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Analysis of HIV/AIDS Prevention Messages Communicated to University Students: Message Framing in Focus

Solomon Mekonnen^{1*} and Dinku Gebeyehu¹

¹Wolaita Sodo University

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Abstract

Promoting, safer sex practices that reduce the risk of HIV/AIDS transmission is vital to university students. To do that, media play indispensable roles. The main objective of this study was to analyze HIV/AIDS prevention messages by focusing on message framing strategies used in print media. To meet the objective, the researchers employed document analysis as qualitative data collection method. Accordingly, the researcher collected HIV/AIDS prevention messages communicated in Gondar and Jimma universities by setting inclusion criteria. The study employed Qualitative and quantitative data analyses. The finding showed that HIV/AIDS prevention messages having both prevention and detection-related themes were found. Besides, with regard to HIV/AIDS prevention intentions- related behavioral messages, while 71.4% of the messages were framed in a loss-manner, only 28.6 % of prevention-related messages were framed in a gain-manner. In terms of HIV/AIDS detection intentions related behavioral messages, 44% of them were framed in loss-manner and 56% of them were framed in gain-manner. To conclude, majorities of both prevention and detection behavioral HIV/AIDS prevention messages lacked theory- support. Hence, it is recommended that HIV/AIDS prevention messages should be theory-based and to do that relevant training on designing health messages should be given to message designers. In addition, message design guidelines should be available.

Keywords: Detection, Framing, Gain, Loss, Prevention, Print media

*Corresponding author: Email: solomonmek2002@gmail.com

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Introduction

Three decades have already gone since Acquired Immune Deficiency Syndrome (AIDS) has become a health problem for many countries, particularly for Sub-Saharan African countries. The case in Ethiopia is not different from the rest of Sub-Saharan African countries.

Several figures put Ethiopia as one of the most greatly HIV/AIDS affected countries in Sub-Saharan Africa. For example, in 2013, there were an estimated 793,700 people living with HIV, including 200,300 children (FDRE, 2014). In Ethiopia, the negative effect of HIV/AIDS is

clearly visible on the young productive force of the society.

As described above, young people are more affected by the disease. To educate these young people, one of the most common places is at school. On the other hand, it can probably be assumed that higher institution students have knowledge on HIV/AIDS and know how to protect themselves from HIV/AIDS pandemic. In other words, due to their exposure to modern education and information technology, students in universities/colleges/higher institution are considered as very aware of HIV/AIDS risks/preventive mechanisms. As a result, it can be deduced that students at higher institutions can prevent themselves from the risk.

However, a study conducted in some African universities like South Africa and Kenya proved opposite. To mention, the Kenya National AIDS Strategic Plan 2005/2006-2009/2010 has identified university students as a group at high risk for HIV infections. Another study by Owino (2004) in one of South African universities proved that also university students are at risk just like any other group in society. Crewe (2000) also confirmed that students at this level are even more vulnerable to HIV/AIDS than other formal institutions because they cater mainly for students who fall within the age of 18-25- an age group with a high prevalence, which is largely a result of unprotected sexual relations.

Being fallen in the same age category, Ethiopian higher institution students face the same challenges. Different studies show that university students are at high risk of HIV/AIDS. For instance, studies made by Mengistu *et al.* (2013) at Madda Walabu University, Shiferaw *et al.* (2014) at Gondar University and Tariku *et al.* (2012) at Haramaya University show all the same results that students are at high risk of HIV/AIDS. In general, recent preliminary reports show that HIV/AIDS risk behaviors are increasing at higher rate among university students.

Although young university students are expected to have a high degree of knowledge about HIV/AIDS and HIV modes of transmission, they are not utilizing the existing prevention methods and still engaging in risky sexual practice favorable to HIV. This may suggest that HIV/AIDS awareness raising messages that provide information are not sufficient to reduce the risk of HIV infection as access to information alone does not bring about behavioral change.

This failure points to a call for persuasive communication that can effectively influence audiences to change their risky behavior. In other words, health messages need to not only educate and inform but must also persuade audiences to refrain from unhealthy behaviors. Research on health prevention has required understanding how important health messages might be designed to persuade health intention and behavior (Noar *et al.*, 2009).

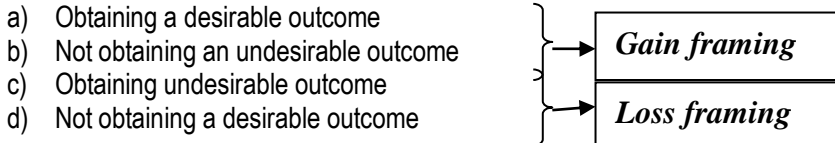
Hence, to design persuasive health messages successfully, the health communicators need to have a clear understanding of why individuals perform unhealthy behaviors, to identify factors or variables that contribute to unhealthy behavior and then to decide how those variables should be framed in order to persuade audiences to lead a health life. One variable that influences the success of health messages is message framing or the way in which information is provided (Gallagher and Updegraff, 2012). In other words, framing theory suggests that how information is presented to the audience (called "the frame") influences the choices people make about their decision. Therefore, this study attempts to analyze HIV/AIDS prevention messages communicated to university students with a focus on message framing. The study mainly looks at the HIV/AIDS prevention messages communicated through print media in Jimma and Gondar Universities.

Research Design and Methodology

The study aimed to analyze HIV/AIDS prevention message communicated using print media to university students. To do so, mixed research design was used. This research was conducted in Jimma and Gondar Universities. Documents found from Jimma and Gondar Universities HIV/AIDS Prevention and Control Coordination Offices were collected for analysis. The researchers had used inclusion criteria to select documents for analysis from the available print materials in the two universities. Specifically, the documents that were analyzed had to be a) written on HIV/AIDS education that have been prepared and/or used in the universities b) prepared and used for the prevention of HIV/AIDS via different print media c) that focused on safer sexual behavior, reducing risky behavior, encouraging HIV/AIDS testing, encouraging use of HIV/AIDS prevention mechanisms and having related themes were collected and analyzed for their contents. The

materials should be print media that were distributed for students at different occasions. In addition, the prevention materials had to be available and accessible in the libraries and Anti - AIDS club offices. Thus, 'Life 101' comic book, which had 30 episodes consisting of 720 pages, was collected and considered for the study.

After the documents were collected, they were analyzed using qualitative and quantitative content analysis methods. Using content analysis, how the prevention messages were framed and which framing techniques were used to motivate and persuade students change their risky behaviors were assessed. In order to identify the message framing as gain or loss, the researchers used four-cell framing model which was proposed by Higgins and Tykocinski, (1992), Rothman and Salovey, (1997) and O'Keefe and Jensen, (2007). The four-cell framing model reads as messages that focus on:



Qualitative content analysis was used here to explain the meaning of the sentences by taking context of the sentences. Then, quantitative content analysis was made to see where the majority of the advocated sentences fall.

Findings

The table below shows the classification of the collected messages based on behavioral intentions as disease prevention and disease detection.

Table 1. Collected HIV/AIDS prevention messages along with behavioral intentions and framing.

Messages	Behavioral intentions		Framing	
	Prevention	Detection	Gain	Loss
Couples who wait until marriage are happier with their quality of sex	prevention		gain	
Couples who delay sex until their wedding night have more stable and happier marriages.	prevention		gain	
Use condom during sex to avoid getting HIV or other STDs	prevention		gain	
Tobacco seriously damages your health so do HIV/AIDS	prevention			Loss
You did not know that I am sick. Let alone I care for other person; I myself need someone who cares for me.	prevention			Loss
Oh Lidya! You end up with a useless person.	prevention			Loss
For you, the world is quite; for me crazy.	prevention			Loss
I just let your efforts down. I made your dream dark.	prevention			Loss
I just lost myself to get Lidya.	prevention			Loss
I am left alone.	prevention			Loss
I won't be men's toy anymore for the sake of grades.	prevention		gain	
I was about to put your life at risk in addition to mine.	prevention			loss
I understand that condom which does not cost more than two birr can protect me from many problems.	prevention		gain	
I die young before even living properly.	prevention			Loss
Last time, after Henock knew his HIV result, he becomes more confused.	prevention			Loss
He was running away from his friends and himself. Everything becomes dark for him.				
I am doing a better job than even before I knew that I am HIV positive.	prevention		gain	
I killed myself.	prevention			Loss
Stone! Who said that you are a lion? You and I both do not have life.	prevention			Loss
I do not get it why I put myself in mess!	prevention			Loss
I wish you knew the why I am suffering.	prevention			Loss
I won't get into mess again once I am out.	prevention			Loss
Inhale confidence and exhale doubt		detection	gain	Loss
Rather than being worried all the time I can plan my future		detection	gain	
Testing HIV helps to promote positive behaviors for both HIV positive and HIV negative individuals.		detection	gain	
HIV test confirm your past and clear your future		detection	gain	
If you are HIV positive, this does not mean that you are sick with AIDS		detection	gain	
She would enjoy sex more if she wasn't afraid of becoming pregnant or being infected with HIV.		detection		Loss
Testing HIV will save you from stress.		detection	gain	
Instead of stress and fear, let's test HIV.		detection		Loss
Because of this testing, I become a toy for my friends.		detection		Loss
Even if I become HIV positive, I have to save her.		detection	gain	
Unless you test HIV, you can't be free from stress.		detection		Loss
let me test and get relief.		detection	gain	
In this world, there is more nothing important than knowing your HIV result.		detection	gain	
I do not have to perform less in my education because of stress.		detection	gain	
He is hiding because his friends are alienating him as he is HIV positive.		detection		Loss
This testing is worrying me even in my dream.		detection		Loss
Unless I become tranquil and test HIV in the future, I won't get peace.		detection		Loss

As can be seen from the above table in terms of preventive behavioral intention, out of 21 (71.4%) messages were designed in loss-framing (see messages 4, 5, 6, 7, 8, 9, 12, 14, 15,17,18,19, 20 and 21). In other words, the message focused on the negative consequences (losses) of not performing a recommended behavior or they focused on not obtaining a desired outcome such as seriously damaging health. Similarly, 6 (28.6%) messages were designed in gain-framing (see messages 1,2,3,11,13 and 16). In other words, the messages emphasized the advantages or benefits of complying with the recommended behavior or they focused on the obtaining a desired outcome such as happier with the quality of sex, more stable and happier marriages, avoid getting HIV or other STD (Table 1).

Conversely, in terms of detection behavior, 8 (44%) messages were designed in terms of loss-framing (see messages 27, 29, 30,32,36,37 and 38). It is to say that the messages were stressing on the negative effects of not following the recommended behavior or they stress not obtaining a desired outcome as a result of testing for HIV. Again, in terms of detection behavior, 9 (56%) messages were designed stressing the advantages of fulfilling the recommended behavior-gain-framing (see messages 23, 24,25,26,28,31,33,34 and 35). As it has been mentioned, gain-framed messages show either obtaining a desirable outcome or not obtaining undesirable outcome (Table 1).

Based on the findings, significant difference is seen in terms of framing prevention-related messages. It is to say that while 71.4% of

messages,

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prevention-related messages were framed in a loss-manner, only 28.6 % of prevention-related messages were framed in a gain-manner. On the other hand, no significant difference was observed in terms of framing detection related messages. Of the 17 detections-related messages, 44% of them are framed in a loss-manner and 56% of them are framed in a gain-manner.

Discussion

As discussed, this study is predicated mainly on framing theory. Unlike “emphasis framing” which is characterized by repetitively highlighting certain messages which can guide individuals to concentrate on those particular messages, “equivalency framing” deals with how the use of dissimilar (but rationally equal) terms or languages influences people to make changes in their choices (Druckman, 2001). Specifically, in equivalency framing, health information can be framed in terms of the benefits offered by adopting a health behavior; gain-framed (e.g. using condoms help prevent STI’s), or in terms of the costs associated with failing to adopt a health behavior; loss-framed (e.g. failing to use a condom increases your risk of incurring STI’s) (Rothman and Salovey, 1997).

Hence, the conceptual base for the discussion of this particular research question is equivalency framing. The findings for how HIV/AIDS prevention messages are framed in the print materials that are prepared and distributed by the universities under study are summarized in the following chart.

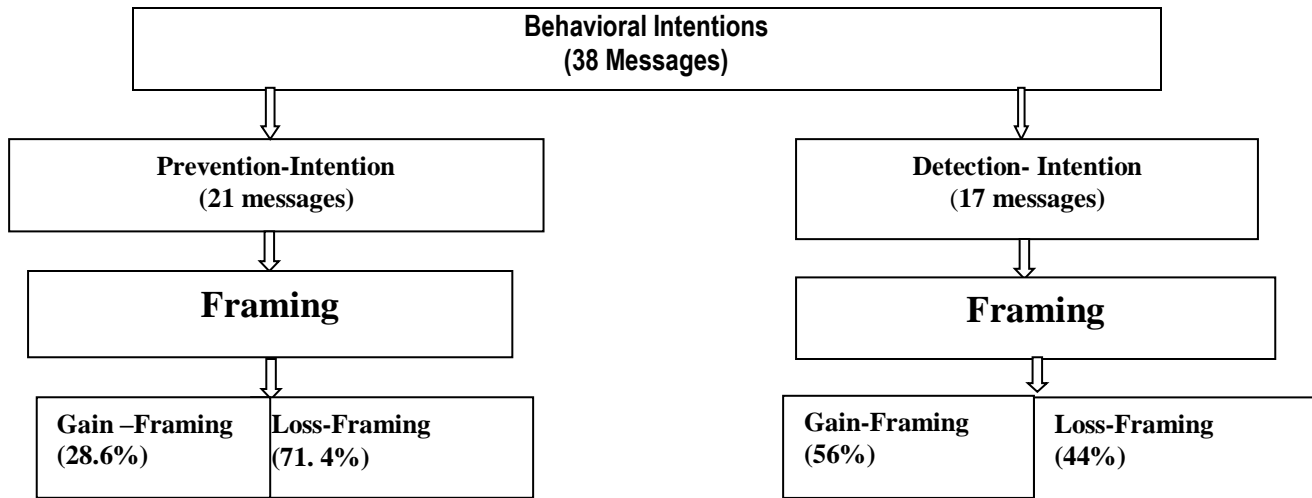


Figure 1. Summary of Message framing for prevention and detection behavioral intentions

As can be seen from the above chart, 38 messages that had prevention intentions and detection intentions were selected for message framing analysis. Of these 38 messages, 21 messages had prevention-related intentions and the rest (17) had detection –related intentions. The identification made to select prevention-related intentions and detection –related intentions was based on the different literatures on message framing. After categorization was made on behavioral intentions, the messages were further identified as gain-framing and loss-framing for each behavioral intention. As a result, from prevention-intention behaviors, 71.4% of the analyzed messages were found to be loss-framed whereas the remaining 28.6% of the messages were gain-framed (Table 1).

Concluding the findings, in Jimma and Gondar Universities, majorities of HIV/AIDS prevention messages that had prevention-related intentions, were designed using loss-framed whereas in terms of detection –related intentions, though not significant difference is witnessed, more than half of the prevention messages were designed using gain-framing. Based on the findings in the current study, the majority (71.4%) of the preventive behavioral messages were framed in loss-framing. In other words, they focused on

obtaining undesirable outcome or not obtaining a desirable outcome. Thus, considering the theory of message framing which states that preventive behaviors would be more effective if they were designed in gain-framing, the analyzed messages were not supported by the theory of message framing. However, only 28.6% of the messages were designed based on what the theory of message framing recommends.

Hence, in relation to prevention behaviors, such as making a decision to use a condom, prospect theory suggests that health messages will be more persuasive if they are designed by focusing the possible benefits one can get by practicing safer behaviors, gain-framing. For instance, messages that advocate condom use or messages that advocate faithfulness become more persuasive when they are designed highlighting the positive outcome of using condom or being faithful.

However, this recommendation was not observed in the prevention messages that were designed by the two universities as the majorities of the prevention-related behavioral messages were designed in loss-framed. Since message framing affects persuasiveness, the efforts made by the two universities’ message designers could be in

question. It is to say that health prevention messages that have prevention-related intentions may not have impact in persuading the students. Similarly, in terms of detection behavior, the major (56%) were designed in gain-framing though the theory of message framing advocates that detection behaviors would be more effective if they were designed in terms of loss-framing focusing on obtaining undesirable outcome or not obtaining a desirable outcome. According to prospect theory, message sought detection behavior like testing for HIV should be designed in loss-framing. Hence, in terms of detection behavior, the collected messages were not in line to the theory of message framing. However, 44 % of the messages were based on what the theory of message framing advocates.

Conclusions

This research question tried to identify how HIV/AIDS prevention messages framed to persuade students to change their risky behaviors. Hence, considering the above findings, it is possible to conclude that though prevention messages in relation to detection-related behavior goes in line with what the theory of message framing advocates, prevention-related behaviors lacked theory support. During the interview with message designers from the two universities, it was possible to learn that the designers did not have any idea about the concept of framing. This could be due to the lack of knowledge regarding the persuasiveness of message framing.

Different literatures show that if communication has to be effective, it has to be theory –based. Thus, HIV/AIDS prevention message designers should follow guidelines which are prepared based on recommended theories when they design HIV/AIDS prevention messages. Experts on designing health messages in general and experts on designing HIV/AIDS prevention messages in particular should give trainings to Anti AIDS club representatives as how HIV/AIDS prevention messages should be designed.

HIV/AIDS prevention message designers should pretest their messages before dissemination to university students.

Conflict of Interest

Authors did not declare any conflict of interest regarding this research work.

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