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QUALITATIVE PRE-TESTING OF DH / NAHIP **BEYOND CONDOMS CAMPAIGN MATERIALS**

REPORT

December 2005

Prepared for COI Communications by Opinion Leader Research

CONTENTS

EXECUTIVE SUMMARY

1. Introduction

- This report presents the findings of a qualitative study to test how well a sexual health advertising campaign (including press adverts, posters, and corresponding leaflets) targeting African people living in England performed against its strategic objectives. The primary aims of the advertising are:
  - To encourage people to consider safer sex as part of their personal strategy
  - To encourage people to consider it socially desirable to practice safer sex
  - To influence mechanisms that determine community norms and attitudes associated with practising safer sex.

2. Approach

- The approach and group recruitment was developed by Opinion Leader Research, COI Communications, the Department of Health (DH), NAHIP (National African HIV Prevention programme), the Black Health Alliance, and our research partner Agroni.

- The study is based on 13 group discussions with African people.
  - Groups were conducted separately with men and women, and moderators were also gender matched
  - The group sample was also segmented by age (16-18, 19-25, 26-40, 40 and over), sexuality, HIV status, and language groups (with groups conducted in English, Amharic, Somali, French and Portuguese)
  - Groups included a mix of first and second generation African people.
- We also conducted 5 mini groups with religious leaders (Imams, Catholic Priests, Anglican Priests, Pentecostal Preachers, lay preachers).
- Fieldwork was conducted in October and November 2005 in London, Newcastle, Leeds and Manchester.

3. Summary of main findings

3.1 The context

- African people know the facts about HIV / AIDS and safer sex and perceive themselves to be potentially at risk of HIV (but no more so than anyone else in the UK), but do not always put what they know into practice:
  - They know they should have an HIV test
  - They know they should be faithful to their partners, abstain from sex, or reduce their number of partners
  - They know they should use condoms.
- However, they think cultural norms and values make it difficult to put this information into practice
  - Within African Culture it is more permissible for African men to have more than one sexual partner. Also, African men do not like using condoms, and think women who ask them to use one are promiscuous
  - African women know African men may have multiple partners, often do not like using condoms, and therefore they do not feel able to ask them to do so for fear of being labelled as 'easy'
  - Overall, African men and women consider sex an important part of their adult lives and although familiar communications, faithfulness and abstinence messages are not considered practicable
  - There is some resistance to having an HIV test among African men and women, because of the risk of stigma and discrimination associated with an HIV diagnosis within their community
- African HIV campaigns are the main source of information; UK Campaigns are largely unknown and African people often do not know where to get culturally relevant information in the UK
  - Word of mouth is not generally cited as a source of information and advice; HIV and safer sex are considered taboo topics within the African community
- Many African people acknowledge the need for cultural change, for example:

- African women would like to see African men accept their responsibilities and use condoms
- African gay men would like to see negative attitudes within the African community towards homosexuality tackled

- Overall, religious, political and cultural barriers are all thought to make talking about sex, sexuality, and sexual health issue challenging; African people welcome this attempt to tackle these issues head on and the campaign is welcomed in principle as a result.

3.2 Response to the Campaign

- Overtly targeting African people causes some concern:
  - Participants think this suggests HIV is a particular problem among African people in England
  - They are concerned that overt targeting in this way may increase the levels of stigma and discrimination they experience
  - They want the campaign to target them differently (e.g. to convey ethnic diversity, and that HIV is an issue that concerns everyone, not just them)
- Many find the communication coy, and very English (i.e. not saying what you mean; pussyfooting around a sensitive issue, avoiding the real issue, etc)
  - The speech bubble creative device does not spell out the message
  - It is generally thought to lack standout on the page
  - Participants do not understand what *Let's talk HIV* is asking them to do
- Two executions: *In the heat of the moment* (targeting 16-25s) and *Everyone he's slept with* (targeting gay men), are considered successful and effective
  - They are visually engaging (vibrant, sexual, distinctive)
  - They have a clear visual communication (of a sexual health message)
  - Their headlines convey a clear message that everyone understands
  - Communications are less dependent on reading the body copy and strapline, but generally gets a familiar 'use a condom' message across
  - The NHS logo adds credibility (but the NAHIP brand is unknown)

- Other executions are generally criticised for:
  - Their unengaging, unarresting visuals
  - Headlines that do not stand out (due to a 'soft' font style) and lack a clear message; this leaves participants dependent on reading the body copy to get the message
  - Their longwinded and chatty body copy lacks an obvious call to action
- The leaflets receive a much more positive response than the posters:
  - The visuals are thought to work more effectively in this format (people have different expectations of them)
  - The headlines are bolder and stand out more
  - There is a clear and prominent offer of support on the cover (via the helpline and website)
  - Participants like the discrete pocket-sized format
  - The copy is considered comprehensive, easy to read and understand
  - A few words and phrases cause confusion:
    - "Is 'partner' like a business partner?"
    - "Is 'casual sex' like a casual labourer?"
    - "Do you mean 'having sex with' when you say 'sleeping with'?"

4. Main recommendations

- The response highlights the need for the campaign. The campaign objectives are apposite. The executions are received in a context where there is a clear need for cultural change.
- However, the way in which the strategy has been executed is problematic:
  - The campaign can come across as a disparate set of materials and not a coherent campaign
  - Overall, it lacks a single-minded approach and message and can cause confusion as a result (e.g. in terms of what is trying to achieve).

- To strengthen the campaign, we suggest the NAHIP partnership consider:
  - Finding a 'consumer insight' that encourages African people to reappraise their views and behaviour towards sex, safer sex, and HIV / AIDS
  - Using this insight to develop a clear, simple, single-minded and consistent message
  - Conveying this message via visuals, headlines, body copy and strapline
  - Finding a visual / creative device that captures attention and conveys an HIV / AIDS / safer sex message
  - Being tonally more direct in terms of visuals, headlines, and straplines
  - Having clearer, bolder headlines to reinforce the visual message
  - Ensuring that the strapline conveys a clear, compelling and motivating call to action
  - Using the body copy to reinforce the message of the visual, headline and strapline (i.e. the body copy should not serve as the primary way to get the message across)

A. INTRODUCTION

In 2005, Opinion Leader Research was commissioned by COI Communications on behalf of the Department of Health to conduct independent qualitative pre-testing of:

- A sexual health press advertising / poster campaign targeting African people living in England
- Associated leaflets

The campaign was developed by NAHIP. As such, it is an African-led initiative. This report presents the campaign and study objectives, approach, findings, conclusions and recommendations.

1. Campaign objectives

The primary objective of the overall campaign is:

- To reduce the acquisition and transmission of HIV infection among African people living in England

More specifically, the campaign aims are:

- To influence behaviours and attitudes that put people at risk of transmitting or acquiring HIV
- To promote community and individual responsibility to prevent the transmission of HIV
- To dismiss myths around condoms and safer sex practices
- To provide information on safer sex options
- To promote life skills conducive to the implementation of safer sex strategies.

2. Advertising objectives

The advertising developed by NAHIP and the Black Health Agency (BHA) aims:

- To encourage people to consider safer sex as part of their personal strategy
- To encourage people to consider it socially desirable to practice safer sex

- To influence mechanisms that determine community norms and attitudes associated with practising safer sex.

3. Target audience for the advertising campaign

The campaign aims to target:

- Young African people (aged 16-25)
- Older African people (aged 25-40+)
- African gay men/ men who have sex with men
- Men and women with HIV
- Faith communities (Muslim and Christian)

Campaign materials were produced in English, Amharic, French, Portuguese and Somali.

4. Executions included in the research

The table below outlines the executions tested via the research. See Appendix 1 for the individual executions.

Execution	Poster/ Ad	Leaflet	Target Audience
I feel safer	X	X	Women 16-25
Be a man	X		Men 16-25
In the heat of the moment	X		Men and women 16-25
We talk about everything	X		Couples 26-40+
Protect your future	X	X	Men and women 26-40+
Talking keeps us healthy	X	X	Families/ generations
HIV is part of my life (man)	X	X	HIV+ men
HIV is part of my life (woman)	X		HIV+ women
Everyone he's slept with…	X	X	Gay men

EXECUTION	POSTER/ AD	LEAFLET	TARGET AUDIENCE
Older wiser (woman)	X	X	Christian faith groups/ religious leaders
Older wiser (man)	X	X	Muslim faith groups/ religious leaders

5. Research objectives

In summary, the research objectives were:

5.1 Primary objectives

- To understand how well the proposed campaign executions perform against their strategic aims
- To check takeout from individual executions and the overall campaign, in terms of:
  - Appeal (i.e. do they like it and, if not, what would need to change for them to like it?)
  - Perceived target audience / personal relevance (i.e. do they think the campaign is talking to them?)
  - Communication (i.e. what is the overall campaign message?)
  - Comprehension (i.e. do they understand the messages and what, if any, clarification do they need?)
  - Credibility / provenance (i.e. do the logos encourage them to believe and trust the campaign messages?)
  - Impact on attitudes, behaviour (i.e. are people encouraged to consider safer sex as socially desirable, the norm within their community, their own preferred strategy?)
- To make recommendations to enhance the overall performance of individual executions / the overall campaign (where necessary) and ensure the outputs are owned and accepted by people from African communities living in England

Note: all elements of the executions were explored: overall design; visuals and logo; and copy, including headline, strapline, and sub-copy

5.2 Secondary objectives

- To explore and understand the context in which the materials are received (to ensure feedback is fully contextualised), including:
- Knowledge and awareness of HIV (including identification of misinformation / myths to be tackled via communications)
  - Perceptions of risk of acquiring HIV infection
  - Attitudes to safer sex and associated behaviours (including awareness of risk reduction strategies, safer sex options, etc.)
  - The main information sources (formal and informal) on HIV and safer sex, including perceived access to both effective and appropriate (e.g. culturally relevant) information on HIV infection

B. RESEARCH APPROACH

1. A qualitative approach

A qualitative approach was adopted for this study. The flexible and iterative nature of qualitative enquiry enables us:

- To explore participants' views and experiences in depth and detail
- To develop and test hypotheses about how advertising materials work with their intended target audiences
- To engage participants in developing solutions to any specific issues or concerns expressed about the advertising materials.

All fieldwork was audiotaped. Verbatim quotations have been used to illustrate key points made in the report.

The recruitment process and discussion guides used in the groups were developed in conjunction with NAHIP partners (see Appendix 2 for recruitment questionnaire and Appendix 3 for discussion guide

NAHIP partners recruited most of the group participants, in conjunction with COI Communications, Department of Health and Opinion Leader Research. Opinion Leader Research also worked with research partners Agroni (a Black-led agency) to recruit some of the groups. The table shows which partners recruited each group.

RECRUITER	**GROUPS**
Black Health Agency (BHA)	Men 26-40 Women 26-40 French speaking men Portuguese speaking young females 16-18
Agroni (Not a NAHIP partner)	Somali speaking African men Amharic speaking African women

	African Catholic Priests African Pentecostal Pastors
NAZ Project London (NPL)	African Imams
UK Coalition (UKC)	Young males 16-18
Terence Higgins Trust (THT)	HIV Positive men Gay men
Barnardos	HIV Positive women Men 40+ Women 40+

2. The sample

In total, we conducted:

- 13 discussion groups (8 - 10 people in each group) with heterosexual and gay African people
- 5 mini group discussions (4 people in each group) with faith group leaders

Fieldwork was conducted between October and November 2005 in London, Leeds, Manchester and Newcastle. African moderators were used to facilitate group discussions whenever possible.

Given the sensitive (sexual) nature of topic, group discussions were conducted separately with:

- **Men and women** to enable us to explore gender differences in response; moderators and groups were also gendered matched
- **Heterosexual and gay groups** to avoid exposing gay men to homophobia
- **Groups with people with HIV and people who do not know / do not disclose their status** to avoid exposing those with HIV to potential stigma or prejudice.

Groups were also segmented by:

- **Age** to enable the research team to check how effective each execution was with its intended target audience
- **Language** with groups conducted separately in English and African languages to test the effectiveness of the translation
    - Discussions were conducted in first language moderators trained and provided by Agroni (either Amharic, French, Portuguese or Somali)
    - The Opinion Leader Research team observed (and co-moderated where necessary) through simultaneous translation
    - Simultaneous translation was audio taped
- Within these groupings, we also ensured:
    - A mix of people from different Sub-Saharan African countries (including people from both East and West Africa)
    - A mix of people in terms of length of stay in the UK (a mix of less than 5 years in the UK and more than 5 years. People who had been living in the UK for 10 years or more were not recruited)

See Appendix 4 for a full list of countries of origin covered by the research and Appendix 5 for participant length of stay in the UK

3. Summary of main sample

In summary, the sample of 13 group discussions included:

- 6 groups with heterosexual African people (English speakers):
    - 3 x male; 3 x female
    - 1 x 16-18 years; 1 x 19-25 years; 2 x 26-40 years; 2 x 40 years and over.
- 4 groups with heterosexual African People (conducted in first language):

- 2 x male; 2 x female
- 1 x 16-18 years; 1 x 19-25 years; 2 x 26-40 years
- 1 x Amharic speakers; 1 x Portuguese speakers; 1 x French speakers; 1 x Somali speakers.

- 1 group of African gay men
- 1 group of African men with HIV
- 1 group of African women with HIV

In addition, we conducted 5 mini groups with faith group leaders included:

- 1 mini group with Imams
- 1 mini group with Anglican priests
- 1 mini group with Catholic priests
- 1 mini group of lay preachers
- 1 mini group with ordained ministers from Pentecostal churches

4. Caveats

The sample as a whole is relatively large for a qualitative study (with around 100 people in the sample). Therefore, we can generalise where agreement is encountered across groups. (We usually look for a minimum of 12 participants from a sample group before generalising).

However, numbers within any sub-sample groups are relatively small. This makes it difficult to generalise about the response for specific sub-sample groups. As such, findings for specific groups have been treated as indicative (rather than conclusive).

C. MAIN FINDINGS

1. Levels of awareness

Participants know the basic facts about HIV/ AIDS. They know how HIV is transmitted and how it can be prevented. They are aware that HIV is transmitted through sex, sharing needles, breastfeeding, blood transfusions and infections from open wounds. They know HIV affects heterosexual and gay people alike. As such, they perceive themselves to be potentially at risk of HIV infection.

Almost all believe rates of HIV/ AIDS in Africa are comparatively high. They know that, without access to combination therapy drugs, HIV/ AIDS can be fatal. Consequently, they understand that people living with HIV / AIDS in Africa have a much shorter life expectancy than in the UK. Across all groups, there is awareness that the availability of treatment on the NHS means that life expectancy for HIV positive people in the UK is substantially longer than in Africa.

"In Africa there are many people who suffer from HIV but none of them can live for longer than 5 years. But if you come here you can have free medication and free everything. But in Africa the medication is very, very expensive and no one can afford to buy it."
(Group) 19-25 Female, Manchester

2. Perceptions of risk

All perceive themselves to be at potential risk of HIV infection. However, they do not consider themselves to be at any greater risk of acquiring HIV than the white UK population. They believe that their lifestyles are no more risky that those of other groups in the UK. Some participants believe they are at less risk, because they do not engage in what they consider especially risky behaviours (e.g. intravenous drug taking or gay sex).

There is a reluctance to acknowledge that African HIV infection rates are a 'true' picture. First generation African people argue that the reported infection rates among African people in the UK are distorted, e.g. because they 'forced' African people entering the UK to have an HIV test. There is a view that if all UK residents were also tested, African HIV infection rates would be no higher than those of the rest of the UK population.

Many express concerns that media reports of high rates of HIV among African people in England have fuelled stigma and discrimination against them. For example, they think it is harder for African people to get jobs, because employers assume they have HIV.

"I definitely don't think that we as African people encounter any differences to other people living here. It's only that the publicity that is given to us as a unique group tends to put us in the worst-case scenario. Because if you look at life in the UK: the way the people; the one night stands; the use of the morning after pill…So I think it's the publicity that's focused more about us than anything else." (Group) HIV+ Male, London

3. Attitudes to safer sex

Participants know they need to take steps to protect themselves from HIV infection. In summary, they know that they ought to have an HIV test, use condoms for penetrative sex, reduce the number of sexual partners they have (e.g. by being in a monogamous relationship) or abstain from sex completely. However, almost all find it hard to put this information and advice into practice.

"Condoms could save your life, because you are not always aware of somebody's past and you don't know where they have been."
(Group) French-speaking 19-25 Male, Manchester

3.1 Condom use

First generation African men say they dislike using condoms. They find condoms difficult to open and use. Some say that the condoms available in England are designed for white men and are too small for African men. They think this increases the risk of the condom splitting. Overall, they think using condoms drastically reduces the physical sensation and makes sex far less enjoyable.

"Condoms are not nice and pleasurable… they are not easy to put on and there are cases when you put them on and they tear."
(Group) French-speaking 19-25 Male, Manchester

First generation African men also report numerous conspiracy theories about condom use, HIV and AIDS. For example, some believe that the West put holes in condoms so that African people will get HIV. They think the West have poisoned condoms so that they cause infertility.

They believe that the West 'caused' the HIV epidemic in Africa through scientific experiments. Consequently, they say they mistrust condoms and not prepared to use them.

Several of the African men interviewed also say they think women who carry condoms are 'easy', 'cheap', or 'loose'.

African women say they would prefer to use condoms. They often suspect that their partner is having sex with other women and frequently have concerns about the sexual history of a new partner. However, many African women feel unable to talk about condom use both in relationships and with casual partners. They do not think their partners would ever use one. They know that men (and other women) would think less of them if they knew they were carrying condoms. African women say they would never raise the topic themselves because this could imply that they were promiscuous or that they had an STI. Furthermore, they do not think that African men would ever use a condom without being asked to do so.

"You cannot say to your partner, or to your husband, 'can you please use a condom because I suspect you've been unfaithful,' because he'd consider that an insult."
(Group) 26-40 Female, Manchester

HIV positive African people find it difficult to discuss using condoms with new sexual partners. They still want to be sexually active and fear that they will be rejected by disclosing their HIV status. As a result, they do not generally use condoms.

3.2 Reducing number of partners and abstaining

Although they know they should reduce their number of sexual partners, participants find this difficult to do in practice. Many African men and women believe that it is the social norm for African men to have more than one partner and to be very sexually active.

Both heterosexual and gay African men attribute their numerous sexual partners to the loneliness and isolation they experience as an immigrant living in England. They say sexual contact gives them a sense of belonging, of feeling wanted or needed.

"You can't get your wife over to the UK for years… how do you abstain for such a length of time?"
(Group) 40+ Male, Leeds

However, abstinence is considered a familiar message. It is associated with African sexual health campaigns and religious teachings. Participants expect to see it included in sexual health messages.

"I believe that a person should show self restraint and authority … the basis of a relationship should be abstinence."
(Group) French-speaking 19-25 Male, Manchester

3.3 HIV tests

People know that testing is available free on the NHS. They know that, in theory, they should have a test before having unprotected sex with a new partner. However, few are willing to consider this for fear of future stigma and discrimination if they test positive (e.g. from family, friends, employers, landlords, immigration officials, etc).

4. Sources of Information on HIV / Safer Sex

4.1 African HIV / AIDS campaigns

Almost all are aware of, and can recall, HIV/ AIDS advertising campaigns in African countries. Many say this is one of their primary information sources about HIV / AIDS. Campaigns in Africa, such as 'Abstinence, Be faithful, Use a Condom' and 'AIDS Kills', are considered direct, unambiguous, and hard hitting. Consequently, they are considered to be thought provoking and effective in raising awareness about HIV prevention amongst African people.

"…What tends to happen is that when you come to England you tend to think HIV/AIDS has all sort of gone. I've noticed that in the UK they don't have the same sort of information and education as back home. They don't do the before AIDS and after AIDS messages. Those are the kind of messages you never, ever forget…"

(Group) 26-40 Female, Manchester

A minority have also had contact with outreach work in African countries; those who have speak highly of it. They welcome the opportunity to talk through sexual health, and HIV / AIDS issues with an expert. They also welcome the down-to-earth, practical approach of outreach workers who understand the difficulties they encounter negotiating safer sex with their partners.

4.2 UK HIV / AIDS campaigns

Except for gay men and people with HIV, awareness of UK HIV / AIDS campaigns is comparatively low. Most heterosexual participants do not know where they can get any information about HIV / AIDS or associated services in England, let alone culturally relevant / sensitive information. They think it is easier to get HIV / AIDS information in African countries.

"In this country, if you don't have the initiative to go and look for information, you're finished. You may get the information back home, but you need to enrich your knowledge here…."
(Group) 26-40 Male, Manchester

"England just doesn't have the same education as back home. There they tell you everything."
(Group) 40+ Female, Manchester

African young people are less likely than adults to perceive that there is a lack of information about HIV/ AIDS in this country, especially those educated (in full or in part) in the UK. They recall being given information about HIV/ AIDS in sexual health education at school (both verbal and printed literature). However, they do not recall any recent mass media HIV / AIDS campaigns or seeing any information targeting them expressly.

African gay men recall numerous UK campaigns that target gay men per se. They say they have access to a wealth of information via posters and leaflets in gay venues, advertising and editorial in gay press titles, and posters and leaflets in sexual health services. However, they do not recall seeing any campaigns expressly for African gay men.

HIV positive men and women also say they have access to information about HIV / AIDS via associated services. They see poster campaigns and leaflets in waiting areas in such services. They receive information verbally from staff and printed literature to support information and advice given. Again, few recall seeing materials specifically targeting African people in England.

4.3 Word of mouth

Participants rarely say that their family and friends are a reliable source of information about HIV / AIDS, or safer sex. Whilst they do talk about sex, they also say there are clear boundaries, and defined cultural norms and values. Talking about HIV/ AIDS is widely considered a taboo.

Men and women, for example, (especially relatives) tend not to talk to each other about sex, HIV / AIDS, or safer sex practices. Female friends, sisters, mothers and daughters (even grandmothers and daughters) may talk to each other about sex, but this is limited to sexual experiences and desires. Similarly, men talk to each other about sex, but not about sexual health issues.

"As African people we find it hard to talk about sex. So even if you suspect that you have a sexual disease you might not be able to open to those that are close to you."
(Group) 26-40 Male, Manchester

Talking about HIV is perceived to carry negative connotations and associations. As such, practical and useful information about HIV and AIDS, and its prevention, is generally not shared between African people, with the exception of politicised views, prejudices and myths (see 3.3 'Attitudes to safer sex' for more on cultural barriers).

Young people educated in England (in full or in part) are the only group who think that talking to others might be a source of information on HIV/ AIDS. They are more used to discussing such issues with teachers and their peers.

5. The need for cultural change

Gay men, women and African men and women with HIV all express a need for cultural change. They think cultural norms and sexual mores places African people at increased risk of HIV infection.

5.1 Gay men

For gay men, cultural change is necessary both in terms of changing behaviour to prevent HIV and in terms of changing attitudes to homosexuality. They report that homosexuality is still a taboo in many communities where there is little or no acceptance of homosexuality. Some participants have felt this first hand, having been excluded from their community and rejected by their family. In some cases, being HIV positive exacerbates the prejudice they felt as gay men.

"My mother and father threw me out… 'How can a man want to sleep with a man when there are all these pretty girls in our country? I never want to see you until I die'."
(Group) Gay Male, London

This has implications for the message to 'talk about HIV', as African gay men find that within African communities they are faced with a twofold barrier. That is, not only is talking about HIV a taboo, but being gay is also culturally unacceptable. Indeed, some heterosexual African men denied the existence of homosexuality amongst African men.

In addition, a few report that talking openly about their sexuality may have implications for their visa to stay in the UK. This relates to the terms upon which they entered the UK and the journey of their sexuality since living in a sexually more 'liberal' environment.

5.2 African women

For women, behaviour change and practising safer sex is directly related to cultural change. They feel that sex is something which is 'done to them' and is not something over which they have total control. As such, the ability to practice safer sex, or to talk about the possibility of it, requires a change in men, as well as in them. They acknowledge that they have a role to play in changing culture by challenging gender stereotypes and cultural norms.

> *"The challenge for women is that they have to be assertive in a culture that does not allow it…"*
> (Group) 40+ Female, Leeds

5.3 HIV positive African people

HIV positive African people also feel that cultural change is necessary for them to be able to talk about their HIV status. For them, it is such a taboo subject that they do not always talk about it before entering into a new sexual relationship. A shift in culture could make condom use more acceptable for African people to talk about their HIV status.

Overall, all African groups think that people would be more motivated to use condoms if they understood the implications of an HIV infection. Some suggested that an HIV campaign should show what happens to people when they contract AIDS.

6. Views of faith group leaders

6.1 Imams

The Imams stress that the Koran says sex is only permitted only within the boundaries of marriage. Condom use is only permitted to protect the physical health of partners (e.g. Muslim's have an obligation under the Koran to protect life; therefore a man can use a condom if his wife's life is at risk if she conceives).

They agree that it is important to educate people about HIV/AIDS. They accept that African Muslims are at risk (from non-Muslims who may have HIV / AIDS). They think sexual behaviour could be addressed as part of Friday prayer. However, they are only willing to convey messages which they deem consistent with the Koran: i.e. abstinence before marriage; fasting if not married to decrease sexual desire and marriage. Imams believe sex before marriage goes against the teachings of the Koran.

"If you have got a very high sexual drive then the best thing to do is speak to your parents and ask them to get you married, or we will speak to your parents. And then after this if you want to have the children then this is very good, if not in certain cases we will also allow them to use the condom and prevention. But that's only in special cases. Usually contraception in Islam we do not allow this unless the woman's health is in danger."
(Mini group) Imam, London

They believe that the emphasis placed on the condom use by the NHS encourages people to engage in promiscuity. Therefore, they say they cannot support condom use messages.

"We will not support the NHS on its message to use condoms…if we did, what we would be saying is that we support promiscuity…we will emphasise the need to marry quickly and that will prevent HIV from coming into the family."
(Mini group) Imam, London

6.2 Catholic Priests

Like Imams, catholic priests also say they can only condone sex within the confines of marriage. As far as the priests are concerned the root cause of the problem is the disintegration of moral values in Western society, especially the sanctity of marriage. The Catholic priests feel that the promotion of condom use encourages this rather than promoting moral values. Catholic priests feel that promoting condom use indirectly encourages people to be more promiscuous.

"We need to rehabilitate and restore our moral standard and values. The intellect, the will and the freedom God gave us must not be misused but that is what [condom use] *is trying to do: manoeuvre and play about with it."*
(Mini Group) Catholic Priest, London

"It [condom use] makes people feel that there will be no effect of having sex and this will encourage people to have sex indiscriminately…but rather if people are convinced of certain principles of life and how to go about this, then sexual life is more effective."
(Mini group) Catholic Priest, London

Catholic priests believe that sex should be within the confines of a marriage and that to use a condom is to interfere with a natural God given act. However, they also accept that

encouraging people to use condoms will be difficult because many believe they reduce sexual pleasure.

"If you are in a sincere relationship I don't see why you should go for a substandard thing to cut away a God given pleasure."
(Mini group) Catholic Priest, London

The Catholic priests note that one of the problems they face is the spread of myths and misinformation surrounding HIV/ AIDS. The priests feel that many African people still do not accept that HIV/ AIDS can be spread through unsafe sexual practices. Therefore, combating the disease will be impossible without first changing mindsets.

"We still have the belief that when someone is suffering from HIV/ AIDS he is bewitched. So how do we get away from those types of things? I really pray for accurate information to be passed onto these people."
(Mini Group) Catholic Priest, London

The Catholic priests state that they are already raising awareness about HIV/AIDS among young people. They cite school and homeless shelter visits as some of the ways in which they reach out to young people.

6.3 Anglican ministers

Anglican priests agree that much needs to be done to educate African people about safe sex. They all recall the greater prevalence of hard hitting sexual health campaigns in Africa and feels that the same intensity should be used in the UK. Anglican ministers think that abstinence before marriage and fidelity are the ideal ways to ensure good sexual health. Anglican ministers (especially older ministers with children) feel that it is important to promote condom use to combat the spread of HIV. They believe that liberalism in the West means that it is impractical to expect all people to abstain from sex. The ministers would ideally like abstinence before marriage and fidelity within marriage to be encouraged, but appreciate that this is unlikely to be effective nowadays. They appreciate that encouraging people to practise safer sex is not easy. They recall periods in their own lives when they did not follow they advice they now offer to their congregation. They believe, however, that they do have a role to promote safer sex, regardless of how effective they might be. They are happy to display the posters and leaflets in their churches.

6.4 Pentecostal Pastors

The pastors state that they take the issue of HIV/ AIDS very seriously. The Pentecostal pastors see sexual health as an issue of vital importance and feel that more attention needs to be taken to stem the spread of HIV/ AIDS. They feel that Western society is prejudiced against African people, believing that African people are negatively portrayed in the media as being problematic, in need of saving and a resource of western medical experimentation. Furthermore, as a result of this perceived racism, there is the belief that African people receive inferior care when admitted to hospital in the UK.

"It's very annoying when you hear on the news that African people are not human beings…they are just guinea pigs for the development of a new product of medication: 'let us go to Africa and save them.'"
(Mini group) Pentecostal Pastors, London

The pastors are in favour of sexual health campaigns. Like Imams, they want campaigns to promote abstinence before marriage and fidelity within marriage.

"Sex must be within marriage…Don't get involved with any woman that you will not marry. God blesses sex within marriage because it is for procreation."
(Mini Group) Pentecostal Priest, London

The pastors are against the promotion of condom use. Firstly, they doubt the reliability of condoms in preventing the spread of sexually transmitted diseases and averting pregnancy. They think they are prone to 'leak' or break. They believe that condoms encourage promiscuity, which in turn increases risk.

The pastors feel that people are more likely to engage in what they consider to be unacceptable sexual behaviour, because they believe there will be no repercussions. The pastors also believe that the easy availability of condoms make the task of promoting responsible sexual behaviour more difficult.

"If I may use this example to illustrate how I feel about condoms: You're asking your child not to drive your car while you are not at home, but you leave your car keys on the table where he can find them. That will make the child want to try it out. But if the child does not actually find the car keys there is nothing to prompt him to go and drive."
(Mini group) Pentecostal Priest, London

7. Responses to the campaign materials

7.1 Overall reactions

Participants appreciate the need for a campaign to raise awareness of HIV/ AIDS and safer sex options among African people living in England. They acknowledge that engrained views and values among African people living in England can make it difficult for them to practise safer sex. They understand that this campaign aims to provide information on HIV / AIDS; to encourage safer sex as the norm; and to challenge cultural norms which prevent African people living in England from practising safer sex. They welcome this attempt to change attitudes and behaviour with their community.

Participants think the advertising succeeds in providing a useful reminder to practise safer sex, but does not tell them anything new. Most think that the campaign does not provide a compelling reason for them to change their attitudes or behaviour. They also feel that, overall, the executions do not succeed in challenging accepted cultural norms and values. They think that the executions neither bridge the cultural divide, nor are they sufficiently challenging to have an impact.

7.2 Response to targeting

Most participants agree that the campaign is clearly targeting African people (a minority think the executions depict only West African people, or people from the Caribbean, not African people at all). However, they are concerned about targeting HIV / AIDS and safer sex messages at African people so overtly. Almost all participants dislike that the posters featuring only black people. They think these do not reflect the multicultural society within the UK. They understand the need for an African-focused campaign but do not want to be targeted in this way. They fear how the executions will be received in wider society and how this may affect them personally. They think this could increase the stigma and discrimination they encounter in their daily lives. They think it will encourage even more white UK people to think that HIV/ AIDS is an African disease, and that all African people in England have HIV/ AIDS. Most think it is important to raise awareness among African people, but not in this way. Many suggest including images of people from other black and minority ethnic groups (i.e. reflecting the diversity of the UK population) as a way of overcoming this issue.

"When white people see this they're going to assume it's not about them. They are going to say: 'Why bother about knowing this, after all it's for them blacks'. Some people they believe in pictures you know."

(Group) HIV + Female, Leeds

Participants were told that the campaign materials would only be placed in press titles and venues that target African people living in England. This provides some reassurance that others will not see the posters. However, it also raises concerns that African people who do not read such titles or go to such venues will miss out on important information and advice.

The executions are not perceived to take sufficient account of cultural and religious differences, and the length of time African people have lived in the UK. Participants feel that the posters treat all African people as the same and do not recognise different cultures and religions associated with different countries, as well as different HIV rates.

7.3 Response to visuals

A few visuals are considered eye-catching and are thought to convey a clear sexual health message (e.g. 'Everyone he's slept with is sleeping with you' and 'In the heat of the moment' depicts scenarios that link well to the overall message). Other visuals used are considered too 'nice', 'too soft', 'too coy' and, as such, too English. Many report that the images themselves do not contain a safer sex message, or demonstrate a reason to change behaviour. Some visuals are thought to bear little relation to the headline or the body copy (e.g. 'I feel safer'). For most participants, this approach is not very African. They think an African approach would be more direct, with a clear and direct message. African men in particular assert that African people are sexually assertive and direct. They want the visuals to adopt a similar outlook.

Most people agree that the visuals clearly show African people (a minority think they depict people from the Caribbean). Therefore, all assume the campaign is intended for an African audience. However, participants believe that the visuals do not reflect the range of cultures or ethnicities in Africa. For example, Amharic women complain that none of the visuals show Ethiopian people, or Muslim women.

Some of the situations depicted in some of the posters are not considered credible. For example, participants believe that few African people would have such a big kitchen as shown in 'Talking keeps us healthy'. African women say they rarely see their partners in the kitchen either.

7.4 Response to headlines

Participants also express concerns that the headlines do not stand out (i.e. with a soft and indistinct font) and lack an obvious message (i.e. few are thought to engage or get a message across). Consequently, few think they would engage with the execution (with a 'nice' visual and a 'bland' headline). African people want the headlines to adopt a more direct tone of voice, and to get the message across from the visual and headline working in combination (i.e. so that they do not have to read the body copy to find out what the advertisement is about).

The posters which succeed in being direct and clear are those with an arresting visual and bold call to action in the headline. For instance, 'Be a man, use a condom' presents a direct challenge to behaviour.

7.5 Response to straplines

Overall, the straplines share many of the same problems as the headlines and visuals. Participants are unsure what they are being asked to do. There are concerns that the strapline does not always relate sufficiently to the visual. Participants comment that the strapline (in conjunction with the headline) needs to clearly state the aim of the poster, as it is unlikely that many people will actually read the body copy.

Participants consider executions effective that give clear and actionable messages. 'Be a man' and 'In the heat of the moment', ask the reader to do something. Participants understand the message 'Use a condom, be safe' of the strapline. Other straplines, such as 'talking about HIV made it easier', from the 'I feel safer' execution, are considered complicated and unmotivating.

Participants note that some executions have straplines, while others do not. They are also surprised that the executions do not share a common and unifying strapline or call to action (the speech bubble device is not thought sufficiently strong to perform this task.)

7.6 Response to body copy

Many participants say they would not read the body copy. They think it looks too much to read for a poster or press ad. When asked to read it through, most say it tells them nothing new (and at best reminds them of what they already know). Many dislike the chatty style of the copy. They think this makes the copy longwinded. Those for whom English is not a first

language feel that the story-like style of the copy is difficult to follow. As with visuals and headlines, many want the executions to be more clear-cut about what the issues are and what the campaign is asking people to do about them. Again, the overall approach is considered too soft, insufficiently direct, and too English.

A number of concerns are raised about the language used, e.g. 'partner', 'casual sex' and 'sleeping with' are not understood. The individual executions are covered in more detail under Section 8, page 31.

7.7 Response to the creative device (i.e. speech bubble)

Few African people spontaneously notice or talk about the speech bubble creative device - 'Let's talk HIV'. When prompted, participants don't understand why the speech bubble has been included or what the message is asking them to do (i.e. what does 'Let's talk HIV' really mean? What are you asking people to say or talk about? Who are they expected to talk to?). Overall, they do not know why they should talk about HIV and what the benefit to them and others would be if they did. A number of suggestions were made which African people think could make the speech bubble more effective. These include:

- Changing the words to a more familiar message, e.g. 'let's talk about safer sex'
- Making the bubble bigger, visually bolder, and always put at the end of the strapline

7.8 Response to branding

African people have confidence in the NHS brand. They trust the copy, because the messages are familiar and because they come from the NHS. They think the NHS logo increases campaign credibility. Awareness of NAHIP is currently low.

7.9 Response to executions in other languages

Participants welcome the fact that executions have been produced in their first language. The response to posters was marginally more positive in groups that considered translated materials. However, there was some surprise that the visuals did not depict people from the same ethnic group as the language used (i.e. why is the visual of a West African, when the language used is Somali?). Somali men aged 26-40 do not understand some words and

phrases used in the translated version. Specific examples are included in Response to individual executions section below.

8. Response to individual executions

In addition to the general points outlined above, below we explore the perceived strengths and weaknesses of each individual execution.

8.1 I feel safer (targeting 16-25s)

8.1.1 Strengths

Some of the 16-18-year-old women like *I feel safer*. They think the young woman looks like someone they might know (i.e. their friend, sister, etc). They think she looks confident and happy with the decisions she is making. They like the fact that the young woman is being encouraged to use a condom in the headline. They consider this appropriately direct. As such, they think the poster could help to challenge African taboos about women asking men to use condoms.

"So when you see that, that's the kind of thing you'd be encouraged to do."
(Group) 16-18 Female, Manchester

8.1.2 Weaknesses

Most women think she looks too young to be sexually active (e.g. 14). Some are critical about Western society's permissive attitude to underage sex. It is feared that the poster will actually encourage underage sex.

"She's still too young…in England they think 12 years old [is acceptable]"
(Group) 16-18 Female, Manchester

Several women (particularly young Portuguese-speaking women 16-18) want to see a couple (young man and woman) in the poster. They think this would convey that safe sex is a joint decision and that both partners have responsibilities. They believe African women can do little to encourage their male partners to use condoms. Young Portuguese-speaking women 16-18 suggest that it would be better for the young woman to be holding a condom, rather than clutching a pillow. They think this would get the message across both visually and via the copy.

Overall, they think the visual does not work well with the strapline: 'talking about HIV made it easier'. Participants are confused about whom the young woman depicted would have talked to and what she would have said.

Few engage with the detail of the body copy (the 'knowing the facts' message is not taken out by any one).

Portuguese participants feel that the translation from English to Portuguese could be improved, though they were able to read and understand the text.

8.1.3 Overall

This execution is liked because it tries to tackle gender stereotypes by giving a young woman an active voice. However, neither the picture nor the headline works with the strapline. This causes confusion over the message. The perceived age of the young woman depicted is unacceptable to some.

8.2 Be a man: use a condom (targeting 16-25s)

8.2.1 Strengths

On balance, '*Be a man'* receives a positive response. Most African men think that the headline ('Be a man, use a condom') hits the nail on the head. They like the clear and direct approach. They think the headline throws down a challenge (i.e. use a condom!). Young African men say they can identify with the young man. They like his happy, confident pose.

"I see a man standing there smiling. I'm going to want to do what he's doing cos if he's using it and I know he must be hitting something [having sex], I'm going to use it too."
(Group) 16-18 Male, London

"Be a man is catchy. The real man uses a condom."
(Group) 16-18 Male, London

8.2.2 Weaknesses

Several think the visual is nice, but not arresting. They do not think they would read the detail as a result.

Similarly, most also say they would not actually follow the advice. Most young men say they know what the advertisement is going to say. When asked to read the copy, their expectations are confirmed – they find no new information. There is nothing here to encourage them to reappraise their views or behaviour. Many also think the copy could be more succinct and direct (they do not think young men will read the copy or respect its 'soft' tone).

"It's too long and boring. Who's going to stop and read all of that?"
(Group) 16-18 Male, London

"It's like if I walked past the road and I saw that, I wouldn't have stopped to look, it's not interesting enough…if there was a beautiful girl in the picture with him then I'd stop."
(Group) 16-18 Male, London

The strapline causes some confusion. African men cannot see how 'talking about HIV makes it easier' (e.g. 'Talk about what?', 'Makes what easier?')

There is some concern among faith leaders that this poster actively encourages promiscuity and sex outside of marriage.

8.2.3 Overall

This execution succeeds in being direct. It is also popular among the young men whom it is aimed at. However, it is not considered to be hard-hitting enough. Few young men feel that they would follow the advice.

8.3 In the heat of the moment (targeting 16-25s)

8.3.1 Strengths

Almost all consider '*In the heat of the moment'* the most successful and effective execution of all across the age groups. They think it is by far the most arresting visual as it is colourful, sexy and provocative. They also like the clear visual communication - all comprehend the scenario (i.e. *It's the end of the night, it could be a new partner or an established couple, but he is definitely inviting her back to his place, and sex is on the cards*). They like the fact the man is taking the lead (i.e. it confirms cultural norms - it would not be acceptable for the woman to take the initiative).

Many have similar experiences. Consequently, the headline is considered empathetic (i.e. *in the head of the moment, it <u>is</u> easy to get carried away*).

Many like the fact that this has very little body copy. However, the style of the body copy is criticised (see below). The strapline is considered clear and direct (i.e. *use a condom and be safe*). Therefore, everyone is clear about what the execution is asking them to do.

Most think this execution should be placed at strategic points in clubs, pubs and bars (e.g. entrances, toilets, near cigarette machines). Most think it could serve as timely reminders to young men and women to buy and use condoms.

"If you saw this in a magazine: two people in this sexy pose, you're going to be like, 'What's going on?' I can imagine that women would like this poster."
(Group) 19-25 Female, Manchester

"It's a very good idea to place them in or near African bars in the UK…When I have had a few drinks and I feel I could do with it, if I step out of the bar and see a poster…I will rush back into the toilet and buy some [condoms]."
(Group) 26-40 Male, Manchester

8.3.2 Weaknesses

Many think the headline could stand out more and could have a stronger message. They think the headline could make a more direct reference to condom use and HIV (i.e. so they do not have to read the copy and strapline to get the message). They dislike the chatty style of the body copy.

8.3.3 Overall

Many groups like this execution. They think it would work well in pubs and clubs (i.e. in places where people meet new sexual partners close to the point when they have sex). It is considered both eye-catching and credible.

However, for some it condones causal sex. They think the message is too soft.

8.4 We talk about everything (targeting 26-40s)

8.4.1 Strengths

Most like the fact that '*We talk about everything'* is aimed at couples, especially Amharic women. Several women say that most sexual health materials target single people and ignore the needs of people in long-term relationships.

Encouraging couples in principle to talk issues through is also liked. When asked to read the body copy, most welcome the inclusion of a message that encourages people to get an HIV test.

8.4.2 Weaknesses

The visual is not considered especially interesting or engaging. The scenario is not considered particularly sexual (people do not empathise with it). Therefore, there is little visual communication. Many dislike the fact that the woman is propositioning the man. This scenario is not considered credible. They think this is culturally unacceptable.

"I wouldn't read it. There are so many pictures of couples cuddling or whatever, so for me it's not striking."
(Group) 26-40 Female, Manchester

"You can't actually see it properly. The colours are too dark: the guy's top is actually blending in [to the background]. It needs to be one of those things that contrasts and pulls you in."
(Group) 26-40 Female, Manchester

Similarly, the headline is not thought to convey a clear sexual health / safer sex message. In terms of the body copy, most consider it too longwinded and insufficiently direct. There is no strapline to confirm what the execution is asking people to do.

Several African women say it is difficult to talk things through with their partner in practice, especially condom use and HIV testing. They think this will be perceived as a lack of trust and could receive a negative response from their partners. Several African men say they would not be willing to discuss such issues with their partners for the same reasons. Most do not think this execution will enable them to overcome such cultural barriers.

8.4.3 Overall

Whilst this execution has a positive message, and many like that it is aimed at couples, it is not considered to be engaging. Some also feel that the poster depicts an unrealistic scenario; a woman propositioning a man.

8.5 Protect your future from their past (targeting 19-40s)

8.5.1 Strengths

The *Protect your future from their past* visual is considered particularly arresting. A few of the younger respondents (under 25s) consider the visual image and headline relevant and thought provoking. They think the visual and headline will make people question their partners' sexual

history. They like the mix of ethnicities (i.e. HIV is not portrayed as an exclusively African issue). African men, in particular, acknowledge that they have had relationships with people from different ethnic backgrounds.

"This poster says anybody can get AIDS, it's a universal disease. It's got all the colours and all the ages."
(Group) HIV+ Female, Leeds

"It's a bit scary actually, 'cos you're thinking: 'Oh my God! My partner has slept with all these people."
(Group) 19-25 Female, Manchester

8.5.2 Weaknesses

There is some hostility to the visual communication. Many assume the execution suggests that the partners have numerous sexual partners, including same-sex relationships. They think this presents African people in a bad way. Several African men claim that there are no African gay men and that homosexuality is a 'Western disease'. African gay men welcome the challenge to cultural norms and mores. Overall, most participants think the poster is likely to cause offence to older African people if displayed in African venues.

"When I saw the picture I was a bit confused, but the heading made me get the point. 'Because it's true; it's hard to trust your boyfriend as you don't know who he's been with…So that's why it's really important to use a condom."
(Group) 19-25 Female, Manchester

"It is not African! They look like they are lesbian and gay. They are lesbians at the beginning and end. We African people are not like that."
(Group) HIV+ Male, London

Few engage with the body copy, because the visual communication confuses and irritates them. The strapline is not understood (i.e. *Couple that talk about HIV protect their future*.).

8.5.3 Overall

This execution is visually arresting, but confusing. African people like the mixed ethnicity visual, but are offended by visual. They deny that African lesbians and gay men exist.

8.6 Talking keeps us healthy (targeting 26-40+)

8.6.1 Strengths

There are few positive comments about *Talking keeps us healthy*. All agree with the headline. Bringing up children to think responsibly about their health is considered important. Older age groups and religious leaders like the 'family values' message.

"Until we teach our children to stand up for what you believe as what is right, only then will we be better."
(Group) 26-40 Female, Manchester

"The poster captures the true values of Muslims. As with African people we have very strong family ties."
(Mini group) Imam, London

8.6.2 Weaknesses

All participants feel that this poster is not credible. They think the kitchen is too big and that few African people can afford such accommodation. African women say an African man would: (a) not be in the kitchen; and (b) not openly enter into a discussion about sexual health with women. Men and women both say that generations would not discuss HIV issues in this way. Many women say they would not be preparing the foods shown in the visual. They suggest these are Caribbean rather than African.

Many think the visual suggests a healthy-eating campaign. Therefore, they think the visual communication is at odds with the message in the copy.

The strapline is considered implausible. Participants do not agree that *'Families that talk together are (automatically) better protected from HIV'.*

"I think this one is more about eating healthily…for me the concept of healthy eating is really good."
(Group) 40+ Male, Leeds

"It looks like more like they're helping in the kitchen rather than actually talking about anything to do with HIV"
(Group) 26-40, Manchester

"Our parents don't really talk to us, especially not about important things, when they're cooking or when they are doing things"
(Group) 26-40 Female, Manchester

8.6.3 Overall

This execution lacks credibility across all groups. It is not considered to reflect African people in terms of how they cook, what kind of kitchens they have or how they talk as a family. Although the 'family values' message is liked, it is considered unrealistic.

8.7 HIV is part of my life (woman) (targeting HIV positive women)

8.7.1 Strengths

African women with HIV like the visual image and sentiment of *HIV is part of my life*. They think the woman looks relaxed and confident. Some think that the woman depicted looks like someone they might know. They think the message conveys a positive image of African women with HIV. They like the fact that the headline acknowledges that their sex life is important to them (i.e. it gives them permission to have sex).

"She looks very relaxed and healthy…the text makes you think that it okay to use a condom."
(Group) HIV+ Female, Leeds

8.7.2 Weaknesses

However, African women with HIV also think the visual suggests that HIV is a particular issue for African women. It is feared that this poster may serve to reinforce negative stereotypes about African people and HIV. Others think that the poster is saying that it is acceptable among African women to be HIV positive. They think this undermines how strongly African people feel about HIV. The fact that the woman is depicted alone is thought to have both positive and negative connotations. Some feel that this infers strength and character. Others think it suggests isolation.

Many of the African women with HIV say the body copy does not consider any new information. They say it is not realistic to expect them to discuss their status with their partners, or to ask them to use condoms. They think cultural barriers are too strong to enable them to do this. Some also find the copy too longwinded and are not clear what the execution is asking them to do. There is not strapline to clarify this.

8.7.3 Overall

This execution provokes a mixed reaction among participants. Overall, participants are more negative than positive about this poster. While the message is well received, it is thought to be too 'soft' about HIV.

8.8 HIV is part of my life (man) (targeting Men with HIV)

8.8.1 Strengths

HIV positive African men also consider the headline *HIV is part of my life* relevant and credible. They like the visual image and think the man looks confident and proud. They agree that sex continues to be an important part of their lives. They, therefore, feel that the poster understands the issues that are important to them.

"Most people don't want to do the test because they think HIV is a death sentence so what good is it knowing your status. So having these two good looking people saying they have HIV; it's good." (Group) HIV+ Male, London

"I like the poster – HIV is part of my life, because I am healthy and I believe that we will be here for a long time and we are going nowhere!"
(Group) HIV+ Male, London

8.8.2 Weaknesses

African men with HIV have similar concerns to women with HIV. They feel that the image of a solitary black man by the words *'HIV is part of my life'* could stigmatise black people and give the impression that HIV is an African issue. Men with HIV ask why others ethnicities are not included in the poster.

Men with HIV also think that the copy on the poster is too long. They are not sure what the execution is asking them to do. There is no strapline to clarify this. Overall, they say they would be reluctant to read the execution in public, because they think this might disclose their HIV status to others.

8.8.3 Overall

African HIV positive men like the proud, confident image and agree that sex is an important part of their lives. They are concerned that the image is suggesting that HIV positive men are solitary.

8.9 Everyone he's slept with is sleeping with you (targeting gay men)

8.9.1 Strengths

Gay men like this poster. They feel that the sexy image would encourage African gay men to stop and read the poster.

"It's a turn on… I know that straight people will not like it but for me as a gay man it reinforces what I am and that I don't care about society"

"Celebrate our sexuality. Make sure that the rest of society understands it. Let them know that we are all human beings and that we all have something to contribute to society."

(Group) Gay Men, London

Although a familiar message, they welcome the fact that the execution targets them expressly. The NHS logo on the poster is positively received. It is felt that it lends credibility to the communication. They think it shows that the NHS is inclusive and provides services for everyone, including African people living in England.

8.9.2 Weaknesses

Gay men do not report any weaknesses with the execution.

8.9.3 Overall

This execution is very well received. African gay men find it both arresting and credible. They welcome an NHS poster that recognises and targets them.

8.10 Older, wiser (woman) (targeting Christian faith groups/ religious leaders & women 40+)

8.10.1 Strengths

Almost all like the visual image. The older woman is considered very African, wise-looking, kind and approachable. She is considered older, wiser.

"She looks like a grandma. I can see my grandmother dressed exactly like that, looking exactly like that."
(Group) 19-25 Female, Manchester

8.10.2 Weaknesses

Few understand the purpose of the execution, i.e. is the poster trying to encourage older people to speak about sexual health, or is the poster trying to encourage younger people to listen to the advice of elders? Older women (40+) feel that the poster would have greater clarity and be more effective if the picture depicted an older woman interacting with a female family member.

Others do not understand why the woman is smiling. They think this is at odds with the serious tone of the body copy. Overall, the message is not considered relevant and participants are unclear what the execution is asking them to do. There is no strapline to clarify the call to action. '*Find out how to protect our communities*' is not considered a call to action.

"I think that it needs to be about the community of young and old, including a young person with an old person…involved in some kind of scenario."
(Group) 40+ Female, Leeds
"Our children are African people born and bred here. In this part of the world they think that the older you are the more foolish you become."
(Mini Group) Anglican Minister, London

Anglican priests feel that the poster emphasises the important role that elders have to play but that it is too complimentary and flattering. The view of the Anglican priests is that older people also have to change in the way that they approach younger people. They think that older people have to acknowledge that the world is different for young people today and adapt their viewpoints accordingly.

8.10.3 Overall

The visual is liked; the woman is thought to be familiar and trustworthy. The message is confusing and does not seem to take the subject of HIV seriously.

8.11 Older, wiser (man) (targeting Muslim faith groups/ religious leaders & men 40+)

8.11.1 Strengths

Imams like the *Older, wiser* (man) execution. They are pleased that the campaign recognises African Muslims. They acknowledge that care has been taken to ensure the body copy is

consistent with the Koran. As the poster does not mention condoms, Imams say that they would be happy to place this poster in community/ cultural centres. They think the man depicted looks fatherly, warm and approachable.

8.11.2 Weaknesses

As with the image of the Christian woman, participants do not know what this execution is trying to achieve. They do not know or comprehend the message within the body copy.

Imams would like the execution to have more overt references to Islam (e.g. including Islamic logos, passages from the Koran stressing the importance of abstinence and faithfulness in marriage, etc.) to enhance its credibility with the Muslim community. Imams also feel that the facial expression of the man pictured is not appropriate. They think that African men show their teeth when they smile,

They would like a version in Arabic. They would also like a visual with an older woman wearing hijab to target Muslim women.

"I don't know what does this man is doing. What message is he conveying? He seemed to be imagining something or thinking something but it doesn't say what."
(Group) 40+ Male, Leeds

"But really taking it in the context of this country here, will our young listen to us as an elder or will they listen more to Michael Jackson?"
(Group) 40+ Male, Leeds

8.11.2 Overall

Imams are pleased that this poster is fairly consistent with the teachings of the Koran. However, they would like the poster to reference the Koran, stressing abstinence and faithfulness.

9. Responses to the leaflets

The leaflets received a more positive response than the campaign posters / press advertisements.

"If it [sexual health information] was in something like a book I don't think I would read it. But this makes it interesting".
(Group) 19-25 Female, Manchester

"I think the leaflets are more interesting to know because in the busy life you will just be running and glance at the big bus but with these you will be able to sit down and look at it again and again."
(Group) 40+ Female, Leeds

9.1 Cover design

Participants like the cover designs. They think the visuals work better in this context. They think the headline stands out. They like the spacing and font size of the copy. The prominence of telephone helpline number and the website address are also commended (i.e. a clear offer of information, advice and support is given upfront). The speech bubble is more prominent than in the posters, but 'Let's talk HIV' is not always comprehended.

"I think it's good that you have pictures. It makes it more interesting. If you just have writing no one would be interested."
(Group) 19-25 Female, Manchester

9.2 Leaflet size

Everyone likes the leaflets' pocket size. They think its size makes it easier to pick up and carry discretely (e.g. in a pocket / bag). Some suggest a credit-card format could also work well (especially with young people).

9.3 Copy

Most participants think the amount of copy is about right (a few think the leaflet is too long). They think all the copy is relevant and credible. No one identifies any unanswered questions. No one thinks there are any issues missing. However, a few specific issues are raised with the copy:

- Many participants think abstinence and faithfulness messages could feature more prominently. This would be consistent with familiar messages included in African HIV / AIDS campaigns. However, this does not mean that these messages would be effective, as they have not necessarily changed behaviour previously.

- Some men say they dislike using condoms and would like to see condom messages taking lower prominence and priority in the leaflet

- A few think HIV testing should be given greater prominence (they would like more information on what they consider an important issue, e.g. when, where and how to get an HIV test)

- Imams, Catholic priests and to a lesser extent, Anglican priests, want the leaflets to include stronger religious messages

Overall, the copy is considered clear and easy to read. There are some words and phrases that are not known and understood:

- 'Partner' ('Does this mean, business partner?'): some participants suggest lover, husband/ wife or girlfriend/ boyfriend would be better
- 'Casual sex' ('Is that like a casual labourer?'): some participants do not know this phrase
- 'Sleeping with': some participants do not know this phrase either and prefer the more direct phrase - 'having sex with'
- 'Oral sex': participants do not consider oral sex to be sex. Only penetrative sex is considered to be sex.
- 'Condoms': Durex is a more familiar term than condoms for some, who are used to using this brand name.

9.4 Format

Most (but not all) like the Q&A format. Those who do not like this approach want more direct headings. Again, they think the headings could be more 'too the point'.

D. CONCLUSIONS & RECOMMENDATIONS

The context

1. Any HIV prevention campaign targeting African people living in England has to work in a challenging context:

    - African people know what HIV/AIDS is and how it is transmitted
    - They also know that they are at risk of HIV infection, but most of those consulted do not believe they are at greater risk than other population groups
    - Having come across direct and hard-hitting campaigns in Africa, many know that testing, abstinence, monogamy (or reducing their number of partners), and using condoms provides protection from HIV
    - The majority of those consulted are not following the advice of these campaigns because they go against long held cultural norms and modes of behaviour (e.g. It is considered normal for African men to have more than one partner; African men won't use condoms; and many African women don't feel able to ask their partners to use condoms)
    - African people perceive that there is little information about HIV / AIDS in this country, compared to Africa
    - Furthermore, African people feel that much of the material in this country is not culturally relevant to them

2. Discussing sexual health issues, particularly condom use, is difficult for many African people:

    - Both using condoms or asking a partner to use a condom can have negative connotations; for example, if a woman buys or is in possession of condoms she is considered to be 'loose' or 'easy'
    - Women feel that if they ask their partners to use condoms they are indirectly saying that they do not trust their partner

- Condoms have been politicised by some African men who view them as part of a Western conspiracy to harm African people

- African gay men and people with HIV are more likely to use condoms, but they too express difficulties in raising the issue of the HIV status with their partners

3. There are large differences in views between the different African faith group leaders:

    - Imams are willing to talk about HIV, but not to convey safer sex messages; except in limited circumstances, condom use is inconsistent with the teachings of the Koran

    - Like Imams, Catholic priests believe abstinence before marriage and fidelity within marriage are the only acceptable methods for promoting good sexual health; therefore, they would not be able to display the executions inside a church and could only support campaign messages if greater emphasis was placed on abstinence and fidelity

    - Anglican ministers believe that abstinence and fidelity within marriage are the correct ways to ensure good sexual health, but they also acknowledge the validity of promoting condom use within sexual health campaigns; Anglican priests interviewed already display similar posters in their churches

Campaign goals

4. Against this backdrop, the Beyond Condoms campaign goals, aims, and objectives seem appropriate, but ambitious, i.e. it may be difficult to show a demonstrable impact in the short to medium term:

    - Influencing attitudes and behaviours is vital, but very difficult to do via print-based media

    - Promoting individual and community responsibility and dispelling myths is particularly important, especially among African men (albeit the posters themselves do not seek to do this)

    - Providing information and promoting life skills is vital, especially in the form of outreach work

Advertising objectives

5. The more modest *advertising objectives* may perhaps be more achievable:

   - African people living in England agree that encouraging people to consider safer sex an option is important and achievable
   - It is particularly important to engage heterosexual African men who can be highly resistant to using condoms
   - African women living in England appear more likely to want to have safer sex, but find it too difficult to ask; it is essential that women feel more empowered to do so
   - However, 'Influencing the mechanisms that determine community norms and attitudes' (cultural, political, religious beliefs, etc) is very difficult to do, and it is unlikely that a print-based approach will achieve this.

Targeting

6. The campaign needs to get the message across to African people, but the idea of visually targeting African people is in itself problematic:

   - It may be too broad-based to try and engage with *all* African people and may ignore the diversity of African cultures, norms and mores
   - Overtly targeting African people can raise concerns about increasing the levels of stigmatisation and discrimination they encounter and promoting the view that African people present a threat to the sexual health of the White UK population
   - Placing the materials in African venues may help in reducing concerns about increasing stigma and discrimination, but it may also limit its audience and impact
   - Overall, a more subtle and nuances approach to targeting may be needed

Response to leaflets

7. In contrast to the posters, the leaflets are both liked and considered effective:

   - A few changes to the language are suggested (see the body of the report)

Visuals

8. 'In the heat of the moment' and 'Everyone he's slept with' visuals are considered appropriately direct, arresting and sexy (i.e. they get people's attention and the visuals themselves convey a sexual health message)

9. In contrast, other visuals do not hit their mark:

   - They are considered tonally too soft and there is no connection between the visual and the HIV/ Safer sex message

   - Using visuals with a clear and apposite visual communication is recommended

Headlines

10. Without arresting visuals, it is imperative that the headlines grab people's attention:

   - Except for 'Be a Man', most of the headlines are considered insufficiently direct to get people to read them

   - The 'soft' font style used for headlines diminishes standout on the page

   - Using a bolder font, and more direct messaging via headlines is needed

   - Without arresting visuals and headlines, the campaign is unlikely to engage its audiences

Strapline

11. Few executions have a strapline, so the call to action is not clear:

   - People expect to see a call to action (i.e. what are you asking me to do?)

Speech bubble creative device

12. Without a clear strapline, people do not engage with the 'Let's talk HIV' speech bubble (so this device has minimal impact):

   - African people living in England do not understand the message either: 'Let's talk HIV' (i.e. what are the being asked to talk about?)

Body copy

13. Most executions depend on people reading the body copy to understand the message (with no strong visual communication or message in the headline):

- At present African people are not likely to read all the body copy
- When they do read it, they find it hard to work out what they are being asked to do, i.e. the communication is considered too complex, confusing.

Overview

14. In summary, the strategy appears to be right, but the execution of the strategy could have more impact:

- At present neither visuals, headlines, straplines nor body copy give African people a compelling reason to reappraise their attitudes and behaviour and put into practice what they know they should be doing
- The campaign executions confirm what people know, but do not encourage reappraisal of attitudes and behaviour
- The campaign can come across as a disparate set of posters without a coherent single-minded campaign with clear and compelling goals.

Summary of main recommendations

15. To strengthen the campaign, we suggest the NAHIP partnership consider:

- Finding a 'consumer insight' that encourages African people to reappraise their views and behaviour towards sex, safer sex, and HIV / AIDS
- Using this insight to develop a clear, simple, single-minded and consistent message
- Conveying this message via visual, headline, body copy and strapline
- Finding a visual / creative device that arrests attention and conveys an HIV / AIDS / safer sex message

- Being tonally more direct in terms of visuals, headlines, and straplines
- Having clearer, bolder headlines to reinforce the visual message
- Ensuring that the strapline conveys a clear, compelling and motivating call to action
- Using the body copy to reinforce the message of the visual, headline and strapline (i.e. the body copy should not serve as the primary way to get the message across).

APPENDIX 1: EXECUTIONS

To be inserted in hard copy.

APPENDIX 2: EXAMPLE RECRUITMENT QUESTIONNAIRE

Recruitment screener – Group 1: Heterosexual Teenage African Males

Group	Criteria
1	10 Heterosexual Teenage African Males ▪ A mix of those between the ages of 16-18 ▪ To come from a mix of African countries ▪ To come from both low and high HIV prevalence countries ▪ Aim for all to have been born and raised in the UK or lived in the UK for longer than 10 years ▪ All to have a preference for conducting the group in English

INTRODUCTION

Good morning / afternoon/ evening. I am recruiting on behalf of Opinion Leader Research.

The Black Health Agency has been commissioned by The Department of Health to produce a range of HIV and sexual health awareness campaign materials targeting African communities in England. The campaign materials have now been produced and need to be assessed and tested by a sample of the African population before being widely distributed.

As a result, we want to invite members of different African communities along to a focus group we are holding in XXX on XXX to test the campaign materials. Opinion Leader Research are offering £30 as a thank you for taking part in the discussion group. Would you be interested in attending in theory?

IF YES – Great. First of all, because we want to ensure a variety of different people attend, I just need to run through a series of questions with you. It will only take a few minutes.

SCREENER

Record Gender

Male	
Female	

All must be male

Q1 Firstly, have you or any member of your family or close friends been employed in any of the following occupations?

Advertising TV/ Radio/ web media
Market Research Marketing
Public Relations/Media Journalism

(Market Research refers to anyone who holds focus groups and workshops or who conducts interviews for research purposes)

Reject anyone who answers yes to any of the above

Q2 Have you ever attended a market research group discussion?

Yes	**Go to Q3**
No	**Go to Q4**

Q3 How long ago was it?

Less than one year ago	**CLOSE**
One year or more ago	**Go to Q4**

Reject anyone who has attended a group in the last 12 months

Q4 How old are you? Please state your exact age

All must be aged between 16-18

Q5 **How long have you lived in the UK?**

Less than five years	
Longer than five years but less than ten years	
Longer than ten years	
Born and raised in the UK	

Aim for all in the group to have been born and raised in the UK or at least lived in the UK for 10 years or more.

- **If this proves difficult you can recruit those who have lived in the UK for 5 years or more**

Q6 What is your African country of origin?

Angola		**Gabon**	
Benin		Ghana	
Botswana		Guinea	
Burkina Faso		Guinea Bissau	
Burundi		Ivory Coast	
Cameroon		Kenya	
Central African Republic		**Lesotho**	
Chad		Liberia	
Congo		Madagascar	
Democratic Rep of Congo		**Malawi**	
Djibouti		Mali	
Equitorial Guinea		**Mozambique**	
Eritrea		**Namibia**	
Ethiopia		Niger	
Gambia		Nigeria	
South Africa		Rwanda	
Swaziland		**United Republic of Tanzania**	
Togo		**Zambia**	
Uganda		**Zimbabwe**	
Somalia		(other) Specify	

- **Can be from the countries listed above**
- **Aim for a mix of people from high prevalence HIV countries and low prevalence HIV countries (Higher prevalence countries are in bold)**

Q7 What is your first language? And which would you generally prefer to speak in a group discussion?

First Language		**Preference**	
English		English	
French		French	
Portuguese		Portuguese	
Amharic		Amharic	
Somali		Somali	
(Other)		(Other)	

All in the group must have a preference for speaking in English

INVITATION

Would you be able to come to a focus group discussion on XXX at XXX? It will last 90 minutes. You'll meet other participants and be able to exchange views and give your opinion about the campaign being produced.

I just need to confirm your address, telephone number (and email address if you have one) so we can send you a confirmation letter with the venue details and to call you if there are any problems.

Name:

Address:

Telephone number where you can be contacted:

Email:

APPENDIX 3: EXAMPLE DISCUSSION GUIDE

QUALITATIVE PRE-TESTING OF DH HIV AND SEXUAL HEALTH CAMPAIGN MATERIALS

Discussion Guide Questions for Groups 1-10

Timing	Discussion
5 minutes	**General Introduction and Background to the Work** ▪ Introduce self and OLR and the session ▪ Ground rules (including confidentiality) ▪ OLR has been commissioned by COI Communications and the Department of Health to look at some sexual health materials targeted at African communities in England. The materials have been produced to promote safe sexual health practices and to increase general awareness about HIV. They are seeking your help to make sure that the materials that have been produced get the right message across, are clearly designed and are easy to understand. Specifically you will be looking at posters, leaflets and magazine adverts. ▪ Seek permission to tape

25 minutes	**Section 1: introduction / Warm Up** ▪ Introduce self ▪ Paired introductions (where you are from, what you like best about where you live now and what you would change) ▪ Before looking at the campaign materials the moderator should begin by briefly finding out how much the group knows about HIV and sexual health campaigns in general. - Have you seen any recent HIV campaigns (here or in Africa)?
Issues to be explored during the discussion (where relevant and appropriate, but as discussion progresses rather than right up front): ▪ What do you think are most important thing(s) to do to ensure good sexual health? ▪ What are your views regarding condom use? EG. - Probe for views/ perceptions of condom use/ note reactions to discussing condoms ▪ What do you think condoms are used for? - Probe for pregnancies/ HIV/ other STIs	

- What do you think prevents people from using condoms? (third party question)

  - Probe for barriers to use

- Do you know the causes / how to prevent getting HIV?

  Who is at risk of HIV? Do you think you are at risk and why?

- What particular challenges do you think African people living in England encounter in relation to HIV, safer sex, etc? Men and why? Women and why?

- How do you know about HIV? What are your main information sources? Who do you trust most to give you information and advice about HIV?

30 minutes	**Section 2: Evaluation of the Poster / Press Advertisements**
	
	Moderator show posters (explain that they will also be used as press ads) rotating the order in which they are shown to avoid a research effect.
	
	- What was your first impression of the poster / press ad?
	- Does it grab your attention?
	- What did you like about it / not like about it and why; check response to:
	  ▫ Visual
	  ▫ Headline
	  ▫ Strapline
	  ▫ Copy (small print)
	  ▫ Logo(s)
	- What message is the poster / press ad is trying to convey? How effective is it at getting this message across and why? What changes could be made to get the message across more effectively?
	- What is it asking you to think or do? Would you think or do this and why?
	- Do you understand what it is saying? What if anything could be clearer?
	- Do you think that the language is clear and makes sense? Is there anything that you would phrase differently?
	
	CHECK SPECIFIC MESSAGES POST RECIEPT OF POSTER COPY
	
	- Do you believe what it is say and why? What would need to change for you to believe it more and why?
	- Who do you think it is aimed at? Is it relevant to you and why? What makes it relevant to you (characters, clothes, locations, setting, etc)?
	- What do you think of the logos? (Prompt: does the fact that it is produced by the NHS make a difference?)
	- Where do you think these posters / press ads should be placed and why? Where do you think that they definitely should not be placed and why?
	- How would you rate the poster / press ads on a scale of 1-10, with 1

	being the most effective and 10 being the least effective? What could be done to make this poster / ad a 10? Once all posters are shown: - Now that you've seen all these posters how well do you think they work together to get the message of sexual health protection across? - How well do you think that the posters deal with the issues of condom use and sexual health protection? - Would the posters encourage you to think more about condom use? - Which of the posters would have the greatest impact on what you (other people) think and do? - What changes would you make to the posters/press ads?
30 minutes	**Section 3: Evaluate the Leaflet** Pass out copies of the leaflet (The moderator should make it clear that the pictures in the leaflet are generally the same as the ones seen in the poster. The focus of this section is now on how well the leaflet is put together and if the messages within it are clear) Allow a few minutes for the group to read the leaflet **General comments** - What is your first impression of the leaflet? - What do you think of the size? - What do you think about the folded format? - What do you think about the visuals, titles, font-size, formats, logos and why? - Do you think there is too much, the right amount, or not enough text? Would you take the time to read the leaflet? **Detailed response** Cover page; check response to: - Visual - Headline - Strapline - Copy (small print) - Logo(s) **Check specific messages** Then check response section by section (either moderator read or participants read – to test comprehension, depending on perceived literacy levels) Focusing on the one the like most and the one they like least - Why do they like/ dislike this one?

	- Whether they think it's relevant to them and / or others and why? - Whether they understand it and why? - What is it asking them to think, say or do here and why? - Whether they would think, say or do it and why? - Whether they believe and trust it and why? - How it could be improved (layout and design, language, communications, impact, credibility, etc) and why? - What message is it trying to get across and why? How well does it do this? Is it the same or different than the posters / press ads? - What is it asking them to think, say or do? Would they think, say or do this? - What, if anything, needs to change to get them to take the messages on board and why? - Any other general improvements and why? **Distribution of the Leaflet** - What is the best way of distributing them and why? - Are there any particular people / locations that should distribute them and why? (Prompt for GP surgeries, NHS Walk-In Centres, Libraries etc) - Would you pick up a leaflet if you saw it and why? - If not, what, if anything, could be done to make you pick it up - Would you keep it and why? - Would you give one to a friend and why?
	Close and thanks - Offer referrals to other services to those who ask for help o Department of Health services o Terrence Higgins Trust

APPENDIX 4: AFRICAN COUNTRIES COVERED IN THE COURSE OF THE RESEARCH

Uganda
Ivory Coast
Democratic Republic of Congo
Congo
Burundi
South Africa
Botswana
Sudan
United Republic of Tanzania
Zimbabwe
Malawi
Kenya
Sierra Leone
Ethiopia
Somalia
South Sudan
Angola
Cabo Verde
Nigeria
Ghana
Zambia
Senegal
Guinea
Somaliland
Cameroon

APPENDIX 5: PARTICIPANT LENGTH OF STAY IN UK

GROUP	LENGTH OF STAY	
	OBJECTIVE	OUTCOME
Young males 16-18 (English speaking)	Born and educated in the UK	10 x born and educated in the UK
Young females 19-25 (English speaking)	10 years or less	10 x 10 years or less
Young females 16-18 (Portuguese speaking)	5 years or less	10 x 5 years or less
Young females (Amharic speaking)	5 years or less	10 x 5 years or less
Adult males 26-40 (Somali speaking)	5 years or less	10 x 5 years or less
Young males (French speaking)	5 years or less	10 x 5 years or less
Adult males 26-40 (English speaking)	5 years or more	4 x 5 years or more 6 x less than 5 years
Adult females 26-40 (English speaking)	5 years or more	2 x 5 years or more 8 x less than 5 years
Older males (English speaking)	5 years or more	10 x 10 years or more

Older females (English speaking)	5 years or more	4 x 10 years or more 5 x 5 years or more 1 x less than 5 years