“AND THEY LIVED POSITIVELY EVER AFTER”

A study into the effects of a narrative VCT text compared to a non-narrative VCT text in South Africa

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Master Thesis in cooperation with the EPIDASA Project.

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PREFACE

-Our Judgements are not the same when we are influenced by Joy or Sorrow, Love or Hate-

Aristotle

In January 2005 I went to South Africa for the second time in my life. I was one of the lucky few who got the opportunity to go to the University of Stellenbosch and take part in the EPIDASA project. I was, and still am, very interested in the prevention of HIV/AIDS, especially in the field of health communication.

While government organisations and NGOs have produced a lot of documentation on HIV/AIDS over the past two decades, there is still an urgent need for enhanced HIV/AIDS interventions, and for improved methods for effective distribution of the documentation. Another urgent matter, which came under discussion at the EPIDASA (2005) workshop in Stellenbosch, is that organisations dealing with HIV/AIDS have to work together in their prevention approaches. It is important that health educators, HIV/AIDS intervention designers, research groups and other related parties function as a team, and fight for the same goal in order to improve HIV/AIDS prevention in South Africa.

Within the EPIDASA project I had the opportunity to set up my own study in the field of HIV/AIDS communication. For my study on the persuasiveness of a VCT text message, I stayed in South Africa for 6 months, where I spent most of my time at the University of Stellenbosch. I already had a special bond with Africa, and that has grown tremendously since my last visit.

Although personally I though it was one of my best experiences, I would like to stress that being involved in the HIV/AIDS crisis has also lead to moments of sadness, anger and grief; feelings that were and are difficult to express or control. Therefore, I sincerely hope that, with the support of EPIDASA, the documents and other interventions will make a difference in the attempt to expand knowledge, attitude and change behaviour regarding safe sex and HIV-testing in South Africa.

I would like to thank everyone who gave me the opportunity and who helped me finalise my Master thesis on this extremely heartbreaking and complicated, but important topic on HIV/AIDS.

Anouk Tenten
19-02-2006

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I would like to thank Prof. Dr C. Jansen, for all his time and effort to help me finalise this thesis. He spent a lot of time with me discussing the thesis material from start till end. His comments as my supervisor could often be felt as being harsh but were always straight to the point, helpful and honest. And without these comments and adjustments this thesis would not have reached its final printed version.

Many thanks also go out to Prof. Dr. L. de Stadler, who gave me great support in the first couple of months of the thesis process, as he helped me with the development of the experiment. His help and support in South Africa were of great contribution in regards to making my stay in Stellenbosch more comfortable. And I especially appreciated his hospitality and warm personality.

I would also like to say "Thank you", to Dr. J. Hornikx. He has helped me with the statistics of the experiment, and I wish him all the best in his future career!

Furthermore I would like to thank Ricado Linnert (Tourism Unlimited South Africa), for helping me get into contact with all the respondents that participated in the experiment, and for all the times he told me that: "things are going to be alright auntie".

Last but definitely not least, special thanks goes out to my family, for fully supporting my decision to go to South Africa for my thesis research. Without their financial and moral support, which is highly appreciated and has been a fundamental contribution for this research paper, writing this thesis would not have been feasible.

EXECUTIVE SUMMARY

This thesis tries to provide new information on persuasive interventions on voluntary HIV/AIDS counselling and testing (VCT) with a content focused study that is specifically aimed at written health messages in South Africa. There are two main problems in the area of HIV/AIDS related communication in South Africa, first is that prior interventions are barley based on health communication theories or on preliminary in-dept investigations of the target group and secondly, the effects of these interventions have hardly been evaluated. This research paper is carried out on the basis of the theory of the Integrated Model of Behaviour Prediction (Fishbein and Yzer, 2003), which postulates that behaviour can be changed via exposure to media interventions. In this study the possible effects of media exposure on the behaviour change determinants attitude, perceived norm, self-efficacy and behavioural intentions regarding VCT are reviewed.

This study specifically examines the use of anecdotal narratives in written VCT documents. This way, this study combines the complexity of VCT interventions and the format of narrative text and analyses the possible persuasive effects on attitude, self-efficacy, perceived norm and behavioural intention of the respondents. With the aim of creating a content focused discussion on the use of narratives, this study presents a theoretical framework, including behaviour change theories, theories on the use of narratives, and a discussion of previous studies regarding this topic. Some theories postulate that narratives have four possible main advantages: narratives can transport the reader into a narrative world, narratives can address the personal emotions, narratives are not predominantly seen as a persuasive tool, and narrative characters can be identified as role models. These four possible advantages may lead to a positive effect on addressing the behaviour change determinants of the Integrative Model of Behaviour Prediction (Fishbein and Yzer, 2003). However, some results of previous studies on narratives could not confirm that narrative documents are unambiguously effective. Therefore this study tries to find new answers on the effects of using narratives in health documents. Based on the theoretical framework, the research questions and hypotheses are discussed and examined.

The experiment includes three texts to test whether a non-narrative, a female narrative or a male narrative text are more effective in addressing the behaviour change determinants. The experiment includes two narrative texts, since theory postulates that similarities between the narrative characters and the respondents can possibly increase the social identification, and this may lead to a positive effect on the behaviour change determinants. The narrative texts include personal stories of a male / female character who turn out to be HIV positive after testing. The non-narrative text presents factual risk information regarding VCT.

The results of the experiment do not support the idea that narratives or non-narratives are more effective for persuasive VCT documents. A possible explanation can be that there are no significant differences in effectiveness between a simple factual health message and the narrative health messages that were used. However, it may be more plausible to ascribe the (lack of) results to the significant effects that were found on all behaviour change determinants and the respondents' perceptions of the 'perceived realism' of the text. The research results underscore the need for good research design and suggest that when using health messages, the texts should be pre-tested, designed and evaluated in order to assure that they are as realistic as possible. Additionally, this study illustrates the need for further research on the use of narratives in persuasive health communication, the use of role models, and above all, research on the perception of the perceived realism of health documents.

CONTENTS

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral-Therapies
EPIDASA	Effectiveness of Public Information Documents on AIDS in South Africa
ESAR	Eastern and Southern Africa Region
HBM	Health Believe Model
HIV	Human Immunodeficiency Virus
INGO	International Non-Governmental Organization
IMBP	Integrated Model of Behaviour Prediction
NGO	Non-Government Organization
MTCT	Mother To Child Transmission
NIC	National Intelligence Counsel
SA	South Africa
SCT	Social Cognitive Theory
SLT	Social Learning Theory
SNT	Social Network Theory
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TRA	Theory of Reasoned Action
TPB	Theory of Planned Behaviour
TSC	Theory of Social Comparison
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

1 INTRODUCTION

Since the discovery of HIV/AIDS in 1980, the disease has spread at a horrifying rate and is sadly still spreading. The AIDS pandemic is the worst in Africa: it is estimated that there are currently more than 28 million people in Africa infected with HIV/AIDS. Of all AIDS-deaths in the world, 72% die on the African continent. Southern Africa is plagued with the highest death rate of the world (World Bank, 2002).

The number of HIV positive people in South Africa has recently been estimated at 20% of the population. In other words: one out of every five individuals in South Africa is estimated to be HIV positive (UNAIDS, 2002). Sexually transmitted diseases including the virus of HIV/AIDS tend to be a specific serious threat to young people in South Africa. The majority of people living with HIV/AIDS are between 20 and 30 years old (Soul City and The Khomanani Campaign of Department of Health, 2004).

§1.1 Problem analysis of the HIV/AIDS epidemic in South Africa

When the world took notice of the mysterious and life-threatening HIV/AIDS virus, several investigations were set up. In the beginning investigations were merely related to specific medical areas. Nowadays HIV/AIDS has become a much larger research field. The fact that there is still no cure for the virus is the main reason for all the investigations and why HIV/AIDS cannot simply be seen as a medical problem. In countries where HIV/AIDS becomes a stark reality and where numerous people are infected, the pandemic also causes psychological, political, and economical difficulties.

To prevent further spread of HIV/AIDS, more attention has been given to interventions and education programmes. HIV/AIDS programmes are specifically aimed at young people and their behaviour, since they are at a stage of transition from childhood to adulthood and have not yet established their sexual practices. In recent years, the African governments and health specialists have tried to develop and distribute a number of HIV/AIDS interventions and health education programmes.

Unfortunately, as can be noted from the rising number of infected individuals, the health education and interventions have achieved only limited success (Swanepoel, 2003). The interventions have been successful in a few areas, but have had barely any effect to halt the spread of HIV/AIDS in East and South Africa (Pronyk et al., 2001).

A significant problem with previous interventions is that only a few were truly based on health communication theories or on preliminary in-dept investigations of the target group. According to Perloff (2001), effective health programmes and documents can make use of several theories to define terms, develop concepts, propose links between variables, and make predictions. He notes that effective HIV/AIDS programmes require, among other things, systematic applications of theories and in-depth understanding of the target population (Perloff, 2001).

Subsequently, what is known about HIV/AIDS communication in South Africa is predominantly based on anecdotal rumours (Kelly, 1991). For example, at schools where teachers inform their pupils about HIV/AIDS, they often insert their personal judgement into the message without knowing the precise facts about the disease themselves. This way of informing people has caused vagueness and rumours that have (had) a negative effect on the perceived objectivity and the severity of the HIV/AIDS pandemic. Vagueness and rumours about the HIV/AIDS pandemic have caused misunderstandings, and have also influenced the success of the prevention programmes in South Africa (Visser et al., 2002).

Another problem with the HIV/AIDS interventions in South Africa is that only very limited information is available on what kinds of effects the previous health programmes and strategies have had (Kelly, 1991). Hardly any scientific research has been conducted to evaluate possible impacts of recent health programmes on the South African population (Kelly, 1992, Perloff, 2001).

The demand for effective prevention programmes to inform and convince people of their risks and responsibilities concerning HIV/AIDS are still extremely urgent in South Africa. At this point communication programmes and information documents could play an important role to halt the further spread of the virus.

§1.2 The Establishment of the EPIDASA Project

The urgent need for effective communication programmes has led to the establishment of a project that focuses on the effectiveness of HIV/ADS communication in South Africa. (EPIDASA = Effectiveness of Public Information Documents on AIDS in South Africa; see http://www.epidasa.org).

From January 2002 onwards, colleagues from South African and Dutch Universities carry out research projects in the framework of EPIDASA, with the overall aim of improving the effectiveness of HIV/AIDS prevention messages for the South African target group. The project is divided into five subprojects. This study is part of one subproject: *persuading people to voluntarily report for HIV/AIDS Counselling, Testing and Referral.*

The project concentrates on campaigns and communication programmes that are spread through South Africa to gain awareness and to persuade people to go for HIV testing. The government campaigns regarding testing and counselling are normally referred to as Voluntary Counselling and Testing, or VCT.

§1.2.1 AIDS prevention through Voluntary Counselling and Testing

VCT is about getting to know a person's HIV status by taking an HIV test. For HIV testing the boundary conditions are:

1. Voluntary, means that the decision to go for a test is made freely.
2. Confidential, means that the person has the right to absolute privacy.

Before and after the test a person has the right to get counselling and all outcomes, problems and questions will be discussed.

Expanding access to VCT for HIV/AIDS is one major step in the development of comprehensive HIV/AIDS prevention programmes. The aim of government interventions is to persuade people to go for a test. As cited by Pronyk et al. (2001, p. 3), "Voluntary counselling and testing (VCT) for HIV/AIDS is a necessary precursor to developing effective treatment, care and support services including programmes to reduce mother-to-child transmission, preventive therapy for tuberculosis, or the administration of anti retroviral-therapies. VCT may also reduce reported risk behaviour and prevent new infections, notably among those tested positive and among discordant couples."

Unfortunately, South Africa has not yet established a VCT culture, due to the tremendous stigma and fear that is directly associated with testing. The main reason is that testing is directly related to facing the risk, the disclosure of a person's HIV/AIDS status and the possible sudden death. In South Africa there is no universal access to anti retroviral-therapies (ART) and knowing that one is infected may be about the same as knowing that one will die.

It is truly important that research engages in the improvement of interventions that aim to increase a behaviour change, and create a VCT culture. When designing interventions that aim to increase positive health behaviour, in this case going for VCT, one faces a number of difficult decisions.

§1.3 Changing Behaviour

Designing effective interventions that aim at increasing positive health behaviour is a difficult process, especially when it deals with such a complex and fearful subject as HIV/AIDS and VCT. To improve the effectiveness of VCT interventions, designers try to use different modes and approaches to persuade the reader, to make him or her do (or not do) something. To persuade people and to create behaviour changes among individuals regarding VCT, it is essential to address the critical behaviour change determinants. The Integrative Model of Behaviour Prediction (Fishbein and Yzer, 2003) is a model that provides guidance to the selection of these determinants that can be addressed. The behavioural model focuses on changing beliefs, regarding consequences, normative issues, and efficacy with respect to a particular behaviour.

The model highlights three critical determinants, the *personal attitude*, the *perceived norm* and the *self-efficacy*. These three determinants influence the *intention* of the behaviour. Behavioural intentions can be either affected by attitudes or norms, and depend on the self-efficacy of an individual. A persons' behavioural intention is the the best possible determinant to predict the future behaviour (Fishbein and Yzer, 2003).

The Integrative Model of Behavioural Prediction postulates how the three critical determinants of behavioural intention can be addressed via exposure to media interventions. HIV/AIDS preventions can make use of different types of media interventions, for example mass media interventions such as TV or radio broadcasts, or other types as billboards and brochures. This study focuses on written documentation that includes different types of information. By exposure to written persuasive documents the personal attitudes, perceived norms, self-efficacy and behavioural intentions can possibly be addressed in three manners. Firstly, the aim can be to change the attitude directly; secondly the possibility is to focus on the perceived norm; the third aim can be to change the self-efficacy; and finally the option is to try to change the relative influence of perceived norm, attitude and self-efficacy on the behavioural intention.

The first attempt can be to try to change the attitude directly, which can be a result of evaluation after one is exposed to (new) information, emotions, previous behaviour, and it is merely based on the personal primary beliefs and attitudes. Supplying a person with (new) information can help to adjust his/her primary beliefs and attitudes. Strong arguments can help changing the beliefs, and as a result of this attitudes can change into a particular direction. To change primary beliefs, the arguments must (slightly) differ from the initial beliefs and they must relate to the beliefs to change (Zandvoort, 2004).

Supplying information in which strong emotions are addressed can also change the beliefs and attitudes into a particular direction (Tal-Or et al., 2004). It is possible to address emotions, for instance, by exposure to narrative texts, as narratives may elicit some emotional memories. "Narratives evoke personal past experiences, which is the affective tenor that signifies and reinforces the importance of the material that is being processed. Whenever a narrative succeeds in addressing the audience personally and emotionally a persuasive result may be expected" (Mar, et al., 2002, p.4).

The second option to change the behavioural intention can be the attempt to change the perceived norm, which can be a result of changing the beliefs of people whose opinion is valuable. This means that one tries to change the beliefs of significant others, who want the individual to engage in a particular behaviour. By using role models, such as narrative characters, famous people, experts, or direct friends in the persuasion process, the individual's normative beliefs may be influenced by such person who is performing the behaviour. The role model's behaviour may be perceived as the correct norm, which other individuals could possibly add into their own life.

As mentioned by Rouner and Slater (2002) a narrative character can function as a role model for the audience. A narrative can possibly address the attitude, normative and self-efficacy -beliefs of the individual. Narratives can influence the attitudes and beliefs underlying the behaviour (Zandvoort, 2004, p. 22.). Even if the character in a narrative holds beliefs or attitudes that are incongruent with the beliefs or attitudes of the audience, the audience may still identify itself with the character. The success of this process depends on the willingness of the individual to comply with these significant others (e.g. family members, member social group, famous person, member of the same sport club).

The third possibility in changing the behavioural intention can be an attempt to change the self-efficacy. Self-efficacy is people's perception of their ability to perform a given behaviour. People's self-efficacy to adapt to certain behaviour is a powerful predictor of health-related behaviour (Bandura, 1986). Individuals with a high- compared to a low self-efficacy are more likely to initiate challenging behaviours (Bandura, 1986, 2001). To change the perception of people with a low self-efficacy one has to convince people that they are able to make decisions by themselves and that they have the ability to do certain things. Sometimes e.g. narrative characters, peers, friends, or famous persons are used for comparison to convince people that they also have the efficacy to do certain things. A narrative character may give the audience more trust in the ability to perform a recommended behaviour. People can compare themselves with the behaviour of narrative characters to identify whether their own behaviour is appropriate or not (Maxwell, 2001).

The more absorbed the audience is in a narrative, the less likely they are to generate counter arguments, and the more likely that they accept the attitudes and beliefs indirectly expressed by the narrative character (Green, 2002). A narrative could in this way have a direct influence on critical determinants of behaviour change (attitude, perceived norm and self-efficacy). Indirectly, narratives could have an influence on behavioural intention of the respondents. The more favourable the attitude, the perceived norm and the greater the self-efficacy, the stronger the person's intention may be to perform the behaviour (Fishbein and Yzer, 2003). The idea that narratives could possibly lend persuasive power to HIV/AIDS interventions and to the critical determinants of behaviour prediction might be relevant information for the development of HIV/AIDS communication programmes.

However, the effect of narratives on the critical determinants from Fishbein and Yzer (2003), as discussed above, when used in HIV/AIDS interventions has not been thoroughly examined yet. A possible explanation is that the use of narratives in HIV/AIDS communication programmes is a rather new phenomenon. This study will specifically address the use of anecdotal narratives in written communication regarding VCT. This way, this study combines the complexity of VCT interventions and narrative texts to examine the persuasive effects on attitude, self-efficacy, perceived norm and behavioural intention of the respondents.

§1.4 Overview of the study

This study begins with a discussion of the relevant theories (chapter 2 and 3). These chapters include explanations on the use of narratives, and also how these could influence the effectiveness of an HIV prevention message. Furthermore, variables that can have an influence on the effectiveness of persuasive (narrative) health documents in South Africa are discussed in chapter 4. Based on the theoretical framework, the research question and hypotheses are presented (chapter 5). Chapter 6 presents the method of the experiment that was conducted to answer the research question. This is followed by the results of the experiment (chapter 7). Chapter 8 presents the conclusion and the discussion of this study.

2 THEORETICAL FRAMEWORK

Persuading people is a difficult process, especially when a complex and fear inducing subject such as HIV/AIDS and VCT is involved. To persuade people, it is important to change the attitude of individuals towards the behaviour, as the attitude proves to be a good predictor of behaviour (Fishbein and Yzer, 2003). Greenwald and Banaji (1995) mention that research into attitude and attitude change remains important, because attitude plays an important implicit and explicit role in the choices people make regarding their own health and security as well as those belonging to their social environment.

There are several theories and studies on how attitude change can take place. This study focuses on the Integrative Model of Behaviour Prediction of Fishbein and Yzer (2003). The model shows the essential elements and relations of a behavioural theory on three critical determinants of a person's intention and consequently a person's behaviour. This model is based on three earlier models that have been widely used in health behaviour research and interventions (Fishbein and Yzer, 2003). These models are Social Cognitive Theory (Bandura, 1986), the Health Believe model (Perloff, 2001), and the Theory of Reasoned Action (Fishbein and Azjen, 1980).

§2.1 Integrative model of behaviour prediction

The IMBP of Fishbein and Yzer (2003) is a behavioural model that focuses on changing beliefs about consequences, normative issues, and efficacy with respect to a particular behaviour. Three critical determinants of a person's intention and consequently a person's behaviour are distinguished: the *personal attitude*, the *perceived norm* and the *self-efficacy*, which are integrated in a singular model.

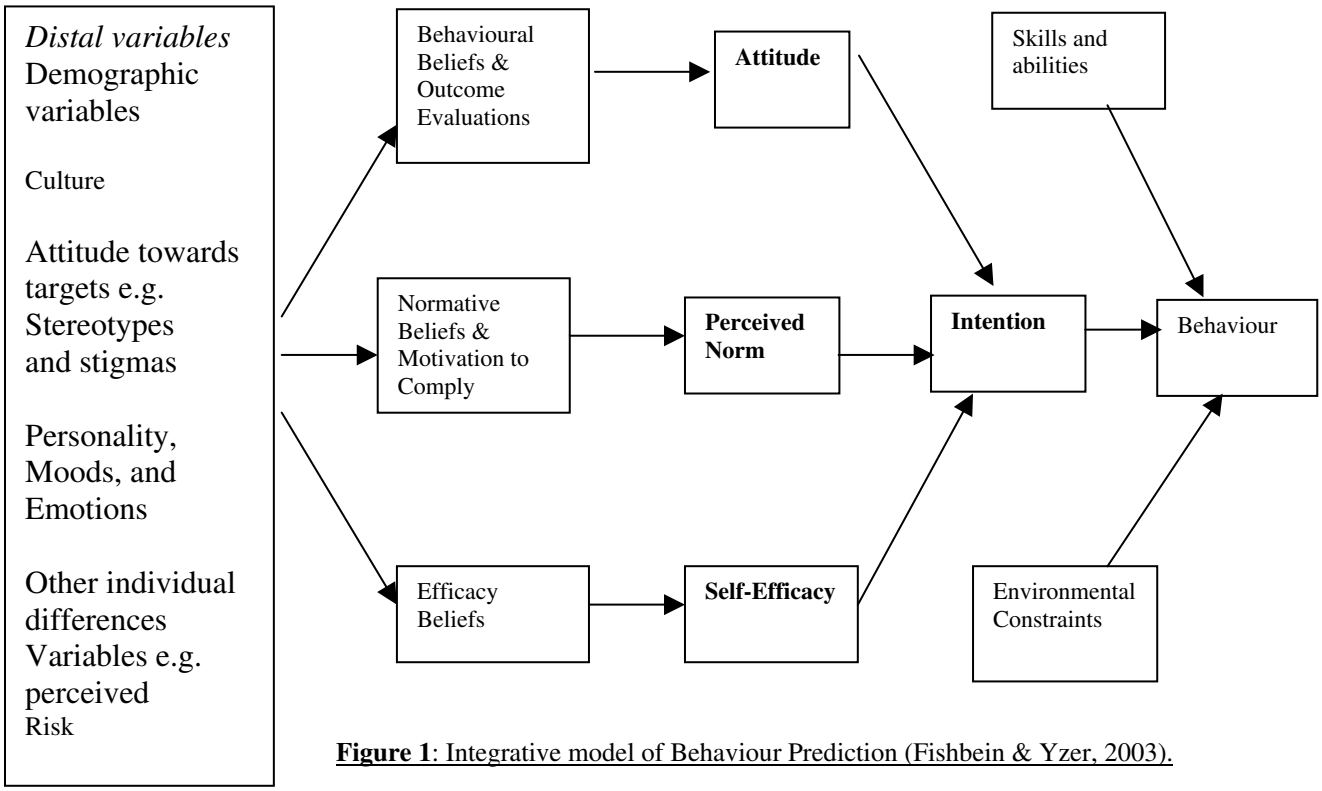

Figure 1: Integrative model of Behaviour Prediction (Fishbein & Yzer, 2003).

Attitude includes the beliefs about how environmental events are connected and opinions about the consequences of one's own actions. Attitudes represent the individual's prediction towards engaging in the behaviour, are influenced by the beliefs that participation in that behaviour will result in certain outcomes, and by the evaluation of these outcomes as having positive or negative benefits. Social psychologists theorise that attitude includes behaviour and cognition, and that attitude and behaviour are positively correlated (Wilson, 2004). However, previous meta-analysis has shown that this correlation is rather weak (Kim et al., 1993). The *Perceived norm* assesses a person's subjective estimate of the extent that significant others want him or her to participate in the target behaviour. It is a function of the beliefs that salient others want the individual to engage in the behaviour and the willingness of the person to comply with these significant others (Hagger et al., 2001). *Self-efficacy* means that the person must believe that he or she can perform the recommended health behaviour, even when the person has to face struggles and barriers that make it difficult to perform this behaviour (FACT, 1995). These three determinants have an influence on the *behavioural intention.* The behaviour reflects the behavioural intention (Bron and Byrne, 2002). It is complicated to measure the direct behaviour of an individual (for example, when a study is restricted with a time limit). Therefore, most studies focus on the intention of the individual (the intention of performing a future behaviour). A persons' intention is the determinant with the best possibility to predict the future behaviour (Fishbein and Yzer, 2003).

The IMBP also includes *environmental constraints* and *personal skills and abilities*, which refer to the perceived ease or difficulty of performing the behaviour and reflect past experiences and situational obstacles. Environmental constraints are the barriers and the access to facilities regarding behavioural engagement (Taylor, 2001). The personal skills and abilities reflect the ease and possibility of a persons' situation to really perform the behaviour. The model postulates that any given behaviour is "most likely to occur if a person has a strong *intention* to perform the behaviour, (and if the person) has the necessary *skills and abilities* required to perform the behaviour, and if there are no *environmental constraints* preventing this behavioural performance" (Fishbein and Yzer, 2003, p.166).

The IMBP predicts that the three critical determinants of behavioural intention can be addressed via a significant variable namely, *exposure to media and other interventions*. The variable 'exposure to media and other interventions' is included in the list of *distal variables* at the left on the IMBP (See, figure1). *Distal variables* are the variables that can play a direct role on the behaviour change determinants and indirectly influence the behaviour. These distal variables are often based on individual differences, and are often reflected in the underlying beliefs (Fishbein and Yzer, 2003, p. 168).

There are four possibilities to change the *behaviour* through media exposure. The first option is to try to change the attitude directly, the second option is to try to focus directly on the perceived norm, the third option is to try to change the self-efficacy of a respondent, and the last option is to change the relative influence of perceived norm, attitude and self-efficacy on intention. This is why different types of media intervention seem to be necessary for people who already have an intention to perform certain behaviour but are unable to act upon it, compared to people who have little or no intention to perform the recommended behaviour (Fishbein and Yzer, 2003). Before designing and implementing the right type of intervention, designers need to figure out whether they should focus on the constraints and skills of the environment, or on the intention (e.g. attitude, perceived norm, and self-efficacy) of the audience.

§2.2 Exposure to different types of information

When designing media or other interventions with the aim to increase healthy behaviours, designers need to make a number of complex decisions. First designers need to define the specific goal of the intervention, second one needs to clarify and understand the target population and third, one needs to make a selection of the type of information and message for the intervention. In this study the focal point lies on 'written texts' regarding VCT, with the aim of creating a behavioural shift among the South African target population to go for VCT. The aim is to address the critical determinants of behaviour change: attitude, perceived norm, and self-efficacy. Before a designer selects the type of information for this specific intervention, comprehensive determination of persuasive message design and a selection of the type of information are necessary.

According to a study by Brosius and Bathelt (1994), media typically use two types of information. One type refers to general statements about the range or importance of a problem. This is what Brosius and Bathelt call semantic information. Semantic information is used to describe causes and consequences on serious problems such as social, economical, political, and health issues. Semantic information is usually accomplished with evidence based on statistics, polls, facts or experts. The other type of information refers to illustrative individual narratives and exemplars that are less valid but more vivid than semantic information. This type is called episodic information.

To address the critical determinants of behaviour change, both types of information can be used. The determinants can either be addressed through a cognitive component (i.e. believes, ideas) or by an affective component (i.e. emotions, valences) (CORE, 2003). According to various studies, which will be discussed in this section, the vividness, comprehensibility and perceived validity of these information types in general, may have different influences on the persuasiveness of a text.

Brosius and Bathelt (1994) set up a series of five experiments in which they varied the amount and quality of episodic information in comparison with semantic information. The respondents' opinions on the topics that were discussed in the five experiments were a direct reflection of the distribution of the personal stories that were told in the episodic information. In one of the experiments Brosius and Bathelt used printed material instead of radio broadcasts. Although the results were slightly weaker for the printed material than for the radio broadcasts, the effects of distributing individual stories were still apparent. The results of the experiments in general showed that the use of episodes had strong effects on the beliefs and attitudes of the respondents. Brosius and Bathelt conclude that despite the perceived validity of semantic information, the respondent's attitudes and perceptions on problems were more affected by the distribution of individual narratives. A serious comment on these experiments can be that the respondents were exposed to the semantic information and the episodic information at the same time. The order in which the respondents read the information and the type of topics that were used could have influenced the test results.

Although Brosius and Bathelt (1994) did not prove whether exposure to solely episodic information leads to the same results, they conclude that the use of individual narratives make the respondents' perceptions of reality ambiguous. Respondents prove to have difficulty to make a distinction between the validity of fiction and non-fiction information. This phenomenon, which might be a possible explanation for the persuasive effects of narratives, is more comprehensively described in a study of Green (2000).

Green (2000) states that the use of stories can affect the real world-knowledge and that describing individual narratives and events can be a powerful persuasive tool. She mentions that by using narratives, readers will likely be transported into a narrative world, and may be less aware of the real world facts that contradict statements made in the narratives than by using non-narrative information. Green points out that when readers are transported into a narrative and return from *transportation* into the real world, the narrative may have changed the readers. Respondents will "remember the narrative world and its contents, and will act upon it. They will change some of their attitudes and beliefs, and even emotional reactions may occur, feelings of suspense, or a desire to participate in the same action as the narrative character" (p. 3). This implies that respondents' way of acting could be influenced by the vividness of information rather than the validity of information (Brosius and Bathelt, 1994).

According to the literature, using vivid narratives can have four possible advantages that may influence the attempt to persuade the reader. The first advantage of using narratives is the decrease in "likeliness for the reader to initiate a process of reactance to the persuasion attempt" (Tal-Or et al., 2004, p. 302). The second advantage refers to the ability of narratives to transport the reader into a story.

The third advantage is that narratives may elicit emotions that could be of importance for the persuasion process. The fourth possible advantage is that narratives can include narrative characters that may be identified as role models. The first three advantages will be comprehensively explained in the following section. The use of narrative characters and role modelling in persuasive messages will be discussed in the next chapter.

§2.3 Advantages of using narratives

A first possible advantage of using narratives in health documents is the decrease in formulating counter arguments. When respondents are aware of the persuasive aim of a message they often respond by rejecting it or by formulating counter arguments. Initially, narratives are not seen as a persuasive tool, which makes it less likely that the respondent will formulate counter arguments (Massi, 2003). The respondent will rather take information that is described in a narrative for granted. Especially under conditions of low involvement respondents may process information used in a narrative in a heuristic way (Chaiken, 1980), via peripheral routes (Petty and Cacioppo, 1986), and with low attention and effort (Brosius, 1999).

The second possible advantage of using narratives is the ability of narratives to transport the respondent into the message. Narrative transportation can be defined as a strong indulgence to be drawn into a text. Respondents can become absorbed or even lost in a (fictional) story. Narrative transportation leads to persuasion through reduced negative cognitive responding, realism of experience, and strong affective responses instead of persuasion via elaboration-based explanations (Edson-Escalas, 2004, Green and Brock, 2000).

A study by Edson-Escalas (2004) examined the effects of narrative transportation on attitudes and intentions. Students had to look at different advertisements for running shoes; a distinction was made between a narrative and a non-narrative version. The results of the experiment showed a positive effect on attitude evaluation after narrative transportation. In the conclusion it is mentioned that narrative processing persuades via transportation (p. 8). The transportation into the narrative led to positive feelings and the reduction of critical cognitive responses. Transported respondents may hold their beliefs more consistently with a story than with a non-narrative text. Narratives may be more persuasive than non-narratives due to the possibility of the transportation process.

Mar et al. (2002) add to the process of narrative transportation a third conceivable advantage, namely the possibility of narratives to elicit emotions.

The third advantage of narratives occurs when people are exposed to some kind of information that addresses the personal emotions, and as a consequence the attitudes and beliefs can be changed in a particular direction (Tal-Or, et al, 2004). The attitudes and beliefs that people hold are a product of their personal emotions, experiences and memories. The affective tendency to elicit emotions that narratives can include could be important for persuasion, as emotions can serve as a guide to perform certain behaviour (Mar et al., 2002).

A study discussed in Mar et al. (2002), demonstrated that by exposure to narratives more emotional memories were elicited than by exposure to semantic information. It was explained that narratives include an element of an affective nature that bring the reader closer to the actual experience and personal emotions and memories appear. Emotions can be examined by looking at the process that people are engaging in when they are experiencing the emotions (Mar et al., 2002).

This process can be explained as follows: positive or negative emotions inform the individual whether it is necessary to take action. As cited in Mar et al. (2002), "emotions exist for the sake of signalling states of the world that have to be responded to, or that no longer need response" (Frijda, 1988, p. 354). If someone experiences negative emotions, it means that something is experienced as being inappropriate in the environment. The individual has the feeling that he/she needs to take action to resolve this situation. The individual needs more in depth understanding and information of the final goal, before implementing the suitable action that fits the situation. Regardless of whether the individual experiences positive or negative emotions, the emotion signals the individual about what kind of behaviour needs to be performed (Mar et al., 2002).

Another study that focused on the effects of using narratives was done by Golding et al. (1990). They compared the use of narratives with factual risk information about radon to determine whether the factual information or the narratives were more effective in drawing people's attention, imparting information, and modifying behaviour. Golding et al., used narratives because they "provide the flexibility and creative opportunity to build in cultural references, and the format necessary to emphasize the personal experiences of others in responding to risk information" (p. 30). It was presumed that stories that elicit emotions are a better way to draw attention, and they would also have a positive outcome on the memory of a respondent (Golding et al., 1990, Mar, et al., 2002). The results of this study revealed that narratives were better to draw the attention of the readers, and that the contents were better recalled compared to the factual risk information. The results could, however, not confirm a clear effect on behaviour change. The lack of this effect was ascribed to the type of narratives that were used in the study. Golding et al., used narratives that emphasized that most of the households do not have a high radon level. People might have assumed that the story on radon was not a real or important problem.

Christianson and Loftus (1991) mention that emotions improve the memory and are more effective when important events are discussed, but weaken the memory for less important events. It seems that the level of consequential involvement and the seriousness of the topic can also play an important role on the effects of using narratives.

In summary, information that addresses emotions appears to be essential for persuasion, as emotions possibly affect determinants of beliefs, attitude and behaviour (change). Narratives could be an effective tool to address personal emotions, and hence to change beliefs, attitudes and behavioural intention, and also to improve recall of important information.

There are additional theories that assert that narratives can be an effective persuasive tool. These theories are preliminary based on role modelling. Narratives can incorporate narrative characters that may be identified as role models. Role models may be important in the attempt to persuade. Narrative characters that perform recommended health behaviour may influence the normative beliefs, enlarge the self-efficacy, and may address the personal emotions. The effect of role modelling is listed as the fourth possible advantage of narratives, and can be supported by various theories. In the next chapter role modelling, related theories and possible (persuasive) effects when used in health interventions will be discussed.

3 NARRATIVES AND ROLE MODELLING

In this chapter the fourth possible benefit of using narratives in the attempt to persuade will be discussed. Narratives can include narrative characters that may have an effective power to influence a person's behavioural beliefs, normative beliefs, self-efficacy beliefs, and behavioural intentions. As Slater and Rouner (2002) mention, narrative characters can influence the beliefs and attitudes underlying the behaviour. A possible explanation for the influence that narrative characters can have on behaviour may be that these characters can function as role models for the audience. Galvotti et al. (2001) mention that interventions to prevent HIV/AIDS are most effective when they are personalised, affective, provide role models, and are linked to social and cultural narratives. Galvotti et al. claim that affective information and emotional narratives encourage attention and retention of information. Emotions can create opportunities for identification, and by personalisation of the message the attention is addressed individually and the message becomes more relevant. When cultural narratives are used, the information can easily be integrated into the social expectations, norms, values, and political and economic culture of the audience. Narratives are more applicable to audience's everyday lives than abstract issues. According to Galvotti et al. (2001, p. 1603), "role models provide examples of how to change behaviour, they can increase confidence in the ability to change the behaviour, and they can persuade the audience of the positive benefits of changing behaviour." The possible consequences of role modelling and social identification with narrative characters can be underpinned by various theories that will be explained in the following sections.

§3.1 Social Learning Theory

According to Bandura (1977) most human behaviour is learned observationally through modelling from observing others. People form ideas of how new behaviours are performed, and for later occasions this coded information serves as a guide for action. This theory predicts that "modelling influences learning primarily through its informative functions, "observers retain a symbolic representation of the modelled behaviour, which then serves as a blueprint for the behaviour" (Bandura, 1977, p. 23-24). Bryant and Zillmann (1994) also state that exposure to media might affect people's knowledge, attitude and behaviour by providing role models for observational learning. Role models could present a personalised situation and this could generate affections and emotions with a viewer or reader. A narrative character can function as a role model who has an outspoken opinion, a strong attitude, or can support certain (health) behaviour. An example given by a role model, who discloses his HIV positive status and promotes healthy behaviour, is the 'coming out' of the famous basketball player Magic Johnson. When he disclosed his seropositivity, the interest for AIDS information in the USA increased.

A general increase in the concern and discussion about the disease were found, and also the requests in HIV counselling and testing increased (Kalichman and Hunter, 1994).

Other positive results of using role models are shown in an experiment by Slater (2002), in which 204 episodes of AIDS-related programmes on radio broadcasting in Tanzania were used. Results showed that condom distribution increased significantly, health treatment increased, and also the number of control communities increased. Slater (2002) discusses factors that were of influence for this success: the use of narrative characters, story lines, the effect of role models, and the use of personal epilogues in all the radio broadcastings. Slater explains that the people were able to identify themselves with the situation illustrated in the stories and the situational actions served as guidelines to adapt to the same behaviour.

There are two conditions that have to be met before a character can be seen as a role model, and before respondents will identify themselves with the model to ascertain whether or not their own behaviour is appropriate. The first condition is that characters have to draw the attention, and need to express themselves as being distinctive in an ordinary situation. "People learn from a role model when this model draws attention to her- or himself" (Brosius, 1999, p. 216). Characters that form an exception draw more attention than characters that do not form an exception in a normal situation. Personalised stories regarding health issues in which exceptional, vivid and new information is presented are a better way to draw the attention of the readers than abstract information that is sometimes too difficult to reveal visually. Some health issues require specialised knowledge or background information; using personalised stories are, besides drawing more attention, less difficult to understand (Brosius, 1999).

The second condition for role modelling is that respondents need to be able to identify themselves with the character and with the situation illustrated in the narrative. Respondents can easier identify themselves with characters if there are some sort of similarities between the narrative character and the respondent. Physical proximity, age, and lifestyle similarities can determine the degree of identification with a narrative character (Maxwell, 2001). Narratives need to present source expertise, popularity, or any similarity with the respondent (Petty and Wegener, 1998). Empirical studies show that the behaviour of role models that have any similarity with the respondent with respect to age, gender and social status are more likely to be imitated than the behaviour of other role models. It could be that female role models are more often and easier imitated by female respondents than by male respondents, and the same could be the case with male narrative characters and male respondents (Brosius, 1999). If respondents have any (perceived) similarities with the narrative character, this may increase feelings of commitment and personal involvement. The role models' attitude and behaviour might be perceived as the right norm and hence this may influence the respondents to adopt the same attitudes and behaviour in their own repertory (Tal-Or et al., 2004).

An example study on role modelling is the one of Brosius (1999) who set up an experiment with 159 respondents, and tested whether similarities between the narrative characters and the respondents increased the persuasive power. The hypotheses of this study were based on the social learning theory (Bandura, 1986). The results could not confirm that the effects of identification increased when there were more similarities between the role models and the respondents, which made the conditions regarding exemplars serving as role models rather ambiguous. However, the results did show positive outcomes on using narrative role models in general.

The results showed that the distribution of the less valid individual narratives had significantly more effects on the perceptions of the respondents' attitudes than the valid base-rate information. The results of this study confirmed the prediction that the perception of problems can be more strongly influenced by singular less valid exemplars, which process more vividness and emotional proximity, than by providing valid base-rate information. According to Brosius, a possible explanation might be that respondents make use of heuristics when they receive new information and are not really involved in the subject. "Respondents rely on observations of individual cases in order to form an impression of a general tendency" (p. 223). This means that people who are less interested or involved in a topic can be guided more strongly by peripheral features, as narrative role models, and can therefore be more likely forget about the true validity of these exemplars.

Another study that is based on role models and the theory of Bandura, is a study by Piotrow et al. (1990), results of this study showed positive effects on using role models in television broadcasts, which included emotional episodes on family planning in three cities in Nigeria. The results indicated that the majority of people could recall the message in the soap and also the number of people who visited a health clinic increased (Piotrow et al., 1990, Tal-Or et al., 2004). A possible explanation can be that respondents who identify themselves with characters develop an emotional bond with the role model and are seen to be like them by adopting similar attitudes, beliefs and behaviour (Brown and Basil, 1997).

In addition to social learning, the theory of social comparison (Festinger, 1954) may also be relevant for the possible persuasive effects of using narratives and narrative characters. This theory will be discussed in the following section.

§3.2 Theory of Social Comparison

According to the theory of social comparison (Festinger, 1954), people compare themselves with others not only because of perceived similarities or perceived commitment, but also because people have an indomitable need for accurate perceptions of their own beliefs, attitudes, abilities, and certain behaviour.

The theory assumes that people have a drive to evaluate their opinions, attitudes, beliefs and self-efficacy, and that in the absence of objective bases for comparison, the need to evaluate can be satisfied by engaging in a social comparison with others (Festinger, 1954). Festinger theorises that people compare themselves with others, because people aim to avoid potential disappointments resulting from inaccurate assessments of their abilities and opinions.

By using narratives an opportunity can be created for respondents to compare themselves with a character illustrated in the story (Green, 2000). If respondents have the drive to compare their own behaviour with the behaviour of a narrative character by a need for accurate perceptions of their own attitudes and self-efficacy, it may increase feelings of security and self-ability. The respondents' belief in self-efficacy might increase and respondents might adapt more easily to the recommended health behaviour (Hagger et al., 2001).

An experiment by Papa et al. (2000) tested the theory of social comparison and used radio broadcasts in India to expose the soap series called Tinka Tinka Sukh, which consisted of 104 episodes. Tinka Tinka Sukh was a media program that led to high levels of social comparison of the listeners with the characters in the soap series. In the communities where the show was broadcasted a decrease in substance abuse, smaller sized families, and increased gender equality were noticed. Papa et al. (2000) ascribe these results to social role modelling and social identification of the audience with the narrative media characters. They mention that "media programs that make use of [influential] narrative characters, can create a socially constructed learning network in which, people appraise and deliberate ideas, attitudes and opinions, and identify possible steps to initiate social [behaviour] change" (p. 50). This means that role models may serve as guides, provide guidelines and security to follow the same behaviour.

The phenomenon of role modelling is also explained by a third theory called the social network theory, which is fairly similar to the theory of social comparison.

§3.3 Social Network Theory

The social network theory suggests that individuals function within social networks that establish norms for behaviour, including safer sexual behaviour, and that these social networks enforce dedication to these norms (Fisher, 1988, Kelly, et al. 1992). For instance, according to the social network theory, influential characters, or opinion leaders, who are appreciated widely and who have the capacity to establish and implement social norms, play an essentially important role in changing STD/HIV preventive behaviours (Fisher & Fisher, 1992).

Social networks can establish norms that have relevance with safer sexual behaviour, via supplying supportive (new) information of a particular safer (or risk taking) norm, or through directly socially reinforcing safer norms, or through stigmatising risky norms and behaviours that are related to these norms.

A narrative character that is performing certain behaviour might be able to influence the audience by giving them moral support, a feeling of safety and strength to adapt to the same behaviour. A narrative character could be seen as a role model who proves to benefit from performing a healthy behaviour. A respondent might identify with the role model and accept the social norm and the behaviour. In conclusion, narrative characters may have a potential positive effect on the attitude, self-efficacy, and normative beliefs with respect to a particular behaviour change of the respondents. It is, however, not ambiguous that narrative characters are perceived as role models, or that the recommended health behaviour is naturally accepted.

Narratives and their characters do not necessarily have a persuasive effect on the audience. Some studies that show conflicting outcomes with previous discussed narrative theories will be discussed in the next section.

§3.4 Disadvantages of using narratives

It is not guaranteed that narratives and narrative characters always lead to positive effects on behaviour change. An example is a study of Beasler and Burgoon (1994) in which they discuss the results of some experiments that did not show consistency in the effects of using narratives. In some of the experiments that are discussed, the results showed that the narratives were more persuasive than the statistical information, but in other studies results showed the contrary. In one of the experiments the vividness of anecdotal information in comparison with statistical information was manipulated. It was found that the statistical information was more effective than the use of the anecdotal narratives. Beasler and Burgoon mention that statistical information was more persuasive, because in this case it could have been the statistical information that was employed in a heuristic way. They call this the *sample size heuristic*, which means that respondents are persuaded by the statistic sample sizes and are able to generalise the statistics more easily. People could label a message as persuasive if the evidence that is used reflects the attitude of a larger population instead of evidence that is presented by an individual narrative exemplar (Massi, 2003).

A study by Hoeken and Hustinx (2003) also found that narratives were less persuasive than the use of other types of information. They ascribe the results to the type of narratives that they used. The short individual narratives were probably not suitable enough for persuasion anyhow.

This presumes that the use of short individual narratives which emphasize a particular aspect of a problem may not be feasible enough to generalize into a relevant situation.

Another study that compared narratives with statistical information is a study by Ah Yun and Massi (2000). The results of this study showed that the respondents rated the statistical information as more persuasive than the narratives that were used. Also in this study the results were ascribed to the respondents, who thought that the narratives were not realistic enough to generalize into a relevant situation. The respondents mentioned that only the information based on the statistics could be stated as relevant and reliable.

A study of Jansen et al. (2005) verifies the importance of so- called *perceived realism* of a text. In this study the effects of different exemplars were examined. Jansen et al. mention that perceived realism was not explicitly discussed in previous studies, but could be an important variable that may have an influence on the persuasive effects of a text. The results confirmed this expectation. Results showed a significant relation between the perceived realism and the effects of the texts they examined. Jansen et al. conclude that when using narrative exemplars the perceived realism of the text is an essential variable to keep in mind.

Apart from the perceived realism of a narrative text there may have been other important factors that could have influenced the test results. Other possible factors could be, for instance, the type of topic that was used and the respondents' consequential involvement with the topic. Hoeken (1998), for example, describes that for some respondents a really serious topic with a very high level of consequential involvement may lead to a negative reaction when a narrative style of writing is used. The level of the consequential involvement with a topic influences the level of importance to have the right attitude regarding the topic. People with a high level of consequential involvement search for strong arguments and when the arguments are not provided this can lead to a negative attitude (Hoeken, 1998, p. 94). For example, for some people an HIV text might be a very important issue with a high level of the consequential involvement. When such a text does not provide strong and serious arguments it might lead to negative feelings and this may lead to a negative attitude towards the topic. (Hoeken, 1998, p. 97-98). The seriousness of a topic and the level of the consequential involvement might also influence the persuasiveness of narrative texts

Results of the studies discussed above show that exposure to different types of information can influence the persuasive effects of a message. An unambiguous conclusion on the effects of narratives cannot be drawn. Especially the results of using narratives in persuasive serious health messages seem to be inconsistent. Besides the criticism on the perceived realism of narratives and the consequential involvement, there are almost no definite results of the effects of anecdotal narratives in HIV/AIDS messages on the three determinants of behaviour change. The incompatible outcomes and the lack of results in this specific area make it even more interesting to investigate this topic. However, before the research question and the hypotheses can be presented, it is necessary to discuss some other variables, the so-called distal variables.

Apart from *exposure to media interventions,* there are according to the Integrative Model of Behaviour Prediction (Fishbein and Yzer, 2003) other distal variables that can play an indirect role in influencing the behaviour change determinants (see Figure. 1). The additional distal variables that may be of influence for the persuasiveness of health (HIV/VCT) documents are discussed in the following chapter.

4 OVERVIEW OF INTERVENING VARIABLES

Apart from *exposure to media interventions* there are other distal variables that may have an influence on the critical determinants of behaviour change. The list of potential intervening variables or distal variables is endless (Fishbein and Yzer, 2003). However, there are some relevant distal variables that can have specifically a positive or negative effect on the persuasiveness of media interventions. The distal variables, discussed in the next section, are selected on their possible relevance with health documentation in South Africa.

§4.1 Selection of distal variables

On the list of *distal variables* of the Integrative Model of Behavioural Prediction, *culture* seems to be an important variable that can have an influence on human behaviour. For the design of persuasive health messages, audience analysis play a fundamental role in the success of a persuasive document as different people can react differently to a text (Petty and Wegener, 1998, Perloff, 2001). Several studies, for instance De Mooij (1998) and Hoeken and Korzilius (2001) have shown that it is important to take the cultural background of the target population into account when designing persuasive (health) messages. A study by Le Pair et al. (2000) found that respondents from different cultures can respond different to design choices. The reason is that people from different cultures can react differently to values and beliefs that are emphasised in certain health messages, as people from different cultures can interpret values and beliefs in a different way. Researchers have found that HIV prevention messages must also be placed within the cultural context of the specific population in order to speak relevantly to the complex issues of identity, community, and economics that are characteristic of different culture groups (Myrick, 1999).

South Africa has a multicultural population and it is important to realise that differences in cultural background may be of influence on the results of this study. However, culture is a very complicated variable to measure. Culture can be verified in several types of dimensions (see Hofstede, 1999). The cultural dimensions of Hofstede are not always unambiguous, easy to identify or to measure. In this study it is decided that cultural differences are measured with the *ethnical background* of the respondents. Although this might raise a problematic area, and can ethnical background not be the same as the cultural background, it can serve as a close and simpler determinant to measure possible cultural differences between the respondents. The next variable, the demographic background, is divided into several other personal matters.

The second distal variable that may be as relevant as culture is the *demographic background* of the respondents. This variable includes personal matters such as, age, gender and occupation. The demographic background can play a role in the effectiveness of a VCT text. Petty and Wegener (1999) have shown that differences in *gender* can lead to differences in text elaboration. Results of Petty and Wegener show that females may read a brochure in a different way than men do.

As far as *age* is concerned, there are also several studies based on the behaviour change models, which reveal that attitudes and perceived behavioural control are determinants that tend to have an influence on the intention of adults, with perceived norms having less of such a role. Other research has shown that perceived norm tends to have a stronger influence on behavioural intentions of young people, with attitudes and perceived behavioural control having less of such a role (Hagger et al., 2001). "This indicates that there may be developmental differences in the cognitive determinants of behaviour, and that people's behaviour can be subjective to a different determinant" (Hagger et al., 2001, p. 2). Different texts may lead to different outcomes, depending on which determinants the texts tries to address.

Another possible relevant demographic variable is the *occupation* of a respondent. This variable can be indirectly related to the social and economical environment of the respondent. The social and economical background of a person can influence the initial attitudes regarding certain topics. (Wegener and Petty 1998, 1999) and perhaps also on the changes of beliefs, attitudes and behavioural intention.

The third and fourth variables that may influence the elaboration of a health message, brought about by exposure to different media, are the respondents' motivation and the ability to get involved in the message (Petty and Cacioppo, 1986, 1996, O'Keefe, 1995). It is important that respondents who are being exposed to an HIV/VCT message have the motivation to take their time and spend the effort to read the information carefully. There are two factors that are essential for the motivation (Petty and Cacioppo, 1986). The first factor is *involvement* with the issue or topic that is discussed. Whether a respondent is involved or not with HIV/AIDS and VCT, could be an intervening factor influencing the motivation to read a health message on this topic. In general, "attitudes that change under high levels of involvement tend to last longer than attitudes that change under low involvement. In addition, high involvement processing is known to narrow the latitude of acceptance and polarise evaluation by increasing the amount of thinking" (Kihan, 2002 p. 3a). This means that people with a high level of involvement might look for more realistic and serious arguments that people with a low level of involvement.

The second factor that is relevant for the motivation is the *need for cognition*. The need for cognition is the respondents' tendency to engage in and enjoy thinking about a message. Petty and Cacioppo (1986) consider the 'need for cognition' to be a rather stable individual difference that motivates individuals to elaborate issue-relevant arguments, regardless of topic or situation (Petty and Cacioppo 1996). "Persons in high need of cognition have a need to think about and elaborate on information as part of a search for self constructed reality. Persons in low need of cognition lack this need to deliberately engage in the self-construction of perceived reality" (Petty and Cacioppo, 1986). A person in low need of cognition might look for heuristics or gradual shifts in a message (Petty and Cacioppo 1986), followed at some time by attitude change (Krugman, 1965). Respondents in low need of cognition focus on perceptions (brand logos, emotional configurations). This may imply that respondents who have a low need for cognition might give preference to exposure to an episodic text instead of an abstract message that is more difficult to understand. Subsequently, this could imply that people with a low need for cognition can easier be persuaded by heuristics and/or emotions than people with a high need for cognition who will be inclined to search for strong arguments before they are satisfied or persuaded.

Also the ability of the reader to get involved in the health message depends on two factors. The first factor is the *distraction* in the persuasive setting. If a conditional situation is too distracting for the readers they will look differently at a text than when the condition of situation is peaceful and quiet. The situation has an influence on the opportunity to engage in deliberative or spontaneous processing of information. 'Deliberative' means that before one makes a decision, the consequences are carefully considered. According to Krunglanski and Thompson (1999) individuals will engage in deliberative processing when they have a high fear of failure or when the consequences on a particular action can be bad or dangerous. If there is more risk attached to a decision, an individual will be more likely to make a decision deliberative instead of spontaneous (Fazio, MODE model, 1999, Zanna, 1990).

The second factor is the *prior knowledge* of the respondent of the topic or issue. Prior knowledge of a respondent is obtained by information that has already been processed or by past experiences. There is a difference between direct and indirect experience with a topic. Direct experience means that a person is personally involved or familiar with the topic. Indirect experience means that a person is not personally involved with the topic / issue, but has gathered some knowledge. In case of HIV/AIDS and VCT, direct involvement could mean that the respondent has been for an HIV test. Indirect involvement could mean that a friend of the brother of the respondent's girlfriend has been for an HIV test. The respondent has indirect knowledge about VCT based on the information that is obtained via his girlfriend. Direct and indirect experience can play an important role on the effectiveness of an HIV document. Readers, who have direct experience with the subject, in this case HIV and VCT, may perceive a text in a different way compared to persons who have no direct experience with the topic.

Due to direct experience with the topic, a person may have already created an attitude on the basis of direct experience on the issue (Fazio, et al., 1999, Zanna, 1990). "Common sense suggests that beliefs based on one's own direct experience will be more difficult to change than those on information provided by others" (Fishbein and Yzer, 2003, p.175). Bagozzi and Kimmel (1995) claim that a person who has participated in certain behaviour has already made the decision to engage in the behaviour. This person is therefore more likely to form an intention to engage in the behaviour without deliberating over the attitudes, perceived norms and perceived control, provided that the conditions associated with the behaviour remain the same. In this case, the prediction of intention by past behaviour will reduce the impact of the other social cognitive variables, namely attitude, perceived norms and perceived control" (Hagger et al., 2001, p. 4).

The list of distal variables is inexhaustible and each variable may influence (individual or in combination) the effects of any persuasive (health) message. The four main variables, discussed above, may be of special importance regarding the effects of narrative or non-narrative health messages. The hypotheses that can be formulated based on the narrative theories and the distal variables will be presented in the following chapter.

5 RESEARCH QUESTION AND HYPOTHESES

The aim of this study is to contribute to the search for effective ways to influence the determinants of behaviour change in written health interventions. Narratives may influence a person's behaviour in a different way than other types of information do. Narratives could have an influence on the readers' attitude, the perceived norm, the self-efficacy and hence the behavioural intention. This may specifically be the case when respondents are emotionally addressed by a story, when they are transported into the story, and when they compare themselves with the narrative characters and identify this narrative character as their role model, e.g. because they are of the same sex as the narrative character.

§5.1 Research question and hypotheses

From the literature discussed above, it may be presumed that narratives may have a positive outcome on the critical behaviour change determinants. However, research seems necessary to find clear effects on using narratives. The main research question that is formulated for this study is:

What are the effects of a narrative VCT text in South Africa on attitude, self-efficacy, perceived norm, and behavioural intention of the readers, compared to a non-narrative VCT text? The following 0-hypotheses will be tested.

Hypotheses

1. Attitude

1a) there is no difference in effect on attitude between a non-narrative VCT text, a narrative VCT text with a male narrative character, and a narrative VCT text with a female narrative character.

1b) there is no difference in effect on attitude of male respondents and female respondents between a narrative VCT text with a male character and a narrative VCT text with a female character.

2. Perceived norm

2a) There is no difference in effect on perceived norm between a non-narrative VCT text, a narrative VCT text with a male narrative character, and a narrative VCT text with a female narrative character

2b) There is no difference in effect on perceived norm of male respondents and female respondents between a narrative VCT text with a male character and a narrative VCT text with a female character.

3. Self-efficacy

3a) There is no difference in effect on self-efficacy between a non-narrative VCT text, a narrative VCT text with a male narrative character, and a narrative VCT text with a female narrative character

3b) There is no difference in effect on self-efficacy of male respondents and female respondents between a narrative VCT text with a male character and a narrative VCT text with a female character.

4. Behavioural intention

4a) there is no difference in effect on behavioural intention between a non-narrative VCT text, a narrative VCT text with a male narrative character, and a narrative VCT text with a female narrative character.

4b) there is no difference in effect on behavioural intention of male respondents and female respondents between a narrative VCT text with a male character and a narrative VCT text with a female character.

5. Recall

5) Respondents do not differ in recalling the contents of a VCT text after they have read a non-narrative text, narrative text with the female character, or a narrative text with the male character.

6. Need for cognition

6) The critical behaviour change determinants (attitude, perceived norm, self-efficacy, and behavioural intention), text preference, and recall are not related to the need of cognition of the respondents.

7. Direct experience and behaviour

7) The effects of a non-narrative VCT text, a male narrative VCT text, and a female narrative VCT text on the critical behaviour change determinants (attitude, perceived norm, self-efficacy, and behavioural intention), text preference, and recall are not related to the direct experience of the respondents.

6 METHOD

In the first section of this chapter the design of the experiment will be presented (§6.1). In the following sections the respondents (§6.2), the material (§6.3), the translation and pre- test (§6.4), and the measures (§6.5) will be discussed. In the final section (§6.8) the procedure of this experiment will be explained.

§6.1 Design

A 3 X 1 study design was employed to measure the effect of "behaviour change" by means of VCT texts. Three different text versions discussed the same topic (VCT) on one page. Two texts included a narrative regarding VCT, and the other text was based on factual risk information regarding VCT. The two narrative texts were completely the same, except for the gender of the character in the narrative. A between subjects design was used: each respondent received only one text: A. (containing facts), B. (male narrative) or, C. (female narrative). Each respondent received an identical questionnaire.

§6.2 Respondents

The people who participated in the experiment were living in the Western Cape, KwaZulu-Natal and Gauteng. Almost all respondents work in the tourist industry. In total 209 people participated in the study, but only 203 questionnaires were filled out completely and could be used for the experiment. Respondents received one text. In total 93 respondents were presented with text A (facts); 45 respondents with text B (narrative male); and 65 with text C (narrative female). The age of the respondents was between 26 and 35. There were 106 male respondents and 97 female respondents. For other specifications, *see* Table 1 (Results).

Approximately 100 respondents were questioned during the INDABA on the 7th, 8th, and 9th of May in Durban. The INDABA is a tourism trade fair in Southern Africa. Unfortunately, due to the hectic organisation of the trade fair it was impossible to collect all the questionnaires that were distributed at the trade fair. To reach the necessary number of questionnaires, other respondents were approached after the tourism trade fair. These respondents were also working at tourism related companies in the Western Cape and in Johannesburg.

§6.3 Materials

For the experiment three different texts were used. One text was based on a factual representation of information regarding VCT. The other two texts were based on a VCT narrative with either a male or a female character. The core message in all three text versions emphasised why one needs to go for an HIV test. In brief some advantages and disadvantages of a test were mentioned. It was explained that living with a positive outcome is better than not knowing one's HIV status. Self-efficacy was

promoted by emphasising the ability of the reader to go for a test. The text promoted that going for a test is not difficult and that people are able to go by themselves. The texts were kept as short as possible, to keep the attention of the respondents. The narrative texts were based on stories and documentation that were spread through South Africa, to make the narratives as realistic as possible. A brief overview of the contents and the manipulation of the texts are presented below.

Text A:

Text A included simple information on general aspects regarding VCT. The text was based on original VCT brochures that were distributed in South Africa recently. Topics that were mentioned in the text were 'before having an HIV test', 'the test procedure', 'being positive', 'being negative', 'the advantages of knowing the status', and 'further help' (See appendix I).

> "Having an HIV test can help to save your life and the lives of others. But it can also be scary and life changing. You need to be sure you understand the implications that the result of this test could have on your life.
> Before taking an HIV test, you have the right to have pre-test counselling from a trained counsellor who will help you to make an informed decision about having the test…"

Text B:

The story in text B was about a man called John. He had had several relationships and he had not always practised safe sex. In the story he talks about his personal experience, how he went for VCT and turned out to be HIV positive (See appendix II).

> "Hi, my name is John; I would like to share my personal VCT experience with you. A year ago I experienced a turning point in my life and I convinced myself to get tested for HIV. I did not have a girlfriend at that time but I had had a few casual relationships. Most of the time we used a condom, but I knew that sometimes I had not taken the precautions I should have. I realised that the only way to find out if I was infected with HIV was by getting a test……"

Text C:

Text C was identical to the text B, apart from the fact that the story in text C was about a woman called Joan. She had had several relationships and she had not always practised safe sex. In the story she tells about her personal experience, how she went for VCT and turned out to be HIV positive (See appendix III).

"Hi, my name is Joan; I would like to share my personal VCT experience with you. A year ago I experienced a turning point in my life and I convinced myself to get tested for HIV. I did not have a boyfriend at that time but I had had a few casual relationships. Most of the time we used a condom, but I knew that sometimes I had not taken the precautions I should have. I realised that the only way to find out if I was infected with HIV was by getting a test……"

§6.4 Translation and Pre-test procedure

All three texts were roughly equated for length of one *A4* page (the factual text: 450 words / the female narrative and the male narrative texts: 500 words). The texts were written in English. The language in the texts was kept as simple as possible. The basic information for all text versions was taken from original brochures, magazines and pamphlets about HIV/AIDS in South Africa to establish authenticity in the messages. A member of the Language Centre in Stellenbosch checked the English style, grammar and spelling of all materials. One reason to have the language checked was that the experimenter and (re) writer of the texts was not a native English speaker. Another reason for checking the material was that structure and style of written South African English might slightly differ compared to British English. After having checked the texts on clearness, spelling and usability, Prof. L. de Stadler of the Language Centre in Stellenbosch agreed on the final documentation that was used for this experiment.

§6.5 Measures

Five point Likert-type responses from "Totally agree" to "Totally disagree", five point semantic type responses, multiple answers, and several open formats were used to ask the respondents about their perceptions of each item. The response items were varied per site to keep the attention of the respondent. All respondents received an identical questionnaire after reading text A, B or C. (See appendices). When analysing the answers, the reactions to the questions representing the same construct were averaged. In case of text B or C, the respondents were asked to fill out whether they identified themselves with the main character of the narrative text. They were also asked to give their motivation for this answer, by the option of choosing multiple answers. The questionnaire was validated in two ways. First, the items were, where possible, retrieved from previous studies from Netemeyer, et al. (1991), Hart, de and Birkimer, (1997), Koopman and Reid (1998), and Conner and McMillan (1999), who have also examined the same variables in their studies regarding behaviour change. Secondly, the internal consistency of items that were meant to reflect the same variable, were determined by calculating Cronbach's alpha. The items of the questionnaire are described below.

Manipulation Check

Six questions (numbers 15, 16, 19, 22, 23 and 24) assessed whether the manipulation of the texts had been successful, i.e. and whether respondents evaluated the non-narrative text as a factual text and the narrative texts as stories. The respondents were asked to indicate to what degree the text they had read was based on facts regarding VCT or a storyline on VCT. With univariate analyses it was tested whether the difference between the texts was significant. These questions were presented in the format of a 5-point Likert scale. The consistency between the six questions was not sufficient enough (Cronbach's alpha: 0). Hence it was decided to use question number 19. (= The brochure gives a more factual representation about VCT in stead of telling a story about VCT) for further analyses. This question was chosen as it was regarded by the researcher as the clearest and easiest question. It was expected that none of the respondents would have had any difficulties in answering this question. The contrary could have been the case for the other questions, which were formulated more complicated.

Evaluation

Questions number 2 through 14 assessed whether respondents appraised differences in types of texts. The respondents were asked to rate the text they had read, and evaluate whether they perceived the text as real. The questions were presented in the format of a 5-point Semantic scale (Cronbach's alpha: 0.71). One question was included that referred specifically to the perceived realism of the text. (= The text seems realistic / unrealistic). This question was analysed individually, to test whether *perceived realism* was an influential variable.

Four questions (numbers 17, 18, 20 and 21) assessed whether respondents preferred a specific type of text in general. The respondents were asked to give their general opinion about facts and stories in health brochures. These questions were presented in the format of a 5-point Likert scale. The consistency was not sufficient enough (Cronbach's alpha: 0), consequently a decision was made to use question nr 17. (= I prefer anecdotal information about a topic such as VCT) for further analyses. The main reason why this question had been chosen was because it could have been that the respondents had difficulties by answering the other questions. As for example, question nr. 18, merely presenting the facts about VCT would not persuade me to go for VCT and question nr.20, a convincing story, rather than mere facts, about VCT will convince me to go for VCT, are formulated far more complicated than question nr. 17.

Attitude

Attitude was measured by having respondent's rate their opinions regarding VCT and unsafe sex. The ten questions were presented in a 5-point Likert scale format (Cronbach's alpha: 0.73).

Perceived Norm

Perceived norm was measured by having respondents rate norm-related questions regarding others and VCT behaviour. The ten questions were presented in a 5-point Likert-type response format (Cronbach's alpha: 0.68).

Self-efficacy

Self-efficacy was measured by having respondents' rate self- ability-related questions regarding their own belief in being able to go for VCT. The ten questions were presented in a 5-point Likert-type response format (Cronbach's alpha: 0.68) (if item 53 was deleted).

Behavioural intention

Intentions to go for VCT were measured by having respondents' rate their future possibility in going for an HIV test. The ten questions were presented in a 5-point Likert-type response format (Cronbach's alpha: 0.79).

Direct behaviour

Three additional questions regarding the direct behaviour and the possible 'peer' of the respondent were included in the questionnaire. The respondents were asked if they would go for VCT straight away. The answer could be given by choosing: yes/ no/ not sure. They were asked to motivate this answer, in case the respondent had filled in that he/she did not want to go for VCT straight away. One question was asked to determine possible peers of the respondent. The respondent was asked, "If you are planning to go for VCT, whom will you tell about this?" This question could be answered by choosing multiple options: my friend(s) / my family / my partner / my doctor / no one /__ . This question was included because it could be that the confidant has a possible influence on the behaviour of the respondent.

Recall

Three open questions where asked to check if the respondents could recall the information they had read in the brochure. These questions were asked to measure the difference in recalling the contents after reading the male narrative text, the female narrative text, or the non-narrative text.

Distal variables

In total 32 questions about the demographic background and other personal variables of the reader were asked. Three questions assessed the *personal / direct experience* of the reader with HIV/AIDS. These questions were asked to find out if direct experience was an influential variable; regardless of the text a respondent had read (Fazio et al., 1999). The questions about direct or indirect personal experience could be answered by choosing yes/ no/don't know/do not want to fill out.

Other variables that were assessed were *gender, age, and ethnical background* of the respondent. These questions were asked to find out if these cultural and demographic variables were influential variables on the behaviour change determinants. The demographic variables (e.g. age, ethnical background, gender) were used as independent or covariates in the analyses of variance. The respondents were also asked if they had a *partner* and whether the partner had ever been tested for HIV. The final set of questions assessed the *need for cognition:* an 18-item battery developed by Cacioppo, Petty, and Kao (1984) was used. These questions were presented in a 5-point Likert-type response scale (Cronbach's alpha: 0.71).

§6.6 Procedure

The experiment took place between May and June 2005. Approximately 100 questionnaires were collected at the INDABA in Durban. The questionnaire was distributed at the boots of South African tourism companies. The respondents were asked to read the text and fill out the questionnaire. Sometimes the questionnaires were filled out straight away; others needed to be collected after the trade fair. It took about 20 minutes for the respondents to fill out the questionnaire. During three days at the INDABA, approximately 50% of the questionnaires that were distributed were filled out and handed back. The respondents who filled out the questionnaires were thanked for their participation. Unfortunately the remaining 50% of the questionnaires that were distributed at the trade fair never returned.

To reach the number of respondents that were necessary for this experiment the Tourism Company called Tourism Unlimited SA was approached. This company was willing to help and distribute the questionnaires among the different departments in the Western Cape. The managers of the departments in Cape Town, for instance, were asked to send an email to their employees asking them to participate in the study. A general e-mail was sent to all employees by the end of May, including information on the procedure of the study. The respondents were informed about the aim of the study (the improvement of HIV/AIDS brochures). Participation was introduced as an individual task, and the privacy of the respondents was guaranteed. The respondents were asked to read the brochure and fill out the questionnaire. They were informed that they had two weeks time to fill out the questionnaire and return it to their manager. When necessary the managers or the experimenter were asked to help or give a more comprehensive explanation of the study. All respondents and managers received an e-mail of appreciation for their time and help and the managers of Tourism Unlimited received three bottles of wine for their support. The last couple of questionnaires were collected around the 15th of June 2005. In total 209 questionnaires were collected, only 203 were filled out completely and could be used for the study.

7 RESULTS

In the first section of this chapter the demographic characteristics of the respondents are presented (§7.1). In the next sections the results of the manipulation check (§7.2) and the analysis of the descriptive statistics (§7.3) will be discussed. In §7.4 the effects of the variable text version on the variable perceived realism will be presented. These results will make clear why the 'perceived realism' had to be used as a covariate in the analyses of variance in which, the hypotheses about the effects of various independent variables on behaviour change determinants and recall were tested, and in which text version served as one of the independent variables. Apart from text version, also the (demographic) variables such as age, ethnical background and gender, and the direct experience served as independent variables in the analyses of variance. Perceived realism and the need for cognition served as covariates in these analyses. The results of these analyses will be presented in §7.5. Based on the outcomes the specific results regarding the hypotheses on need for cognition and direct experience will be discussed separately. The chapter ends with a qualitative overview of various comments that were given on the brochures (§7.6).

§7.1 Demographic variables

In total 203 respondents participated in this study. There were 106 male respondents (52.2%) and 97 female respondents (47.8 %). There was no significant relation between the gender of the respondents and the text they were presented with ($F < 1$). Most respondents were between 26 and 35 years. This age category (between 26 and 35 years) was almost equally distributed for text A (44.1%), text B (46.7%) and text C (49.2%). There was no significant relation between the age *category* of the respondents and the text they were presented with ($F < 1$). From all respondents 43% were working as front office / sales employees in the tourism industry. The other 57% of the respondents were also working in the tourism industry but in different jobs. The division per ethnical background was as follows: 84 (41.1%) respondents were white, 66 (32.5%) respondents were coloured, 46 (22.7%) respondents were black, one respondent (0.5%) was Indian, and 6 respondents (3.0%) were from other ethnical backgrounds. There was no significant relation between the ethnical background of the respondents and the text they were exposed to ($F (4, 203) = 1.7$ $p = .16$). The distribution per text of gender and ethnical background can be found in table 1.

Table 1: Demographic variables

Text version	Text A (Facts)		Text B (John)		Text C (Joan)	
	Male	Female	Male	Female	Male	Female
Black	7	14	8	5	5	7
Coloured	17	17	8	9	6	9

Indian	1	-	-	-	-	-
White	19	16	8	5	20	14
Other	2	-	-	-	3	1
Sub total:	46	47	26	19	34	31
Total:	93		45		65	

§7.2 Result of the manipulation check

The manipulation check was set up to test whether the manipulation of the texts had been successful. The results of the univariate analyses is presented in table 2. The Post Hoc test (Bonferroni) showed a significant difference between the non-narrative text A, that was intended to be perceived as a factual text, and text B and text C that were intended to be perceived as stories. The results showed that the text manipulation had been successful in such way that texts were perceived in a different way.

Table 2: Manipulation check.

Question19	Mean	Sd.	Min.	Max.	Results
Text A	3.7	1.1	2	5	$F(2,203) = 59{,}37$ $p < 0.00$ $\eta^2 = .73$
Text B	2.2	1.1	1	5	
Text C	2.0	1.1	1	5	

§7.3 Descriptive statistics

For all variables the mean (M), the Standard deviation (Sd.) and the range (minimum and maximum score) were examined. The questionnaire included 5-point Likert and 5-point semantic scales with 1 representing a negative score and 5 representing a positive score. See table 3.

Table 3:Descriptive statistics.

Item	Mean	Sd.	Min.	Max.
Manipulation check	2.9	1.0	1.0	5.0
Specific Evaluation (1=story/5=facts)	2.9	1.4	1.0	5.0
Text evaluation	3.8	.58	2.0	5.0
Attitude	4.1	.61	2.5	5.0
Perceived norm	3.4	.61	1.5	5.0
Self-efficacy	3.7	.61	1.7	5.0
Behavioural	3.2	.89	1.0	5.0

intention				
Need for Cognition (1=low/5=high)	3.4	.46	2.1	4.6

§7.4 Perceived realism

The respondents were asked to give their perception of the 'perceived realism' of the text they were presented with. The variable 'perceived realism' was used as dependent variable and the text version as independent variable. It turned out that 'perceived realism' was an important variable and results showed why this variable was used as covariate in the following univariate analyses. The results showed that there was a significant effect of text version on 'perceived realism'. Results showed that all the scores on perceived realism were fairly high. However, the results of Post Hoc tests (Bonferroni) showed that the non-narrative text A turned out to be judged as significantly more realistic than the female narrative text C.

Table 9. Perceived realism

	Mean	Min.	Max.	Perceived realism
Text A	4.4 (.09)	4.2	4.6	$F(2,203) = 4.45$ $p = < .05$ $\eta^2. = .04$
Text B	4.2 (.14)	3.9	4.5	
Text C	3.9 (.11)	3.7	4.1	

§7.5 Univariate analyses

The hypotheses were tested with univariate analyses, to examine whether there were differences between the non-narrative text, the narrative text with a male character, and the narrative text with a female character on the behaviour change determinants (attitude, perceived norm, self-efficacy and behavioural intention). For each of the tests on the behaviour change determinants the distal variables were also included in the univariate analyses: the cultural and demographic variables (gender, ethnical background, and age), direct experience (independent variables), need for cognition, and the perceived realism of a text (covariates). Apart from the hypotheses about the effects of various independent variables on behaviour change determinants, all other main and interaction effects on the behaviour change determinants will also be discussed.

§7.5.1 Attitude

The 0-hypothesis for attitude predicted that there would be no difference in effect on attitude after reading a non-narrative VCT text, a narrative VCT text with a male narrative character, and a narrative VCT text with a female narrative character. An univariate analysis was performed to find possible main effects and interaction effects of the independent variable text version, gender, ethnical background, age, and direct experience of the respondents, on the dependent variable 'attitude towards VCT', and with need for cognition and perceived realism of the text as covariates. Results showed that the 0-hypothesis for the effect on attitude could not be rejected: there was no statistically significant effect of text version on attitude. (Table 4.) No other statistically significant main effects of text variable were found, nor any interaction effects of this variable and the other distal variables. Since there was no significant effect of text version and gender, the additional hypothesis on attitude could not be rejected either.

However there was a statistically significant main effect of the covariate 'perceived realism' and the attitude: $F(2, 203) = 3.16$ $p < .05$ $\eta^2 = .05$. The results of the correlation test (Bivariate) showed that there was a positive correlation between the respondents' attitude towards VCT and the perceived realism of the text ($r = .20$, $p = .01$).

Table 4. Effect on attitude.

	Mean.	Min.	Max.	$H0_1 = 0$
Text A	4.1 (.66)	2.5	5.0	
Text B	4.0 (.62)	2.6	5.0	$F(2, 203) = .81$ $p = .84$
Text C	4.1 (.56)	2.6	5.0	

§7.5.2 Perceived Norm

The 0-hypothesis for the perceived norm predicted that there would be no difference in effect on perceived norm after reading a non-narrative VCT text, a narrative VCT text with a male narrative character, and a narrative VCT text with a female narrative character. With an univariate analysis the three means for perceived norm were compared, to find possible main effects and interaction effects of the independent variable text version, gender, ethnical background, age, and direct experience of the respondents, on the dependent variable 'perceived norm regarding VCT', and with need for cognition and perceived realism of the text as covariates. Results showed that the 0-hypothesis on perceived norm had to be rejected: there was a statistically significant main effect of text version on perceived norm. The results of Post Hoc tests (Bonferroni) showed that the non-narrative text A and the male narrative text B had a significantly different effect on the perceived norm than the female narrative text C. (Table 5). No other statistically significant main effects of text variable were found, nor any interaction effects of this variable and the other distal variables. Since there was no significant effect of text version and gender, the additional hypothesis regarding perceived norm could not be rejected: $F(1, 110) = .31$ $p = .58$.

However a significant main effect was found for the covariate perceived realism and perceived norm: $F(2, 203) = 3.10$ $p < .05$ $\eta^2 = .04$. The results of the correlation test (Bivariate) showed a positive correlation between perceived norm regarding VCT and the perceived realism of the text ($r = .19$ $p = .01$).

Table 5. Effect on perceived norm.

	Mean.	Min.	Max.	$H0_2$ # 0
Text A	3.6 (.56)	2.2	4.8	$F(2, 203) = 3.8$ $p < .05$ η^2 0.12
Text B	3.5 (.64)	2.0	5.0	
Text C	3.1 (.58)	1.5	4.4	

§7.5.3 Self-efficacy

The 0-hypothesis for the self-efficacy predicted that there would be no difference in effect on self-efficacy after reading a non-narrative VCT text, a narrative VCT text with a male narrative character, and a narrative VCT text with a female narrative character. An univariate analysis was performed to find possible main effects and interaction effects of the independent variable text version, gender, ethnical background, age, and direct experience of the respondents, on the dependent variable of 'self-efficacy to go for VCT', and with need for cognition and perceived realism of the text as covariates. Results showed that the 0-hypothesis for the effect on self-efficacy could not be rejected: there was no statistically significant effect of text version on self-efficacy. (Table 6). No other statistically significant main effects of text variable were found, nor any interaction effects of this variable and the other distal variables. Since there was no significant effect of text version and gender, the additional hypothesis on self-efficacy about the interaction of these factors could not be rejected either.

However there was a statistically significant main effect of the covariate 'perceived realism' and the self-efficacy to go for VCT: $F (2, 203) = 3.32$ $p < .05$ $\eta^2. = .05$. The results of the correlation test (Bivariate) showed a positive correlation between self-efficacy and perceived realism ($r = .21$ $p = .01$).

Table 6. Effect on self-efficacy.

	Mean.	Min.	Max.	$H0_3 = 0$
Text A	3.8 (.62)	2.6	5	
Text B	3.8 (.60)	2.4	4.7	$F (2, 203)= .39$ $p = .68$
Text C	3.6 (.61)	1.7	4.8	

§7.5.4 Behavioural intention

The 0-hypothesis for the behavioural intention predicted that there would be no difference in effect on behavioural intention after reading a non-narrative VCT text, a narrative VCT text with male narrative character, and a narrative VCT text with a female narrative character. With an univariate analysis the three means for behavioural intention were compared, to find possible main effects and interaction effects of the independent variables text version, gender, ethnical background, age, and direct experience of the respondents, on the dependent variable behavioural intention to go for VCT, and with need for cognition and perceived realism of the text as covariates. Results showed that the 0-hypothesis for the main effect on behavioural had to be rejected: there was a statistically significant main effect of text version on behavioural intention.

The results of Post Hoc tests (Bonferroni) showed that the non-narrative text A had a significantly different effect on the behavioural intention than the female and male narrative texts. (Table 7). However, no other statistically significant main effects of text variable were found, nor any interaction effects of this variable and the other distal variables. Since there was no significant effect of text version and gender, the additional hypothesis on behavioural intention could not be rejected: $F(1, 110) = .43$ $p = .51$.

Again, there was a statistically significant main effect of the covariate 'perceived realism' and behavioural intention to go for VCT. Results showed a significant relation between behavioural intention and perceived realism. $F(2, 203) = 4.32$ $p < .05$ $\eta^2 = .06$. Results of the correlation test (Bivariate) showed that there was a positive correlation between behavioural intention and 'perceived realism' of a text ($r = .16$ $p = .05$).

Table 7. Effect on intention.

	Mean.	Min.	Max.	$H0_4$ #
Text A	3.4 (.79)	1.4	5.0	$F(2, 203) = 4.5 = p < .05$ $\eta^2 = .05$
Text B	3.2 (.98)	1.0	4.7	
Text C	3.0 (.90)	1.0	5.0	

§7.5.5 Recall of the contents

One hypothesis predicted that there would be no effect of text version on recall. The respondents were asked to answer three questions regarding the contents of the text they had read. For question number 25, "what is a window period?" the hypothesis could not be rejected. There was no significant effect on the text and the answers to this question $F(2,203) = .78$ $p = .46$. The hypothesis for question number 26, "how long does a quick test take?" could not be rejected either. The results showed no statistically significant effect on the non-narrative text, the narrative text with a male character, the narrative text with a female character, and recall. $F(2,203) = .91$ $p = .40$. It was remarkable that there was a significant effect on text and the answers that were given to question number 27, which of the advantages can you recall of VCT? The results of Post Hoc tests (Bonferroni) showed that the answers for text C differed significantly in comparison to text A. The contents (the advantages of VCT) were significantly better recalled for the female narrative text (mean: 1.05) than for the non-narrative text (mean .84). $F(2,203) = 3.48$ $p = < .05$ $\eta^2 = .03$. Based on question 27, the 0-hypothesis had to be rejected.

§7.5.6 Need for cognition

The 0-hypotheses on need for cognition postulated that the critical behaviour change determinants (attitude, perceived norm, self-efficacy, and behavioural intention), text preference and recall would not be related to the need for cognition of the respondents. Based on the results, one hypothesis had to be rejected: results showed a relation between need for cognition and attitude, $F(2, 203) = 4.46$ $p < .05$ $\eta^2. = .03$. Results of the correlation test (Bivariate) showed that there was a positive correlation between attitude and the need for cognition. ($r = .28$ $p = .01$).

§7.5.7 Direct experience and behaviour

The 0-hypotheses on direct experience predicted that the effects of a non-narrative VCT text, a male narrative VCT text, and a female narrative VCT text on the critical behaviour change determinants (attitude, perceived norm, self-efficacy, and behavioural intention), text preference and recall are not related to the direct experience of the respondents. As it was shown that no other statistically significant main effects of text variable were found, nor any interaction effects of text version and the other distal variables, none of the hypotheses on direct experience could be rejected.

However, the test results showed a main effect of direct experience and behavioural intention to go for VCT. Results showed that respondents who had already been tested for HIV had a significantly higher behavioural intention to go for a future test, than respondents who did not have direct experience with testing, $F(1, 203) = 5.78$ $p < .05$ $\eta^2 = .03$.

§7.6 Comments by the respondents

The respondents had the opportunity to give comments on the text they had read and on the questionnaire. These additional comments were as far as possible included and re-formulated as limitations and recommendations in the following chapter. In general, the comments that were given on all three texts could be summarised as: clear, informative, and easy to read. However, a negative comment on the non-narrative text was that this text was not perceived as an effective VCT text. It was mentioned that most people were already aware of what VCT entails, but the text did not emphasise why it was really necessary to go for a test. A similar comment was made on the narrative texts with the male and female narrative character (B and C). The narrative exemplars were evaluated as not convincing enough to go for an HIV test and had no personal relevance.

8 CONCLUSIONS AND DISCUSSION

In this chapter the answer to the research question *"What are the effects of a narrative VCT text in South Africa on attitude, self-efficacy, perceived norm, and behavioural intention of the readers, compared to a non-narrative VCT text?"* will be discussed. First the effects of the male narrative text, the female narrative text, the non-narrative text, and the other independent variables on the behaviour change determinants are discussed (§8.1). Furthermore, the results of the distal variables are evaluated in §8.2. In the third section, based on the significant results, the variable 'perceived realism' is discussed separately (§8.3). In §8.4 the final conclusion of this study is drawn, and in addition a brief discussion on the design of this study is given (§8.5).

§8.1 The effects on the behaviour change determinants

This study aimed to increase the knowledge on using narratives for HIV prevention documents in South Africa. According to the Integrative Model of Behaviour Prediction (Fishbein and Yzer, 2003), people's behaviour may be influenced by addressing the three determinants of behavioural intention, namely the attempt to change the attitude directly, the possibility to change the perceived norm, and the aim to change the self-efficacy. The aim of this study was to examine different effects on the behaviour change determinants between narrative texts and non-narrative texts. The results did not show consistent effects and did not completely confirm the predictions regarding the use of narratives.

The results could not support the results of some empirical studies on narratives. Other studies that could not be confirmed are the study of Mar et al. (2002) regarding narratives and the possible persuasive effect if respondents feel personally and emotionally addressed, and the studies of Maxwell (2001), Petty and Wegener (1998), and Brosius (1999) that implied that narrative characters which have any similarity with the respondent are more likely to be imitated than other role models. Neither the theories of social learning (Bandura, 1977), social comparison (Festinger, 1954) and social networks (Fisher, 1988) that postulate that narrative characters can possibly change attitudes, increase feelings of self-ability and normative perceptions, which might lead to adoption of the recommended behaviour (Green, 2000, Hagger et al., 2001) were supported. In contrast to what was expected, the results of this study showed minimal effects of different text versions on the behaviour change determinants.

The minimal results that were found between the non-narrative text, the female narrative text and the male narrative text on the perceived norm and behavioural intention, showed incongruent effects and can hardly be supported by a theoretical assumption. Furthermore, the results of this study did not show exact findings on using narratives in general. However, one cannot simply conclude that the theories on narratives are incorrect, simply because the effects can be the result of a number of factors. Two are mentioned here.

First of all it could be that there are no significant differences in effectiveness between a simple factual health message and the narrative health messages that were used. It could be that the narratives and the factual text did not vary sufficiently to measure different effects, or that people truly do not respond differently to these types of health messages.

However, it may be more plausible to ascribe the (lack of) results to the significant effects that were found on all behaviour change determinants and the respondents' perceptions of the perceived realism of the texts. Results showed interesting effects of 'perceived realism' and the behaviour change determinants from Fishbein and Yzer (2003). The results of the correlation tests showed that there was a positive correlation between 'perceived realism' and the behaviour change determinants, attitude, perceived norm, self-efficacy and behavioural intention of the respondents. This implies that the higher the perception of the perceived realism of a text, the better the persuasive effect of this text will be.

§8.2 Effects of the distal variables

There were no effects of text version in relation with the distal variables as age, ethnical background, gender, need for cognition, direct experience, and perceived realism on the behaviour change determinants. Nonetheless, the results did show some main effects of the distal variables, direct experience and need for cognition (and perceived realism) on the behaviour change determinants.

Direct experience and behaviour

The results showed that respondents who had already been tested for HIV had significantly higher behavioural intention to go for a future HIV test, than respondents who did not have direct experience with testing. This finding supports the theory of Bagozzi and Kimmel (1995). A person who has participated in a particular behaviour has already made the decision to engage in the behaviour (again). The respondents who had direct experience with VCT could have based their behavioural intention to go for VCT on their past behaviour, without deliberating over their attitudes, perceived norms and self-efficacy. Another explanation, related to the past experience, could be that people who already went for an HIV test are less frightened to go for another test as they are already aware of what VCT entails, and they might be more certain about their own HIV status.

Need for cognition

Results showed a relation between need for cognition and attitude. This means that the higher the need for cognition the more positive the attitude of a person. It is difficult to present clear explanations for (only) this specific relation with the determinant attitude. It could be that people who have a high need for cognition were already well-informed about VCT and have achieved an optimistic attitude regarding this topic. However, the effects on need for cognition were so minimal that it is rather impossible to formulate an unambiguous explanation on this matter.

Recall

Since only one question showed differences in recall of the contents of the text, it cannot be stated categorically that all narratives are better memorised than non-narratives. Almost all the questions were answered correctly, irrelevant of the text that was read. A possible limitation on this matter can be a difference between a long-term and a short-term memory. In this study the respondents were asked to recall the contents directly after reading the texts and therefore only the short-term memory was measured. It could be that effects only occur on the long-term. More research is necessary to determine whether information in narratives is remembered for a longer time than abstract information.

§8.3 Perceived realism

The most surprising finding is that there was a significant relation between perceived realism and the attitude, self-efficacy, perceived norm and behavioural intention of the respondent. The higher the perceived realism of a text the higher the score on the behaviour change determinants. A text or story that is felt to be realistic seems to be more persuasive. However, the perceived realism of a text may differ per person. The results that were found on the perceived realism of a text correspond with previous results of Hoeken and Hustinx (2003), Ah Yun and Massi (2000), and in particular the study of Jansen et al. (2005). It seems clear that 'perceived realism' is a very important variable when considering the effects of persuasive messages.

§8.4 Final conclusion

Unfortunately this study cannot confirm that narratives or non-narratives are more effective for persuasive VCT documents. This study has not found significant differences in the effects between a male narrative, a female narrative and a non-narrative text. The information that was used for all text versions was taken from original brochures, magazines and pamphlets about HIV/AIDS in South Africa to establish authenticity in the messages.

Although the texts scored pretty high on perceived realism, the texts were not considered to be equally realistic by all respondents. It turned out that the perceived realism of a text contributes to the effects on the behaviour change determinants, irrelevant which type of text is read. The higher the perceived realism of a text the more persuasive this text will be.

Thus, these research results underscore the need for good research design and suggest that when using health messages, the texts should be pre-tested to make sure they are as realistic as possible.

§8.5 Discussion of the experiment

The questionnaire

When analysing the questionnaire and examining the statistical tests, it turned out that some of the questions did not show internal consistency (Cronbach's alpha). Hence to test the hypotheses by univariate statistical analysis, the questions regarding these variables had to be analysed separately and the conclusions regarding these variables were weak. It showed that not all the questions were clearly formulated. It could possibly be that the respondents had difficulties in answering some questions. Although the questions were partly withdrawn from questionnaires that were used in other studies, the risk still exists that questions do not elicit the information required, and test results can be misinterpreted. In future studies, questionnaires should be pre-tested in order to improve the internal consistency.

Another discussion point might be that the methodology that is used for this experiment, did not suit all the respondents. It could be that the respondents were not equally experienced in dealing with such a sophisticated questionnaire methodology. Although the questionnaire included some instructions about how to deal with the questions, some respondents might have had difficulties in filling out the questionnaire. If respondent fill out the questionnaire in the wrong way this can influence the test results and gives misleading outcomes.

Texts

The narrative female and the narrative male texts showed individual cases of someone who turned out to be HIV-positive after testing. This example might not be completely representative of the problem addressed. The selection of these individual cases may have emphasized only the particular aspect of living with HIV, and this may not have been feasible to generalize. People might have been frightened by the example of a person who tuned out to be HIV positive. The test results might have been different if there was another text with an example of a person who did not turn out to be HIV positive after testing.

Also the differences in the level of consequential involvement and interest in VCT might have influenced the results. Generally speaking a lot of respondents commented that they were already aware of VCT. They presumed not to be the right target group for such prevention documents as they were i.e. married, had to go annually for VCT for their work and did not have casual relationships. It could be that the level of consequential involvement with the topic has influenced the test results. It could be that respondents with different levels of consequential involvement prefer or require different types of prevention texts. Unfortunately this study has not shown any results on this matter.

Design

The numbers of respondents per text were not the same, which might have influenced the test results. It is essential to define preliminary exactly what kind of design is useful for the type of study. While distributing the questionnaires it was kept in mind that they were equally divided among the respondents.

Stigma and Privacy

An experiment does not give much background information on i.e. why there is such great stigma related with HIV/AIDS, or why people make particular choices (or not) regarding their sex life and VCT. Future studies could use personal communication and interviews to ascertain important background information. Interviews could be a better way to gather information and justifications on the choices people make. It is very hard to receive honest and in-depth information on HIV and sexual behaviour from respondents. People might be afraid to give answers regarding their personal background and sex life. Also in this study it turned out that there is an enormous stigma on HIV/AIDS, and some people do not like to be associated with the topic in any kind of way. Therefore it is important for HIV/AIDS studies that the privacy of all respondents is guaranteed and that some level of trust is established.

Future studies

The non-narrative text and the (male and female) narrative texts were extracted from original HIV prevention material that was used in South Africa. However, the texts were re-written by the experimenter, who is not a professional editor or text writer. This could be the reason why the texts were not perceived as realistic prevention texts by everyone. It is advisable for future studies to use original documentation or have the texts verified by professional editors.

This study underscores the importance of good research design in comparing health (HIV/AIDS) communication and analysing their effectiveness, and suggests that when using health messages in future studies the texts need to be designed, tested, and evaluated in order to make them as realistic as possible.

As it was shown that the scores on perceived realism were generally high for all three texts, and the perceived realism had a positive correlation with all the behaviour change determinants, it has raised an interesting area to investigate. For example, when is a text perceived as realistic, and how does this influence the persuasiveness of different kind of texts? Additionally, this study illustrates the need for further research on the use of narrative health messages, the use of role models, and above all on the perceptions of the perceived realism of different health documents.

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10 APPENDICES

APPENDIX I: Text A. THE FACTS OF VCT

APPENDIX II: Text B. THE MALE STORY OF VCT

APPENDIX III: Text C. THE FEMALE STORY OF VCT

APPENDIX IIII: THE QUESTIONNAIRE

APPENDIX: ADDITIONAL COMMENTS

APPENDIX I: Text A. THE FACTS OF VCT

(Original letter size 14, Arial)

Having an HIV test can help save your life and the lives of others. But it can also be scary and life changing. You need to be sure you understand the implications that the result of this test could have on your life.

Before taking an HIV test, you have the right to have pre-test counselling from a trained counsellor who will help you to make an informed decision about having the test.

Testing for HIV today is simpler, faster and more effective than ever before. You will be able to see the results within 10-15 minutes. Most HIV tests check for the possible presence of antibodies to the virus, which develop after infection. The time for antibodies to be detected is decreasing with technology, but there is still a period during which the antibodies cannot be detected in the blood. This period takes three months and is called the window period. During the window period your test may have a negative result but you may still have the virus in your body. This means that if you have had unsafe sex you should get tested immediately, but also be tested three months later.

When you receive your HIV result you have the opportunity to have post-test counselling. What you talk about during your counselling session will be determined on whether you have tested negative or positive.

If your test is negative counselling could focus on the need to make changes to your lifestyle so that you can remain HIV negative.

If your test is positive this means that you have been infected by HIV. The counsellor will help you work through some of your feelings of shock, fear and anger. He or she will inform you of the differences between Aids and HIV. The counsellor will also discuss strategies for healthy and positive living. You will find out about support groups in your area and where to get care and treatment for HIV.

Knowing your HIV status will prolong your life. The earlier you are diagnosed, the better because after being tested you are more able to make informed lifestyle decisions. If you are HIV positive and know your status you will become aware of various infections you are prone to and you can make sure that you get treatment as early as possible.

The advantages of knowing your status greatly outweigh the disadvantages. Deciding not to go for a test does not mean that you do not have the virus. However, getting tested is entirely up to you. You are responsible for your own health.

For further information please contact:
Aids Helpline: 0800 012 322

APPENDIX II: Text B. THE STORY OF VCT

(Original letter size 14, Arial)

Hi, my name is John; I would like to share my personal VCT experience with you. A year ago I experienced a turning point in my life and I convinced myself to get tested for HIV. I did not have a girlfriend at that time but I had had a few casual relationships. Most of the time we used a condom, but I knew that sometimes I had not taken the precautions I should have. I realised that the only way to find out if I was infected with HIV was by getting a test.

After reading some brochures and talking with health workers, during the post-test counselling, I was better informed about what the test entailed. It turned out that testing for HIV today is simpler, faster and more effective than ever before. I was told that I could get my test results within 15 minutes, as long as it was not during a window period. A window period is the first three months after unsafe sex. Current HIV tests cannot always detect the antibodies in your blood during the window period. I knew that I had not had unprotected sex within the last three months, so I decided to go for a test.

As it turned out, I was HIV positive. It took me a while to come to terms with it. I couldn't get out of bed; the idea of being infected with HIV scared me to death. However, I went back to the health clinic for post-test counselling. The counsellor I met was friendly and took time to answer all my questions. During the counselling, I found out about support groups in my area and where to get care and treatment for HIV. It was only then that I realised that having HIV is not the same as having Aids and for a large part I was responsible for my own health. It is better to know my status and have access to treatment I than to worry about whether I was infected or not.

The first month after I was tested positive, I felt betrayed, useless, ugly and anxious. I was afraid of what my family would think, how I could live with this disease and what my future would be like. After a while I did tell my family and some of my friends about my status; however, I have kept it a secret from most people until now. Living with HIV is tough and changes your life completely. But gradually, with the help of my counsellor and support group, I have started to look toward the future.

Now I realise that knowing my HIV status will prolong my life. The earlier you are diagnosed, the better. From the moment I was diagnosed onwards I have been able to make informed lifestyle decisions. Now that I know I am HIV positive, I have learned about various infections I'm prone to and I can make sure that I get treatment as early as possible. I truly believe that the advantages of knowing your status greatly outweigh the disadvantages. However I do struggle with it myself every day; but I am glad I can have another day of life!

For further information please contact:
Aids Helpline: 0800 012 322

APPENDIX III: Text C. THE STORY OF VCT

(Original letter size 14 Arial)

Hi, my name is Joan; I would like to share my personal VCT experience with you. A year ago I experienced a turning point in my life and I convinced myself to get tested for HIV. I did not have a boyfriend at that time but I had had a few casual relationships. Most of the time we used a condom, but I knew that sometimes I had not taken the precautions I should have. I realised that the only way to find out if I was infected with HIV was by getting a test.

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For further information please contact:
Aids Helpline: 0800 012 322

APPENDIX IIII: THE QUESTIONNAIRE

Dear Participant,

This is an experiment to identify challenges and obstacles relevant for health documentation, HIV health care and VCT services. This study forms part of a larger project focusing on the effectiveness of public information documents on HIV/AIDS in South Africa. Your participation in this study is a great input in the process of the development of effective health documentation. Would you be so kind to complete the questionnaire? It will take you 10 to 15 minutes to read the brochure and fill in the questionnaire.

Thank You Very Much!

1b) Have you ever read a health brochure about VCT? Yes / No

READ THE BROCHURE ABOUT VCT CAREFULLY AND ANSWER THE FOLLOWING QUESTIONS

1c) Note down the title of the brochure **A / B / C**

IF YOU HAVE TEXT B OR TEXT C; continue here otherwise start immediately with NO.2:

1d) Do you identify with the main character? Yes / No

1e) Can you motivate your answer by choosing one or more of the following options?

We are of the same sex / We are not of the same sex

I don't have casual relationships with more than one partner / I do have casual relationships with more than one partner

I would not go for VCT / I would also go for VCT

Other reasons? _____

Rate the scale list from 1 to 5

2	I find the content of the brochure	Realistic - - Unrealistic 1 – 2- 3- 4- 5
3	I find the information about VCT	Unreliable - - Reliable 1 – 2- 3- 4- 5
4	I think the information in the text is	Correct - - Incorrect 1 – 2- 3- 4- 5
5	I find the content of the brochure	Uninformative - - Informative 1 – 2- 3- 4- 5
6	I find the information	Clear - - Unclear 1 – 2- 3- 4- 5
7	The brochure fits the topic	Not at all - - Completely 1 – 2- 3- 4- 5
8	I find the information	Interesting - - Uninteresting 1 – 2- 3- 4- 5
	The brochure is	Ineffective - - Effective

9		1 – 2- 3- 4- 5
10	The brochure convinced me to go for VCT	Completely - - Not at all 1 – 2- 3- 4- 5
11	The information is	Not understandable - - Understandable 1 – 2- 3- 4- 5
12	I like this way of informing people about VCT	A lot - - Not at all 1 – 2- 3- 4- 5
13	The information is	Subjective - - Objective 1 – 2- 3- 4- 5
14	The text makes	Sense - - No sense 1 – 2- 3- 4- 5
15	The brochure tells a story about VCT in stead of giving a more factual representation of VCT	Neutral Totally disagree - - Totally agree 1 – 2- 3- 4- 5
16	The text looks like a normal text to me	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
17	I prefer anecdotal information about a serious subject such as VCT	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
18	Merely presenting the facts about VCT would not persuade me to go for VCT	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
19	The brochure gives a more factual representation about VCT in stead of telling a story about VCT	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
20	A convincing story, rather than mere facts, about VCT will convince me to go for VCT	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
21	I prefer facts about a topic as VCT than a story	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
22	The information I just read was based on facts	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
23	The information I just read could be used for a health brochure	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
24	The brochure gives a more factual representation about VCT in stead of telling a story about VCT	Totally agree - - Totally disagree 1 – 2- 3- 4- 5

PLEASE NOTE DOWN THE INFORMATION YOU CAN REMEMBER ABOUT THE TEXT

25) What is a window period? _____

26) How long does 'a quick test' take? _____

27) Which of the reasons pro VCT, presented in the brochure, can you recall?

_____

PLEASE NOTE YOUR OPINION ON SOME TOPICS

28a) Which of the disadvantages of VCT can you come up with?

_____

28b) Do you have additional comments on the brochure?

_____

PLEASE READ THE STATEMENTS BELOW AND INDICATE WHETHER YOU AGREE OR DISAGREE

29	An advantage of going for VCT is that I will worry less as soon as I know my status	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
30	An advantage of going for VCT would be that I can take action to stay healthy	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
31	Living a healthy life is very important to me	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
32	Knowing my own status is very important	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
33	Going for VCT is the least I can do if I think I am at risk	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
34	Knowing my status means that I am responsible for my own health	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
35	Going for VCT has a lot of disadvantages	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
36	If you do not know your status you should go for VCT	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
37	It is wise to go for VCT if you've had unprotected sex	Neutral Totally disagree - - Totally agree 1 – 2- 3- 4- 5
38	Knowing your own status is better than not knowing it	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
39	My friends would not tell me if they went for VCT	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
40	My friends find it important to know their	Totally agree - - Totally disagree

	own status	1 – 2- 3- 4- 5
41	It is not important for me to know the status of my friends	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
42	I feel uncomfortable talking about VCT with my friends	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
43	HIV is something I should discus with my friends	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
44	My friends find it important that I go for VCT	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
45	If my friends would have had unprotected sex, I would advise them to go for VCT	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
46	I talk about VCT with my family	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
47	If I went for VCT I would tell my friends	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
48	If I had unprotected sex, my friends would advise me to go for VCT	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
49	It would be difficult for me to go for VCT	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
50	It is my decision to go for VCT	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
51	If I need to go for VCT, I would do so without hesitation	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
52	It is completely up to me to go for VCT	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
53	I do not have the ability to go or VCT	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
54	It is a hassle to go for VCT	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
55	I am incapable going for VCT	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
56	I would ask my friends easily to go for VCT	Totally disagree - - Totally agree 1 – 2- 3- 4- 5
57	I would check my HIV status if I am not sure	Totally agree - - Totally disagree 1 – 2- 3- 4- 5
58	It is easy for me to go for VCT	Totally disagree - - Totally agree

		1 – 2- 3- 4- 5

FOR THE FOLLOWING STATEMENTS, PLEASE INDICATE HOW LIKELY EACH OPTION IS:

		Maybe
59	I am planning to go for VCT in the near future	Very likely - - Very unlikely 1 – 2- 3- 4- 5
60	I am planning to ask my (future) partner to go for VCT	Very unlikely - - Very likely 1 – 2- 3- 4- 5
61	I am not planning to go for VCT, because I think I am not at risk	Very likely - - Very unlikely 1 – 2- 3- 4- 5
62	I am determined to go for VCT	Very unlikely - - Very likely 1 – 2- 3- 4- 5
63	I do not need to know my status so I wont go for VCT	Very likely - - Very unlikely 1 – 2- 3- 4- 5
64	I will consider going for VCT	Very unlikely - - Very likely 1 – 2- 3- 4- 5
65	I will discuss VCT with my partner	Very likely - - Very unlikely 1 – 2- 3- 4- 5
66	I intend to go for VCT one day	Very unlikely - - Very likely 1 – 2- 3- 4- 5
67	I will discuss VCT with my friends	Very likely - - Very unlikely 1 – 2- 3- 4- 5
68	I need to take action to know my own status	Very unlikely - - Very likely 1 – 2- 3- 4- 5

SOME STRAIGHTFORWARD QUESTIONS, WOULD YOU BE SO KIND TO ANSWER THEM AS HONESTLY AS POSSIBLE?

69a) Imagine that you'll be asked to go for VCT straight away; would you be willing to do that?

Yes / No / Not sure

69b) If not, why not: _____

70) If you are planning to go for VCT, whom will you tell about this?

My friend(s) / My family / My partner / My doctor / No one /_____

SOME QUESTIONS REGARDING YOUR PERSONAL BACKGROUND

71) Gender: Male / Female

72) Age: - 25 / 26-35 / 36-45/ / 46-55 / +55

73) Occupation: _____

74) Race: Black / Coloured / Indian / White / _____

IMPORTANT: I realise that this is a sensitive question, but it is not intended to merely classify people. It relates more specifically to the cultural differences between people, differences that may influence the design of HIV/AIDS documentation.

75) Mother tongue: _____

76a) Have you ever been tested for HIV? Yes / No

76b) If yes, are you HIV Positive / Negative / Do not want to fill in

77) Have you ever thought you are / were at risk for HIV? Yes / No / Do not know / Do not want to fill in

78a) Do you have a partner at the moment? Yes / No

78b) If yes, has your partner ever been tested for HIV? Yes / No / Do not know/ Do not want to fill in

78c) If yes, is your partner HIV Positive / Negative / Do not know / Do not want to fill in

79a) Do you know anyone personally with HIV? Yes / No

79b) If yes, do you have regular contact with him/her? Yes / No

FOR EACH STATEMENT BELOW, PLEASE INDICATE TO WHAT EXTENT THE STATEMENT CHARACTERISES YOU

		Uncertain
80	I prefer complex to simple problems.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
81	I like to have the responsibility of handling a situation that requires a lot of thinking.	Very characteristic- - Very uncharacteristic 1 – 2- 3- 4- 5
82	Thinking is not my idea of fun.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
83	I would rather do something that requires little thought than something that is sure to challenge my thinking abilities.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
84	I try to anticipate and avoid situations where there is a chance I will have to consider something in depth.	Very characteristic- - Very uncharacteristic 1 – 2- 3- 4- 5
85	I find satisfaction in long and complex deliberations about complex issues.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
86	I only think as hard as I have to.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
87	I prefer to think about small, daily projects rather than long-term ones.	Very characteristic- - Very uncharacteristic 1 – 2- 3- 4- 5
88	I like tasks that require little thought once I've learned them.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5

89	The idea of relying on thought to make my way to the top appeals to me.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
90	I really enjoy a task that involves coming up with new solutions to problems.	Very characteristic- - Very uncharacteristic 1 – 2- 3- 4- 5
91	Learning new ways to think doesn't excite me very much.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
92	I prefer my life to be filled with puzzles that I must solve.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
93	The notion of thinking abstractly is appealing to me.	Very characteristic- - Very uncharacteristic 1 – 2- 3- 4- 5
94	I would prefer a task that is intellectual, difficult, and important to one that is somewhat important but does not require much thought.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
95	I feel relief rather than satisfaction after completing a task that required a lot of mental effort.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5
96	It's enough for me that the job gets done; I don't care how.	Very characteristic- - Very uncharacteristic 1 – 2- 3- 4- 5
97	I usually end up deliberating about issues even when they do not affect me personally.	Very uncharacteristic- - Very characteristic 1 – 2- 3- 4- 5

98) Do you have additional comments on the questionnaire or related comments on VCT?

Remember one thing: You are never alone out there!

AIDS / VCT Helpline: (011) 725-6710 or 0800-012-322

Thank you for being so kind to help me out with this study.

You have been of great help.

THANK YOU!

APPENDIX V: ADDITIONAL COMMENTS

- These types of brochures should be more available to the public and special groups.
- A combination of both, facts and a story would be more convincing.
- You need to come up with steps (which can be followed) and nutrition tips
- New information for me on the quick test!! I did not know this.
- I like the clear text, no nonsense only facts.
- The brochure needs more information on VCT; it was too limited and too general.
- The brochure does not provide enough information.
- What can you do if you have AIDS and your normal life is ruined, maybe I just do not want to know?
- I am a virgin and will never have sex before marriage.
- Pictures and a more lively style would draw my attention; this text is a bit dull.
- Abstain from pre-marital SEX! Instead of spreading prevention texts
- The text is to me not visually effective.
- The story is too positive, there is no life after AIDS.
- The text should mention something about the responsibility towards your (sex) partner/s and future partners as you can kill someone else by practising unsafe sex.
- What can I do? If I have AIDS I will never get better.
- The brochure looks factual and generally ok. But is not persuading or convincing to go for VCT. The face validity of the brochure is poor.
- I don't need to know; I am married.
- It should be mentioned that with aids you are also responsible for the health of others not only your OWN!
- The text is not realistic for me.
- Deciding not go for a test also increases the change of getting HIV, if you are negative and you do not know.
- The Brochure is clear and nice.
- What if you can't afford the VCT / ART?
- The negative outcomes are stressed too much at the beginning and the end of the text-be more positive if you want to convince people.
- I like this story about VCT to inform people, however we are already aware of the facts; try another target group.
- Interesting but not convincing.
- I just do not want to know.
- Were do you spread these kind of brochures? This story might be effective for other people.
- The text includes too little background information.
- The facts are useful in a certain situation.
- The brochure is nice but not realistic for us people!
- We are not the right people to ask for VCT. You need other kind of people.
- Clear and easy to read; but it doesn't bring new information.
- I need more information on VCT to be sure I need to go.
- The people who need help can't afford medication.
- It's better to teach people personally than to read about it.
- You are approaching the wrong target group; we do not need these brochures, as we have to check on HIV annually.
- We need to get tested annually for our work and mortgage.
- Make the brochure funkier to draw the attention.
- I need to get tested annually for my boss.
- Can you join the group if you are negative?
- I like the personal touch of the text and it makes me aware not too take life for granted.
- The text is too long and not punchy enough, you have to "sell" the concept more!
- Not enough information in this text

- The text does not look like a brochure but just a long story with too much reading.
- The text is not a realistic brochure.
- What if you turn out positive and you'll have to quit your job, leave your house en don't have money for medicine?
- Anxiety!!
- I like the brochure, but it might be more effective for another target group!
- Needs more background information on the disease and risk of infecting others.
- The text is good, but requires more information esp. on lifestyle of a positive person.
- It's not really persuasive; you'll have to use some more statistics etc.
- Do you really think that you can live with HIV?
- I don't want to know that I'm dying.
- The visual appeals might be as important as the text itself for effectiveness-this looks to dull.
- The brochure gives a too happy perspective of HIV, almost as having a cold.
- I don't see myself as John because I practise safe sex.
- Abstain is better than finding out your positive.
- I like this story it's easy and clear, however I was already aware of VCT. It might be better to use this style in townships?
- The story was convincing however the person in the story seems not to be realistic.
- The text is nice to read but not really convincing, as I already know!
- DO not make people read about HIV and VCT make then do it!
- My family does not recognize me if it came out that I practise sex before marriage.
- The brochure needs more facts, e.g. where can I go for VCT?
- What about ART?
- The layout is totally ineffective, too much text.
- Why is the questionnaire so long?
- What about the responsibility to other people as pro VCT!
- Abbreviations are not the best things to remember
- Brochure is clear but I wouldn't recommend the style of a story; it's too childish and weakens the threat.
- Little bit vague to tell people to go for VCT by comparing with a story of someone I don't know.
- Nice! I did not know about the quick-test.
- Nice and straightforward brochure.
- You are not the first one that is investigating this topic. We already know!
- The brochure is well written but not too convincing.
- The text is clear and understandable for everyone; I like the style.
- The person must be a hero, who wants to live with HIV?
- Why do you need to know?
- I don't have casual relationships.
- The text is clear.
- Where can you go for this quick test? My test took ages!
- I don't think that people really want to know that they have AIDS. People that are prone to AIDS have other problems.
- There are so many studies on this topic, I know what VCT is, and I won't be so stupid to have unsafe sex. We are not your right group to ask.
- The story is easy and quick to read, but I do not know Joan?
- I don't think these facts are new to the public.