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Superman and Wonder Woman: French Champions for HIV/AIDS Prevention of Failed AIDS Campaign?

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Superman and Wonder Woman: French Champions for HIV/AIDS Prevention or Failed AIDS Campaign?

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Abstract

In 2004, the French government sponsored an AIDS/HIV prevention campaign; AIDES.ORG using photos of AIDS infected Superman and Wonder Woman to persuade adolescents to adopt preventative behaviors. This article asserts campaign organizers cancelled the campaign because it failed to provide audience efficacy and incorrectly manipulated fear in its campaign messages. Moreover, this article compares the AIDES.ORG campaign to other AIDS/HIV campaigns and argues effective health communication campaigns must provide efficacy to facilitate adoption of desired preventative behaviors. The Social Norms Approach is offered as an alternative method for developing effective health communication campaigns.

Introduction

Between 34.6 and 42.3 million people are currently infected with the AIDS virus (UNAids, 2004). The AIDS virus is spread primarily, but not exclusively, through human sexual activity or drug use, and the spread of AIDS has been accelerated by the increase in global trade, travel and migration (Bardhan, 2002). In the wake of rising global infection rates, “communication campaigns remain the best way to prevent the spread of AIDS in the absence of an inoculation against HIV infection” (Tondo & Snyder, 2002, p. 59). Currently more and more information about AIDS is obtained from mass media sources (Agha, 2003; Myhre & Flora, 2000; Witte, Cameron, Lapinski, & Nzyuko, 1998). Thus, designers of AIDS prevention campaigns are consistently looking for different mass media through which to present their message to particular target audiences.

One specific audience of importance is teenagers. Teenagers are a high-risk group because many of them do not believe themselves to be at risk of contracting HIV, the virus that causes AIDS (Yun, Govender, & Mody, 2001). Byron (1998) stated the number of teenagers infected with HIV doubles every 14 years in the United States; similar statistics are present in most Western European nations as well (UNAids, 2004). As European nations are confronted more and more with the AIDS “pandemic,” these nations have developed campaigns to enhance preventative measures. In France, campaigns such as “No one is immune,” “Condoms protect you from everything, even being laughed at,” and “Everyone can be affected by AIDS” have targeted general audiences through TV, radio, leaflets, cinema spots, posters and home videos.

In 2004 aides.org, a French AIDS prevention organization produced “Everyone should be concerned with AIDS” or “*On est concernés par le Sida.*” The campaign depicted Superman and Wonder Woman (see Appendix), two heroes of the comic book world, as infected with the AIDS virus. The two superheroes are shown individually in separate pictures, connected to respirators, IV’s and lying in hospital beds. Each superhero is thin, pale and appears to be on the verge of death. The bottom of the poster includes the phrase “*On est concernés par le Sida,*” or “Everyone should be concerned with AIDS.” Leaflets and brochures were distributed during the summer of 2004 to individuals between the ages of 13 and 25, a high-risk infection group. However, after fewer than three months, the campaign was cancelled by AIDES.ORG and French Department of Health. This article examines this campaign and asserts reasons for its apparent failure to alter the beliefs of its target audience. First, this article reviews Johnson and Witte’s Health Belief Model (HBM) as a schema of analysis for a health communication campaign, discusses the use of fear appeals among youth and describes an alternative model as the basis of health communication campaigns. Second, the HBM will be applied to the “Everyone should be concerned with AIDS” campaign. Last, conclusions examine the apparent failure of the campaign, discuss the necessity of focusing on campaign efficacy and offer social norms programming as an alternative to fear-based campaigns aimed at youth.

Review of Literature

Pfau and Parrott (1993) defined health campaigns as communication campaigns, including planning, implementation and evaluation. Various communication theories have discussed how to create persuasive health communication messages, including the health belief model (Airhihenbuwa & Obregon, 2000; Becker, 1974; Johnson & Witte, 2003; Stiles & Kaplan, 2004), the theory of reasoned action (Fishbein & Ajzen, 1975; Michael-Johnson & Bowen, 1992), and the theory of planned behavior (Ajzen, 1991; Bennett & Bozionelos, 2000), to name a few. When synthesizing these theories, Johnson and Witte (2003) asserted that commonalities emerge within the theories, and these commonalities make up their four-part health belief framework. The following review of literature outlines Johnson and Witte’s model.

Johnson and Witte’s Health Belief Model

Johnson and Witte (2003) provide a four-part framework outlining the four variables that need to be addressed in order to produce a persuasive and behavioral change inducing health campaign: stimuli, motivational variables, appraisals of environment and resources and outcome variables. Designers of health communication campaigns according to Johnson and Witte (2003) must first “decide how to effectively reach the target audience and get them to listen or attend to their messages” (p. 474). To get an audience’s attention Johnson and Witte propose cues to action (part of the original health belief model) “such as vividness, repetition, and placement in the mass media, among others, that communicate this is important to your health” (2003, p. 474). The repetition of a

single message stresses the importance of producing a core, focal message for an effective health/persuasive campaign (Parrott, Egbert, Anderton, & Sefcovic, 2003). Authors are keen to point out that cues to action can be internal or external. Generally, internal cues are more affective, while external cues are more cognitive in nature (Albrecht & Bryant, 1996).

Depicting diseased lungs on cigarette packages in Canada and the Netherlands is an example of a vivid image that designers have used to generate behavioral change (Stivoro, 1997). Truth.com, an anti-smoking campaign, employs repetition and placement in its ads. In one on-air commercial, different people are shown falling (in the same repetitive, emotionless manner) to the ground dead due to the ills of smoking. Moreover, the airing of these commercials on different television channels, at all hours of the day, places the message(s) of Truth.com within numerous mass media outlets.

While cues to action (stimuli) are important to generating desired behavioral responses, “motivation is central to how a message is processed and whether or not action is taken” (Johnson and Witte, 2003, p. 477). Two motivational responses have dominated the literature and campaigns for more than 25 years, fear appeals and threat. Ruiter, Abraham and Kok (2001) define a fear appeal as “a persuasive communication attempting to arouse fear in order to promote precautionary motivation and self-protective action” (p. 614). The arousal of fear through images, slogans and other media, can create cognitive, affective, behavioral and physiological responses (Dillard, 1994; Rogers, 1983). Such appeals have been shown to be effective in the fight against HIV/AIDS, but only if used correctly and in moderation (Witte, 1992a).

Johnson and Witte justifiably regard the delicate nature of fear appeals, whereas too much, or too little fear can have little persuasive value. Individual thresholds for fear are either innate or learned. Such thresholds are determined by biological and sociocultural contexts along with individual differences and experiences (Nabi, 2003). Parrott, Egbert, Anderton and Sefcovic (2003) state: “too often, health messages intended to arouse fear fail to include message components to address self-efficacy” (p. 640). The failure of many campaigns to provide more than just a fear appeal is one explanation for the breakdown of many fear-based campaigns.

Closely related to fear appeals is threat, or “a danger or harm that exists in the environment, whether it is formally acknowledged by an individual or not” (Witte, 1998 as cited in Johnson and Witte, 2003, p. 478). When confronted with a threat, individuals must evaluate the likelihood of the harm’s affecting their life.

When the audience evaluates its situation and appraises its resources and surrounding environment, the audience is appraising options to avert threats. Response and self-efficacy are both integral to appraising resources and environment in the wake of persuasive/threat based communication (Johnson and Witte, 2003). Witte (1992a) defines response-efficacy as whether or not the prescribed action helps the audience take steps to avoid the threat. Campaigns that provide logical responses to threats generally have heightened response-efficacy (Witte and Morrison, 1995). Self-efficacy is an individual’s perception that he or

she can complete the behavior prescribed by the persuasive campaign. Ultimately, it is the function of health campaigns to provide the audience with specific knowledge about the behavior or illness under question or the desired behavioral change (Parrott, Egbert, Anderton & Sefcovic, 2003). To increase self-efficacy, campaign designers can also incorporate participatory messages to increase audience feelings of self-efficacy, while at the same time heightening the audience's commitment to a particular practice.

The primary purpose of a persuasive campaign is an intent to modify behaviors, the actual modification of current behaviors or adoption of new behaviors. Johnson and Witte (2003) state: "Behavioral intentions refer to the plans individuals have about whether or not they intend to perform the recommended behavior (from adoption to discontinuance)" (p. 487). The HBM as proposed by Johnson and Witte identifies three types of responses: 1) no response where the threat can be denied or ignored; 2) danger control response, in this case the individual does what the campaign suggests; and 3) fear control response, where individuals take steps to control their fear such as denial and avoidance.

Ultimately, Johnson and Witte (2003) state that effective health communication campaigns:

Create the motivation to respond to a health threat and also cause the audience members to believe they have the appropriate resources to take action. If any link in this chain is missing, audience members will possibly ignore or misinterpret the message, leading to unintended message outcomes. (p. 488)

Fear Appeals among Youth

Perloff (2003) argues that fear-based campaigns tend not to work as well, because of what he refers to as "unrealistic optimism" or the "illusion of invulnerability." This often describes adolescents in that they do not see themselves as the typical person who is at-risk and may succumb to harm. For example, one study of college students found students underestimated their own susceptibility to HIV but overestimated their peers' risk of contracting HIV (Thompson et al., 1996). Other researchers assert fear appeals tend to be more effective if the danger is more immediate than a threat that may happen in the future (Chu, 1966, Kok, 1983; Klohn & Rogers, 1991). Most adolescents do not identify with such health concerns as HIV, smoking or drinking as immediate threats to their health, thus dismissing the long-term effect of such fear messages. Additionally, youth tend to overestimate their ability to change their behavior before any long-term negative health effects will occur (Dejong & Winsten, 1998). In addition to not identifying with long-term risks, adolescents often do not see immediate personal health risks. For example, students who are sexually active but who are not IV drug users or do not consider themselves promiscuous will not identify with fear tactics related to these behaviors.

In his study on developing an anti-smoking campaign for youths, Meyrick (2001) argues a message can be effective without using strong fear appeals. According to Meyrick, fear appeals must arouse "an appropriate level of anxiety to

promote paying attention to the recommended solution. It must also be credible and perceived to be applicable to the target audience but not so threatening as to provoke undesirable defensive behaviors” (p. 104).

Recent studies on fear-based campaigns conclude these studies are difficult to implement and rarely succeed, despite their initial appeal (Dejong & Winsten, 1998; Hale & Dillard, 1994). Other researchers also recognize fear tactics among youth have limited effects and may even be counterproductive. For example, adolescents may better relate to how smoking affects their breath than their lungs. More and more communication campaigns are reflecting this move away from fear and instead emphasizing social influences. Austin suggests adolescence is a time of experimentation where youth do not want to hear preaching but solutions (1996). Therefore, campaigns need to emphasize “moderation and intervention, more than prevention” (Austin, 1996, p. 123).

New Approach in Health Communication

A new approach in developing health communication campaigns targeted at youth is gaining momentum in the field. This approach is based on attribution theory applied to a groundbreaking study by Berkowitz and Perkins on social norms and alcohol use among college students (Berkowitz & Perkins, 1987). By 1998, Perkins and Berkowitz and other scholars developed this further into what is coined the social norms approach – a scientific - based approach widely used in addressing alcohol, smoking, weight management and other health issues that plague the youth population (Perkins, 2003). The approach is based on providing accurate information about healthy behaviors that may promote change and lead to more healthy behaviors. This is an alternative to the more traditional scare tactic methods used in so many health campaigns. Instead, it focuses on peer norms in terms of what the majority of the target audiences actually think and do. The social norms approach uses credible data drawn from the target audience to correct the misperceptions a target audience has about a behavior and communicates the actual behavior. This is done in a way that avoids preachy, negative messages, unrealistic images and over-the-top fear appeals – all approaches known to have little influence in changing behaviors among youth.

Aides.org Campaign

During the summer of 2004, aides.org conducted a campaign to persuade adolescents to take steps to prevent contracting the AIDS virus. The two images in this campaign depict two superheroes, Superman and Wonder Woman, portrayed in stark contrast to their conventional portrayal. Normally, Superman and Wonder Woman are shown as muscular and invulnerable to anything, except for kryptonite in Superman’s case and an Amazonian lasso in Wonder Woman’s case. Showing these comic book icons in such vulnerable states captures the attention of the audience. By portraying these two superheroes as AIDS victims, the campaign organizers make the message salient to the audience. Thus, the use of such vivid images effectively fulfills Johnson and Witte’s first criterion of a successful health belief alteration campaign, stimulus.

Second, motivational variables within the messages work to create awareness, change behavior or both. In the *aides.org* campaign “Everyone should be concerned with AIDS” organizers used fear-based appeals to make juveniles aware of the dangers of AIDS, and thus motivate them to change risky behaviors in order to protect them from AIDS. By depicting superheroes as vulnerable to AIDS, the campaign attempts to induce the fear that anyone can contract the disease, therefore bypassing the typical adolescent mantra, “It can’t happen to me.” Since the audience is perceived as vulnerable, attempts to create an emotional response to the message make the audience more impressionable to the message’s effects.

The third criterion, appraisals of environment and resources, involves granting efficacy to the audience. When message designers introduce a threat, positioning efficacy immediately after the threat is the best tactic for promoting action because it communicates that the receiver has control over whether the harm will befall him or her. Without efficacy, the receiver feels powerless and either ignores fear-based claims or actually takes action counter to recommended actions.

In the case of “Everyone should be concerned with AIDS,” explicit efficacy was not created. The logo of this organization is a condom, so it is assumed the audience would use a condom to prevent AIDS. However, Johnson and Witte argue, it is essential, especially when dealing with juveniles, that efficacy be explicitly stated. In the case of this campaign, simply showing a condom is not enough, campaign organizers needed to be more specific and explicitly recommend the audience use a condom to prevent contracting HIV/AIDS. When there is no means of prevention introduced in the message, it weakens the message’s effectiveness because the target audience does not have a specific method of preventing the undesirable outcomes.

Another criterion of the Health Belief Model is outcome variables, which might prevent the audience from following the recommendations of the message. Audiences are more likely to take an action if it does not violate any established social norms or rules. On posters for “Everyone should be concerned with AIDS” the small condom logo implies condom use. In France, condom use is socially acceptable because of the French people’s regard of sex as a part of everyday life, not something to be hidden out of sight (Foucault, 1980). However, since the campaign did not provide efficacy, it is unable to represent outcome variables in its target audience, specifically because the campaign leaves it open to the audience as to how Superman and Wonder Woman contracted HIV/AIDS. These two superheroes could have contracted the disease from unprotected sex, drug use, blood transfusion, etc.... Thus, if the campaign provided more information about how the disease got into the relationship or explained how to avoid contracting the disease, the audience could evaluate the proposed action and decide whether to take action or not.

Discussion

This analysis suggests two implications with regard to the development of HIV/AIDS preventative campaigns and adolescents. First, this analysis reveals that campaign organizers are more apt to focus on stimuli and less prone to provide efficacy. Second, the following discussion argues that the *aides.org* campaign was not successful because it not only failed to provide its audience with efficacy, it also did not take into account the limitations of fear appeals and the existing norms among the target audience.

Efficacy in Health Campaigns

Researchers argue that effective health campaigns need to include explicit efficacy to reach specific audiences (Witte, Cameron, Lapinski & Nzyuko, 1998; Myhre & Flora, 2000; Agha, 2003). However, as this case study reveals, efficacy is a regularly underdeveloped element of health communication campaigns. While health campaign designers devote a great deal of attention to drawing attention to their message, stimuli or fear appeals (Witte, 1992b), they are neglecting probably the most important element of preventing inappropriate health behaviors, efficacy.

Witte, Cameron, Lapinski and Nzyuko (1998) emphasized the importance of efficacy in AIDS campaigns in their analyses of HIV/AIDS prevention campaigns in Kenya. The authors analyzed 17 different posters/pamphlets by having focus group members complete face-to-face surveys, and focus group meetings were also transcribed to ascertain focus group members' attitudes and opinions of different campaigns. The research showed how participants were more prone to be persuaded by campaign pamphlets than posters in taking preventative measures against HIV/AIDS. Witte et al (1998) asserted that in all of the campaigns "perceived susceptibility and severity to the threat were emphasized and perceived self-efficacy and response efficacy were neglected" (p. 359). For example, in the "AIDS kills: use condoms" campaign, respondents stated the posters suggested condom use as a preventative measure. Yet, the audience was unaware of how to use a condom, because "there were no skills or instructions regarding condom use presented in the poster" (1998, p. 353).

In another campaign, "Let's care for AIDS orphans," respondents stated the poster was effective in persuading the audience that AIDS was a serious threat, but according to group members the campaign did not make any mentions of the skills needed to prevent getting AIDS. In regard to this campaign, "this poster provided no skills for performing the recommended response. Neither response efficacy nor structural barriers were mentioned by the respondents" (Witte, et al., 1998, p. 354).

This campaign, and the overwhelming majority of the 17 other posters and pamphlets analyzed by Witte et al, found that campaigns suggest individuals "should protect themselves but did not specify how to do so" (1998, p. 353). Granted, protection from HIV/AIDS may seem to entail simple acts to many audiences, but this is not always the case. In fact, failing to specify how to protect oneself from HIV/AIDS even causes confusion for audiences who are unaware of AIDS prevention or general health care procedures. Thus, the lack of

explicit efficacy hinders the campaign's overall rhetorical significance among its target audience, adolescents (Witte, Cameron, Lapinski, & Nzyuko, 1998).

Fear in Health Campaigns

While lack of efficacy offers one explanation, the type of fear appeal used in this campaign offers another explanation as to why this campaign failed. While many researchers agree messages containing threat and efficacy information may work, fear appeals must threaten the individual (Perloff, 2003). Frankenberger and Sukhdial (1994) reviewed literature from marketing, health and science, adolescence, communication education and psychology and concluded fear appeal messages among youth must "personalize risk" and past efforts have not been successful in doing this (P. 140). In the case of the aids.org campaign, the risk was personalized to Superman and Wonder Woman rather than the target audience. Youth were likely to recognize these superheroes but not identify with them. Adolescents were more likely to perceive these superheroes did something that put themselves in harms way, and without knowing what this was they were unable to identify with the risk.

In addition, much like the story "Goldilocks and the Three Bears," the level of fear has to be "just right." Too little is not perceived as a personal risk and too much is seen as unrealistic – especially among a target audience who not only sees itself as invulnerable but as risk takers. While the creators of the aids.org campaign could argue the superheroes are regarded as invulnerable and as risk takers, it could also be argued that the fear was so overwhelming that it was seen as unrealistic. Much like the 50s and 60s driver's education films that displayed horrific car crashes, the notion that Superman and Wonder Woman could get AIDS seemed almost preposterous.

Social Norms in Health Campaigns

Manipulating fear in health campaigns is a very delicate balance between injecting too much and too little. One solution to the dilemma is to not use fear appeals at all. Instead, health campaign planners should consider alternative messages such as those used in the Social Norms Approach. For example, a study on the cartoon character Popeye's love of spinach and its impact on children revealed "children watching the spinach-eating sailor did not question why eating that green stuff made him stronger and more energized; the social norm surrounding the nutritional value of spinach did not have to be restated," (Lovett, 2005, p. 837). This also translated into an increase in spinach sales by children's demands (Lovett, 2005). Lovett concluded Popeye, as part of a multi-faceted approach to child health and nutrition education, "demonstrates that social norms directed at children about food and nutrition can have large and lasting effects," (p. 838).

The same approach could prove effective for AIDS campaigns aimed at youth. What is being offered here is the social norms approach that focuses on the positive, healthy behaviors. These behaviors are documented through survey research and are reinforced through social norms marketing efforts (Berkowitz,

1999). The communications efforts focus on what individuals can do, not on what they should not do (Berkowitz, 1999).

While not a magic bullet by any means, the use of social norms programming as part of a multifaceted campaign to change attitudes and behaviors offers an alternative to the more traditional health campaigns. The more traditional health campaigns tend to use AIDS statistical data that highlight only the negative findings, such as the number of youth infected. But, for example, if adolescents knew the majority of their peers practiced safe sex and how they practiced safe sex, this may correct misperceptions they had about their peers and sexual behaviors while providing them the efficacy to practice the safe behaviors themselves. Furthermore, because the messages are drawn from statistical data and personalized to the target audience they are likely to increase credibility and impact among the target audience.

Conclusion

In the case of the *aides.org* campaign, efficacy was not provided to its target audience. As previously mentioned, the campaign ads state, "Everyone should be concerned with AIDS," but the ads do not tell individuals what they can do to prevent getting AIDS. Moreover, since it is not explained as to how Superman or Wonder Woman contracted HIV/AIDS, the audience is left wondering exactly what preventative steps they should take. Should the audience avoid using drugs, having unprotected sex, or what other steps should the audience take? These efficacious questions must be addressed by campaign organizers and expressed in the campaign in order for its target audience to be persuaded to take appropriately prescribed preventative steps. Future health communication campaigns must take into consideration their audience's knowledge of health care procedures. It is insufficient to simply grab an audience's attention without providing them with as specific instructions as possible for avoiding unhealthy health behaviors.

Future health campaigns also must consider the impact of fear appeals. How does one correctly manipulate fear? When is it too much and when is it not enough? Without a clear understanding of the target audience, the message is likely to be seen as not credible and therefore have little short-term impact and even smaller long-term impact. In addition, if fear appeals are used to persuade an audience, they will only be partially effective; the fear must be accompanied by efficacy (Witte, 1993).

This study does have its limitations. The main limitation is that this analysis is based on a single case study, of a French campaign. While the article does discuss how the same arguments about the *aides.org* campaign are applicable to HIV/AIDS in Africa campaigns analyzed by Witte et al, a future study should compare and contrast two or more campaigns simultaneously. Such an analysis would more than likely reveal results similar to those present in this analysis. Furthermore, the use of social norms campaigns has shown success in the areas of high-risk drinking, tobacco use, sexual assault and other health issues, but little has been done using social norms in HIV/AIDS campaigns.

Teenagers remain a pivotal target audience in the war against the spread of AIDS/HIV. AIDS is no longer an epidemic; the disease has transcended pandemic status. Ultimately, this article asserts future health communication campaigns must provide audiences with explicit efficacy in order to bring about sufficient behavioral change carefully consider the impact of fear appeals and focus on the social norms of a particular target audience. Thus, as more and more campaign designers look to the mass media as an outlet of prevention, new techniques such as the social norms approach are needed to alter behaviors.

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Appendix





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