employed to select two hundred respondents who travel within the areas where the billboards are erected.

#### **4.2.2 MANAGEMENT DISCUSSION GROUP**

The Management Discussion Group was an opportunity for the engagement team and the client to discuss the exercise to determine specific content and time commitments of the deliverables. It also sought to encourage client discussion of the information requirements.

#### **4.2.3 DEVELOPMENT AND TESTING OF RESEARCH INSTRUMENT**

The information requirements articulated during the management discussion group suggested a specific set of questions that was used as a guide for the development of the research instrument. It consisted of five predominantly closed questions, namely dichotomous (yes/no) and multiple choice questions. There was one open-ended question which sought to clarify responses to the closed questions. A comprehensive draft of the questionnaire was tested on a small sample in order to determine timing, ambiguity and instrument nuance.

#### **4.2.4 DATA COLLECTION METHODOLOGY**

Respondents were intercepted and the questionnaires administered by face-to-face interviews by trained fieldworkers of the Earle and Phillips Consulting Group.

#### **4.2.5 DATA ENTRY**

Data from completed questionnaires were entered into a specialized software programme where the responses were translated into tabular, graphical and textual information for analysis.

#### **4.2.6 DATA ANALYSIS**

Responses to multiple choice and dichotomous questions were given as frequency distribution statistics. Statistical data was cross-tabulated to compare and contrast perceptions between different variables.

## **5.0 GENERAL FINDINGS**

In general individuals were aware of the two community billboards and have accurately decoded the messages being delivered. The communication media have caused approximately half (47.7%) of the respondents to stop and consider their sexual practices and the unbiased nature of HIV/AIDS whereas one-quarter (23.9%) have been convinced of either their need to take responsibility for their own sexual well-being, or that HIV/AIDS does not discriminate among gender, class, race or creed. Two percent of those intercepted in the Bay Street area indicated that the message from the billboard in that area (“You Can’t Tell By Looking”) scared them.

### **5.1 AWARENESS AND ATTENTION**

Respondents interviewed were all aware of the two community billboards. Ninety-five percent of these participants indicated that the billboards caught their attention. In the case of both billboards 4% in each instance indicated that the “concepts” did not “grab their attention. These respondents represented 5.6% and 4.3% of those who passed the areas “less than five times per week”, and “five to ten times per week” respectively.

### **5.2 COMPREHENSION**

The percentage of respondents who were uncertain as to whether they understand the message was the same for both billboards (2%). However, when asked what they understood by the messages, responses indicated that three-quarters (75%) of these respondents had not made any attempt to attend to the messages. Responses were as follows:

- I don’t look at it, I try to keep my eyes on the road
- Not sure. Not paying attention

Only one percent of the respondents interviewed with regard to the “You Can’t Tell By Looking” billboard indicated that they did not understand the message.

### **5.3 IMPACT**

When asked about the impact of the message contained in the billboards over two-thirds (68.4%) of those interviewed about the “Your Condom Or Mine” billboard said that the message had caused them to “think” about their sexual well-being. Approximately one in every five (17.3%) respondents indicated that they were “convinced” of the need to be more responsible in their sexual practices. Nearly equal percentages (28.9% and 27.8% respectively) were convinced or caused to stop and think by the “You Can’t Tell By Looking” billboard.

Overall, approximately half (48.1%) of those who indicated that they understood the messages were caused to “think” while one-quarter (24.3%) were convinced and 12.2% were not influenced by either billboards.

## **5.4 EXPOSURE**

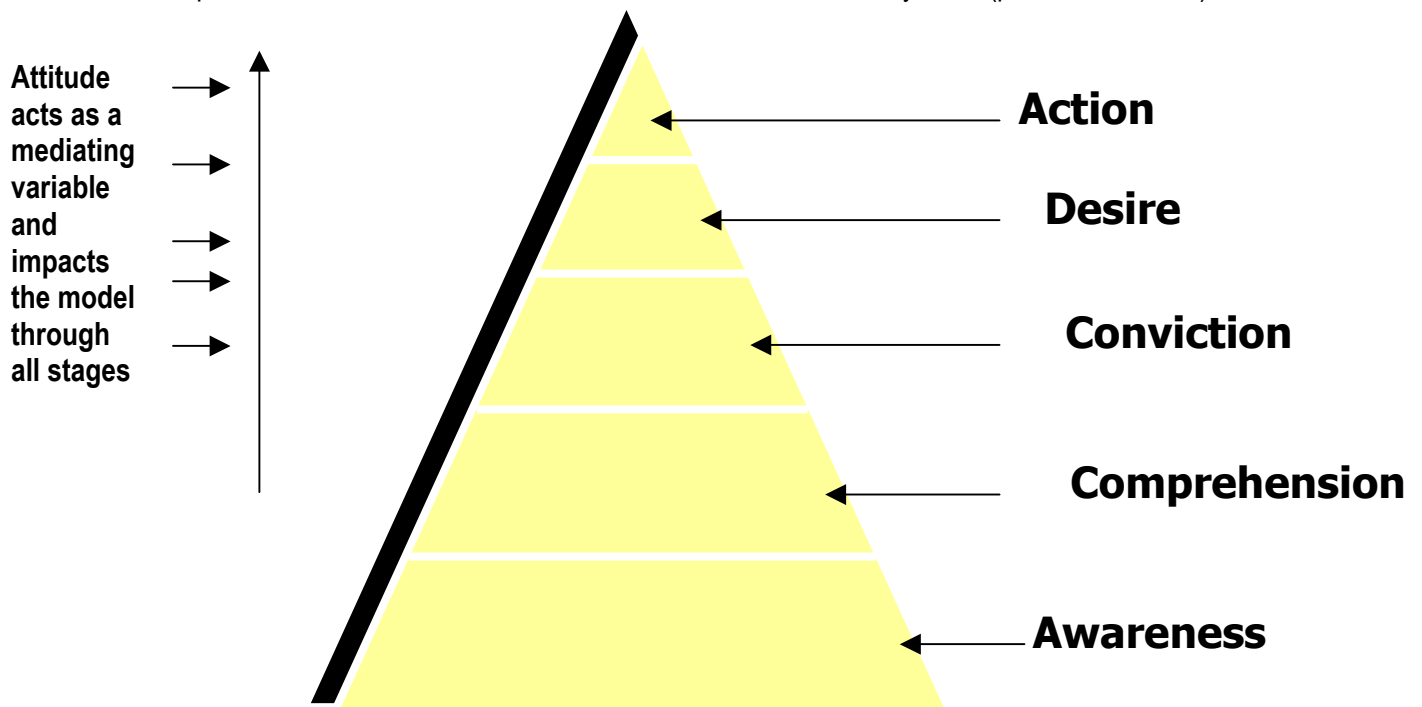
Half of those who travelled the Bay Street area do so “five to ten times per week” while approximately one-third (27.8%) do so “less than five times per week”. Constitution Road on the other hand was frequented “ten to fifteen times per week” by two-fifths of the participants, “more than fifteen times” by one-third (28.6%), and “five to ten times” by one-fifths of the travelers. This would suggest that the “Your Condom Or Mine” billboard has more exposure than the “You Can’t Tell By Looking” billboard. That is, on average an individual sees the Constitution Road billboard more frequently than the Bay Street billboard. This frequency or repeated exposure will aid in learning and could lead to behavioural changes as information moves from short-term memory into long-term memory through repetition thus enhancing cognitive rehearsal. It must be noted however that there is a threshold level after which a message suffers habituation, or wear-out, and not only loses effectiveness but also may alienate the audience.

However, the effectiveness of the billboard can be measured by the amount of convictions that it can impact with as little exposure as possible. This seems to suggest that the “You Can’t Tell By Looking” billboard is more effective. That is, has brought the participants to the penultimate step in the threshold of behavioural modification.

## 6.0 STRATEGIC IMPLICATIONS

### 6.1 AWARENESS, ATTITUDE AND BEHAVIOUR MODEL

Within the broad context of Social Marketing, the measurement of important constituency awareness and attitude towards HIV/AIDS and behavioural change is critical. The Earle and Phillips Consulting Group also proposes the use of the Awareness, Attitude and Behaviour model in an attempt to understand the feelings, perceptions, attitudes and behaviours of the Barbadian public with respect to this issue. The model identifies a continuum ranging from a state of ignorance of the special challenges that are created by HIV/AIDS to intimate knowledge of those challenges. Earle and Phillips articulates this continuum and the relationship between awareness, attitude and behaviour in terms of a Pyramid (please see below).



### **6.1.1 AWARENESS**

The model suggests that the first objective of behavioral modification campaigns, such as the one used must be to lay the foundation of the pyramid by creating the awareness block. That is, to acquaint unaware members of the public of the important issues related to HIV/AIDS. Clearly the campaign has achieved this objective as other aspects of the investigation (the telephone survey) suggests one hundred percent awareness of the HIV/AIDS.

### **6.1.2 COMPREHENSION**

The next task, or level of the pyramid, is to develop the comprehension block – to communicate enough information so that a large enough percentage of that foundation group is not only aware of the above mentioned issues but also understands how these issues impact individuals and the community. Overall, 94% of those interviewed understood the issues and behavioural components being communicated by the billboards.

### **6.1.3 CONVICTION**

The third level of the pyramid recognises that enough information about HIV/AIDS needs to be provided, to convince the public that each individual is responsible for their sexual well-being and information gathering. To this end, there were approximately 50% of the respondents who were convicted of the need to change their behaviour.

### **6.1.4 DESIRE AND ACTION**

Finally, at the penultimate and ultimate levels specific and relevant behaviours that are undertaken by important constituencies are explored.

The model suggests that theoretically, at the end of a specific time period, the integrated communication strategy should have brought about some desired behaviour with respect to sexual practices, stigma and discrimination. The billboards alone cannot stimulate action and hence the integrated communication strategy should seek to move behaviour along the continuum.

## **7.0 CONCLUSION**

It is evident that the community billboards have been effective in their roles within the integrated communication strategy. Findings from the complementary telephone survey have also suggested that the billboards have influenced 22% of the population more than other medium. While the billboards have succeeded in their communication to the public these media alone cannot initiate behavioural modification. The findings suggest that the “You Can’t Tell By Looking” billboard had more impact in terms of conviction. However, the fact that the “Your Condom Or Mine” billboard caused more respondents to consider their sexual well-being and practices cannot be ignored as this is an important stage in the behavioural modification process.