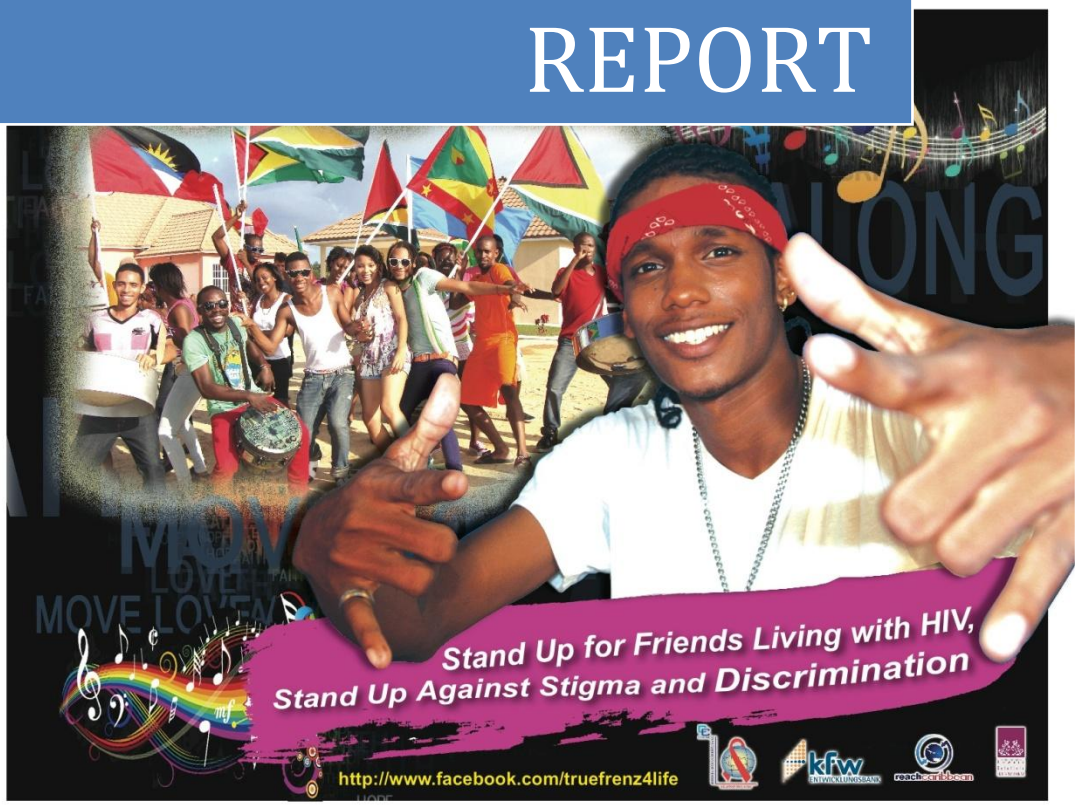
2013

CARISMA II PROJECT FINAL REPORT



HOWARD DELAFIELD INTERNATIONAL

1/16/2013

Caribbean Regional Social Marketing Programme for HIV and AIDS Prevention (CARISMA II)

Implemented by:

HOWARD DELAFIELD INTERNATIONAL (HDI)

FINAL REPORT

March – December 2012

Prepared and Submitted

By

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Howard Delafield International

German Financial Cooperation with the Caribbean, BMZ ID 2008 65 436

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on behalf of

PANCAP/Options Consultancy

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PURPOSE

Howard Delafield International (HDI), an international marketing and communications consulting firm, and their Guyana-based creative partner, Astroarts International Marketing; their regional media placement partner, REACH Caribbean; and their regional research partner, Dr. Jennifer Crichlow, were contracted in March 2012 through a competitive bidding process, led by the Pan Caribbean Partnership Against HIV and AIDS (PANCAP) and the Caribbean Regional Social Marketing Project (CARISMA II) management partner, OPTIONS Consultancy. The goal of the contract was to 1) evaluate a prior PANCAP S&D campaign in the Caribbean 2) produce a new Anti-HIV/AIDS Stigma and Discrimination media campaign in five English speaking Caribbean countries (Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia) that focused on generating more compassion and respect, amongst young people, for people living with HIV (PLHIV) and 3) evaluate the effectiveness of the campaign in the five select countries.

The campaign, spearheaded by PANCAP-CARISMA II and funded by KfW (The German Bank for Reconstruction), targeted young people between the ages of 16-24, and built on past anti-HIV/AIDS stigma and discrimination efforts in the Region. Youth were selected as the main focus of this new campaign not only because they are one of the most-at risk populations in the region, but recent regional studies indicate that only a very small percentage of the youth were found to have compassionate and 'accepting attitudes' towards persons living with HIV (PLHIV)**.**

HDI assembled an experienced and committed Team to implement this consultancy: Sylvia Delafield, HDI Project Director, (HQ);Joy Pollock, HDI Program Administrator/Contracts Manager (HQ); Dale Browne, Regional Project Manager; Clarence Perry, Sr. Marketing and Logistics Advisor; Dr. Jennifer Crichlow, Sr. Assessment and M&E Advisor/Regional Research Vendor; Beverley Bathija, Sr. Creative Advisor; Astroarts International Marketing, Creative Partner/Producer; and ReachCaribbean, Regional Media Placement Partner.

This report is a summary of the activities implemented by the project team for the life of the project, (which was March 2012-December 2012).

EXECUTIVE SUMMARY

Project start up: Project start up activities commenced in March 2012 as the project management team, led by the HDI Project Director, Ms. Sylvia Delafield, made administrative and technical preparations to begin the project's scope of work, consistent with the technical proposal submitted and approved deliverables schedule.

By April 2012, work began on the first deliverable, a five country stakeholder assessment. Interviews were conducted with the Program Directors of the National AIDS Commissions in Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia. The assessment reviewed relevant materials (posters, print ads, a video and a TV PSAs) from a previous PANCAP campaign implemented by the PANCAP Coordinating Unit in 2006, 2008 and 2009. In addition to the NAC Program Directors, the team liaised with contacts within the Region that PANCAP and Options indentified as key stakeholders: including the PANCAP Director, Ms. Juliette Bynoe Sutherland; Mr. Dereck Springer, Strategy and Resourcing Officer; Ms. Volderine Hackett Head, Strategic Information and Communication Division; Mr. Christopher Lawrence, Web Administrator, Strategic Information and Communication Division; Mrs. Andrea Michelle Halley,

Secretary to the Director - PANCAP Coordinating Unit; Ms. Martine Chase, Senior Project Officer and Ms. Maisha Hutton, Project Manager-Regional Stigma and Discrimination Unit (RSDU); Ms. Julia Roberts, Regional Director and Mr. Kerry Singh, (now former) Marketing Director-Population Services International, Trinidad; Dr. Allyson Leacock, Executive Director - Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP); Ms. Ayana Hypolite, HPP Regional Programme Manager-Futures Group, Barbados; and Mr. Chris Brady-OPTIONS Consultancy; during the preparatory stage.

Key regional stakeholders engaged: The HDI team engaged youth ambassadors and youth representatives in all five target countries to support the mission of the CARISMA II project. The project secured commitments that included support to the country-based research coordinators in the execution of planned research activities and the offer to provide input at critical stages of the campaign's creative development process. The participation of these stakeholders was a key component of the project's strategy to produce an effective media campaign targeting youth in the five select countries.

Evidence informed approach to promoting behavior change: The HDI team completed the formative qualitative research assessment in the five target countries. This activity was led by the project's primary researcher, Dr. Jennifer Crichlow, and supported by the Senior Marketing and Logistics Advisor, Mr. Clarence Perry, and country-based research coordinators. The HDI research team took all necessary measures to ensure that confidentiality and anonymity was achieved and other ethical issues addressed. The findings of the assessment were used to inform the campaign brief that guided the production of the campaign materials used to influence behavior change among the intended audience.

Creative's technical guidance provided: HDI's senior creative's advisor to the HDI-CARISMA II project, Ms. Beverley Bathija made two technical assistance visits to the Guyana team. During her visits, Ms. Bathija worked along with the advertising agency, the HDI Regional Project Manager and the Marketing and Logistics Advisor. On her first visit, Ms. Bathija helped draft an outline of the campaign brief and developed initial creative concepts using input from the stakeholder assessment as well as secondary data generated during the desk review. On her subsequent technical assistance visit, Ms. Bathija provided creative support and amendments to creative materials based on pre-test findings and assisted the team with production. During the time spent in-country, Ms. Bathija reviewed pre-test transcripts, met with the Regional Project Manager, Senior Marketing and Logistics Advisor and the Advertising Agency to discuss findings and modified creative pieces accordingly. Further, she provided support on pre-production planning opportunities and overcoming potential challenges that may emerge during the production process.

Regional consultation and partnerships achieved: HDI's Regional Project Manager and Senior Marketing and Logistics Advisor visited Dominica, Saint Lucia, Antigua and Barbuda, Grenada, and Guyana, to have face-to-face dialogue with key stakeholders and brief them on the forthcoming anti-HIV stigma and discrimination campaign being developed to target youth and to garner support for the pre-test field work.

During these visits, the regional HDI team met with the National AIDS Program Coordinators, representatives from the Ministry of Health, CARICOM Youth Ambassadors and the project's country-based research coordinators. The key outcomes emanating from the meetings included

commitments to support the campaign's rollout; identification of potential private sector partners; and support to identify youth to potentially be part of the communication production process. Further, the team worked closely with the research coordinators to orient them on the communication concepts and messages developed, in support of the pre-test field work being implemented at the same time; every effort was made to ensure that key activities were implemented close to schedule. The Regional Project Manager also visited Trinidad en-route to Guyana for a brief introductory meeting with HDI's media regional media placement partner, REACH.

Mr. Clarence Perry, HDI's Senior Marketing and Logistics Advisor made a visit to Antigua and Barbuda and met with stakeholders to promote the new campaign and delivered presentations to Ms. Declora Williams, Program Manager, NAPS Antigua and Ms. Sophia Zachariah, Director (ag.) Ministry of Youth, Gender and Sports and discussed strategies for optimizing the reach of the campaign.

Formative qualitative research report completed and submitted: With the support of HDI, Dr. Crichlow and her country based research teams, completed the five-country formative qualitative research report in May 2012 from data collected through focus group discussions with representative samples of youth targeted by the campaign. This study used an exploratory design and involved ten focus group discussions among 91 participants in the five targeted Caribbean countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia. Purposive sampling was utilized to select participants - ages 16 years to 24 years from the general population. A formative qualitative data collection instrument was designed for the purposes of this study to explore the knowledge, attitudes and perceptions, and experiences of stigma and discrimination generally -- and specifically, HIV-related. Participants were also surveyed for their recall of HIV-related anti-S&D media messages, the appeal of these messages and their recommendations for further messages.

Pre-test modified creatives submitted and approved: The Research team conducted a pre-test assessment in the five target countries and modifications were made to the concepts and storyboards based on the results. Two communication approaches were tested, namely "When you Diss my friend, you Diss me" and "I turned my life around".

Based on pre-test findings the "When you Diss my friend, you Diss me" idea did not resonate as strongly with respondents when compared to the emotiveness of the "Turn my life around" concept. The latter concept connected stronger with the target audience on the elements of compassion and love and guided the team towards dropping the "Diss" concept that was deemed to have a more aggressive tone.

The modified communication concepts were accepted by OPTIONS/PANCAP, and production commenced.

Leadership in action: HDI's Director/Project Director on CARISMA II project, Ms. Delafield visited Guyana to have face-to-face dialogue with PANCAP and to support the local HDI and Astroarts teams finalize the three TV spots. Ms. Delafield also provided technical assistance by drafting a proposal and cover letter to a potential corporate sponsor, Scotia Bank, and also provided the Regional Project Manager guidance on protocols for any partnerships that may evolve, including agreements, placement of their logo/s on campaign material, etc.

The HDI-CARISMA II team developed sponsorship proposals and invited key sponsors to participate in the campaign. Those invited included DIGICEL, LIME and SCOTIA BANK Guyana. The areas of support proposed included production and media placements. The intention was to direct the support for either production and/or media placement, and to have it passed directly to the creative partner, Astroarts International Marketing or to our regional media placement partner, REACH respectively. Ultimately, the project was able to secure commitments only from Scotia Bank Guyana, though it was a substantial gift of US $2,000 for the placement of media (video and posters) in Guyana. During the course of the project, however, substantial in-kind support was provided by HDI and all of its vendors and consultants for extra (unpaid) technical support that went beyond the project budget. REACH Caribbean also provided additional in-kind/free media placement throughout the region, estimated to be $US 8,000.

Campaign materials produced and finalized: In July 2012, the HDI-CARISMA II team completed production of all communication materials for the new CARISMA II HIV-related stigma and discrimination reduction campaign. These materials included three television spots, two radio spots, two poster layouts and artwork for press advertisements for the five target countries.

The HDI team, ably supported by its Creative and Production partner, Astroarts International Marketing, completed the production deliverables on time. During the process of production, the HDI team ensured the socio-cultural, economic and geographical balance of the five target countries were reflected in the final communication products. The completed communication items were submitted and approved for release by OPTIONS/PANCAP. During this time, Ms. Delafield also had an opportunity to have a face-to-face meeting with Mr. Chris Brady in Washington, DC, to discuss the final TV spots.

New CARISMA II media campaign officially launched: The new CARISMA II HIV-related stigma and discrimination reduction campaign was officially launched on the 25 July 2012 in all five target countries within the Caribbean. HDI's media placement partner, Reach Caribbean capably managed the process of ensuring the communication materials were dispatched in a timely manner and in the required formats to approximately fifteen media houses.

Further, the HDI team developed an official Facebook page, in collaboration with the PANCAP Coordinating Unit, to support the campaign, which can be accessed via this link: www.facebook.com/truefrenz4life. This medium served as an additional virtual space for the campaign material to be viewed as well as provided a youth friendly "behind the scenes" look at the production process. Furthermore, the page offered additional insights on the campaign's objective and development for youth.

Post-campaign evaluation research plan and research instruments approved: In September 2012, the post campaign evaluation plan and research instrument, prepared by Dr. Jennifer Crichlow on behalf of Howard Delafield International (HDI), was approved after some minor revisions were made based on feedback from PANCAP/OPTIONS. The plan proposed an approach to evaluate, amongst youth 16-24, their message recall, response to the TV and radio spots and posters, and an assessment of whether their attitudes towards PLHIV have changed as a result of the new mass media campaign. Following the completion of the media placements in

October 2012, data collection began across the five target countries and was completed in November 2012.

Media placement final report submitted: The HDI CARISMA II team submitted the final media placement report in line with the deliverables schedule of the project. The report contained all print media tear sheets, radio and television run logs, affidavits etc. on media placement activities across the campaign's five target countries from the period July 25th to October 2nd 2012. ReachCaribbean capably managed the process of media buying and placement, ensuring that all of the electronic media products of the campaign were strategically placed in all five countries.

Post-campaign evaluation research completed: A key milestone in the life of the project was the completion of the post-media campaign evaluation study. This important final deliverable was submitted in December 2012 by the HDI-CARISMA II team. This study was a descriptive design research that sought to: 1) Describe the knowledge, attitudes and perceptions of the youth towards the new CARISMA II mass media campaign against HIV/AIDS stigma and discrimination. 2) Assess their recall of HIV related anti HIV S&D media messages, the appeal of those messages and their perceptions of the effectiveness of the messages in reducing HIV related stigma and discrimination. Surveys were carried out among youth - ages 16 years to 24 years from the general population in five Caribbean countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia.

The study revealed very positive results about the campaign that included: 1) many respondents believed that the campaign can improve attitudes to PLHA and having more awareness of S& D helped by seeing and hearing the different aspects of the campaign; 2) Over 60% of the research sample saw the messages between one and three times while 26.09 % saw/heard messages at least five times; 3) 46.4% of respondents indicated a likelihood of standing up for HIV+ others, those that suggested it was somewhat likely were also (46.4%). A total of 28.26 % were able to give an exact wording, while 29.35 % recalled most words. Of the remainder 16.3% showed some partial recall while 26.09% could not recall any sequence of words but said understood the meaning. Many quoted lines/lyrics they liked from the song and from the court scene and some quoted secondary messages and slogans.

CHALLENGES

The delay in start-up of the project from January 2012-March 2012 resulted in several months of lost time which resulted in HDI having to re-evaluate the workplan/schedule/strategy/deliverables during the course of the project, in its effort to meet the project deadlines.

During the process of working on the first deliverable, which was an assessment of a previous PANCAP S&D campaign, the HDI team found it challenging to gather all of the campaign material in a timely way. Furthermore, since the evaluation of the campaign was three years following the last placement of the campaign, many stakeholders found it difficult to recall the campaign details and its impact.

The diminishing value of the US/Euro exchange rate resulted in a collective loss of more than US$12,000 to HDI, its vendors and consultants from March to August of 2012. This challenge continued throughout the life of the project and contributed greatly to the nature of decisions made on media placements, research design and evaluation and final report preparation. In August, HDI's Director/Partner commenced donating her time to the project due to the budget limitations and loss in exchange rate, until the end of the project.

The Follow up Media Campaign Evaluation Report submission was delayed until December 7, as a few of the country research coordinators were temporarily unavailable due to changes in their schedules. There were also some minor setbacks/delays encountered in the production and placement of posters within the respective countries.

DELIVERABLES:

1. Five-country Stakeholder Evaluation of Previous PANCAP Campaign Report (see Attachment A)
2. Campaign Creative Brief (see Attachment B)
3. Final Formative Research Evaluation Report (see Attachment C)
4. Media Placement Plans (see Attachment D)
5. Presentation of Campaign Materials (see Attachment E)
6. Media Placement Final Report (see Attachment F)
7. Post-Campaign Evaluation Plan (see Attachment G)
8. Follow-Up Media Campaign Evaluation Report (see Attachment H)
9. Monthly Progress Reports (See Attachment I)

RECOMMENDATIONS/NEXT STEPS:

1) Allocation of funds for extended/expanded exposure and placement of media products.
2) Allocation of funds/resources to expand and host the Campaign website to be more interactive, and also link to ongoing S&D and youth initiatives in the region.
3) Allocation of funds (or seek support from the private sector) to stage Campaign events in select target countries, and increase community-based support.
4) Opportunity to expand the scope of the CARICOM Youth Ambassador program to strengthen their effectiveness and maximise reach of regional youth initiatives.
5) Increased collaboration needed with regional developmental partners for youth-based initiatives, including those focused on HIV and S&D.
6) Continue to build on the creative ideas from the campaign through synergies with other media projects.

Attachment A:

Five-country Stakeholder Evaluation of Previous PANCAP Campaign Report

REPORT: STAKEHOLDER'S ASSESSMENT

An informal assessment to evaluate PANCAP's previous anti-stigma and discrimination media campaign

FINAL

EVALUATORS' NAMES: Dr. Jennifer Crichlow, Mr. Clarence Perry, and Mr. Dale Browne

DATE: April 22, 2012

PRESENTED TO: OPTIONS Consultancy and CARISMA/PANCAP on behalf of Howard Delafield International (HDI), LLP

NAME OF PROJECT: Anti Stigma and Discrimination Mass Media Campaign (CARISMA II) under the HIV/AIDS Prevention and Reproductive Health Promotion Programme – Phase II

INTRODUCTION

Around the globe, stigmatization of people living with HIV or those associated with them, still remains one of the greatest challenges to the successful implementation of HIV/AIDS programmes. Though the Caribbean still faces serious issues of stigma and discrimination towards those who are living with HIV, there have been some efforts to begin to move the issue to the forefront to promote more compassion and tolerance but also raise the issue as a human rights and legal issue. One tool that has been effectively used to begin the process of sensitizing youth in particular, have been popular youth-oriented mass media campaigns focused on HIV, many of them including sports, popular culture and music, positive messages, etc. PANCAP is of the view that 'behavior change can only occur in the face of sustained, focused efforts and programmes'. A Stigma and Discrimination campaign for PANCAP was launched during the period 2006 to 2009 geared towards the general public. PANCAP recognizes 'that in order to significantly change the course of HIV-related stigma and discrimination in the Caribbean, there is a need to increase communication efforts focused on youth between 16 to 24 years of age'.

The purpose of this project, which forms part of the Caribbean Regional Social Marketing Programme for HIV and AIDS Prevention phase II (CARISMA II), is to learn from and build on these past efforts to hopefully move the issue along the continuum of change by:

- Reviewing previous stigma and discrimination campaigns and design and implement a new mass media campaign against stigma and discrimination geared towards youth 16 years to 24 years in five Caribbean countries: Antigua and Barbuda, Dominica, Grenada, Guyana and St. Lucia.

A number of stakeholder interviews were conducted in this first phase of the project.

This study was designed to:

- Review relevant documents from a previous PANCAP campaign implemented by the PANCAP Coordinating Unit
- Liaise with PANCAP and Options to identify contacts within the region that should be consulted with during the preparatory stage.

BACKGROUND

As reported [1] PANCAP has responded to the challenge posed by stigma and discrimination by undertaking a number of initiatives including the development of an anti-stigma campaign aimed at increasing public awareness; as well as developing anti-discriminatory legislation and policy; establishing of human rights desks for receiving and referring cases of human rights violations; disseminating toolkits for specific target audiences and the recent establishment of a Regional Stigma and Discrimination Unit (RSDU) to give technical assistance to country programmes to combat stigma and discrimination.

[2]The first PANCAP Stigma and Discrimination campaign was supported through the Round 3 Global Fund grant. It was rolled out in the following 14 countries: Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Guyana, Grenada, Jamaica, Montserrat, St. Kitts & Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago. It included a multimedia campaign targeting the general population with posters in print media as well as normal distribution, videos, PSAs via radio and TV, a booklet and postings on the web. In addition there were coaching consultations with National AIDS Programmes Secretariats (NAPS) to adapt a regional S&D strategy with their own national strategies. The firm SFA Communications, formerly Saunders-Franklyn Associates based in Barbados, developed the campaign with support from national AIDS programmes.

[1] www.carisma.pancap.org
[2] S and D mass media invitation to tender

The messages were developed for the general public addressing the following topics:

- Basic rights of children
- Ostracism of family members with AIDS
- Fear of disclosure

The mass media component consisted of three bursts on the airwaves in 2006, 2008 and 2009, each lasting for approximately three weeks.

According to the 2005/2006 Behavioral Surveillance Surveys of Six Eastern Caribbean countries, only 5 percent of youth (aged 15-24) in Antigua reported accepting attitudes towards PLHIV. In Dominica, Grenada and St. Lucia, the reports on the same indicator amongst youth were 5 percent, 4 percent and 4 percent respectively.

The role of stigma and discrimination in perpetrating the HIV epidemic in the Caribbean is recognized in the PANCAP Caribbean Regional Strategic Framework (CRSF) under Priority Area 1 (see box 1 below), the specific objectives of which are;

- To develop policies, programmes, and legislation that promote human rights, including gender equality, and reduce socio-cultural barriers in order to achieve universal access.
- To reduce the stigma and discrimination associated with HIV and vulnerable groups.
- To reduce the economic and social vulnerability of households.

GOALS AND OBJECTIVES

- To reduce the stigma and discrimination associated with HIV and vulnerable groups

- Assessment of the scope, effectiveness, successes and lessons learned of existing anti-stigma and discrimination campaigns within the region and the five target countries, but with a clear focus on assessing the former PANCAP S&D campaign.

Result 1: Increased understanding of how to effectively develop, implement and evaluate an anti-HIV stigma and discrimination media campaign targeted for youth, for future public awareness communication efforts in the region.

Result 2: Improved attitudes and behaviors amongst youth towards critical stigma and discrimination themes in: Grenada, Antigua, Dominica, St. Lucia & Guyana

REVIEW OF LITERATURE ON COMMUNICATION CAMPAIGNS

As public communication campaigns grow more sophisticated and strategic, evaluation of these innovations are becoming more challenging[3]. While funders are asking for more information on results, evaluators are trying to understand the strategies and theories that guide these campaigns and how to choose the right outcomes and methods to assess them. All campaigns are different and use different interventions. They tend to have a common focus: on similar results – They attempt to influence what people think, what they should think about, how they should respond, and what they should do or practice.

Public communication campaigns use the media, messaging, and an organized set of communication activities to generate specific outcomes in a large number of individuals and in a specified period of time[4].

In the face of a plethora of increased troubling social issues, they are an attempt to shape attitudes and behavior r toward desirable social outcomes. However, the outcomes of these campaigns are affected by a number of factors which mediate the attitude and behavior change. As a result, it is difficult to isolate the effects and success of these information campaigns.[5]

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[3] http://www.mediaevaluationproject.org/HFRP.pdf

[4] ibid

[5] Weiss & Tschirhart, 1994 in Coffman, J. (2002, May). ***Public communication campaign evaluation: An environmental scan of challenges, criticisms, practice, and opportunities.*** **Cambridge, MA: Harvard Family Research Project**

According to Coffman (2002) there are two main types of campaigns: 1) *individual behavior change campaigns* that try to change in individuals the behaviors that lead to social problems or promote behaviors that lead to improved individual or social well-being; and 2) *public will campaigns* that attempt to mobilize public action for policy change. Public will campaigns are less understood, but are increasing rapidly in number.

Media campaigns appear to be more successful at increasing knowledge, but their ability to influence attitude and reduce undesirable behavior is less well known.

According to global reports[6] ***when a*** **communication campaign** is geared towards reducing HIV-related stigma and discrimination in a country, international experience shows that effective communication about HIV has to be country specific and reflect local and cultural nuances. Reports further suggest that in countries and communities where HIV prevalence is low, few people see the actual effects of HIV/AIDS on people around them. Under these circumstances, merely increasing awareness of a deadly disease such as HIV creates fear of the disease and of people living with or affected by it, leading to further discrimination rather than empathy. This effect could apply in the Caribbean where even though prevalence is reportedly high, knowledge of HIV status is low in many countries due to fear of disclosure.

Limited effectiveness of campaigns has been attributed to factors such as:

- Emphasis on raising awareness of stigma and discrimination as opposed to reducing it.
- Limited understanding of which target audience to focus for AIDS awareness.
- The disjointed nature of campaigns

Communication campaigns should therefore be guided by a comprehensive and realistic communication strategy that is based on country specific research and grounded in local cultural realities.

[6]http://www.nacp.gov.pk/programme_components/advocacy_and_communication/communication_campaign/

One of the challenges of designing anti-stigma and discrimination campaigns is that research is inconclusive as to what mitigates stigma and discrimination. Some research[7] suggests that campaigns 'use or promote approaches that address the root causes of stigma and discrimination, implement programmes that tackle the actionable causes of stigmas, i.e. lack of awareness of stigma and discrimination and their negative consequences; fear of acquiring HIV through casual contact; and linking HIV with behavior that is considered immoral or improper'.

Evaluation of a stigma and discrimination campaigns will need to focus on campaign theoretical perspectives, structure, goals and outcomes as well as the actual messages.

METHODOLOGY

The purpose of the study was to evaluate previous communication campaigns on HIV-related stigma and discrimination. The following procedures were used to guide the process:

1. Determine what information the evaluation must provide.
2. Define the data to collect.
3. Decide on data collection methods.
4. Develop and pretest data collection instruments.
5. Collect data.
6. Process data.
7. Analyze data to answer the evaluation questions.

[7] http://www.comminit.com/?q=africa/node/285095

Design:

Qualitative approach

An exploratory design was used with regional stakeholders, where qualitative data were collected through conversations and open-ended interviews.

Qualitative methods are an appropriate methodology for evaluation of complex interventions/stakeholder engagement

Qualitative methods provide valuable information on practices, roles, relationships, groups and the social world under which the topic being investigated is found (Babbie, 2001).

Qualitative information can be gathered with the use of several tools including interviews, focus groups and observation.

A descriptive design was used where national partners/stakeholders responded in one-on-one interviews to elements of previous campaigns from a semi-structured instrument.

A document search was initiated for the purposes of review of documentation of the previous anti-stigma and discrimination campaign.

Sample

For the purposes of this study, purposive sampling was employed to select the respondents. Stakeholders were identified by PANCAP/OPTIONS based on their focus of addressing HIV stigma and discrimination in the Caribbean region and particularly in the target countries. These included:

- Regional Options representative, PANCAP, anti-S&D organizations, National AIDS Programme Coordinators and Champions for Change organizations/individuals

Data Collection Methods

Stakeholder interviews involved conducting one-on-one discussions with evaluators through, face to face discussions, telephone and Skype calls. These were designed to identify key knowledge needs, gain an understanding of the previous campaign, and uncover major issues and problems. This technique is often used in the early stages of

projects as part of the requirements-gathering activities. The information gathered can be used to inform the development of an appropriate strategy, as in the case of a multimedia campaign design.

Desk Reviews:

- Review of relevant material and documents (posters, print ads, videos and TV PSAs,) from previous campaign

Interviews

- Interviews with regional Options and PANCAP representatives
- National stakeholder interviews (in Antigua, Dominica, Grenada, Guyana, St. Lucia) on the effectiveness of the campaign, including anti-S&D organizations, National AIDS Programme Coordinators.

Instrument and other Materials

A semi structured research instrument was utilized for the collection of the data. Please see Annex for a copy of the instrument. The assessment tool for stakeholders - 'Stakeholders Interview schedule' comprised of 23 items under two headings:

- The Campaign – Goals and Outcomes -13 items

This section sought respondents' perceptions of the campaign as a whole.

Items such as: To what extent would you say the message advocated behavior change for individuals personally as compared to changes in attitudes or social norms of community or advocating for policy?

- Design and Dissemination of Messages – 10 items

This section sought to assess the design aspects of the campaign. Items such as: Were you aware of strategies that were employed to ensure that the messages reached the intended audiences – e.g. on TV during shows target likely to watch, radio

stations/shows favoured by target, print to favoured publications, organizations, clubs, etc. favouring target)?

Campaign Materials

The research team gathered the material from the prior PANCAP campaign (print ads, posters, and TV spot) and formatted them into a simple format that could be easily viewed by participants for their evaluation**.** Materials comprised three print publications and one video clip. See Appendix.

Data Collection Procedures

Data collection procedures included the implementation of a semi-structured interview tool via telephone and on a one on one basis. In some cases, the tool was also self-administered after respondents reviewed the campaign materials and resubmitted via email. The latter was done to help reduce the time burden of respondents, many who were busy and difficult to reach via the phone.

Challenges and Constraints

- The radio public service announcements were not available at the time of this evaluation.
- The evaluation team made its best efforts to contact SFA Communications. Inc. to collect cost estimations and other related data but was unsuccessful up to the submission of this report. Moreover, the limited availability of the NACs who are key respondents contributed to a delay in submission. Every effort was made to get their feedback in a timely way.

PRESENTATION AND ANALYSIS OF DATA

Qualitative analysis procedures were applied to the data. The framework developed by Miles and Huberman (1994) was used to describe the major phases of data analysis: data reduction, data display, and conclusion drawing. The data were coded and aggregated. They were then displayed in charts and tables according to items from instruments.

Campaign Goals and Outcomes

Question1: Were you exposed to this campaign before the material was sent to you?

Three persons responded 'yes', one responded 'briefly' and three said 'no'.

Question 2: Were you involved at all in this previous campaign? If so, what was the nature of your involvement with this previous PANCAP/CARISMA campaign?

Table 1.

	Responses
NO	2
AUDIENCE AT PRESENTATION	2
CONSULTATION/WORKSHOP	1
AT PRESENTATION IMADE COMMENT ON CULTURAL ISSUE	1

As can be seen above, respondents for the most part were not familiar with the campaign. Responses were made based mainly on the material which was sent to them.

Question 3: What do you believe was the profile of the target audience the campaign was directed towards?

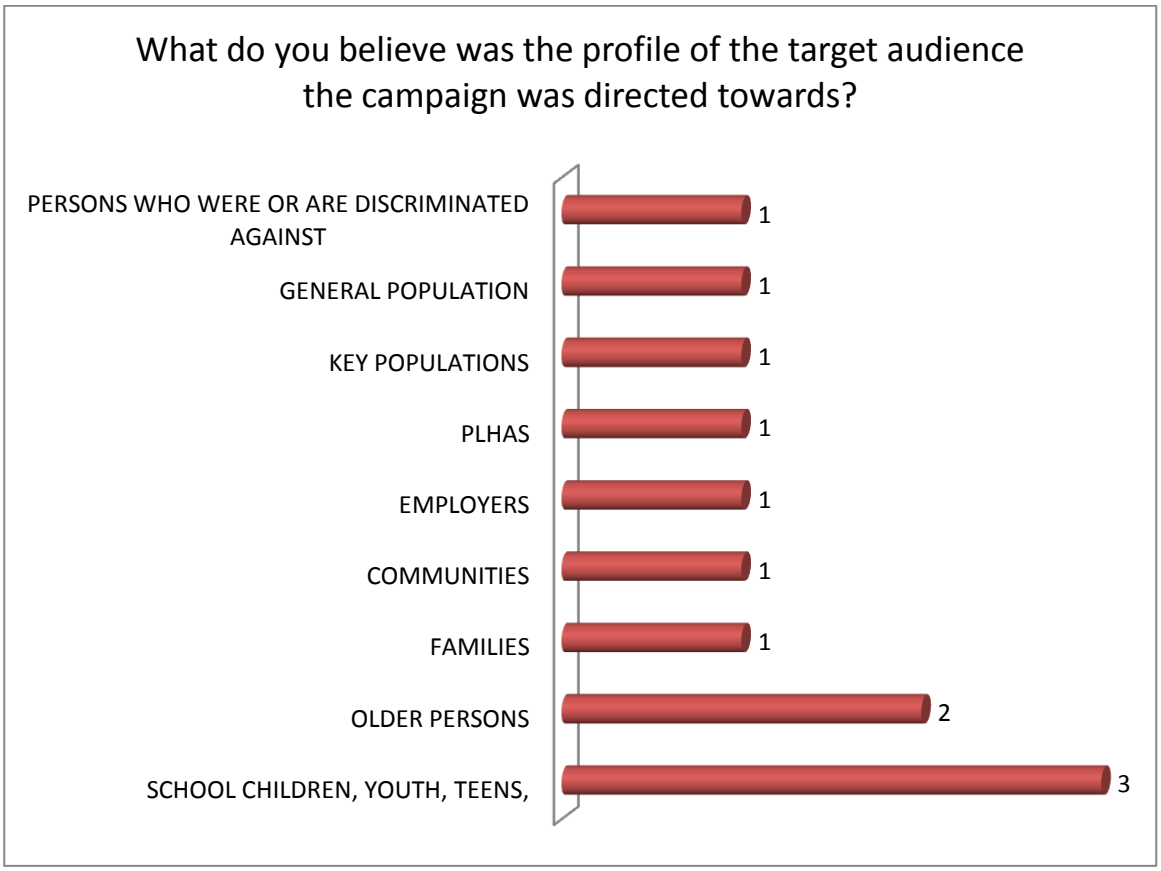


Figure 1.

The responses were wide and varied. The choice of older persons was based on the video clip. The message did not seem to point to a specific set.

Question4: How would you describe the content / focus of the Messages/topic and intended outcomes?

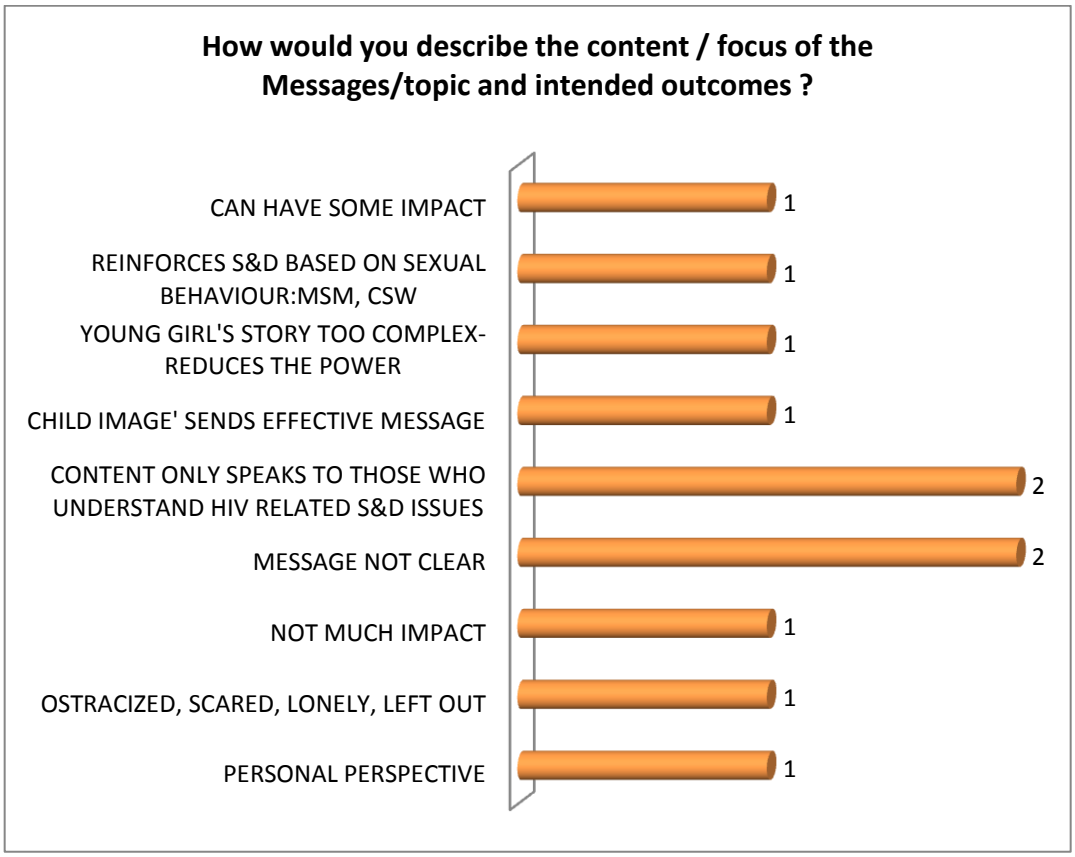


Figure 2

Generally the messages were not seen as effective. The focus on reducing Stigma and discrimination was reported as not clear. Two interesting themes emerging are that the messages could reinforce stigma and discrimination; content only speaks to those who are aware of dimensions of stigma and discrimination.

Respondents believe the intended outcomes of the messages were: To bring about compassion and willingness to understand.

Some youth issues were drawn out in the ‘young girl’s story’; however respondents could not say how it related to the message. These were:

YOUTH ISSUES:

- Dropping out of school
- Unemployment
- Transactional sex/casual sex
- Fear of getting tested for HIV
- PARENTING - stepfather abuse issues

Question 5: To what extent would you say the message advocated behavior change for individuals personally as compared to changes in attitudes or social norms of community or advocating for policy?

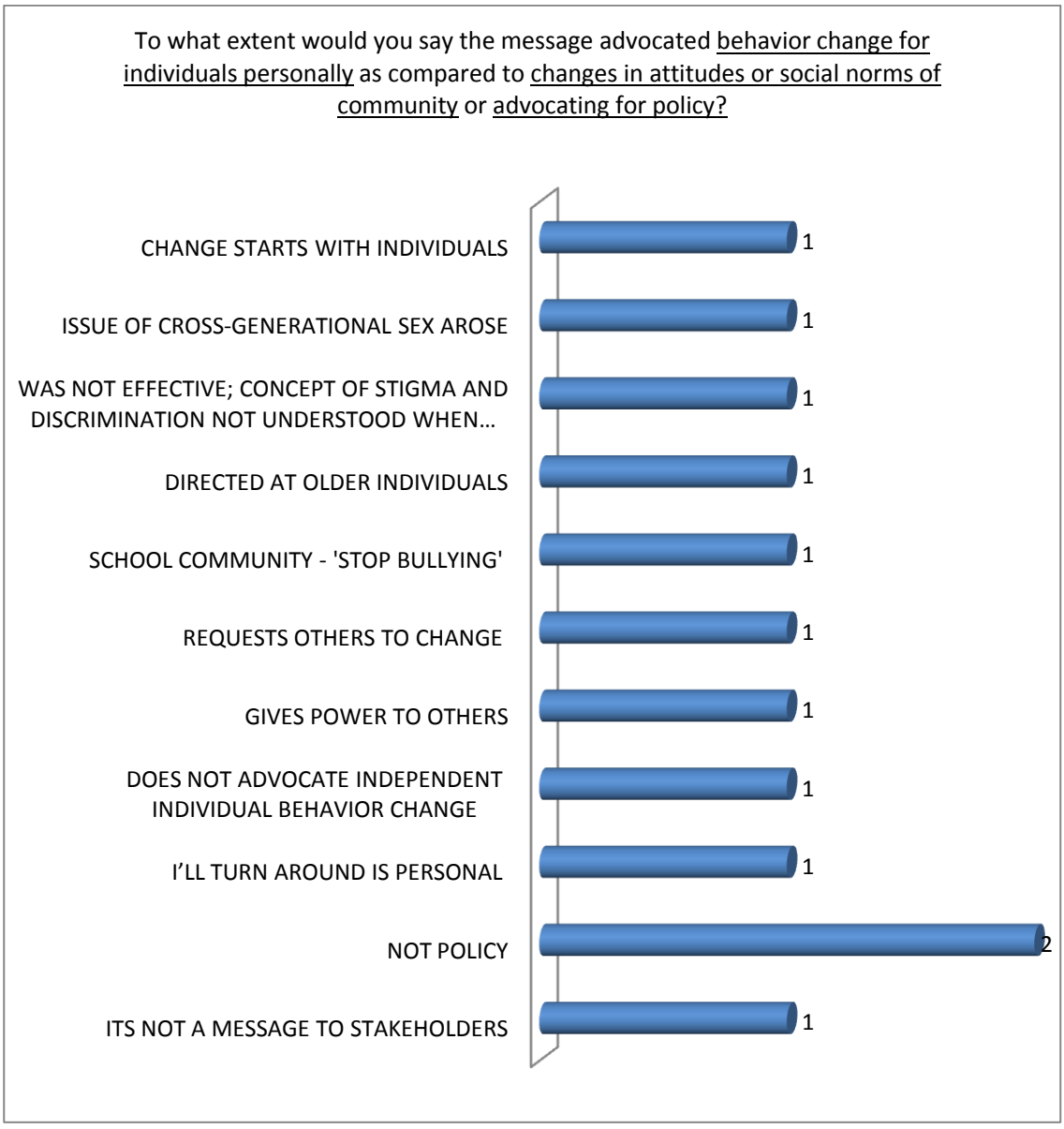


Figure 3

Even though it would appear as if the appeal is to the community, it was not seen as strong as the action to be taken was not clear.

Question 6: Were there multiple behavior options (actions / paths) that the target audience could choose to achieve the goals of the message? If so could you describe them?

Table 2

Target Audience Behavior choices	Responses
ADDRESS SCENARIOS DIFFERENTLY SO ACTION DEPENDS ON DYNAMICS E.G CHILD/PARENT VS PARENT AT WORKPLACE	1
MESSAGE IS A CALL TO ACTION	1
CALL TO GET TESTED NOT OVERT	1
CALL TO USE CONDOM	1
NR	3

There appear to be some difficulty in the respondents' ability to select which audience the campaign was focused on, and what actions can be gleaned from the messages.

Question 7: Is there something in this campaign that you would (or could) commit to trying? (Or you think target audience might be willing to commit to)?

Table 3:

Action to commit to	Responses
NOTHING	2
NA	1
LESS JUDGMENTAL	1
TV: STOP AND THINK	2
NR	1

Respondents seem to have difficulty in choosing responses to this item.

Question 8: What in your opinion might be some of the barriers to adopting the behaviors and attitudes promoted in this campaign?

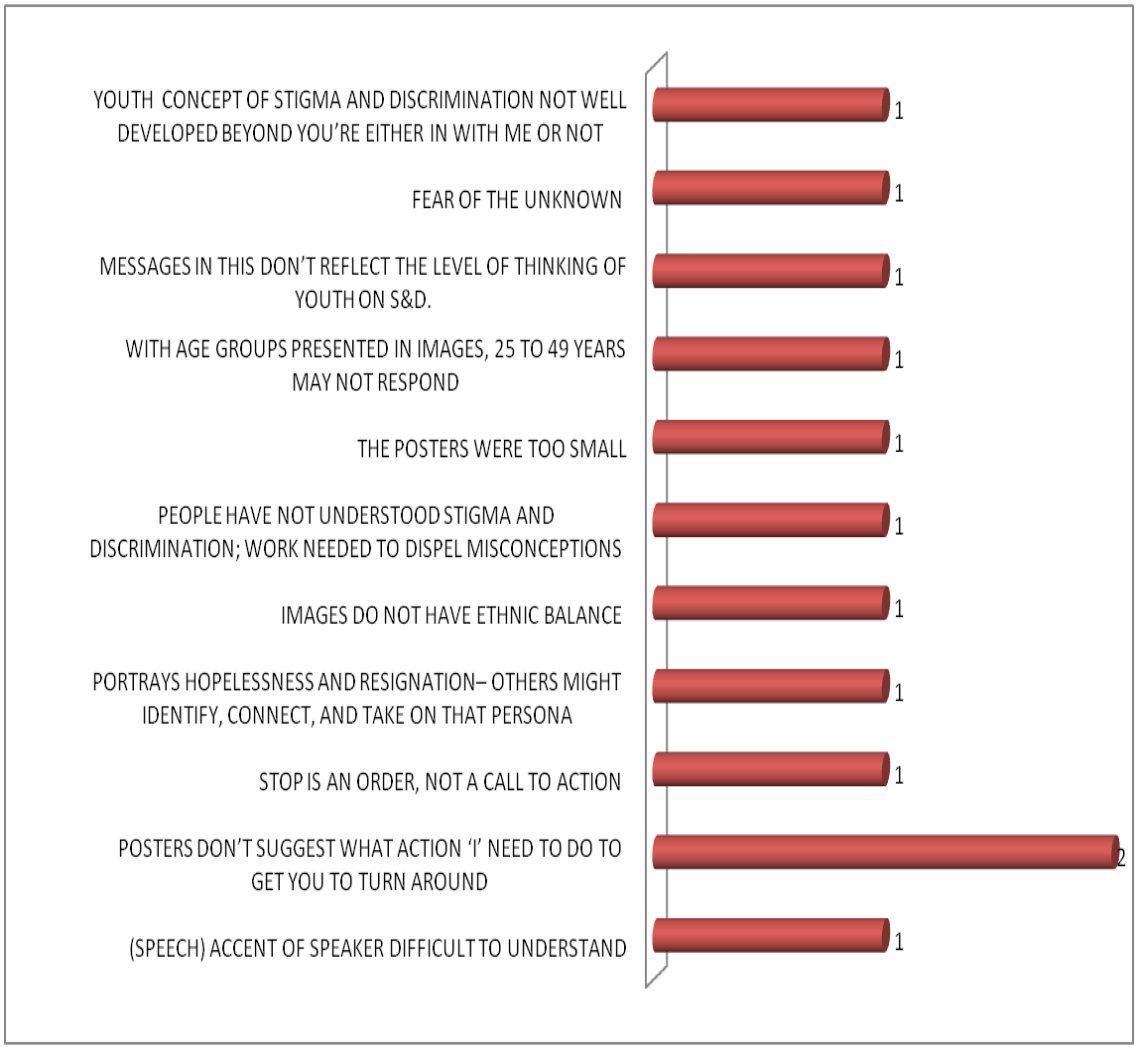


Figure 4

A number of barriers were identified which suggests that the message could be ineffective. Two themes in relation to stigma and discrimination suggest that the dynamics of this social behavior are not conceptualized enough for people to understand how to respond. Message seems to reinforce self stigma.

Question 9: Was the primary ethnic mix in your country represented? If no, what primary groups were not represented?

Q10: Was this campaign considered culturally appropriate in your country? If no, what was not considered appropriate in your country?

Responses to these questions overlapped. For question 9, 2 persons answered NR, N/A and YES while one person said No- groups of East Indian descent were missing from the posters.

On question 10, it was similar with ethnicity apparently the only index of culture considered. One additional response was on the video where a male, also a person apparently of east Indian ethnicity , was mentioned and another response was 'WE ONLY SAW PEOPLE, ETHNICITY WAS NOT AN ISSUE '.

Question 11: Do you have access to any data, information, or stories to indicate whether or not the messages were accepted by the intended target? Would you share?

When asked this question, six said NO; one responded heard a comment' that the TV message 'not very sophisticated'. This was not surprising since respondents were not familiar with the campaign and our understanding was that this particular TV spot was not designed for this specific S&D campaign, simply added into it, as an "add on."

Question 12. In your opinion, what groups or segments if any, would you say were excluded from participating in the campaign based on the main message?

In response to whether groups were left out, only a few were mentioned. These were MARPs as a segment, elderly women, Youth (in video) and 25 to 49 age group which incidence of HIV is highest in that country. See figure 7 below.

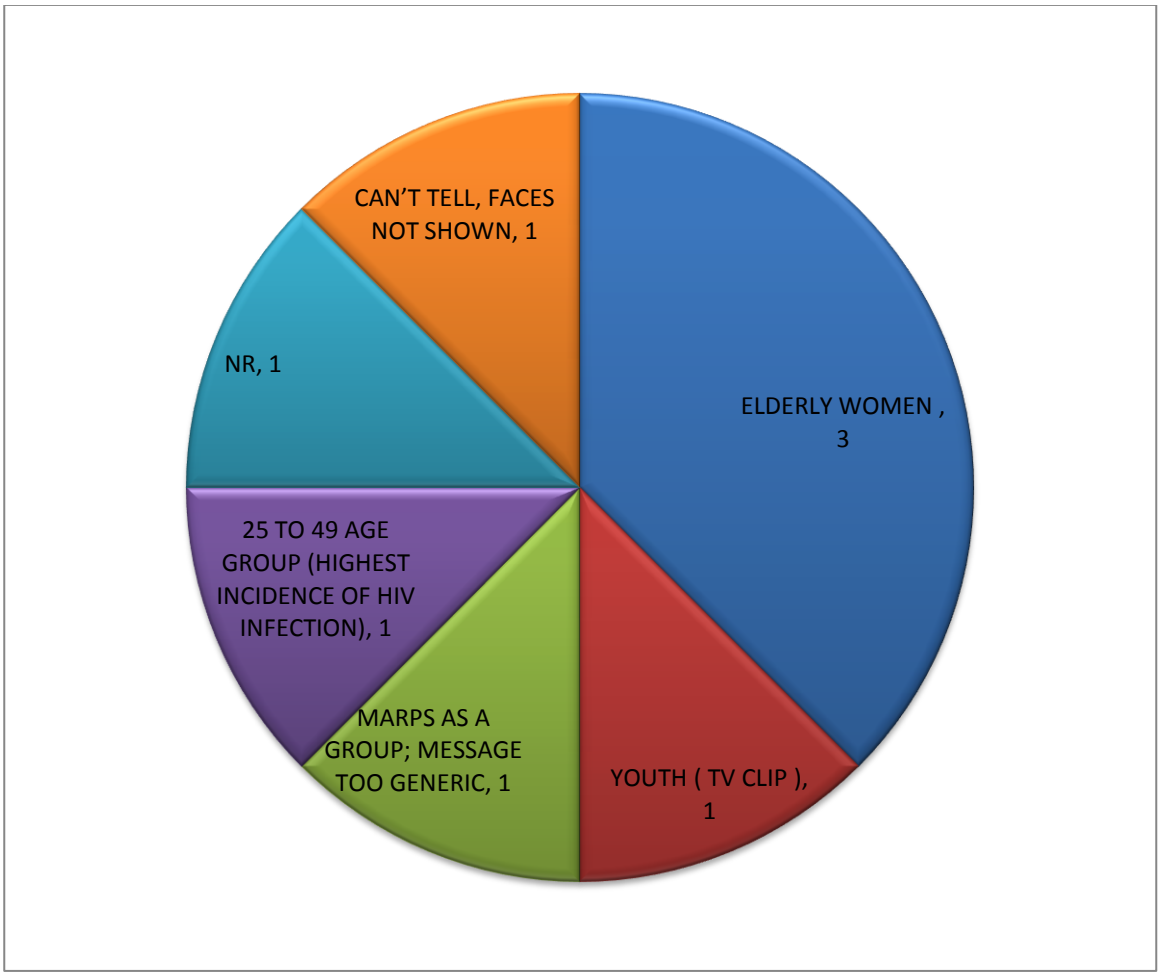

CAN'T TELL, FACES NOT SHOWN, 1
NR, 1
ELDERLY WOMEN , 3
25 TO 49 AGE GROUP (HIGHEST INCIDENCE OF HIV INFECTION), 1
MARPS AS A GROUP; MESSAGE TOO GENERIC, 1
YOUTH (TV CLIP), 1

Figure 7.

Question 13: To what extent do you think the campaign achieved the intended outcomes?

Table 4

Outcomes	Responses
No information	1
Not disseminated in my country	1
DIFFICULT TO ASSESS FROM MESSAGE	3
PROMOTED A NEED FOR CHANGE IN ATTITUDES	2
Do we really know what outcomes we were looking for?	1

There was a response that the campaign suggested a change in attitude, but there was no information on the initial intentions of the campaign and based on the messages themselves it was difficult to assess.

The next questions focused on the Design of the messages.

Question 14: Were you able to open the file that included the campaign posters, print, and TV spot?

This question sought to find out whether the materials were available since the Interviews were by telephone mostly. Persons were either able to access the materials by computer or had acquired copied. Two persons were unable to open the video clip.

Question 15: Can you recall and describe any instances of when you saw or heard these messages?

Four respondents had not seen the material before; one was not sure where or when but vaguely recalled one or two and three respondents had posters from the campaign on walls in offices.

Question16: Were you aware of strategies that were employed to ensure that the messages reached the intended audiences – e.g. on TV during shows target likely to watch, radio stations/shows favoured by target, print to favoured publications, organizations, clubs, etc. favouring target)?

None of the respondents were familiar with the strategies.

Question 17: Considering the number of times you may have seen the campaign in your country, do you think that it had a strong enough reach in terms of: frequency, appropriate channels, time of day, distribution?

Six respondents reported not applicable and one said not sure.

Question 18: How would you compare the quality of the video production compared to other TV spots you usually see in terms of video/audio quality, acting, etc.?

Table5:

How would you compare the quality of the video production compared to other TV spots you usually see in terms of video/audio quality, acting, etc.?	
POOR IN TERMS OF COMMUNICATION AND USE OF VIDEO	1
UNEMOTIONAL /SCRIPTED (IN VIDEO)	1
HAD SOME EMOTIONAL APPEAL	1
YOUNG GIRL CREDIBLE, STORY TOO COMPLEX	1
LIGHTING COULD BE BETTER	1
N/A	1
NR	2

Respondents did not rate this positively; a reference appeared to be made to another video by one respondent, but that has not been identified.

Question 19. How would you compare the quality of the print production compared to other posters or ads that you typically see?

The print publications received mixed reviews. Some aspects were considered to be good but text, sub text and elements of persuasion were not rated positively. See table 6.

Table 6

How would you compare the quality of the print production compared to other posters or ads that you typically see?	Responses
NR	2
N/A	1
POSTERS LESS LIKED	1
DARK	1
CLOSE UP COULD BE TIGHTER	1
LIKED BLACK AND WHITE -	1
TOO MUCH PRINT TEXT	1
TEXT SIZE NEEDS INCREASING	1
SAD	1
PROJECTS LONELINESS	1
UNFAIRNESS	1
ONLY THE CHILD PLAYING CREATES EMOTIONAL HOOK	1
QUALITY OF MATERIAL SEEN IN T&T GOOD	1
COMPARABLE BUT TOO SMALL	1
SIMILAR	1

Question 20: *In your opinion: Did the actors seem credible?*

Yes, Good was reported by 2 respondents, while comments such as 'showing back' 'lacks appeal', 'seems remote' were given by 1 person; N/A by -1 person and NR by 2 persons were also given. The video was considered to be too stilted by 1 and delivering a formal message by another.

Question 21: *Were the models and props appropriate for this type of campaign (appealing to the target)?*

Answers were brief: Yes Good by 2 persons, appropriate by 1 person, good ethnic mix by 1 person, and , N/A -1 NR -2 by the remainder.

Question22: *Have you ever seen any other campaigns on HIV? on stigma? what do you recall? the names? messages?, etc. How would rate them in comparison to this particular CARISMA campaign?*

A variety of answers were given as follows.

NR -1

Live up/live it up -3,

Ouch –1,

Live up-Love up -3,

Don't dis me – 2

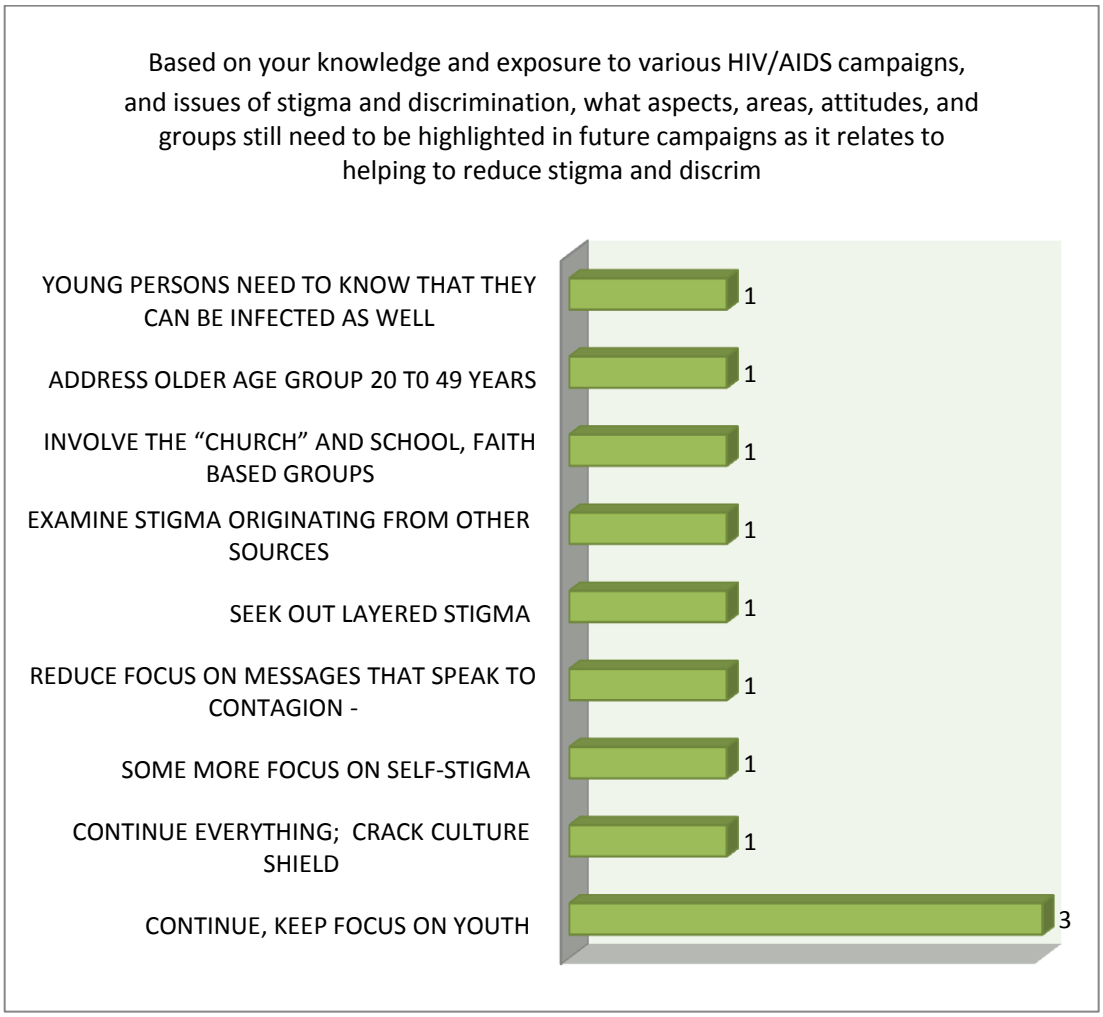
Reasons given include:

'had clear messages – 3, matched target- 1, youth oriented -1, spirited -2; lingo conversational – 1, but too afro centred -1. Local one launched in Antigua CROSS SECTION OF AGE GROUPS; A RHYTHM in message

This campaign: Approach too soft – 2, highlights problem but further discriminates by portraying powerlessness.

NR - 1

Question 23: Based on your knowledge and exposure to various HIV/AIDS campaigns, and issues of stigma and discrimination, what aspects, areas, attitudes, and groups still need to be highlighted in future campaigns as it relates to helping to reduce stigma and discrimination amongst youth?



Fugure8

Respondents provided a number of suggestions for future campaigns. The greatest recommendation was to keep the focus on youth. There was also a suggestion that stigma and discrimination needs to be addressed in more depth.

Question 24: Based on your assessment of the campaign, were there any positive elements about it that you would recommend highlighting again in another campaign – especially on one that would target youth?

Respondents did not identify many positives that could be carried forward. Only three ideas were forthcoming as seen below:

Table 7

Positive elements to Carry on	Res.
'I'll turn around…..' MAY APPEAL TO YOUTH IF INCLUDED WITH ANOTHER IDEA	1
HIV LOGO STOOD OUT	2
YOUTH IN POSTERS	2
NR	2

Question25: Based on your view of this CARISMA 1 campaign, what ideas might you have to help a future campaign be more effective in promoting tolerance and normalization of people

Table 8

Based on your view of this CARISMA 1 campaign, what ideas might you have to help a future campaign be more effective in promoting tolerance and normalization of people with HIV amongst youth in your country? What ideas/themes might you have?
ANYTHING AIMED AT YOUTH MUST COME FROM THEIR LIFESTYLES
YOUTH DON'T LIKE TO BE PREACHED AT, AVOID
PREACHING , COMMANDING CAMPAIGNS NORMALIZE PLHIVAS
THE MORE PLHIVAS BECOMES NORMALIZED MORE S&D BEHAVIOR BECOMES NORMALIZED
MOVE ON FROM MESSAGES ON CONTAGION
USE PLHAS TO TELL STORIES
ADD HOTLINE NUMBERS TO MESSAGES
USE MESSAGES TO ENCOURAGE PLHAS TO ASPIRE TO BE COOL
REVIEW YOU TUBE VIDEO ON NORMALIZATION AT SPECIAL OLYMPICS
HAVE CONSULTATIONS IN DIFFERENT COUNTRIES AS WE ARE DIFFERENT IN SOME WAY.
FOCUS ON RELATIONSHIPS RATHER THAN JUST INDIVIDUAL BEHAVIOUR
CHALLENGE PEOPLE WHO FALL INTO COMFORT ZONE AND STOP TAKING PRECAUTIONS
INCORPORATE IDEAS OF YOUTH AND THEIR WAYS OF REASONING

A number of ideas were forthcoming for future campaigns. These can be taken into consideration when designing a new campaign.

The majority of respondents reported not seeing the campaign before it was sent to them and only one reported recall as a member of the audience. Most agreed that it targeted the general population; however the views expressed about the focus of the campaign's messages were mixed. Some reported that that it was not clear; the message was too complex and not impactful. Only one person felt that the poster with the child was effective in communicating the ostracism felt by PLHIV and encouraging compassion.

Most respondents felt that the message advocated behavior change for individuals personally (expressed satisfaction that the message was directed to older segment of the population) and to a lesser extent changes in community norms. All felt that there was no advocacy for policy change. Moreover, they felt that there were multiple behavior options that included: parent to child communication and a call to action to use condoms and to get tested – albeit covertly. One respondent felt that the campaign might have subtly contributed to their (or the audience) willingness to stop and think about being less judgmental towards PLHIV.

The opinions on the types of barriers to adopting the behaviors and attitudes promoted in this campaign included: some materials did not suggest an action e.g. "stop is an order not a call to action"; the lack of self efficacy some individuals possess owing to their current life circumstance would inhibit their responsiveness to the campaign and it was felt by some that the absence of ethnic balance would limit the campaign's ability to connect to some audience members.

The majority could not recall any stories, data or information that would attest to whether the messages were accepted by the intended target. With respect to groups or segments that were excluded from the campaign's main message, one respondent felt that elderly women and youth were left out and within the TV message. Moreover, there was the opinion that the stories were too generic and needed to be more targeted. Overall, it was felt that message dissemination was very sporadic and some

commented that it was not shown in their country of residence, although it was supposed to be a regional campaign.

The majority of respondents recalled the Live Up, Ouch and Don't Dis Me media campaigns and described them as youth oriented, spirited and very interactive (use of the lingo of the target audience). When asked how the PANCAP campaign compared to each, they expressed that this campaign approach may have led to further discrimination by portraying PLHIV as powerless, leaving the responsibility only for the audience.

One mentioned that the print ads and posters did not seem to be from the same campaign as the TV spot.

RECOMMENDATIONS

All the respondents felt that for future campaigns aimed at reducing stigma and discrimination amongst youth, that messages should focus less on "the contagion" and seek to address layered stigma, that is, stigma that originates from socio-cultural and personal sources. Moreover, it was felt that communication efforts must continue to try and "crack the culture shell that encloses the Caribbean region".

In terms of ideas to help a future campaign be more effective in promoting tolerance and normalization of PLHIV amongst youth, the following views were stated: (1) Messages aimed at youth must come from their lifestyles; (2) Youth don't like to be preached at; (3) Consider the idea of using PLHIVs to tell stories (4) Add hotline numbers (though it was not specified for what purpose).

Another informal reviewer commented that the past PANCAP S&D campaign depicted someone in their print ads, facing the wall (not showing their face), and the Don't Dis Me Campaign was effective at demonstrating compassion visually, by depicting an HIV positive person (showing their face), with an image (a butterfly) that displayed tenderness. Now it may be an opportune time to show youth and their peers treating each other with compassion and tolerance whether they are HIV positive or not to help normalize their status.

Based on the results of the assessment and informal consultation with stakeholders it can be deduced that the media placement strategy used was not the most effective. The

HDI team recommends that the three media bursts should have been conducted within the period of one year to maximize exposure, reach and frequency. Further, to evaluate the effectiveness of the campaign, we would have likely advised that PANCAP conduct assessments at three month intervals to record message recall and retention with the target audiences.

ANNEXES

1) LIST OF KEY STAKEHOLDERS (Interviewed and consulted)

2) COPY OF INFORMAL STAKEHOLDER INTERVIEW TOOL

Annex 1: KEY STAKEHOLDERS LIST

LIST OF PARTICIPANTS INTERVIEWED

1. Dr. Shanti Singh-Anthony, NAPS Programme Manager; Guyana
2. Ms. Delcora Williams; AIDS Programme Manager (ag) Antigua and Barbuda
3. Ms. Julie Frampton; National AIDS Programme Coordinator Dominica
4. Dr. Jessie Henry, HIV/AIDS Coordinator Grenada
5. Mr. Nahum Jn Baptiste, Director- National AIDS Programme Secretariat; St. Lucia
6. Ms. Sarah Adomakoh, Team Leader, Regional Stigma and Discrimination Unit, Barbados
7. Dr. Allyson Leacock, Executive Director, Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP), Barbados
8. Ms. Beverley Bathija Senior HDI Creative Advisor, for new CARISMAII S&D campaign focused on youth

LIST OF PERSONS CONSULTED

1. Ms. Volderine Hackett Head, Strategic Information and Communication Division PANCAP Coordinating Unit
2. Mr. Christopher Lawrence Web Administrator, Strategic Information and Communication Division
3. Ms. Martine Chase, Senior Project Officer, RSDU
4. Ms. Maisha Hutton, Project Manager, RSDU
5. Mr. Kerry Singh, Marketing Director; Population Services International, Trinidad
6. Ms. Julia Roberts, Regional Director; Population Services International, Trinidad
7. Ms. Ayana Hypolite, HPP Regional Programme Manager, Futures Group, Barbados
8. Mr. Chris Brady, Options Consultancy
9. Mr. Dereck Springer, Strategy and Resourcing Officer - PANCAP Coordinating Unit

Annex 2: INFORMAL STAKEHOLDER INTERVIEW TOOL

DATA REDUCTION SUMMARY

Date: _____

Name of Interviewee: _____

Position Title: _____

Country: _____

The Campaign –Goals, Outcomes

- Were you exposed to this campaign before the material was sent to you?

- Were you involved at all in this previous campaign? If so, what was the nature of your involvement with this previous PANCAP campaign?

- What do you believe was the profile of the target audience the campaign was directed towards?

  How would you describe the content / focus of the Messages/topic and intended outcomes?

- To what extent would you say the message advocated behavior change for individuals personally as compared to changes in attitudes or social norms of community or advocating for policy?

- Were there multiple behavior options (actions / paths) that the target audience could choose to achieve the goals of the message? If so could you describe them:

- Is there something in this campaign that you would (or could) commit to trying? (or you think target audience might be willing to commit to)?

- What in your opinion might be some of the barriers to adopting the behaviors and attitudes promoted in this campaign?

- Was the primary ethnic mix in your country represented? If no, what primary groups were not represented?

- Was this campaign considered culturally appropriate in your country? If no, what was not considered appropriate in your country?

- Do you have access to any data, information, or stories to indicate whether or not the messages were accepted by the intended target? Would you share?

- In your opinion, what groups or segments if any, would you say were excluded from participating in the campaign based on the main message?

- To what extent do you think the campaign achieved the intended outcomes?

Design and Dissemination of Messages

- *Were you able to open the file that included the campaign posters, print, and tv spot?*

- Can you recall and describe any instances of when you saw or heard these messages?

- Were you aware of strategies that were employed to ensure that the messages reached the intended audiences – e.g. on TV during shows target likely to watch, radio stations/shows favoured by target, print to favoured publications, organizations, clubs, etc. favouring target)?

- Considering the number of times you may have seen the campaign in your country, do you think that it had a strong enough reach in terms of: frequency, appropriate channels, time of day, distribution?

- *How would you compare the quality of the video production compared to other TV spots you usually see in terms of video/audio quality, acting, etc.?

- How would you compare the quality of the print production compared to other posters or ads that you typically see?

- In your opinion:
    - Did the actors seem credible?
    - Were the models, and props appropriate for this type of campaign (appealing to the target)?

- Have you ever seen any other campaigns on HIV? on stigma? what do you recall? the names? messages?, etc. How would rate them in comparison to this particular PANCAP campaign?

- Based on your knowledge and exposure to various HIV/AIDS campaigns, and issues of stigma and discrimination, what aspects, areas, attitudes, and groups still need to be highlighted in future campaigns as it relates to helping to reduce stigma and discrimination amongst youth?

- Based on your assessment of the campaign, were there any positive elements about it that you would recommend highlighting again in another campaign – especially on one that would target youth?

- Based on your view of this PANCAP campaign, what ideas might you have to help a future campaign be more effective in promoting tolerance and normalization of people with HIV amongst youth in your country? What ideas/themes might you have?

Attachment B:

Campaign Creative Brief

CARISMA II HIV-RELATED STIGMA & DISCRIMINATION PROJECT

January 16, 2013

HDI CAMPAIGN CREATIVE BRIEF for NEW CARISMA II CAMPAIGN

Target Population: Youth, aged 16-24 years in 5 Caribbean countries

This Creative Brief development has been informed by:

1) stakeholder interviews that were used to evaluate the past PANCAP S&D campaign

2) conversations with the Executive Director of PANCAP, other key stakeholders such as the Regional NACs in five target countries, Caribbean Vulnerable Communities Coalition, Champions for Change leaders, UNAIDS, the Futures Group, PSI, the Caribbean Media Partnership, REACH media and Astroarts International Guyana.

3) and the top line findings from the formative research

1. Campaign Objectives

Knowledge:
To increase 16-24 year olds' awareness of how HIV-related stigma and discrimination manifests and is perpetuated in their everyday lives.

Belief:
To increase 16-24 year olds' understanding of their own feelings, beliefs, attitudes and behaviors towards HIV-related stigma and discrimination and people living with HIV (PLHIV).

Behavior:
To increase 16-24 year olds' ability to challenge harmful social norms linked to HIV-related stigma and discrimination.

2. Target Audience(s)

YOUTH

Geographic:

- Guyana, St. Lucia, Antigua and Barbuda, Dominica, Grenada

Demographic:

- Age: 16 – 24 years,
- Education: Primary and secondary level

Psychographic:

Peers were selected as having the greatest influence on attitudes towards PLHIV; this was followed by society.

The respondents experienced the "enacted stigma concept" - what individuals do either deliberately or by omission which results in harm to others and deny them services or entitlements; at the family and community level - but mainly in social and interpersonal interaction – making hurtful comments, fear of HIV transmission, avoiding, etc. Their personal experiences of S&D were more related to their day-to-day living, particularly school related, also physical appearance, behavior and social class status, among others. There was a range of negative emotions experienced in response to the perceived treatment: indescribable; felt ashamed, self hatred, unwanted, angry and suicidal, left out, alienated, scorned –emotions associated with being rejected. Those who suffered within family, experienced shock.

Specifically as it relates to HIV-related stigma and discrimination, these were some experiences and attitudes shared:

"I was away for couple months my sister tell me how I'm HIV positive because I went to bed with somebody with HIV; said she not my sister, and I feel bad because I didn't have HIV"

"A cousin went away from the community, came back – parents say boyfriend infected her treated her bad; she was

not HIV+ but continue discriminating against her and she just left the community"

"This girl in my area will greet you but will not stop to talk; people say she has style and she has the disease"

"There is someone in my community who has HIV and no one associates with her"

"Got a friend who was infected with HIV. Nobody knew for sure but them just saying things about her, saying they don't like her. Make joke."

The following provides a deeper understanding of youth's attitude to people living with HIV. The reasons why discrimination towards PLHIV was believed to be high were based on personal experiences and observations which were used to infer the level. Scenarios such as family and society pressures not to associate with persons who are HIV positive or suspected of being HIV positive; being stigmatized if they remain friends with PLHIV, being alienated for same; people avoiding or running away in fear was used as evidence. They see the stigma being perpetuated now on social networks. Note some quotes below:

Peer/social pressure:

"Because if I have a friend who is HIV positive and I'm not, somebody must come to me and tell me the girl is HIV positive and I should not follow her."

"When people mostly have HIV, some people like talk, will say 50 percent of the people there are HIV positive tell you not to follow those people they know they got HIV, is not even true."

"(Discrimination is) High because if somebody is HIV positive and he tell people, they will treat them bad,- the neighbours, best friends who will have some friends and they will tell. Definitely nobody want be around that person"

"I know how people get AIDS. What we see in society has more impact on us than what we see in school. In school they will teach us the various ways that HIV is transmitted – but we still believe what we hear in society."

"People use social media network (BB message) to gossip about someone they suspect has HIV"

Afraid of being seen with the person presumed to have HIV because they may not interact with you because of you being close to that person.

Fear of transmission:

"I think we have a phobia for AIDS and I just cannot control; I hope I can change; I am not sure if my reaction is based on what I've seen"

"I know someone and I am scared of the person. I don't want to be rude or anything that's just how I feel."

"Many people still stay away from people they believe or they are aware that they have the virus"

If you touch them they think you will get it. 90% because of lack of knowledge; they don't know how somebody can get infected; they think if you walk with that person you have it too.

The research findings referenced above clearly indicates (in keeping with developmental theories), that peers were the most important influential group, including as it relates to their attitudes towards PLHIV. We have focused on a single compelling message and leveraged peer to peer relations to gain the most potency and impact in limited time of 30 seconds for TV spots. The broader spin-off of this approach will support tolerance and compassion for all PLHIV because peers are the strongest network, and their behaviors reflect in the home and community, as we have seen from research findings listed under target audience.

Youth value the support of their families, and trust them most to confide in, if they ever tested HIV positive. They also expect counselors and doctors to be supportive though realize that counselors could slip on confidentiality. What they crave most is respect - from everyone but feel vulnerable that peers/friends that they need most to feel supported, are

the ones they can't count on.

"*If I tell my peers and they know I'm HIV positive, they going to be looking at me funny because you go* ***a best friend, your best friend got another best friend****."*

*"There will be a hurt because you alone will be left in the wilderness cuz you know for real you done****, if the friends know they ain't get time with you no more****."*

*"There will be a lot of discrimination…****friends might neglect you***."

Youth are grappling with the crisis of identity formation at this particular stage in their development and therefore peer influence is key to this stage of development for them. The use of influential peer role models can influence behavior change in masses of youth

They are striving to find a place in society, feel insecure and likely to be spectator supporters of negative behavior in order to feel included by peers. They are aware of how stigma & discrimination plays out in the community but the leap in understanding that it could happen to a friend hasn't happened, as friends are afraid of confiding/trusting each other for issues like HIV:

· *At school – name calling; backing talking; scorning (not sitting next to the next person); teasing; lack of cooperation; favoritism.*

· *On the block - violence; fights; isolation; banning them from sitting on the block; heckling/teasing; graffiti/writing up on the block about the HIV affected person; broken friendship.*

· *At work – fear of being fired; create conditions just to fire them; scorn; demoted; communication only via e-mail; no/little touching; less involvement in extracurricular activities.*

· *In the church – allowed only back seat; sermon on the matter; not being able to be involved in church social/other activities; someone may embrace the HIV positive person; Church can act as a counseling body; Help to build their self esteem; Church may plan programmes to support HIV person; Preach a strong sermon for empathy towards HIV victim; Division in the church about the subject among members.*

· *Youth group – can work with someone who is HIV+ and would not treat them differently; if your nature is not to scorn others, then you will not do so to an HIV victim; may be overly concerned for them and wonder if they will die soon.*

The risk of losing a friendship prevents them from confiding in peers, whose support is vital to enable them to live normal lives and support them when others stigmatize or discriminate. Their preference for music, humor, Caribbean artists suggest a youth-centric approach that is not preachy but addresses the issue from a youth-credible perspective. Youth-to-Youth communication in smaller interactive groups was also seen as central to discussion on the issues.

"Yes, I faced discrimination! For not doing what the majority in school were doing at the time. Like being asked – why don't you go with the flow? I was not doing it. So they told me "Why can't you be normal; it made me feel uncomfortable".

CARISMA II HIV-RELATED STIGMA & DISCRIMINATION PROJECT

January 16, 2013

HDI CAMPAIGN CREATIVE BRIEF for NEW CARISMA II CAMPAIGN

Target Population: Youth, aged 16-24 years in 5 Caribbean countries

Well if they are true friends, I could actually tell them because true friends won't discriminate because you're HIV positive. I will say ok this is my friend and he appreciate and still be there for me, why can't I be here for them now.

Secondary target audiences

- Service providers – shops, public facilities that PLHIVs use, school and university leaders.
- General managers/bosses

3. Obstacles

What beliefs, cultural practices, pressure, misinformation, etc. stand between your audience and the desired behavior?

Preexisting gender, race, socio-economic prejudices and inequities, religious beliefs, cultural taboos, and homophobia, combined with fears about HIV infection and misconceptions about transmission, provide a fertile environment for HIV-related stigma and discrimination to flourish. **Losing 'respect' and being dropped by peers is the strongest obstacle.**

4. Key Promise

Select one single benefit that will outweigh the obstacles in the mind of your target audience. Suggested format: If I (desired behavior), then (immediate benefit).

True Friends don't Diss-criminate - I will catch myself if I think or act in this way or if I see someone else doing it - ***"When you Diss my friend, you Diss me!"***

5. Support Statements

This is the substantiation for the key promise; i.e.; the reasons why the promise is true. Oftentimes, this will begin with a 'because'.

- Because, by standing up for my friend, I'm gaining respect, not losing a friend.
- Because by excluding my friend, I'm not gaining anything...just robbing myself of self respect and a friend.
- Because 'Young Love' is a cool and powerful way for us peers to demonstrate we are individualistic and different from society's norms.
- Because youth are at the stage where they are developing/have developed a philosophy of life, by challenging family and societal values; scrutinising views and opinions; seeking acceptance as an individual; being argumentative; making connections between values taught and life situations; trying out risky behaviours; setting own behaviour limits; developing a worldview
- Because youth are developing/have developed independence from family and building peer-level relationships: Wanting to socialise with friends rather than family; spending a lot of time on the telephone /Face book with friends; being upset about parents' criticising friends; trying out different "looks"/"identities" conditioned by music or fashion icons; placing the opinion of peers above that of parents; forming sexual relationships.

6. Tone

What feeling should your communication have? Should it be authoritative, humorous, emotional, etc…?

Humorous emotive/youth credibility. (Messages aimed at youth must come from their lifestyles; should not be preachy).

7. Communication Channels

What channel(s) will you employ for the communication? TV spots? Radio Spots? Print Ads? Point-of-purchase (service) materials? Promotional giveaways? Earned Media (PR)? Interpersonal? Interactive Theatre? Community Mobilization Meetings? Broadcast Drama? All of the above?

- 2 x 30 second TV spots that trigger lifestyle benefits of being part of 'cool youth love' as opposed to 'idiotic stigmatizing & discriminatory behavior.'
- One poster layout that capture the spirit of youth love - ***"When you Diss my friend, you Diss me!"***
- Full page print ad for insertion into youth centric magazines/newspaper sections
- Radio spot that reminds them of 'Zero Tolerance on Stigma & Discrimination.'
- Funky Sticker on 'Zero Tolerance on S&D' for restaurants, offices, all relevant public spaces to endorse support from Secondary target audience.
- Social media opportunities: Got it Get it Facebook page, iLive Up website and Facebook Page, Social networks of National Stakeholders and their partners currently being identified –

  Group discussion suggestion:

  Insert positive messages on every day products that we buy like on soft drink bottles, sanitary pads, use cartoons, make ads funny and age appropriate, and messages through social media.

8. Opening

What opportunities (times and places) exist for reaching your audience? When is your audience most open to getting your message? Examples: World AIDS Day, Mothers Day, etc…

- Youth Ambassadors generate dialogue and Q&A to challenge on pre-existing prejudices.
- Corporate endorsement of messages on corporates' websites, stickers and events
- Focus Groups suggestions for further engagement beyond media campaign (to be explored following launch of media campaign to possibly extend reach/legs of campaign (through possible corporate or NGO partner engagement):

- **Youth groups**
- **Schools**
- **Face book, web based platform and/or text messaging**
- **Informal rap sessions on the block**
- **Church**

- Q95 Radio, Krazy Coconuts **on Kairi FM** (a local entertainment center catering for local and foreign artists)- **Dominica**
- Youth Vibes (Youth Programme) on DBS Radio on Saturday afternoons – **Dominica**
- HOT FM –**Grenada, Guyana**
- CHOICE TV , BLAZING FM, YO MAGAZINE, RADIO CARIBBEAN RCI ,DBS – **St. Lucia**
- Boss FM, GBN News - **Grenada**

9. Creative Considerations

Any other critical information for the writers & designers? Will the communication be in more than one language or dialect? Should it be tailored to a low-literate audience? Are there any political considerations? Any red flags/words or visuals to stay away from? Should there be space or time available to include local contact information?

- Settings should reflect youth lifestyles & dialogue should not be preachy.
- Ethnic balance must be maintained in visuals. Should reflect agricultural and tourism backgrounds. (Pay attention to details, avoid afro-centric images in poor settings)
- Should speak to youth collectively, not focus on youth living with HIV/AIDS only.

  Focus Group – what resonates with them:

  • Easy to catch on – jumpy

• Creative

• Catchy (e.g. “got it get it”)

• Straight forward

• Simple and clear messages

• Easily catch your attention as viewers/listeners

- Aim for balance and do not reinforce/create stereo-types
- Images must reflect the melting pot of the Caribbean; take extra footage

When choosing talent, returnees from US offer good options; use talent from islanders attending University of Guyana or University of the West Indies – dram clubs e.t.c. Aim for balance.

- Wherever the mechanism is available across countries to provide information on how youth can seek redress (or at least guidance) for cases of discrimination, ensure that contact information is provided in campaign print material as available.

Note: References will be shared with ad agency for creative guidance.

10. Background

Campaign focus: Reduce HIV-related stigma and discrimination so youth in target countries can evolve into respectful, non-judgmental, and compassionate adults.

Timelines/Implementation plan:

Activity	Duration	Start	Finish
Approval of draft pre-test modified creative by PANCAP/OPTIONS	5 days	05-Jun	11-Jun
Production	21 days	30-May	27-Jun
Presentation of draft campaign materials and placement plans for review	5 days	27-Jun	05-Jul
Delivery of final campaign materials	1 day	05-Jul	05-Jul
Dispatch of communication material to media placement partners in 5 countries	3 days	06-Jul	09-Jul
Launch and Placement of TV, Radio, Print media (Launch date tentatively 9 July 2012)	86 days	09-Jul	02-Oct

Background

HIV-related stigma and discrimination faced by people living with HIV (PLHIV) and most-at-risk populations (MARPs) is a major human rights issue in the Caribbean. It manifests in a number of ways: from discrimination in the workplace, denial of housing or entry in school, and/or breaches of confidentiality within the health sector to verbal and physical abuse. Furthermore, PLHIV are often without the mechanisms, tools or skills for accessing redress. Unlike many larger middle income countries with land borders, Caribbean small island states are fairly homogenous: each country is like a community in which stigmatizing trends and messages spread like wildfire. Preexisting gender, race, socio-economic prejudices and inequities, religious beliefs, cultural taboos, and homophobia, combined with fears about HIV
infection and misconceptions about transmission, provide a fertile environment for HIV-related stigma and discrimination to flourish and remain impediments to the Caribbean’s response to reverse the spread of the epidemic.

PANCAP’s first multi-media anti-stigma and discrimination campaign geared towards the general public, was rolled out in fourteen countries. For its next campaign, PANCAP recognizes that in order to significantly change the course of HIV-related stigma and discrimination in the Caribbean, there is a need to increase communication efforts focused on youth between 16 to 24 years of age. Positive inputs to youth, aimed at reducing HIV-related stigma and discrimination, can help contribute to their chances of evolving into respectful, non-judgmental, and compassionate adults.

According to the 2005/2006 Behavioral Surveillance Surveys of Six Eastern Caribbean countries, only 5 percent of youth (aged 15-24) in Antigua reported accepting attitudes towards PLHIV. In Dominica, Grenada and St. Lucia, the reports on the same indicator amongst youth were 5 percent, 4 percent and 4 percent respectively. More recently, the Guyana Behavioral Surveillance Survey 2008/2009 highlighted that a small proportion of the youth population (7.2%) reported accepting attitudes towards PLHIV. In a 2007 study by PANCAP on HIV stigma, youth generally demonstrated mixed reactions to PLHIV. Some shared that they (PLHIV) should be treated with love and respect while others suggested AIDS sufferers should be put in special wards in hospitals where it is nicely decorated and 'airy.' Youth in some countries felt that HIV+ men who have sex with men (MSM) should not be treated equally. If it were a family member who was HIV+, the majority said they would treat them the same although they would not be as close to them as before for fear of transmission. Generally, they all expressed that they would not buy food from an HIV+ person. The view was expressed that parents are responsible for children adopting stigmatizing attitudes and discriminatory behaviors. Young people can be receptive to behavioral and attitudinal change. In order for positive change to occur amongst youth, there must be sustained, focused efforts and programs.

It has been recognized that in order to significantly change the course of HIV-related stigma and discrimination in the Caribbean, there is need to increase communication efforts focused on youth as they generally demonstrated mixed reactions to PLHIV. In order to generate discourse on HIV-related stigma and discrimination and for positive behavior and attitude change to occur amongst youth, there must be sustained, focused multi-channel campaign efforts that include popular youth-oriented media, social media, SMS messaging, and an organized complement of communication materials/activities.

Targets:

- Number of youth who recall seeing or hearing campaign messages
- Number of youth who respond positively to campaign
- Number of youth who indicate that the campaign has affected their attitudes to be more accepting to PLHIV.
- Materials developed as per this brief

Target Populations

- Youth
- Key Influentials

Attachment C:

Final Formative Research Evaluation Report

2013

FORMATIVE QUALITATIVE STUDY AMONG YOUTH 16 YEARS TO 24 YEARS - HIV RELATED STIGMA AND DISCRIMINATION

Findings from Focus Group Discussions (16 -24 years) in Five Countries - Antigua and Barbuda, Commonwealth of Dominica, Grenada, Guyana and Saint. Lucia

This report was prepared by Dr. Jennifer Crichlow for submission to Howard Delafield International, in support of CARIMSA II.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

Appreciation must be expressed to all the youth 16 to 24 years who participated in the ten Focus Groups across the five countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia. Their opinions were greatly appreciated, and brought much valuable insights to the subject of Stigma and Discrimination.

The carrying out of this research would have suffered except for the valued National Researchers, who were patient and trusting, and went out of their to ensure that the study met all the required criteria to maintain validity. When support systems fell through they went beyond their expected tasks, and used their personal resources to complete the data collection. Their support and professionalism must be highly commended. Mrs. Maureen Lewis (Antigua-Barbuda), Mr. Thomas Holmes (Commonwealth of Dominica), Mrs. Hermione Baptiste (Grenada), Mr. Michael Gillis (Guyana), Ms. Arthusa Semei (St. Lucia).

Expression of thanks must be made to PANCAP and Howard Delafield International partners who gave support.

Jennifer Crichlow, PhD
Lead Researcher

ACRONYMS

CARISMA	Caribbean Regional Social Marketing Programme for HIV and AIDS
FGD	Focus group discussion
NAPs	National AIDS Programme Secretariat
PANCAP	The Pan Caribbean Partnership Against HIV/AIDS Project Coordination Unit
PLHA	People Living With HIV/AIDS
S & D	Stigma and Discrimination
SES	Socio Economic Status

EXECUTIVE SUMMARY

This study was a formative qualitative research using an exploratory design. Ten Focus Groups discussions were conducted among 91 participants in five Caribbean countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia. Purposive sampling was utilised to select participants - ages 16 years to 24 years from the general population. A formative qualitative data collection instrument was designed for the purposes of this study to explore the knowledge, attitudes and perceptions, and experiences of stigma and discrimination generally and specifically HIV-related. Participants were also surveyed for their recall of HIV-related anti- S&D media messages, the appeal of these messages and their recommendations for further messages.

The design and validation of the instrument was supported by the literature reporting studies of stigma and discrimination and the development and testing of[8] indicators to measure HIV-related stigma and discrimination. Studies show commonalities, but point to differences based on culture (which was applied here as: country). The instruments were reviewed by HDI/PANCAP/OPTIONS and the data collection took place during the months of April to May 2012.

This research addressed two main purposes: (1) for conducting stigma and discrimination research among youth, 16 years to 24 years of age and (2) to gather information about which aspects of media interventions are more likely to be successful.

Information was structured under these headings:

- General Perceptions of S&D
- Experiences with S&D
- Causes of S&D
- HIV/AIDS S&D attitudes
- S&D related to HIV/AIDS
- How to reduce S&D

The results indicated that the concept of stigma and discrimination posed a problem to some of the participants; whereas some were able to give well defined

[8] Nyblade, L. & McQuarrie, K. (2005); Nyblade et al.

definitions and meanings, there were those who mixed the concepts and saw the prejudice and the discrimination as one and the same. Some others had no idea of the meaning of stigma but overall they were able to identify the related acts of enacted stigma and discrimination. In response to the question of their personal experience, the participants cited several examples which almost covered the spectrum of areas categorized in the literature: Sexual Orientation, Social Distancing, Psycho Sexualisation, Personal Appearance, Social Diseases, Handicaps, Disabilities, Social Diseases, Handicaps, Disabilities, Criminal Activity, and Social Deviance. There was a slight gender focus where 'women who dressed in certain revealing ways or overly conservative' were discriminated against similarly.

In response to HIV-related discrimination, participants were not asked for their personal experiences of facing stigma and discrimination. Items were more oriented towards their perceptions of their environment and culture. Findings indicate that many did not observe incidents of HIV discrimination personally, and this was only so when the persons revealed their status or when there were rumours about the status. Their information revealed that persons faced stigma and discrimination in a wide range of social situations and in one instance, where there was a contagious disease, and expressed the beliefs that in the majority of instances, HIV-related stigma and discrimination would manifest itself at school and educational institutions, at religious places, in the workplace, among family and friends, in health institutions and among enemies.

Their perception was that family would be among the main perpetrators of enacted stigma even though there was more information available. People would be hesitant to reveal their status because of the fear of S & D but many said it should be revealed to sexual

partners, family and friends who may have to care for them. In terms of their own attitudes to HIV-related S & D, many responded negatively to the indicators - food related, medical and health care, personal services such as tattoos, cosmetologists etc. There was almost no trust in these services not transmitting HIV. Some comments were: 'even though I know how the virus is transmitted, I would not trust'.

Peers were selected as having the greatest influence on attitudes towards PLHA; this was followed by society. This observation is in keeping with Developmental Theories

and Research that suggests peer influences are most prevalent from late adolescence to young adult.

The conclusion can be made that stigma and discrimination appears to be deeply embedded in the culture. It is multilayered and HIV-related S&D is layered on top of sexuality for the most part.

For programmes to be successful, the root causes of S&D may need to be addressed, and reduced before HIV-related anti S&D interventions can be successful.

INTRODUCTION

It has frequently been noted that in 1987, Jonathan Mann[9], then director of the World Health Organization's Global Programme on AIDS, forecasted three components to the HIV epidemic: 'HIV, then AIDS, and the third - stigma, discrimination, and denial". Ogden, and Nyblade (2005) and others noted that almost twenty years later with a commitment to universal access, 'experts and communities' were still identifying 'HIV-related stigma and discrimination as critical barriers to effectively addressing HIV' [10]. In addition to being globally pervasive, Stigma and Discrimination operate at multiple levels throughout society: within individuals, families, communities, institutions and media, and in government policies and practices. Yet despite the recognition of the significance and prevalence of stigma and discrimination, S & D remains a seriously *neglected issue* in many national responses to HIV.

More and more, attention is being paid to Behaviour Change communication in the challenge of tof reducing Stigma and Discrimination. In addressing 'today's challenges', the use of social media [11]was advocated by Dr *Carol Jacobs (2011) as one of* 'several other things that need to be part of the region's HIV response today':

> The communications landscape today is very different than it was even five years ago. The HIV community must use social marketing to reach individuals effectively throughout the Caribbean region with an ongoing stream of timely, accurate, and relevant information (Jacobs, 2011).

While Research on S & D is growing, it has been postulated that HIV-related stigma is a complex construct with multiple dimensions. This renders it difficult to assess and to mitigate.. Additional research is needed to further support the 'understanding of Stigma and Discrimination ' and measuring of HIV/AIDS Stigma and Discrimination. Studies of stigma revealed youth as a sub-population are seldom surveyed about stigma and discrimination. Many studies seek out those who are victims or perceived to be likely victims to investigate this subject. This study will explore concepts of Stigma and Discrimination among youth 16 years to 24 years in five target Caribbean countries.

[9] Mann, J. *Statement at an informal briefing on AIDS to the 42nd session of the United Nations General Assembly.* 1987. New York.

[10] *Scaling up HIV prevention, treatment, care and support (A/60/737)*. March 2006, United Nations: Geneva.

[11] https://www.2011caribbeanhivconference.org/sites/default/files/u104/hiv-aidsinthecaribbean.pdf '2011 CARIBBEAN HIV CONFERENCE: STRENGTHENING EVIDENCE TO ACHIEVE SUSTAINABLE ACTION.

BACKGROUND

UNAIDS (2010) reports that 'in 2009 an estimated 17,000 people in the Caribbean became infected with HIV, and around 12,000 died of AIDS'. The report continues that 'after sub-Saharan Africa, the Caribbean has a higher HIV prevalence than any other area of the world, with 1 percent of the adult population infected.[12] There are some slight signs of a drop in incidence and universal access to treatment but it is has long been believed that stigma and discrimination are helping to fuel the HIV epidemics of Caribbean countries. This view was expressed in the UNAIDS (2004, December) report. Some progress is being made in overcoming this problem, particularly through the work of organisations [13]of people living with HIV and Non-Governmental Organizations (NGOs) that work with vulnerable populations. Many HIV prevention campaigns include anti-stigma messages. Mass media campaigns which create awareness of what stigma and discrimination, the harm they cause, and the benefits of reducing them are being highly promoted.

Within the Caribbean context, some initiatives have been implemented to prevent and reduce stigma among different key audiences/ communities.
Champions for Change (stand-alone programme) have partnered with separate media outlets and produced HIV programming which highlights discrimination experienced by people living with HIV; CARICOM[14] has engaged celebrities, political leaders, sports, stars and other influential people in advancing and modelling non-stigmatising attitudes and behaviours; and PANCAP[15] promotes indirect and direct interaction between people living with HIV and key audiences to dispel myths about people affected by HIV. Moreover, a USAID/PEPFAR funded HIV S&D intiative in Guyana successfully implemented a Caribbean celebrity-led multimedia campaign, "Don't Dis Me," that featured the message "AIDS does not discriminate and neither should we", and is another successful example of mobilizing resources and public will towards addressing the issue of stigma and discrimination and creating an enabling environment for HIV/AIDS prevention and reduction efforts.

[16]The first PANCAP Stigma and Discrimination campaign was supported through the Round 3 Global Fund grant. It was rolled out in the following 14 countries: Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Guyana, Grenada, Jamaica, Montserrat, Saint Kitts & Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago. It included a multimedia campaign targeting the general population with posters in print media as well as normal distribution, videos, PSAs via radio and TV, a booklet and postings on the web. In addition there were coaching consultations with NAPs to adapt a regional S&D strategy with their own national

[12] UNAIDS (2010) 'UNAIDS report on the global AIDS epidemic
[13] UNAIDS (2004, December), 'A Study of the Pan Caribbean Partnership against HIV/AIDS (PANCAP) Common goals, shared responses
[14] http://www.caricom.org/
[15] http://www.pancap.org/
[16] S and D mass media invitation to tender

strategies. The firm SFA Communications, formerly Saunders-Franklyn Associates based in Barbados developed the campaign with support from national AIDS programmes.

The messages were developed for the general public addressing the following topics:

- Basic rights of children
- Ostracism of family members with AIDS
- Fear of disclosure

The mass media component consisted of three bursts on the airwaves in 2006, 2008 and 2009, each lasting for approximately 3 weeks. According to the 2005/2006 Behavioral Surveillance Surveys of Six Eastern Caribbean countries, only 5 percent of youth (aged 15-24) in Antigua reported 'accepting attitudes' towards PLHIV. In Dominica, Grenada and Saint Lucia, the reports on the same indicator amongst youth were 5 percent, 4 percent and 4 percent respectively. The role of stigma and discrimination in perpetrating the HIV epidemic in the Caribbean is recognized in the PANCAP Caribbean Regional Strategic Framework (CRSF) under Priority Area 1 (see box 1 below), the specific objectives of which are;

- To develop policies, programmes, and legislation that promote human rights, including gender equality, and reduce socio-cultural barriers in order to achieve universal access.
- To reduce the stigma and discrimination associated with HIV and vulnerable groups.
- To reduce the economic and social vulnerability of households.

The purpose of this project, which forms part of the Caribbean Regional Social Marketing Programme for HIV and AIDS Prevention (CARISMA II) is to learn from and build on these past efforts to hopefully move the issue along the continuum of change' by:

- Reviewing previous stigma and discrimination campaigns and designing and implementing a new mass media campaign against stigma and discrimination geared towards youth 16 years to 24 years in five Caribbean countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia.

The first phase of this evaluation involved a stakeholders' review of the previous S&D mass media campaign.

This second study was designed to assess the opinions of samples from the 16 year – 24 year old sub-population from the five mentioned countries on Attitudes to Stigma and Discrimination and their perceptions of mass media campaigns used in the effort to reduceHIV-related Stigma and Discrimination.

PURPOSE AND GOALS OF THIS STUDY

The main focus of this study was to conduct formative research on the current knowledge, perceptions and attitudes towards stigma and discrimination with an emphasis on HIV-related stigma and discrimination among a Caribbean youth sub-sample ages 16 years to 24 years from five countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia.

Little research is available for this segment of the general population. The study also sought out their assessment of existing media campaigns and messages promoting anti HIV- related stigma and discrimination. The outcome were findings that informed the campaign brief and the development of concepts for the new CARISMA II Media campaign.

LITERATURE REVIEW

Defining HIV-related Stigma and Discrimination

UNAIDS [17]defines HIV-related stigma and discrimination as: "…a 'process of devaluation' of people either living with or associated with HIV and AIDS. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status." The idea of persons having choice is important as theories of discrimination point out that even if a person feels stigma towards another, s/he can decide to not act in a way that is unfair or discriminatory.

Goffman (1963) before the advent of HIV described stigma as "an attribute that is deeply discrediting" and results in the reduction of a person or group "from a whole and usual person to a tainted, discounted one." He goes on to note that by regarding "others" negatively, an individual or group confirms its own "normalcy" and legitimizes its devaluation of the "other." Thus stigma seems to be embedded in social structure and social norms.

`Parker, Aggleton et al.(2002) suggest that HIV/AIDS-related S&D take different forms and are manifested at different levels—societal, community and individual—and in different contexts; HIV/AIDS-related S&D is therefore, the result of interaction between diverse pre-existing sources such as those related to gender, sexuality, and class, often overlap and reinforce one another. HIV/AIDS-related S&D also interact with pre-existing fears about contagion and disease

A study by Nyblade et al. (2003) of the causes, forms, and consequences of HIV stigma in Africa untangled the complexities of stigma and identified discrete domains. Most studies of stigma measure only one or a few domains of stigma and not all of them. They concluded from existing work, that there are two essential "causes" of HIV stigma: the continued fear of casual transmission, which stems in large part from a lack of depth in knowledge; and the moral dimension of stigma that justifies stigma through judgment, shame, and blame (Nyblade et al. 2003).

[17] UNAIDS, *UNAIDS fact sheet on stigma and discrimination.* December 2003.

UNAIDS(2007) reports that stigma associated with HIV and the resulting discrimination can be as devastating as the illness itself: abandonment by spouse and, or family, social ostracism, job and property loss, school expulsion, denial of medical services, lack of care and support, and violence; Royes (2007) in reporting the findings of an exploratory study to identify the root causes of stigma and discrimination in six Caribbean countries noted that the main perpetrators of stigma and discrimination related to HIV/AIDS were family, close community, someone close to the victim, some health workers, school environment, the work place, youth, the general public in that order. Royes also identified the main types of S & D from the Caribbean data as verbal abuse, other forms of abuse, avoidant behavior, exclusion from social interaction, and employment and from religious communities, and threats of arrest.

Assessing the Causes of Stigma and Discrimination

A great deal of research has been undertaken to identify causes of HIV-related Stigma and discrimination; some degree of success may have been achieved, but all causes of S&D cannot be addressed exclusively through HIV/AIDS programmes. Several principles have been adopted to tackle this problem. One of the main principles is to 'use or promote approaches that address the root causes of stigma and the key concerns of affected populations'
(UNAIDS 2007). Researchers have adapted three actionable causes of HIV stigma and discrimination, and offered 'actions' which can be taken to address these causes. These actionable causes are:

- Lack of awareness and knowledge of stigma and discrimination and their harmful Effects;
- Fear of acquiring HIV through everyday contact with infected people and;
- Linking people with HIV with behaviour that is considered improper and immoral.

These "causes" are said to be remarkably similar across different countries and continents. These classifications allow for action to be generated. These actions are recommended for all target groups *(Adapted from ICRW and DFID*]. Mass media campaigns have been advocated amongst other strategies as an action to be taken to create awareness of what stigma and discrimination are, the harm they cause, and the benefits of reducing them.

Parker and Addleton (2002) suggest that we should turn to social and political theory to help us to understand that 'stigmatization and discrimination' are not isolated phenomena or the expression of individual attitudes, but are social processes used to create and maintain social control and to produce and reproduce social inequality' p9. They opined that stigma is something that is "produced" and used to help order society. For example, most societies achieve conformity by contrasting those who are "normal" with those who are "different" or "deviant." They offered new approaches for reconceptualising HIV/AIDS-related stigmatization and discrimination within a broader social, cultural, political, and economic framework rather than as individual processes. This, according to them, would improve our ability to analyze the causes of stigmatization

and discrimination by examining the ways in which HIV/AIDS 'stigmatization and discrimination' interact with, and reinforce pre-existing stigmatization and discrimination' and social exclusion.

Challenges to Measuring Stigma Indicators

While much is reported about the effects of stigma as a barrier to PLHAs accessing resources and treatment, the measurement of stigma indicators remain a challenge. Laura Nyblade and[18] Kerry McQuarrie (2006) have commented extensively on this. Two of the reasons for measuring stigma are to identify aspects of stigma which are most responsive to interventions, and to help programme managers and policy makers to identify which anti-stigma approaches are most likely to be successful. Nyblade and McQuarrie have identified four key domains for measuring stigma:

- Fear of casual transmission and refusal of contact with people living with HIV/AIDS (PLHA);
- Value and morality related attitudes - blame, judgment and shame;
- Enacted stigma (discrimination);
- And Disclosure.

They report that the first two domains are the ones most targeted by interventions; the first reflects the direct causes of the stigma and the stigmatizing action – avoiding contact with PLHA. The second domain involves values and morals where assumptions and judgments are made about how people living with HIV/AIDS contracted HIV, and these are manifested in stigmatizing attitudes. The last two domains are manifest or observable and prove to be a challenge in surveys. Obermeyer[19] (2008) has extended these categories and reports that 'there is an emerging consensus among researchers and program implementers that there are at least four "domains," or dimensions, of HIV-related stigma and discrimination:

1. Fear of HIV transmission through casual contact with people living with HIV (i.e., contact that would not lead to transmission), and resulting avoidance of contact with them.
2. Negative judgments/beliefs about people living with HIV (i.e., blame, shame, and value judgments).
3. "Enacted" stigma, or experiences of discrimination related to AIDS. Examples of discriminatory behaviors include being refused health care and being excluded from social events.

[18] Can we measure HIV/AIDS-related stigma and discrimination? Current knowledge about quantifying stigma in developing countries? Publication produced for review by the United States Agency for International Development on behalf of the POLICY Project, Jan 2006.

[19] *Excerpted from Evidence-based Generic Tools for Operational Research on HIV, Carla Makhlouf Obermeyer (ed.), (2008), Geneva: World Health Organization*

4. Compounded or layered stigma, where HIV-related stigma combines with stigma toward otherwise excluded or marginalized groups (e.g., men who have sex with men, intravenous drug users)'. [11]

Attempts to measure actual occurrences of enacted stigma at the general population level appear to be few. Nyblade (2004) suggests that the reason for this is the challenge of ethics and disclosure. Unless the sample is purposive for PLHA, asking respondents if they themselves experience HIV related stigma, would cause them to disclose their HIV status which is unethical (Nyblade). On the other hand, if one asks respondents whether they engaged in acts of HIV-related discrimination, socially desirable or socially approved behavior "no" may be given as responses, rather than the truth. Data may then be unreliable.

This research therefore addressed two main purposes for conducting stigma and discrimination research: 1) to examine attitudes and perceptions of stigma and discrimination among Caribbean youth 16 years to 24 years 2) and gather information about which aspects of media interventions are more likely to be successful.

DESIGN AND METHODOLOGY

RESEARCH APPROACH

Many of the current studies on stigma and discrimination are quantitative in nature. Nyblade (2004 USAID JUNE 2005 Nyblade and[20] Kerry McQuarrie (2006) a number of stigma indicators are being developed out of themes and domains extracted from exploratory studies, and refined to allow for more quantification of information. Even though many indicators can be applied in different countries, studies are still cultural in the first place. There is limited research on stigma and discrimination among sub-populations of youth; this study was exploratory in nature, using qualitative /open - ended approaches to obtain more in-depth information from participants, as this methodology has been a common tool throughout the Caribbean in gathering research for HIV-related issues, especially for media related projects.

Qualitative studies have been criticised as lacking in methodological rigour, prone to researcher subjectivity and based on small cases or limited evidence. . Of importance to note is that despite the criticisms of qualitative research it continues to be of worth and is seen as a credible and powerful tool, in many areas (Cassell and Symon, 2006). Not every aspect of research is quantifiable and as a result qualitative research techniques are necessary where data are in the form of subjective perceptions and opinions. Qualitative methods provide valuable information on practices, roles, relationships, groups and the social world under which the topic being investigated is found (Babbie, 2001). Qualitative

[20] Can we measure HIV/AIDS-related stigma and discrimination? Current knowledge about quantifying stigma in developing countries? Publication produced for review by the United States Agency for International Development on behalf of the POLICY Project, Jan 2006.

information can be gathered with the use of several tools in interviews, focus groups and observation.

FOCUS GROUP DISCUSSION METHOD

Focus group research is "a way of collecting qualitative data, which essentially involves engaging a small number of people in an informal group discussion (or discussions),'focused' around a particular topic or set of issues" . Very often social researchers in general and qualitative researchers in particular rely on focus groups to collect data from multiple individuals simultaneously for accessing a broad range of views on a specific topic, as opposed to achieving group consensus. This is because focus groups are less threatening to many research participants, and this environment is helpful when they discuss perceptions, ideas, opinions, and thoughts. Focus groups are preferred to one- on-one interviews if information is not very personal as they take less time. There would be also reduction in interviewer/response bias. The focus group method was chosen for this study due to time and budget limitations, goals of research and confidence that the method would be most appropriate for gathering timely and important insights among youth in the target countries.

SAMPLING STRATEGY

The most common sampling methods used in qualitative research: purposive sampling, quota sampling, and snowball sampling. For the purposes of this study, Purposive sampling was employed to select the respondents. This is a non-probability technique, which limits the external validity of the research. However, by specifying criteria for selection validity issues can be reduced. Validity issues are not a major concern of qualitative research since it focuses more on the phenomena in their social context. In Purposive or Judgmental sampling the researcher must rely on judgment in choosing sample units (Neuman, 2000). The researcher normally has knowledge of the characteristics of the population of interest and attempts to ensure that units chosen are representative of it. Criteria addressed included- different geographical representation, gender, within age range, and filters for those who had any training or workshops in HIV/AIDS related areas. Assistance was sought from organizations that represent youth and vulnerable populations in the Caribbean, National AIDS Programme Coordinators and Champions for Change organizations/individuals within the five target countries.

Sample size

The recommended number of respondents for FGD in the majority of research literature is 8 to 10. Extras are often recommended in case of shortage due to persons not turning up. Numbers larger can lead to massive amounts of data to be analysed especially if the instrument is long. Carlsen and Glenton (2011) have observed that 'guidance on group size is common and seldom goes beyond a minimum of 4 and a maximum of 12 participants per group. They advised that quantity must be balanced against quality, and

the more hours of taped interviews or pages of transcribed material, the less depth and richness the authors will be able to extract from the material. For the purposes of this study the recommended sample size was 8 to 10 persons for each of 2 focus groups per country.

Sampling Strategy

In selecting participants country researchers worked through gatekeepers to obtain recommendations from local and youth organizations that conduct qualitative research. Screening was carefully employed so that as far as possible, only individuals who qualify for participation were included. Participants who were already familiar with the specific subject of the sessions, or who know each other closely were excluded. Participants that knew the subject in advance, or who are involved in training may have been more knowledgeable about the subject than the typical intended audience member.

The sample selected comprised 91 youths 16 years to 24 years in five Caribbean countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia.

FGD RESEARCH MODERATORS

The country coordinator and national researcher acted as moderators and conducted the focus group discussions. They took responsibility for the management of data.

FGD TRAINING

All moderators participated in training in FGD. To ensure for timely and cost effective support and delivery, the Primary Researcher supported each country coordinator with briefings, personal training and support on a one -to - one basis by teleconference. Common training and standardization was assured through the use of support materials. Topics covered included: Focus group methodology, conducting focus group, research instruments, data collection, data analysis, and research ethics.

ETHICAL ISSUES

HIV related stigma and discrimination research is considered to be a sensitive social process and participants were assured of their rights in participating. The participants were informed of:

- The purpose of the research
- What is expected of a research participant, including the amount of time likely to be required for participation
- Expected risks and benefits, including psychological and social
- The fact that participation is voluntary and that one can withdraw at any time with no negative
- Repercussions

- How confidentiality will be protected
- An invitation to sign the informed consent form.

INSTRUMENT

The ‘ Formative Research Qualitative Data Collection Instrument, for Youth Target 16 – 24 years’ was designed for the purposes of collecting data on the perceptions of S&D. This instrument comprised thirteen main items under six sections:

- General Perceptions of Stigma and Discrimination
- Experiences with Stigma and Discrimination
- Causes of stigma and discrimination
- HIV/AIDS Stigma and Discrimination attitudes
- Stigma and Discrimination related to HIV/AIDS
- How to reduce Stigma and Discrimination.

Respondents were asked to give their opinions on topics such as:

The meaning of stigma and discrimination, the emotions it produces, their knowledge and experiences of HIV-related stigma and discrimination. There were also asked for their opinions on reducing HIV related stigma and discrimination among youths.

Items such as:

- *What do you think are the main reasons for discrimination (specifically related to HIV/AIDS)?*
- *What do you think can be done among young people to help them reduce their discriminating behaviours?*

were included.

DATA COLLECTION

The selected focus groups met for discussions guided by the items from the instrument. Data from the discussions were recorded and transcripts made. These were forwarded to the lead researcher for analysis.

QUALITATIVE DATA ANALYSIS

Qualitative analysis procedures were applied to the data. The framework developed by Miles and Huberman (1994) was used to describe the major phases of data analysis: data reduction, data display, and conclusion drawing. This approach was integrated with the ‘constant comparison’ approach promoted by Onwuegbuzie et al. 2009. During the first stage the data were organized by extracting from the transcripts. They were then chunked into small units. During the second stage, the data was shaped by grouping into information categories or types of responses. Then one or more themes that

express the content of each of the groups of categories were developed by the researcher. The final phase was interpreting and explaining the information.

Onwuegbuzie et al. (2009) are of the opinion that counts should never be used to replace any qualitative data arising from focus groups because 'by themselves they can present a misleading picture'. If the majority or even all of the focus group members express a particular viewpoint it does not necessarily imply that this viewpoint is important or compelling. However, they support the view that 'when contextualized, the use of counts can provide richer information than would be obtained by using the qualitative data alone. This is a form of mixed methods data analysis or 'mixed analysis' (Onwuegbuzie et al. 2009). This approach will be embraced where it enhances the data.

PRESENTATION AND ANALYSIS OF FOCUS GROUPS DATA

Ten Focus groups were conducted across 5 countries.

Table 1. Focus groups sample

Country	No. of participants
Antigua /Barbuda	12
Dominica	20
Guyana	20
Grenada	20
Saint Lucia	19
Total	91

Respondents were selected by island in Antigua, regions in Guyana, urban and rural (north and south) in Saint Lucia, divisions east and west in Grenada, and zones 1,2, 3 and 4 in Dominica.

The data were extracted from the transcripts and grouped under information headings.

General Perceptions of Stigma and Discrimination

Four questions were asked under this heading:

1. What do you understand by the term STIGMA?
2. What do you understand by the term DISCRIMINATION?
3. What are some of the life circumstances, or societal behaviours that have stigmas attached to them in your country?
4. What is your opinion of the level of HIV/AIDS discrimination that exists in the society? What reasons would you give for this?

Understanding the Meaning of Stigma and discrimination

The concept of stigma varied across the samples from not knowing the meaning, associating it with part of a flower or an eye disease , to sophisticated answers such as 'Negative assumptions about a certain person or a group of people' and 'Negative attitudes that some people have towards other people.'

Answers demonstrated stigma as: social bias – 'in group /out group', as negative attributes, and as a belief and attitude towards a situation. There appeared to be some difficulty in expressing the concept of 'stigma', as seen in some responses like 'it is associated with discrimination.

Stigma was described in terms of action such as discriminating, excluding, avoiding, and behaving in judgmental ways, and not affiliating. There were respondents in every subsample focus group that showed, or stated a lack of knowledge about stigma. See Table 2.

Responses to question 1:

Table 2: Variety of Meanings of Stigma Given

Meaning of Stigma	
As beliefs, attitudes, attributes	**As actions, behaviours**
Negative assumptions about a certain person or a group of people	Not being affiliated with a person
Nothing factual about what you may know about someone	Not forming sexual relationship with some persons
When you look down on somebody	Discrimination put on a person as result of taboo attached to a person or group and includes

Negative attitudes that some people have towards other people'.	exclusion because of that in a certain cases
Basic erroneous belief of certain people	It is related to discrimination
Bias attitude toward people of a certain sexual orientation	Disapproval, Judgmental
Negative feelings towards someone or a group of persons	Teased
Disgrace	Affected
*Mark of shame because topic is HIV and AIDS; stigma and discrimination is a mark on a person	Mocked
*A set of beliefs about something and can be both positive and negative. It can be both positive and negative e.g. stigma attached to a school with violence or positive for a good school	**Showing lack of knowledge**
A connotation attached to anything, most likely attached to a negative	Stigma is like found on a person, on the individual in different ways and so on
*A certain status; It's like something a person carries; taboo attached to a person or group	Stigma is part of a flower
*the disease, virus; Something to do with HIV	Reminds me of an eye disease (astigmatism) .
*Negative view	* I don't know what it means No idea; Not sure; no answer

* Multiple responses

Responses to Question 2:

There was a slightly clearer understanding of discrimination but many responses referred to 'enacted stigma' and stigma itself.

Table 3a. Variety of Meanings of Discrimination Given

Actions, Treatment or Behaviour towards	
Enacted stigma	**Discriminatory acts**
It's a way of bringing down someone by alienating them; Being left out; Alienation: a person in a certain situation public knows, you know and not be friendly with the person anymore	Violation of someone's rights; Violate one's human rights
Making somebody feel bad Making a person feel ashamed	To single out and separate someone or a group Set people apart from each other
To scorn; Scorned by others	You made to separate from a group for a particular reason
Punishing someone by negative attitude; Disrespectful	Discrimination is someone's treatment or reaction to maybe your colour, gender, background
Being against someone	Treated differently from the norm
I go spread the rumour somebody have HIV even	Stigma and discrimination go hand in hand,

though don't know the fact, I say I know it.	how people react to you, negative way people see or look at you, not a part of the everyday norm;
Negative remarks; negative comments about others; Negative action towards something or someone; Negatively accusing; Speaking negative things about people	Carry out actions that are particularly harmful to another
One's belief that negatively affect a group in its entirety	
Hurting somebody; telling somebody some hurtful things; throwing remarks to a person	
Saying you have HIV because you are liming with a person that got HIV	

Responses to the question 'what is discrimination' were placed in three categories. One category tried to capture 'enacted stigma' – making comments, rumour mongering, avoiding, alienating; discriminatory acts – which involve actions such as removal or separating persons, rights violation, and other treatment which could have a legal aspect; and responses which are expressed as beliefs, and attitudes but do not show action. The responses have a major focus on the social emotional rather than physical. Respondents were aware of discrimination based on infringement of rights. See tables 3a,b.

Table 3b. Variety of Meanings of Discrimination Given

Beliefs, attitudes
Not being positive; Just negative attitudes; Negative attitude towards another; To have negative opinion of
Negative attitude that some people have towards other people whom they do not like
Bad, negative thoughts towards another or a group of people; Thinking badly of somebody
Opinions rather than facts
Dislike something
To refrain from
I think it stems from your beliefs which you impose on someone and is negative most times
Differences in ideas or disunity

Question 3. What are some of the life circumstances, or societal behaviours that have stigmas attached to them in your country?

Responses to question 3:

Table 4: Life Circumstances and Social Behaviours with Attached Stigma.

Areas of Stigmatization Categorised	
Sexual Orientation	**Social Distancing**
* Lesbianism, Men who have sex with Men, Sexuality, Gay persons, Homosexuals, Same sex people having sex with each other, Homosexuality	Imbalance of status; Political belief and persuasion, Race
Psycho Sexualisation	**Personal Appearance**
Molestation; *Sexual Abuse, Incest ,Child abuse, *Rape, Rape: because rape will get people talking	Dressing, like showing out a lot of your body, more naked than clothed;

over and over can get pregnant, they can get HIV Sexual harassment, Prostitution; to persons who are sexually active; that person is wild or promiscuous or something,	Stigma is attached to dressing: e.g. you see a girl with leggings and short top- people think she is advertising and is loose
Social Diseases	**Handicaps, Disabilities**
*Sexually Transmitted Diseases, STD's, *HIV/AIDS, HIV positive,	Mental capacity/ mentally challenged; slow learner; Deformities/disabilities as born with
Psycho social	**Education and Institutional**
Socio-economic status, poverty , Unemployment, debt; Stigma attached to certain workplaces	Level of education (not doing well academically, also when you are very smart)
Teenage pregnancy, Person with many children, more the women than the men	a stigma attached to certain groups/ denominations / to different schools
Social class, the way you carry yourself, somebody carrying a brief case; assumed wealthy, The people you associate with; where you come from as in the ghetto or poor neighbourhood; broken homes and families;	Attendance at/ and association with certain schools that may not be considered as having bright students; A brand they put on you and people stay away from you ,like the school you attend; which College division academic or technical;
Criminal Activity	**Social Deviance**
Stealing, Murder	Drug and alcohol addiction; Drug abuse; Drug addict; Alcohol abuse; Smoking marijuana; Juvenile delinquency

As seen in Table 4, many areas are reported as having stigma attached. These areas match the sources and manifestations found in the literature showing that these may bepre-existing states developed through social processes. When compared with other research, the responses (for this general population) had a small gender focus relating to women and dress; mention was also made of stigma attached to those who are involved in criminal activity, political affiliation, and type of religious denomination, however no mention is made of health care which is one of the main areas associated with HIV-related discrimination.

Question 4. What is your opinion of the level of HIV/AIDS discrimination that exists in the society? What reasons would you give for this?

This item focuses on their perceptions of HIV-related discrimination.

Responses to question 4

Responses varied widely, even within countries. Terms used were: low, not much, high, 8 on a scale of 1 to 8; 60% to 80% even 90%. Based on the comments which followed it seems as if the question was interpreted to be how they believe people would behave towards PLHA not actual discrimination observed.

Respondents were asked for reasons why it they think it was high or low. Responses are shown in Table 5.

Table 5a. Perceptions of Level of Discrimination and Reasons

High	Low
Because if I have a friend who is HIV positive and I'm not, somebody must come to me and tell me the girl is HIV positive and I should not follow her. When people mostly have HIV, some people like talk, will say 50 percent of the people there are HIV positive tell you not to follow those people they know they got HIV, is not even true. One girl that they said have HIV, my mother says keep away from her. Discriminate a lot; because of ignorance; even if we are educated we still keep away from them Unless you are faced with the situation you will not be able to stop High because if somebody is HIV positive and he tell people, they will treat them bad ,- the neighbours, best friends who will have some friends and they will tell. Definitely nobody want be around that person If you touch them they think you will get it. 90% because of lack of knowledge; they don't know how somebody can get infected; they think if you walk with that person you have it too. I know how people get AIDS. What we see in society has more impact on us than what we see in school. In school they will teach us the various ways that HIV is transmitted – but we still believe what we hear in society Fear of getting affected; Fear of getting the virus themselves Because of the gravity of the disease People use social media network (BB message) I know someone and I am scared of the person. I don't want to be rude or anything that's just how I feel. High in relation to those they believe have HIV or AIDS Many people still stay away from people they believe or they are aware that they have the virus Ignorance of the facts; Lack of knowledge Due to the media messages I'd say about 80%; media messages point to a lot of discrimination Persons are informed more although they are aware that one can't catch HIV just like that but persons are still frightened of catching HIV Some people don't want to associate with them. People use to be running away from a guy they had a rumour about him Afraid of being seen with the person presumed to have HIV because they may not interact with you because of you being close to that person.	Not a high level of people saying negative things about people living with HIV or AIDS; Low level because you do not hear about it a lot. A few "out down" some people they believe or suspect to be HIV Not so high due to the fact that a lot of misconceptions are being cleared up Not high/Very low – because persons have become more educated now Media has played important role The level of confidentiality is higher. I know that you can't get HIV by being around that person or touching that person nor anything Low stigma, don't hear and confidentiality high in health services; Know how it can't be spread so. I have not had any experience with people who have HIV- Judging from our media messages it seems the level is high, but not with me because I know someone and she came up to me and told me she had HIV and I relate to her normally I still speak to her in the same way as if she doesn't have it; Many people believe that it is non -existent in my area They don't talk bad about people with HIV. Is low in my society. I know a couple with AIDS and I don't discriminate against them Before it was higher but a lot of ads have helped

As reflected in Table 4a, reasons why it was believed to be high were based on personal experiences and observations which were used to infer the level. Scenarios such as family and society pressures not to associate with persons who are HIV positive or suspected of being HIV positive; being stigmatised if they remain friends with PHLA, being alienated for same; people avoiding or running away in fear was used as evidence. They see the stigma being perpetuated now on social networks. Among those that rated discrimination as low, there was not a lot of engaged stigma, increase in confidentiality in health services, more information dispelling myths, and more interaction with persons known to be HIV positive. One interesting observation was that media messages gave the impression that discrimination is high, whether or not that is the reality.

Some responses did not clearly indicate whether the respondents believed that discrimination was high or low but moreso it was a given aspect of the culture. Some others appeared to be thinking of how one can find out the level.

Table 5b. Perceptions of Level of Discrimination and Reasons

Not sure, and other reasons	
You don't really know; society is that you don't really know Would have to go to any hospital to find out when people take test The media encourages people to get tested but I do not think they are sending that message that if you have AIDS you are not going to die right away. The number one disease in the world is not AIDS but tuberculosis. They need to send the message that AIDS is not as deadly as it is. If I see persons that is living with HIV might know the rate Mine is simple; if they have HIV/AIDS they will die	Ego Hatred Peer pressure Low self-esteem; Because they want to feel better than that person that have HIV or because they think they are better than the person that have HIV To make friends at the expense of others, like the unfortunate and vulnerable As long as people know they will discriminate Sometimes they might tell you to go with this person and you don't know that person got HIV. Sometimes people talk about people with HIV to get kicks out of it If you affiliate you have it too Discrimination is based more on spreading rumors

Many answers in Table 4b suggest reasons for discrimination which are missing the elements of stigma and prejudice and seem more like acts of aggression based on personality factors or as a result of interpersonal pressure.

Experiences with Stigma and Discrimination

The next set of questions sought to examine the culture for pre existing stigma and discrimination. These questions were general for the general sub-sample, as it would be unethical to impose a need for disclosure of HIV status.

5. a) Have you had experience of being discriminated against? If yes, what things were said or done to you? How did it make you feel?

b) Can you recall any of your friends acting in a way that may have stigmatized or discriminated against anyone who they thought might be, or knew were HIV positive? If yes, what kind of things did they say or do?

c) How did you feel about your friend's attitude/behaviour?

d) Who has a greater influence on your attitudes toward PLWA? (Probe: Parents, Peers, teachers, faith leaders, relatives) What reason would you give for your choice/s?

e) Do you believe that some victims of stigma and discrimination engage in actions/behaviours to draw attention to themselves? If yes, say why you think so.

6. Which people or groups are likely to face more stigmatization or discrimination than others in your country?

Personal Experiences with stigma and discrimination

Question5. a) Have you had experience of being discriminated against? If yes, what things were said or done to you? How did it make you feel?

The respondents experienced the enacted stigma concept, but mainly in social and interpersonal interaction – making hurtful comments, fear of HIV transmission, avoiding etc. Their personal experiences of S&D were more related to their day to day living particularly school related, also physical appearance, behavior and social class status among others. The majority in every focus group reported some form of S&D as indicated in Table 6.

Table 6. Personal experiences with stigma and discrimination

Disposition, Personality Called crazy, loud Be careful how you make a joke, my friend believed and broke up with me For not doing what the majority in school were doing at the time. Like being asked – why don't you go with the flow? I was not doing it. So they told me "Why can't you be normal; it made me feel uncomfortable	**Refer to Sexuality** Going to all boy's school called 'gay' Going to school at a Convent – say we 'full of style" called them lesbians.
Race/Ethnicity Go back to the place of your descendents (Carib descent) Not part of the group So much colour discrimination in Canada(Black) Discriminate you because of complexion	**Personal appearance** My weight, too thin*, my small size, Boys like to see ladies dress nice and sexy; if some dress churchy they make bad comments Called big eye, big mouth. Comments concerning my weight and size Saying bad things about my looks Ridiculous things about my small body frame
Education/School/Class Discriminate you if you are bright, because of intelligence Moved to a different school, the children there didn't mingle much with me and asked "who is she" I felt different and was all by myself. Passed national exam to secondary and left to go school in the town. Students called me "Country Bookie" I felt unwelcomed and that the Country felt bigger than I thought. Here my school was known for fighting, gangs; at local college they looked at me funny They respected me after teacher 'taunted them for not doing as good as me. Say I'm going to this ghetto school so called ghetto child and nothing good can come out of you, all you good for is smoke weed. Did agriculture at college, say I am only good for planting dasheen You get better jobs when you go to 'certain schools'. Because at nursing school… they think I'm a nerd.	**SES /Poverty** .-Said negative things about my family background, especially in terms of socio-economic status .- I used to go to school with fruits or roast corn while friends had money to buy from the tuck-shop, they teased me because I had something different than the norm. It made me feel bad and I would end-up throwing my fruit or roast corn away -. I had to bring a pie but mom had no money at the time but the teacher say I could come still but the children teased me saying "I you don't bring anything but you come to eat what we bring. I felt ridiculous, stupid, like I shouldn't have come. - Yes a few times due to who I am and where I come from not what I am; sometimes people look on the outside but don't know inside.
Religious Called Hypocrite, too holy, because of religion. Due to religious beliefs (being an Adventist) and the school was Convent/ Roman Catholic. I was not allowed to graduate because I was not of their religion since I was Adventist; it made me feel let down. Was called all kinds of names ("Taliban" "Fundamentalist" "Terrorist") as I was a Muslim; School prom on Sabbath, SDA could not attend. Because I'm teacher's and pastor's child and Christian; feel kind of out-of place.	**Fear of Contagious Diseases** I had chicken-pox and was prevented from moving about in certain parts of the house, family members for two weeks stayed away from me. It made me feel really bad.

Table 6. cont'd Personal Experiences with stigma and discrimination

Family, Community, Social, HIV	
We had a neighbour, this girl, she is like a sister to me; me father never like me mix-up, she will walk in front of me, I'm like behind her; she like to mix up with bad people, bad person; people talk 'bout me, say I de same. I love this boy from the community and my mother was upset and said you can't have he;	Was away for couple months; sister tell me how I'm HIV positive because I went to bed with somebody with HIV; said she not my sister, and I feel bad because I didn't have HIV I think we have a phobia for AIDS and I just cannot control; I hope I can change; I am not sure if my reaction is based on what I've seen

Results show that there are pre-existing sources and manifestations of stigma and discrimination that are not HIV related. One source not displayed was the political context, and there was no mention of employment and workplace stigma, or any associated with health care services.

There was a range of negative emotions experienced in response to the perceived treatment: indescribable; felt ashamed, self hatred, unwanted, angry and suicidal, left out, alienated, scorned –emotions associated with being rejected. Those who suffered within family experienced shock.

Question 5b. Can you recall any of your friends acting in a way that may have stigmatized or discriminated against anyone who they thought might be, or knew was HIV positive? If yes, what kind of things did they say or do?

Only a small number of respondents reported having the encounter. Those that gave answers referred to other persons and a few about friends.

The table below outlines the related responses:

Table 7a**. HIV-related stigma and discrimination by friends and community**

Students went to the back of the room and made comments e.g. poisonous; I don't want to catch it Judging them, especially seeing that they are losing weight, Acted strangely and differently towards them Did not want to interact with her and made her feel like a downcast A cousin went away from the community, came back – parents say boyfriend infected her treated her bad; she was not HIV+ but continue discriminating against her and she just left the community Staying away from them and saying bad, real negative things about them that cause those being discriminated to feel rejected Mainly 'bad talk' them behind their backs. Ignored them, left them alone by themselves, Marginalized Showed them attitude	A friend went to a conference and did not want to speak to anybody who was infected with HIV There was a rumour about my aunt having AIDS and the entire community discriminated against her This girl in my area will greet you but will not stop to talk; people say she has style and she has the disease There is someone in my community who has HIV and no one associates with her Got a friend who was infected with HIV. Nobody knew for sure but them just saying things about her, saying they don't like her. Make joke.

Most of the discriminatory behaviours can be classified as enacted stigma and are similar to those displayed in non-HIV-related stigma and discrimination. This question sought to explore patterns, reactions and influences among peers in HIV-related stigma and discrimination. As seen in Table 7b, most all reported negative feelings and became wary of the friend; there is no evidence to say there were 'conversations' with the friends; Two responses were of interest: 'pressured' and 'tempted to join the crowd'. Even though these responses were few and from a small sample, they emphasize the role of social processes such as social influence and interpersonal pressures in HIV-related stigma and discrimination.

Table 7b. Feelings Response to Friends Displaying HIV-Related Stigma and Discrimination.

Embarrassed
Angry at my friend and made me feel differently towards my friend
I also thought that my friend can say bad things about me if it was me who was not well
Would not want anybody to treat me that way
Disappointed
Insecure: if they can say this about another person what will she say about me in my absence
Did not bother me at one point, but also made me feel angry and guilty to some extent
Pressured
Tempted to join the crowd

Q5d. Who has a greater influence on your attitudes toward PLHA? (Probe: Parents, Peers, teachers, faith leaders, relatives) What reason would you give for your choice/s?

Developmental Theories and Research suggest that peer influences are most prevalent from late adolescence to young adult. Responses for this general population sub-sample are shown in Table 8 below.

Table 8: Most influential person who help to form attitudes toward PLHA

Who has Most Influence	Rank
Peers, seeing we try to conform to how each other act ; Peers, because that's who you socialize with; Friends	1
Society has more influence	2

I, myself, My conscience (like a force of its own)	3
Parents (not so much parents because parents have more sense	3
My counsellors, teachers when I hear of what they have to deal with everyday it makes me want to spread awareness Learning in school	4
Church Religious leaders	4
Media, because TV attracts all our youth so if they have ads like music, games, movies	5
Reading books, brochures	6
HIV infected persons	6
Work environment;	6

Peers were selected as having the greatest influence on attitudes towards PLHA; this was followed by society. One response 'not so much parents because they have more sense' suggests that the kind of influence being responded to may differ among the respondents. There is no detail to determine whether respondents had in mind the negative attitudes that are usually displayed or the developing of positive attitudes.

5e) Do you believe that some victims of stigma and discrimination engage in actions/behaviours to draw attention to themselves? If yes, say why you think so?

This question was based on views expressed that some persons go against social norms and display behaviour or reveal information that would not otherwise be known publicly thereby drawing attention to themselves. Participants were asked their opinions, and any explanations.

Table 9. Suggested reasons for persons drawing attention or not drawing attention to self in cases of stigma and discrimination

Possible reasons for drawing attention or not drawing attention to self in cases of stigma and discrimination	
Looking for benefits Want support from friends and relatives whom they believe want to abandon them Looking for pity To avoid abandonment	No, don't think so, because the people from the village discriminate against them so they don't want attention.. Don't really know but I will say if people find that she is HIV positive and sick, everybody

To prove others wrong about the way they treat people living with HIV and AIDS Yes because for every action there is an equal opposite reaction If one has had many different partners her behaviour will make people discriminate against her, but. Yes! In some cases some become hampered and act as if they don't care. In other cases some become humble Homosexuality and other such groups the more attention they get by coming in the highlight Some people will I'll say kind of because you know your behaviour will make people say things, get attention Yes, some people but not all of them. Maybe they are not ashamed Some can't help it Some people once they have it spread it	around her is like, don't go around her; It gets overbearing. It's like going to make her do those things she ain't wan do, like going to kill she self, No I do not because we all have beliefs; something else has influenced how they behave; because of ideas they have already formulated - I don't think you have to act anyway for people to say things about you

Responses support the view that some persons may deliberately draw attention to themselves and this could result in facing stigma and discrimination. Some respondents disagreed based on the premise that stigma and discrimination can make people do harm to themselves and would not do anything to attract attention. One respondent commented on 'Homosexuals coming out and declaring their sexual orientation as a way to get attention.

Question 6. Which people or groups are likely to face more stigmatization or discrimination than others in your country?

This question sought to find a consensus as to who or which groups are more likely to face discrimination. Ranking is displayed in Table 10 below.

Table 10. Responses to which people or groups are likely to face more stigmatization or discrimination

People or Groups	Rank	Some explanations
People who are oriented to the same sex; Homosexuals/gays**;** Lesbians, Gay community more than HIV ones Homosexuality" gets much more in terms of stigmatization or discrimination than "Religion" (to them you are not normal so it is wrong or bad to them)	1	Some people in my country do not understand gays and the gay community**;** Homosexuals – these days they are more open and bold in advertising their sexual status I think they will feel/get stigmatized or discriminated against equally
Religion; Religious denominations	2	
Prostitutes/commercial sex workers	3	

Gay and lesbian people (Gender)		like two girls walking hand in hand in town it's ok but two guys!(Gender)
Those living with the disease		(because persons strongly scorn and don't want to associate with person with AIDS)
Teenagers HIV positive; HIV/AIDS patients		(some doctors and nurses let out the secrets at times)
Immigrants to my country (multiple discrimination**)**		because they are considered poorer and like beggars; they come for our jobs; they are more black than us ----- their heads are shaped a certain way, historical background
Class discrimination. People from poor background As long as your have locks, lips black		
Young boys using drugs, so come when they also have AIDS they go and do wrong things; school dropouts		
Females who get pregnant while in school -,		
Young people, youth, and the elderly		they always think old people engage in voodoo (Once you are part of a minority)
Those physically and mentally challenged; have special needs		
Promiscuous people,		
Academic success		

There was no consensus across the countries. The first three categories were named by more than one group but not mentioned at all by some. Most groups mentioned one or two only which were not repeated. Results from this research indicated that HIV-related stigmatization and discrimination is not the most prominent concern among this age cohort. One response even suggested that gay communities face more discrimination than persons who are HIV+. Outside of sexual orientation and practices, and Religion, it would appear from this research that the main areas of social discrimination of concern are quite different across countries.

Causes of Stigma and Discrimination

Researchers have proposed that if the root causes of Stigma and Discrimination can be clarified then interventions can be more focused in addressing these causes, where it is possible. This information area explored the causes among this Caribbean youth sample.

7 a) What do you think are the causes/reasons why people discriminate against others?
Table 11. Causes of Stigma and Discrimination

Socialisation/Social process/ Attitudes (prejudice) They were taught certain things in their upbringing and continue to practice it. It more has to do with society on a whole Society; e.g. at hotel white people get respect but would behave differently with locals. Hatred	**Values and Morals** If I'm a quiet person, and keep away from gossipers, if I go on the wrong side, the wrong foot and I become HIV positive people will discriminate because they saw me as different. If they think you ain't living right If a woman is married, cheat on husband Because of your friends, bad company that you follow.
Need for Social Dominance/Control Sometimes to make themselves feel strong They want to feel more control They feel they are better than others To bring up their self-esteem and lower that of others; To show that they are better than others Trying to be extra ordinary Peer pressure They feel pride, popular; it's all that matters to young people.	**Social Categorization In group-Out group** Personal beliefs (if you and they don't stand for the same thing) Differences Narrow mindedness
Social Bullying Just to give someone a bad reputation To give others a bad name To dirty your name For entertainment; For the fun of it To some it is just a norm for them, Like to just bully people Jealousy; Jealousy, Envy	**Lack of Education / Ignorance** Lack of education about a certain topic Lack of education Misconceptions Not intelligent enough to understand others
	Health Reasons Health reasons (based on what you sick with) Fear Safety reasons

A number of themes emerged from the responses for causes of stigma and discrimination. Some pointed to socialization and other social processes such asobservational learning from society.
When values and moral behaviour deviate from social norms, then discrimination becomes the punishment. Two categories which had many responses and could be related are the need for social dominance and social bullying. These point to low sense of value and self worth, and covert forms of aggression.

7b) What do you think are the main reasons for discrimination specifically related to HIV/AIDS?

This question explores causes specifically related to HIV/AIDS.

Table 12. Causes of Stigma and Discrimination specifically related to HIV/AIDS

Self-stigma /Lack of awareness and knowledge of stigma and discrimination and their harmful effects They are infected with a virus that can cause death and there is no cure Lack of knowledge about HIV Hearing about the HIV, how it affects people what harm it could do to my body Realise it's not curable, in shock Anger (in terms of they should have protected themselves) A boy know that a girl have HIV and just to prove a point to his friends them, you go to the girl and they will have sex and turn he have a HIV for your reckless behaviour and when you realize that what you did it wrong, it's a different story	**Negative Values, Judgements** Upbringing of people; So much of a hush, hush topic; Following what friends do- join with a friend and discriminate against the person that living with HIV Because of hatred Because they want to put down others A boy know that a girl have HIV and just to prove a point to his friends them, you go to the girl and they will have sex and turn he have a HIV for your reckless behaviour and when you realize that what you did it wrong, it's a different story
Fear of transmission of disease To protect themselves from getting infected, so they believe if they stay away then there will not be a chance to contract the disease Some believe that they are doing the right, especially to keep those people away from them Just to protect themselves Fear of engaging with people they suspect are HIV Fear of interaction Fear of catching the disease Nature of the disease Try to protect self Since there is no cure Myths about HIV False perceptions We all know that it is an incurable disease and they don't know about the treatment or, they don't know about catching it so they thought just touching this person you could catch it just like that. Lack of education about the situation e.g. how AIDS is spread – can't catch by touching	**Lack of Education/Ignorance** **Lack of awareness and knowledge of stigma and discrimination and their harmful effects** Ignorance, ignorance Experience, Lack of knowledge If you are born with HIV because it has to be taught from small that you have a deadly disease and you don't know how long you will last **Enacted Stigma** Lack of confidentiality by nurses when you take test, may tell other people, I don't want to face.

The majority of responses fell into the category relating to fear of transmission of HIV. The next largest category of responses was labelled 'self stigma from lack of

awareness. These items did not match existing domains and seem to be expressing feelings of persons who contracted HIV. They were only a few responses placed in the categories enacted stigma, negative values and judgements and lack of education and knowledge of HIV stigma and discrimination and their harmful effects. It can be therefore be concluded that from this target group, t one of the main causes of HIV related Stigma and Discrimination among is fear of transmission of the disease.

HIV/AIDS Stigma and Discrimination Attitudes

This information set explored attitudes to HIV/AIDS Stigma and Discrimination. Participants were asked to recall where they meet, interact and socialise in groups, and to share the attitudes held in these 'institutions'. School/Educational Institutions, Places of Worship, On the block, Sporting Activities, Youth Organisations, Work place or other Question 8. What are some of the HIV/AIDS stigma and discrimination attitudes that you think might exist in each of these settings? E.g. in schools, on 'the block', at work etc,

Table 13 HIV/AIDS stigma and discrimination attitudes

School/ Educational Institutions	At school – name calling; backing talking; scorning (not sitting next to the next person); teasing; lack of cooperation; favouritism In School: Don't touch; Don't sit on his/her chair; Don't go around that side where they are Don't eat from/buy lunch in school re: rumors about students with HIV going to the kitchen to. School – If I got pregnant, people will discriminate against me because of the pregnancy. School- somebody o is HIV positive, won't want/ like the person eat from the same plate with me or drink from the bottle. Schools - Depends on the school and the education received – if you are well educated you can live with the victim at school
On the block	On the block - violence; fights; isolation; band them from sitting on the block; depending on the group they will interact with each other and stigma and discrimination levels may be low; heckling/teasing; graffiti/writing up on the block about the HIV affected person; broken friendship. On the Block:Give you talk, Mock/ jokingly give talk, Heckling May talk with you but not share things with HIV victim, Not share drinks with you When they see a person slim , they will say the person have HIV
Work place	Don't want to talk, touch or communicate with the person on the block and at work At work – fired; create conditions just to fire them; scorn; demoted; communication only via e-mail; no/little touching; less involvement in extracurricular activities. At Work: Don't want to be friends, Due to the maturity of others workers they may not stigmatized or discriminate against you but may counsel them instead Scorn HIV person

Table 13 cont'd HIV/AIDS stigma and discrimination attitudes

Sporting Activities	Do not touch them or their property; Stay away from those infected or believed to be infected, no interaction; Behave strangely towards them as if they are contagious
Youth Organisations	Youth group – can work with someone who is HIV and would not treat them differently; if your nature is not to scorn others then you will not do so to HIV victim; may be over concern for them and wonder if they will die soon
Other clubs, beach and each other's home; Barber Shop, Salon On face-book	Negative, Hatred, Brand you Cause you not to interact with others when you know of their attitudes and what they are discussing about you and others On the beach because they would not want to bathe in the water for fear of getting infected At a party-you will not want to dance with that person On face-book and on line-when boyfriend breaks up with you they tarnish your reputation; -ex boyfriend might circulate an email with picture and say beware of this girl because she has AIDS
Places of Worship	In the church – allowed only back seat; sermon on the matter; not being able to be involved in church social/other activities; someone may embrace the HIV positive person; Church can act as a counseling body; Help to build their self esteem; Church may plan programmes to support HIV person; Preach a strong sermon for empathy towards HIV victim; Division in the church among members In Church: Seem to accept person but undermine them in certain ways May get closer with the sister/brother Some may be praying, playful/helpful to victim and others will not Gossiping about the person with HIV In church because you are not supposed to be having sex; they have a way of condemning people

Enacted stigma and discrimination seems to be fairly active in these areas. However one must be cognisant of the sample size as these may be individual experiences.

Participants were asked to respond to standard indicators of Stigma and Discrimination related to HIV/AIDS

Question 9. How do you feel about HIV/AIDS and interaction with people who are:
preparing, serving and selling food. □
providing health related services – doctors, dentists, nurses etc, □
tattoo artists, cosmetologists etc □
other .....

Table 14. 1 HIV/AIDS stigma and discrimination attitudes

Preparing, serving and selling food.	I don't want their food Would not be eaten or patronized by me No way. I wouldn't buy anything from them I don't believe that these people who are infected with HIV should prepare food for others it is safe for people living with HIV and AIDS can and should prepare food for others without passing on the disease to others. Accident can happen while preparing the meal No problem with that Everyone has to make a living Staying away from them Will not eat their food What if they get a cut while preparing the meal? I can interact with them They are people too Very concerned, and they would not get my money for their services; will not buy from them; Don't' see that as anything to worry about; I'll be very discriminative to person; should not receive/be given any food pass/licence to sell or serve. What you don't know you don't care about.' If you don't know the individual has AIDS, then you will not be thinking twice. If you know then you will be skeptical therefore taking every precaution Yes ….. because I know that HIV transfer due to blood and a person dealing with food or eatable won't have access to blood to use blood to do whatsoever Not really, I can't eat; …. when the blood gets exposed to air it depends on how long it expose the disease it will die I won't eat If you don't know, you will just eat normal but if you know -you won't eat regardless you know that you can't get it but you know. you will wonder how she prepare it , if she cut she hand and thing Won't worry , have eaten before. Don't know 'cause I check on conditions even at friends before I would eat If they sell food I will not buy from them; they might cut their finger and infect the food As a nursing student, I will still hesitate If procedures are followed it should be safe Many times we have the knowledge but still we go into the defence mode If they have AIDS people will say "What! You buy food from that person!" will tell my friends not to buy from her; buy from sealed packets only; If you are a person who sells food your hand should not be in contact with food AIDS or not; -just follow procedures

Table 14. 2 HIV/AIDS stigma and discrimination attitudes

Providing health related services – doctors, dentists, nurses etc,	You can interact with them and not disease from them They are and should be professional, therefore they have to be careful They have to protect their patients I trust them I will not feel comfortable getting service from them A doctor should be care A nurse must also be careful too, just like the doctor

	I will accept the service from any because I trust their judgment, preparation and training Separate services for them and put them in a service/office which will minimize the chance of risking the life of others. Should not be in the profession (leave and do something else); not practice because of danger re: blood transfusion (infected so infect others); can easily pass on to patients/others I will be afraid No, I won't go I'd rather die. he could cut his finger and let the blood get into yours may be HIV+ No they could make a mistake.; No, may not be a mistake would be hesitant about medical professionals with AIDS Doctor or dentist we should not be discriminating against them: how can they transmit a virus if they have no cut Yes I will be secured with doctors; Still feel insecure with persons No, A girl extracted a tooth and got infected by the doctor

Table 14. 3 HIV/AIDS stigma and discrimination attitudes

Tattoo artists, cosmetologists etc	I want no interaction with them I don't believe they can practice safety They are careful about the use of the appliances/equipments As long as they are careful, no problem with me I am not sure about how careful they would be. It is a matter of trust I feel comfortable with them, It is all about trusting them Would not visit their business I will go …… because that person if he or she is HIV positive, I be sure they will be on treatment and from their point of view Yes Yes. Tattoo –no Tattoo -Don't know, (might bore you with needle). No, for tattoo artists because of needles and blood; Would make sure they use new needles; sterilise their equipment

Food related indicators provided the most heated discussions, but on examining the trend in the responses, it appears that there is a fairly level amount of discrimination associated with these areas. One interesting comment suggests that people check the conditions surrounding food preparation as a given and not just based on rumours or knowledge of HIV.

Question 10. a) How do you think a person feels when diagnosed as HIV positive?

Table 15. Feelings, associated with positive HIV test

Motivated to spread the knowledge to others/become advocates (so they don't make the same mistake as they) Don't want others to have to be punished to look after me for my 'stupidness' – self blame Don't want others to suffer
Feel a series of emotions like life coming to an end; Defeated Hopeless, Helpless, Distress, Distraught, Feeling Life Changes, Will No Longer Socialize With People; Feel Like The World Is Ending; Will live life to the fullest because they will die A co worker was infected cried and was distraught, world had fallen apart. Cannot have a normal life Embarrassed just worry about what other people will do The thought that you are going to die just kills you Paranoid, feels like everyone knows and is watching you Devastation-might not live as long as you thought "Oh my God" God, take me now Suicidal Isolated Withdrawal Terrified In Shock Depressed Feel useless Suicidal (take own life) Regretful What you don't know don't hurt the mind Inconvenienced

Negative emotions were express for the most part; only a few individuals expressed concern for others.

Family Responses Stigma and Discrimination related to HIV/AIDS

Participants were asked to anticipate family reaction to HIV/AIDS

Question 10 b. How would your family treat or react to a member who is HIV positive or living with AIDS

Table 16. Family reaction to HIV/AIDS

Positive	Negative
Treat the same - no different, normal, family is family at the end of the day; Make sure the family members take medicine Ensure that they eat healthy meals Provide support and comfort I don't think they will change their attitude towards them even though at first they may feel bad and shameful The others will try to be more careful Will give comfort Will be supportive Acceptance Will take care but may get angry at having the extra work. My family l be there for me, Comfort me Cheer you up , try to help Emotional at first but will try to protect me from other people; My family will love you just as much; Will be upset; -would not disown me Depends on the care and support that family can provide or are willing to provide Education themselves to deal better with the HIV affected person Will take care of me and avoid anything happen to my skin so as not to infect anyone in the room.	Not welcome at home Keep them at bay/away from them Just as society Empathic (blood is thicker than water or family cutlass does bend but don't break) Angry Secretive (keep as family secret) Uncomfortable Set aside own utensils for them Disappointed Don't care Depends on which side of the family, some may openly accept you and care for you while others may reject and blame you Treat you badly-suppose to know better; Expected better from you Bad treatment Put you down and part with you Mother said put me out of the house she won't want to see me anymore; won't love anymore; deny me as a child-

Responses were mixed. Many participants felt assured that they would get positive responses, but others did not believe they would.

Disclosure of HIV Status.

Participants were asked their opinions about persons disclosing their HIV status.

Question 11 a) Why do you think there is such a big issue about revealing HIV status?

b) Who do you think people should reveal their HIV status to?

Responses are displayed in Table 17.

Table 17.1. Disclosure of HIV Status.

Issues about revealing HIV status
Because of the way people will react or behave towards you
Ashamed – does not want to be seen in the village
HIV and AIDS is not the ordinary illness like having an ordinary/normal flu or cold
Stigma and discrimination hurt, and some people cannot take rejection and abandonment
People ostracise you when they know that you are infected and they react negatively because they do not know the facts about HIV and AIDS
It is like slavery is back again
Difficult when you are labeled
Because of public reaction
Fear of being discriminated against
Fear of rejection
Will feel isolated if not accepted
Will be seen as a disappoint to those who believe in you
Do not want to be isolated
Have seen how others with the virus have been treated in a bad way
For safety
Society will treat you as an out cast
Loss of job
Would not be able to form any personal relationship
What they say may say to you (teased)
Loose friends
Shunned at by others
May tell a friend who keep it as a secret for couple months, but if you offend them they tell everyone.
Fear that everybody will turn against you, at first everything is normal then they start to treat harshly
Don't go for test because they give the results harshly
If my friends tell others would become depressed
Because of the stigma associated with the virus
You will be made to feel unwanted
Because of stigma and discrimination
If I tell you, you will always want to tell your friends
You will be destroying both your life and your boyfriend's life too, When you reveal your status you will be revealing that of other people too-partners

Responses focused on fear of enacted stigma and discrimination. Confidentiality was also a concern, which when breached can result in S&D.

Table 17.2. Disclosure of HIV Status. Who would you tell?

Sexual partners, spouse, Husband/wife
Family members
Parents
Significant others
Closest family members and close, true friends
Someone whom you really trust
Close and immediate family members
Pastor or priest (your church minister)
Boss or supervisor at your work place
Close neighbor or friend
Counselor
Counselor
Best friend
Parents
Everybody
Congregation
Mother, aunt, Father, sister
Friends to warm them
Person I trust the most
Doctor
Family because you can get emotional support and be treated
Trustworthy friends
God , He already knows and He will not reject you or abandon you
Nobody
Not peers, not friends
Not counsellors
Sometimes will not even trust your family members
Will not let anyone know

Most responses indicated that people would be willing to disclose to sexual partners, parents, family, close friends, doctor, church family. However, some indicated that they would not reveal to anyone.

Form of Discrimination against PLHAs

Question 12. Have you heard of, or witnessed any form of discrimination against PLHAs (People Living with HIV/AIDS) or persons suspected of being HIV POSITIVE?

a) If yes, who were the main perpetrators?

b) What forms did the discrimination take?

c) How do you think this discrimination affected them?

Table 18. Discrimination against PLHAs

Main Perpetrators	Forms
Family members, friends, staff and nurses Some young men against another young man. I believe that they acted like this because of their ignorance of the facts about HIV and AIDS Girl-talk, girls gossiping Some boys talk about those things Haters Your enemies The neighbourhood, Community, Myself,	Place person in room by herself/himself Shouting at them to move away, and not to come close to them Gossiping Bad talking Ridiculing them Back-biting Scorn Attitude (way they are treated) Loss of job; Separation. Staying away from them, Cutting eyes/dirty looks Pulling into a corner to avoid contact; Mother left her out

Effects
Emotionally distraught
Lack of trust towards those who said negative things about them
Lowered their self-esteem
Stop close friendship and relationships
Make them feel suicidal
Make them feel unwanted
Ashamed
Embarrassed
Not wanting to interact or socialize
Get them emotionally more depressed
Physically and emotionally drained
Lowered self esteem
Hopelessness
"I have nothing to live for"
May not recognize true friends who may be there for them
Didn't care because she knew it wasn't true
It affects them emotionally,
Stressed,
Affects self esteem
Hurt,
Suicidal thoughts,
Some have no shame and do not care;
It might motivate them to be a speaker about AIDS

How to reduce Stigma and Discrimination.

13 a) What do you think can be done among young people to help them reduce their discriminating behaviours?

Strategies for reducing stigma and discrimination among youth.

Respondents indicated that they knew of several programmes and interventions in existence but were doubtful about their effectiveness. They expressed the opinion that they did not seem to be relevant to youth or were not impacting youth behavior. Some expressed the view that S & D would remain in the areas which are affecting them and people will continue to behave in the same manner. However a number of suggestions were offered. These include:

HIV Education

- More education on what is HIV and AIDS and its prevention methods
- Emphasise on the feelings of others who have HIV or AIDS and they are being discriminated against
- Discussion on the disease at social gatherings
- Talk about the negative effects of gossip
- Invite foreigners with the disease to come to our country to talk about HIV, Stigma and Discrimination
- Go to the schools to educate the younger ones
- Get youth more involved by going into the communities to raise awareness
- Target social media, facebook, (use T-shirt, jerseys etc.)
- Drama within schools to show the anti discriminatory message - talk shows with people who have AIDS.
- AIDS is very vague because we don't know actual persons, -scenarios to make me understand
- Education because at the beginning I did not even know the meaning of stigma
- More workshops so that people can get more knowledge about people living with AIDS
- More counselors in the community
- Do like what we are doing here, -go out and speak to young people
- Go at homes and talk about HIV and what you should do if a person have HIV and what you should not do,
- More community service will give great healing in that community to understand what to do if someone is HIV+
- Brochures, posters - saying don't discriminate
- Go to villages and distribute brochures and pamphlets about HIV/AIDS

Advocacy by PLHA

- Use patients of HIV and AIDS to give their story at special functions. But they must be respected
- Ads should show that people can work together in spite of HIV
- Ask entertainments to promote anti-stigma and anti-discrimination at shows
- Mass messages are not always effective, Use breaking news methods

c) What do you find appealing about these messages? What do you find NOT appealing about these messages?

Behavioural and social change communication: e.g. media campaigns

Responses to Current Programmes.

In response to what was appealing or not appealing about current programmes, there was a variety of answers as expected however a few recurrent themes should be noted.

Programme Appeal	Not appealing
Ones that target youth my age group	Not enough ethnic variety. Message suggests only Blacks are infected.
Brings out the real message of hope	Need to focus on self confidence, self worth
Help others to be more supportive, caring and loving	90% of the ads promote casual sex, Leads to promiscuity even if they say use a condom
Emphasis on the youth who are sometime more vulnerable	Gender biased as if only man spreading HIV and not the woman too
'catchy tunes, jingles remembered	Being funny about the disease is not appealing and most time not effective

about 80%; media messages point to a lot of discrimination

FINDINGS

Areas /Situations which have stigma attached:

These can be grouped under
Sexuality and sexual lifestyle orientation
Gender
Social Class/SES/Poverty
Race/Ethnicity (mentioned in two instances)
Religion/Religious Denomination
Political persuasion
Level of education
School/college attended
Courses chosen
Mental capacity both high level and challenged/special needs
Dress (particularly women)

Personal HIV related S & D behaviours

Many were still fearful of contracting HIV even though they admitted knowing how it is transmitted and not. Some believed it was really social influences. More were concerned by the stigma attached by association. Support by family was almost evenly divided between those who would get support and those who would not.

RECOMMENDATIONS

Theme	Action
Actionable causes of stigma and discrimination	Education Programmes to address: lack of understanding of stigma and its harms, fear of HIV infection through casual contact, association with illegal or immoral behaviours, association with persons believed to be HIV+.
Multiple layers of stigma and discrimination	Youth report that they typically experience stigma based on multiple attributes (e.g. HIV status, sexuality, race/ethnicity, poverty, drug use, gender, school ranking, social class). Programmes that address HIV stigma and discrimination alone may not improve the lot of these groups or improve the response to AIDS. S and D as a social issue must also be addressed.
Operates at multiple levels	Individual; family; community; organizational /institutional. Programmes/interventions targeted at individuals and communities suggested.

Multiple target audiences, potential change agents, and marginalised and vulnerable populations	These include: celebrities, HIV responders (e.g. healthcare workers, counselors, youth on youth, community workers), people living with HIV/(and those giving their story), isolated communities, communities highly affected, the media, schools/colleges.
A range of approaches to: Prevent and reduce stigma	Strengthening and building capacity of stigmatised individuals and groups, e.g., through skills-building, campaigns, counselling, Contact or interaction with people living with HIV and other most at risk people, to understand where they are "coming from". They provide information and education on effects of stigmatization Participatory and interactive education – going into communities Provision of training on non-discrimination to health care provider e.g. those working with testing and establishment of codes of conduct and oversight for service providers e.g. tattoos, dentists etc. Behavioural and social change communication: e.g. media campaigns

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Appendix A: Formative Qualitative Instrument

JLCDCI2:v2.1

ANTI-STIGMA AND DISCRIMINATION MASS MEDIA CAMPAIGN

'Caribbean HIV/AIDS Prevention and Reproductive Health Promotion Programme (CARISMA II) Project'

Formative Research Qualitative Data Collection Instrument.

Youth Target 16 – 24 years

Approved April 16 2012

COUNTRY:

NAME OF RESEARCHER:

RECORDER:

FOCUS GROUP SAMPLE: #

General Perceptions of Stigma and Discrimination

1. What do you understand by the term STIGMA?

2. What do you understand by the term DISCRIMINATION?

3. What are some of the life circumstances, or societal behaviours that have stigmas attached to them in your country?

4. What is your opinion of the level of HIV/AIDS discrimination that exists in the society? What reasons would you give for this?

Experiences with Stigma and Discrimination

5. a) Have you had experience of being discriminated against? If yes, What things were said or done to you? How did it make you feel?

   b) Can you recall any of your friends acting in a way that may have stigmatized or discriminated against anyone who they thought might be, or knew were HIV positive? If yes, what kind of things did they say or do?

   c) How did you feel about your friend's attitude/behaviour?

   d) Do you believe that <u>some</u> victims of stigma and discrimination engage in actions/behaviours to draw attention to themselves? If yes, say why you think so.

6. Which <u>people or groups</u> are likely to face more stigmatization or discrimination than others in your country?

Causes of stigma and discrimination

8. a) What do you think are the causes /reasons why people discriminate against others?

   b) What do you think are the main reasons for discrimination specifically related to HIV/AIDS?

HIV/AIDS Stigma and Discrimination attitudes

Youth meet, interact and socialise at:

- School/Educational Institutions;
- On the block
- Youth Organisations

Places of Worship
Sporting Activities
Work place
Other.....

9. What are some of the things you and your friends say people should be (able to do or not do) acceptable in relation to HIV/AIDS infection in <u>each</u> these areas of youth socialisation? E.g. in schools, on 'the block', at work etc,

10 How do you feel about HIV/AIDS and interaction with people who are

- preparing, serving and selling food.
- providing health related services – doctors, dentists, nurses etc,
- tattoo artists, cosmetologists etc
- other .....

11. a) How do you think a person feels when diagnosed as HIV positive?

b) How would your family treat or react to a member who is HIV positive or living with AIDS?

12. a) Why do you think there is such a big issue about revealing HIV status?

b) Who do you think people should reveal their HIV status to?

Stigma and Discrimination related to HIV/AIDS

13. Have you heard of, or witnessed any form of discrimination against PLWHAS (People Living with HIV/AIDS) or persons <u>suspected of being HIV POSITIVE?</u>

a. If yes, who were the main perpetrators?

b. What forms did the discrimination take?

c. How do you think this discrimination affected the people?

How to reduce Stigma and Discrimination.

14. a) What do you think can be done among youth to help them reduce their discriminating behaviours?

b) Are you aware of campaigns – media messages, brochures etc – aimed at reducing HIV/AID Stigma and Discrimination? If Yes, describe them ... name/theme/messages etc.

c) What do you find appealing about these messages? What do you find NOT appealing about these messages?

d) How effective do you think these messages are in reducing discrimination against others among the youth? Give some reasons for your answers.

e) What do you think future campaigns should focus on among youth in an effort to reduce HIV/AIDS stigma and discrimination?

f) Which radio stations or TV shows in your country mostly attract the attention of youth?

What are some other ways (besides current media, brochures) you think would be best to send out anti-discrimination messages to youth like yourselves.

Appendix B

INFORMED CONSENT FORM

HDI/CARISMA II No. 2012-C-01

Anti-Stigma and Discrimination Mass Media Campaign

Date: April, 2012

FOCUS GROUP INTERVIEW:

PERCEPTIONS OF STIGMA AND DISCRIMINATION: YOUTH

The purpose of this study is to gather information about Stigma and Discrimination in your society, especially related to HIV. You have been invited to participate in this research because you are a youth between the ages of 16 years to 24 years old.

The study will be conducted in room .....

and will take approximately 1 to 1 1/2 hours.

You are being asked to take part in a discussion with 9 to 10 other persons of a similar age concerning your perceptions about Stigma and Discrimination. The group discussion will start with me, the focus group guide (or moderator) making sure that you are comfortable. I can also answer questions about the research that you might have.

We will talk about community (peers, friends, family, colleagues) practices generally because this will give us a chance to understand more about Stigma and Discrimination but from the point of view of youth. These are the types of questions we will ask 'what does discrimination mean? 'What are some of the reasons why people get discriminated against? ….. We will not ask you to share personal information, or practices and you do not have to share any knowledge that you are not comfortable sharing.

Although the study will be of a higher quality if participants complete all aspects of the study, you may withdraw at any time if it makes you feel uncomfortable. You do not have to answer any question or take part in the discussion if you don't wish to do so, and do not have to give us any reason for not responding to any question, or for refusing to take part in the interview.

There are no known risks or discomforts associated with this study; however, in the event of problems resulting from participation in the study, please inform me, the researcher.

This study is not designed to help you personally, so there will be no direct benefit to you, but information gained from participation will contribute to developing a Communication Mass Media Campaign aimed at Reducing HIV related Stigma and Discrimination aimed at Caribbean youth.

Any information obtained during this study will be kept strictly confidential, and you will not be identified in any way. When complete, this research may be published in a summary form so that no individual will be identified.

If you have any questions about this study, you have the right to have them answered before agreeing to participate or at any time during the study. You are free to decide not to participate or to withdraw from participation at any time without affecting your relationship with the research team. Your decision will not result in any loss of benefits to which you are otherwise entitled.

We will reimbursements for travel expenses incurred as a result of participation in the research and refreshments will be served.

Your signature certifies that you have read and understood this consent form, and that you agree to participate in the study. At your request, you may have a copy of this consent form to keep.

You may ask any additional questions at the end.

Appendix C

CERTIFICATE OF CONSENT

I have been invited to participate in research about HIV related Stigma and Discrimination. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant_____

Signature of Participant _____

Date _____

Statement by the researcher/person taking consent:

I am an Independent Researcher conducting a Focus Group Discussion amongst Caribbean youth about their perceptions of HIV related Stigma and Discrimination.

I have accurately read out the information sheet to the potential participant, and to the best of my

ability made sure that the participant understands that the following will be done:

1. We will not be sharing information about his/her identity in this consent form to anyone in their country.
2. Information obtained during this study will be kept strictly confidential, and that he/she will not be identified in any way.
3. When complete, this research will be published in summary form so that no individual will be identified.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

Attachment D:

Media Placement Plans

Caribbean Operations Centre:
Express House, 35 Independence Square
Port-Of-Spain, Trinidad W.I
Tel: (868) 623-1711, Fax: (868) 625-5712
www.reachcaribbean.com
a division of the One Caribbean Media Group

Client: Howard Delafield International
Media Type: Television, Radio, Print
Plan Dated: July 4th 2012

Market	Media	Duration	Programme	Time Segment	JULY		AUGUST				SEPTEMBER				OCT	TOTAL SPOTS
					25	30	06	13	20	27	03	10	17	24	1.-2.	
Antigua	ABBS	30 secs	Evening News	7.00pm - 8.00pm	3	3	5	5	5	5	3	3	3	3	2	40
		60 secs			5	7	3									15
		30 secs	C'bean Model Search	9pm - 10pm			4	4	4	4						16
					9	9	9	9	9	9	9	9	9			81
																152
Dominica	Marpin TV	30 secs	Evening News	8.00 pm - 8.30 pm	3	3	2	4	4	4	3	3	3	3	1	33
		60 secs			5	5	3									13
		30 secs	Soap Opreas	5:00pm - 7:30pm	3	3	2	4	4	4	3	3	3	3	2	34
		60 secs			5	5	3									13
																93
Grenada	GBN TV	30 secs	Evening News	7.00pm - 8.00pm	2	2	3	4	4	4	3	3	3	3	1	32
		60 secs			2	2	2									6
		30 secs	Prime Time (Various Programmes)	8.00pm - 10:00pm	1	1	1	2	2	2	2	2	2	1	1	17
		60 secs			2	2	1									5
		30 secs	Prime Time	8.00pm - 10.00pm	2	2	2	2	2	2	2	2	2	2		20
		5 mins	Promo Segments: Call-ins or Interviews		1		1		1		1		1			5
																80
Guyana	HJTV	30 secs	HJ Artiste of the Week (Mon)	8.00 pm - 9.00pm	2	2	2	3	3	3	3	3	3	3	3	30
		60 secs			2	2	2									6
		30 secs	Glamour (Sun)	3.30pm - 4.30pm	2	2	2	3	3	3	3	3	3	3		27
		60 secs			2	2	2									6
		30 secs	Hitsville (Thur)	10:00pm - 11:30pm	2	2	2	3	3	3	3	3	3	2		26
		60 secs			2	2	2									6
		30 secs	HJ Rewind (Wed)	10.00pm - 11.00pm	2	2	2	3	3	3	3	3	3	2		26
		60 secs			2	2	2									6
																133
Guyana	TVG	30 secs	Evening News	7.00pm - 8.00pm	5	5	5	10	10	10	8	8	8	8	3	80
		60 secs			5	5	3									13
																93
St. Lucia	DBS TV	30 secs	Evening News	7.00pm - 8.00pm	3	3	3	3	3	3	3	3	3	3	2	32
		60 secs			4	4	2									10
		30 secs	Prime time - America comedy	8.00pm - 8.30pm	2	2	2	5	5	5	4	4	4	4	2	39
		60 secs			4	4	2									10
		30 secs			2	2	2	2	2	2	2	2	2	2		20
																111
																662

NOTE: Please note that Programmes are subject to availability during specified periods. The Media House Reserves the right to ammend packages upon booking.

Caribbean Operations Centre:
Express House, 35 Independence Square
Port-Of-Spain, Trinidad W.I
Tel: (868) 623-1711, Fax: (868) 625-5712
www.reachcaribbean.com
a division of the One Caribbean Media Group

Media Plan - Revised 4
Client: Howard Delafield International
Media Type: Television, Radio, Print
Plan Dated: June 21st 2012

Market	Media	Duration	Programme	Time Segment	JULY		AUGUST				SEPTEMBER				OCT	TOTAL SPOTS
					25	30	06	13	20	27	03	10	17	24	1.-2.	
Antigua	Vybz Fm	30 secs	Drive Time AM	8am - 10am	10	20	20	10	10	10	10	10	10	10	5	125
			Drive Time PM	4pm - 7pm	10	20	20	10	10	10	10	10	10	10	5	125
																250
Antigua	Hitz Fm	30 seconds	Premium Time	6am - 8am	10	15	15	10	10	10	10	10	10	10	8	118
				4pm - 7pm	10	15	15	10	10	10	10	10	10	10	8	118
																236
Dominica	Q95 FM	30 seconds	Big Link Up (Fri)	9pm-11pm	3	3	3	3	3	3	3	3	3	3		30
			The Hot Seat (M-F) 9 wks	7:30am - 10am		10	10	10	10	10	10	10	10	10		90
			Youth on Q (M,W,F)	4:25pm-5:25pm			ed on M/W/F 2 spots during & top & tail cre									52
			Glad or Mad (T,T)	4:05pm-5:05pm	1	2	2	2	2	2	2	2	2	2	2	21
			Q Exposure (Sat)	1pm-3pm	3	3	3	3	3	3	3	3	3	3		30
																223
Grenada	Wee Fm	30 secs	Morning Drive Time	6am-9am	15	15	15	15	14	14	14	14	14	12		142
			Mid-day Drive Time	11am-1pm	8	8	8	8	8	8	8	8	8	8		80
			Afternoon Drive Time	4pm-7pm	15	15	15	15	14	14	14	14	14	12		142
		10 secs	Ad Libs/ Mentions (Mon - Fri)	6am - 7pm	7	7	7	7	7	7	7	7	7	7		70
																434
Grenada	Hot FM	30 secs	Prime Time	6am-9am/3pm-6pm	10	10	10	10	10	10	10	10	10	10		100
																100
Guyana	Hot 98.1fm	30 secs	Day Part (Mon - Sat)	6am - 6pm	30	35	35	35	35	35	35	35	35	35	20	365
																365
St. Lucia	Blazin Fm	30 secs	The Morning Heat (M-F)	8am - 10am	15	15	10	10	10	10	10	10	10	10	4	114
			The Blazing Request show (M-F)	12.30 - 1pm	8	8	8	6	6	6	6	6	6	6	4	70
			Drive Time Take over (M-F)	4pm-7pm	15	15	10	10	10	10	10	10	10	10	4	114
			Sizzling Saturday	9am - 3pm	10	10	10	10	10	10	10	10	5	5		90
		10 secs	Ads libs/ Mentions	8am - 7pm	25	25	25	25	25	25	25	25	25	25		250
																638
																2246

Caribbean Operations Centre:
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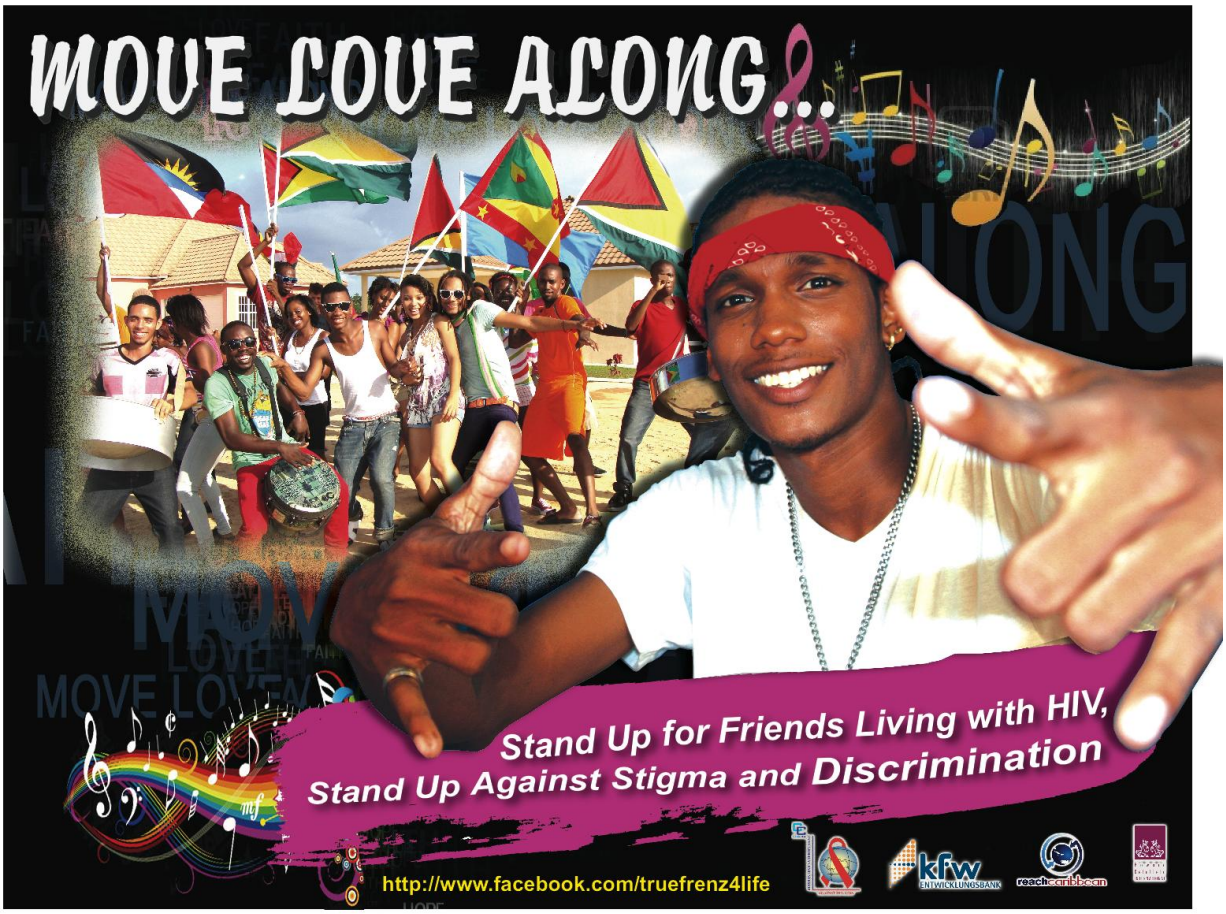
a division of the One Caribbean Media Group

Media Plan - Revised 4
Client: Howard Delafield International
Media Type: Television, Radio, Print
Plan Dated: June 21st 2012

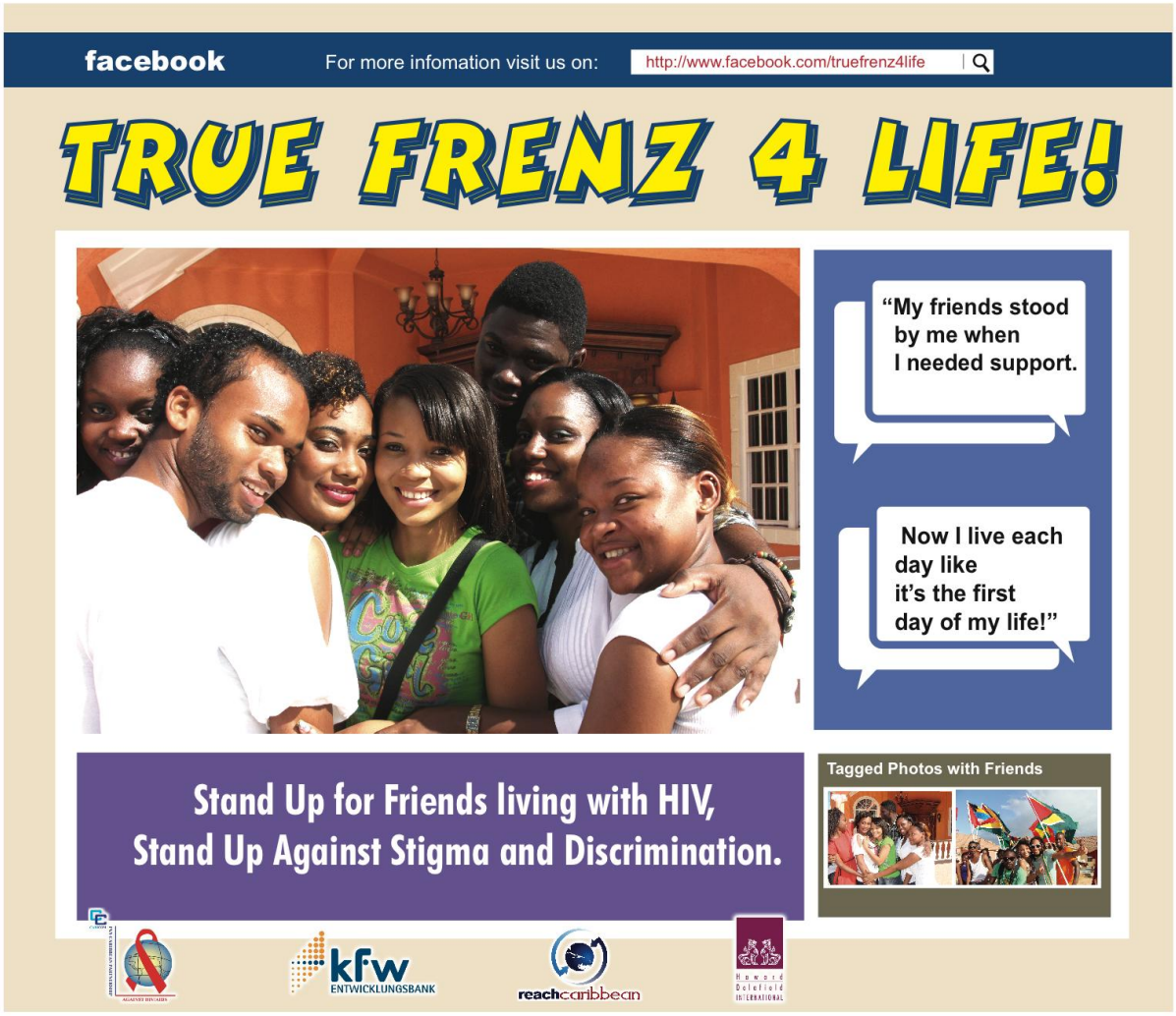
Market	Media	Publishing Days	Size	Colour Spec	JULY		AUGUST				SEPTMBER				OCT	TOTAL SPOTS
					25	30	06	13	20	27	03	10	17	24	1.-2.	
Antigua	The Observer	Thur OR Sat	1/2 Page - H	Full Colour	1		1		1		1		1			5
																0
																5
Dominica	The Sun	Friday	1/2 Page - H	Full Colour	1		1									2
																0
																2
Grenada	The Voice	Saturday	1/2 Page - H	Full Colour	1		1		1		1		1			5
																0
																5
Guyana	Gem Magazine	Bi-Monthly	1/2 Page - H	Full Colour			1									1
																1
St. Lucia	The Star	Wednesday	1/2 Page - H	Full Colour	1		1		1		1		1			5
																0
																5
																18

Attachment E:

Presentation of Campaign Materials



MOVE LOVE ALONG POSTER LAYOUT



TRUE FRENZ 4 LIFE POSTER LAYOUT

TELEVISION AND RADIO SPOTS

1 : 30 Sec TVC TRUE FRENZ 4 LIFE

30sec T F 4 L
AjA-H.264 800Kbps A

2: 60 SEC TVC TRUE FRENZ 4 LIFE

60sec T F 4 L
AJA-H.264 web AJA.

3: 30 SEC TVC MOVE LOVE ALONG

New Move Love
alone-H.264 WEB Str

Attachment F:

Media Placement Final Report

Slide 1

Slide 2

Slide 3

Slide 4

MARKET	ANTIGUA
PUBLICATION	OBSERVER
DATE	September 6th
SIZE	Half Page

Slide 5

MARKET	DOMINICA
PUBLICATION	CHRONICLE
DATE	July 27th
SIZE	Half Page

Slide 6

MARKET	DOMINICA
PUBLICATION	CHRONICLE
DATE	August 10th
SIZE	Half Page

Slide 7

Slide 8

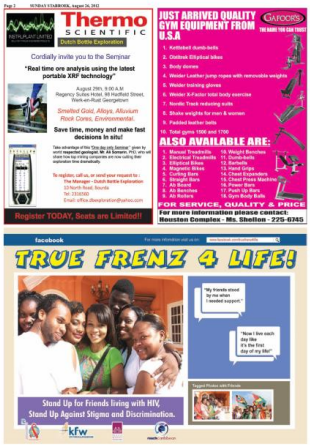
Slide 9

Slide 10

MARKET	GUYANA
PUBLICATION	STABROEK NEWS
DATE	August 12th
SIZE	Half Page

Slide 11

MARKET	GUYANA
PUBLICATION	STABROEK NEWS
DATE	August 26th
SIZE	Half Page



Slide 12

MARKET	ST. LUCIA
PUBLICATION	THE STAR
DATE	July 25th
SIZE	Half Page

St Lucian friends remember Winehouse

DIGICEL SUPPORTS THE YOUTH ENVIRONMENTAL FORUM

TRUE FRENZ 4 LIFE!

Stand Up for Friends living with HIV.
Stand Up Against Stigma and Discrimination.

Slide 13

MARKET	ST. LUCIA
PUBLICATION	THE STAR
DATE	August 8th
SIZE	Half Page

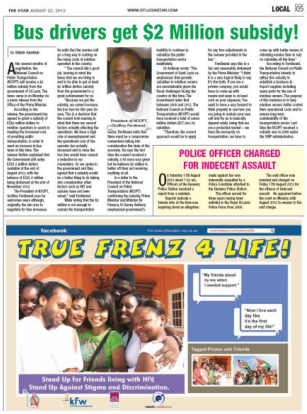
St Lucian flag flies high in London

MOVE LOVE ALONG..

Stand Up for Friends Living with HIV.
Stand Up Against Stigma and Discrimination

Slide 14

MARKET	ST. LUCIA
PUBLICATION	THE STAR
DATE	August 22nd
SIZE	Half Page



Bus drivers get $2 Million subsidy!

POLICE OFFICER CHARGED FOR INDECENT ASSAULT

TRUE FRENZ 4 LIFE!

Stand Up for Friends living with HIV.
Stand Up Against Stigma and Discrimination.

Slide 15

MARKET	ST. LUCIA
PUBLICATION	THE STAR
DATE	September 8th
SIZE	Half Page

SPORT

Super Eight line up completed in SLFA Super League

Double gold for two-time Olympian

MOVE LOVE ALONG...

Stand Up for Friends Living with HIV, Stand Up Against Stigma and Discrimination

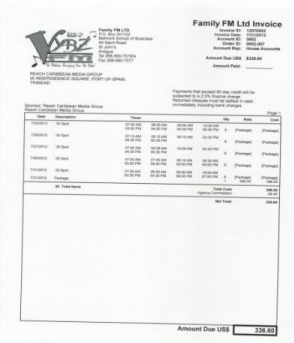
Slide 16

FLASH REPORT
HDI

RADIO

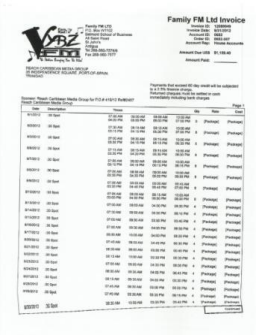
Slide 17

ANTIGUA – VYBZ FM
JULY 2012



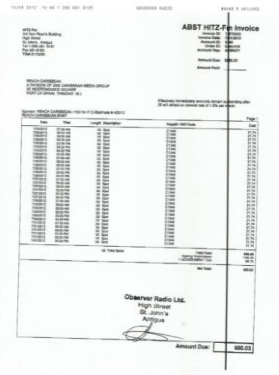
Slide 18

ANTIGUA – VYBZ FM
AUGUST 2012



Slide 19

ANTIGUA – HITZ FM
JULY 2012



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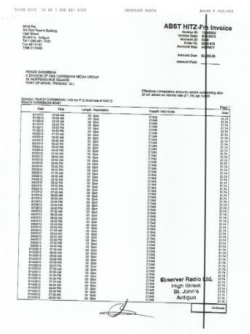
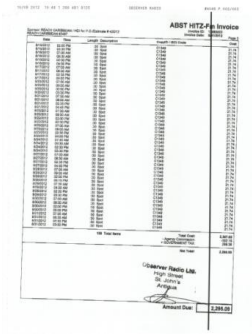
ANTIGUA – HITZ FM
AUGUST 2012





Slide 21

DOMINICA – Q95 FM
JULY - AUGUST 2012

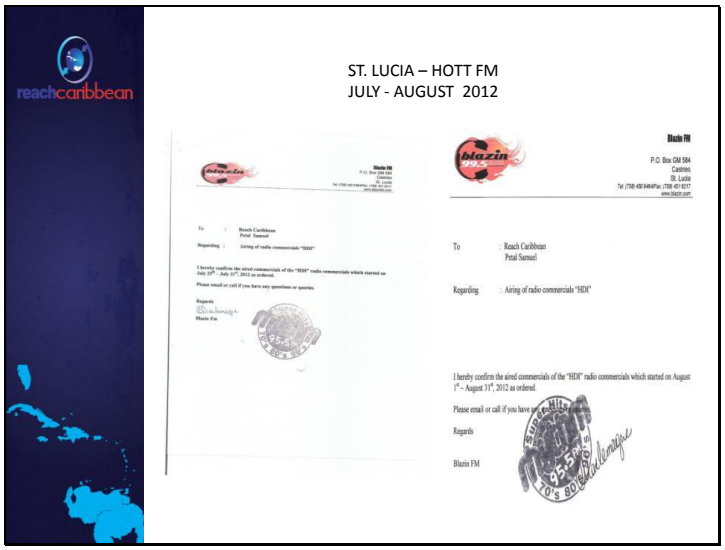
Slide 22

GRENADA – WEE FM
JULY 2012

Slide 23

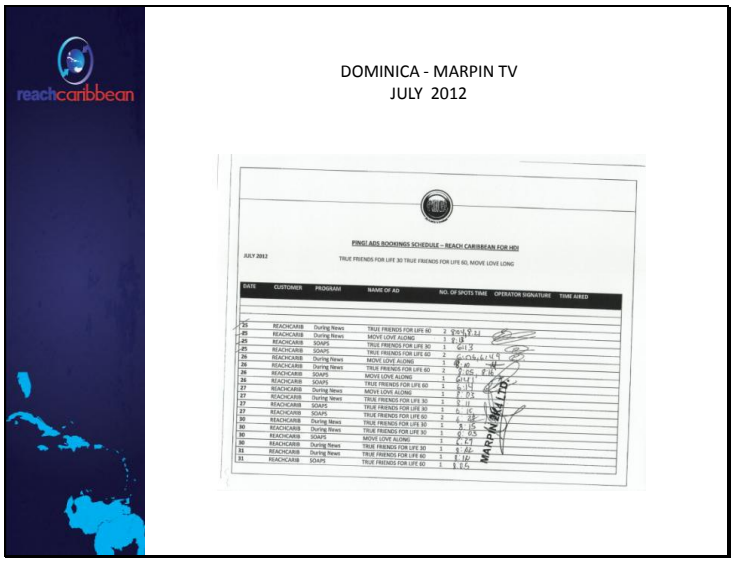
Slide 24

Slide 25

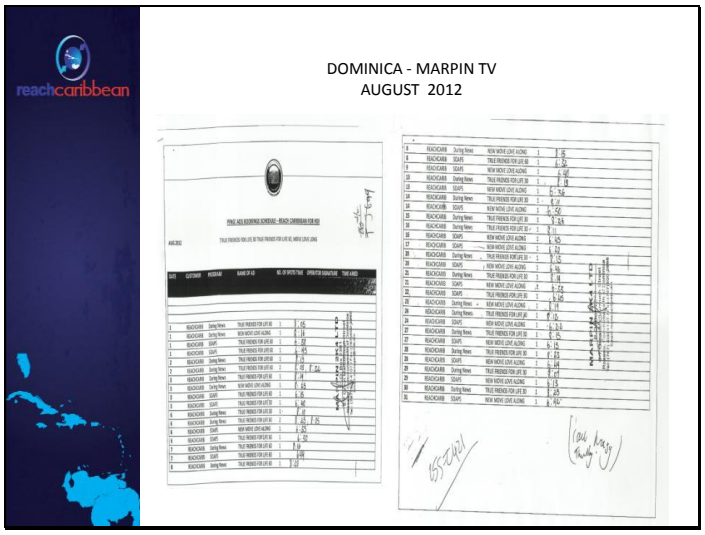


Slide 26

Slide 27



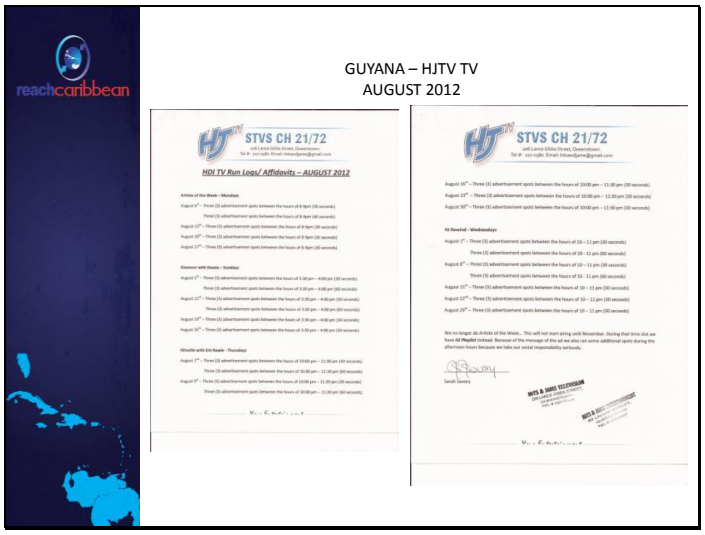
Slide 28



Slide 29

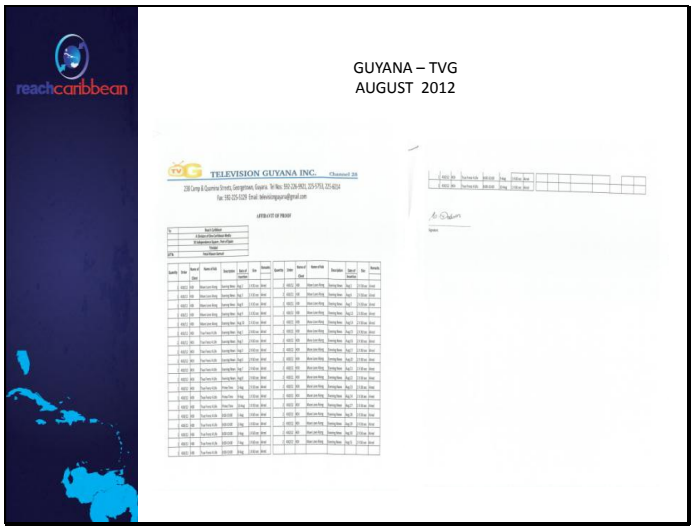
Slide 30

Slide 31



Slide 32

Slide 33



Slide 34


reachcaribbean
ST. LUCIA – DBS TV
JULY
2012
DAHER BROADCASTING SERVICE
SERVING ST. LUCIA ON CHANNELS 2 & 10 IN STEREO

Attachment G:

Post-Campaign Evaluation Plan and Data Collection Instrument

CARIBBEAN HIV/AIDS PREVENTION AND REPRODUCTIVE HEALTH PROMOTION PROGRAMME (CARISMA II) PROJECT

'Anti-stigma and discrimination mass media campaign'

Post Campaign Implementation Evaluation Plan August to November 2012

Prepared by Dr. Jennifer Crichlow on behalf of

Howard Delafield International (HDI) September 17, 2012

Introduction

This proposed evaluation plan is the final research activity of the 'Anti-*Stigma and Discrimination Mass Media Campaign'* under the CARISMA *HIV/AIDS Prevention and Reproductive Health Promotion Programme – Phase II* conducted in five Caribbean countries viz*:* Antigua and Barbuda, Dominica, Grenada, Guyana, and Saint Lucia. The first aspect of the research activity was the review of a previous PANCAP campaign, which involved document and materials review, open-ended Regional stakeholder interviews, and semi-structured interviews with National Stakeholders and HIV/AIDS commissions. The next stage was comprised of formative qualitative research among a target audience of youth between 16 and 24 years of age. Activities involved focus group interviews which provided qualitative feedback on the youth target groups' knowledge and attitudes regarding HIV-related stigma and discrimination, as well as exposure to former S&D campaigns. Findings were used in the development of a campaign brief which was used to inform the development of campaign concepts and draft materials for a new campaign focused on helping to reduce HIV-related stigma and discrimination among youth 16-24. A pre-test of campaign concepts and draft material was conducted and results were used to inform the final design of the communication materials launched for the mass media campaign.

Background:

HIV-related stigma and discrimination is a major human rights issue in the Caribbean and has been recognized as a key driver of the epidemic within the region. PANCAP has responded to the challenges of stigma and discrimination by undertaking a number of initiatives that include the development of an anti-stigma and discrimination multimedia campaign for the general public.

PANCAP has recognized that in order to significantly change the course of HIV-related stigma and discrimination in the Caribbean, there is need to increase communication efforts focused on youth as they generally demonstrated mixed reactions to PLHIV. In order to generate discourse on HIV-related stigma and discrimination and for positive behavior and attitude change to occur amongst youth, there must be sustained, focused multi-channel campaign efforts that include popular youth-oriented media, including television, radio, social media, SMS messaging, and an organized complement of communication materials/activities.

In the new PANCAP campaign, launched in July 2012, strategies and materials , aimed at helping to promote more accepting attitudes among youth towards PLHIV were developed for the target youth sub-population.

Purpose and Goals of this Study

The study will seek to evaluate the current CARISMA II Anti-HIV-related stigma and discrimination media campaign and messages.

The Campaign:

Goals and Objectives of the Campaign

Knowledge:

- To increase 16-24 year olds' awareness of how HIV-related stigma and discrimination manifests and is perpetuated in their everyday lives.

Belief:

- To increase 16-24 year olds' understanding of their own feelings, beliefs, attitudes and behaviors towards HIV-related stigma and discrimination and people living with HIV.

Behavior:

- To increase 16-24 year olds' ability to challenge harmful social norms linked to HIV-related stigma and discrimination.

Materials:

There were a total of six communication products produced under the campaign's umbrella slogan: "Stand up for Friends with HIV, Stand Up Against Stigma and Discrimination." These were as follow:

Television:

- 1-60 seconds version television spot titled: TrueFrenz4Life
- 1-30 seconds version television spot titled: TrueFrenz4Life
- 1-30 seconds version television spot titled: Move Love Along

Radio:

- 1-30 seconds radio spot titled: TrueFrenz4life
- 1-30 seconds radio spot titled: Move Love Along

Print:

- 1- artwork layout titled: TrueFrenz4life
- 1-artwork layout titled: Move Love Along

Placement:

The mass media campaign was launched on July 25, 2012 and concludes on October 2 2012. The distribution strategy includes: television, radio placements and half page print advertisements inserted into youth centric magazines/newspaper sections and posters placed strategically in the five target countries; and use of social media - through the development of an official campaign Facebook page: www.facebook.com/truefrenz4life and links with other pages such as networks of national Stakeholders and their partners.

Research Context and Conceptual Framework

UNAIDS[21] defines HIV-related stigma and discrimination as: "…a 'process of devaluation' of people either living with or associated with HIV and AIDS. Discrimination follows stigma and is the unfair and unjust treatment of an individual based on his or her real or perceived HIV status." The idea of persons having choice is important as theories of discrimination point out that even if a person feels stigma towards another, s/he can decide to not act in a way that is unfair or discriminatory.

Young people are both particularly vulnerable to effects of stigma and discrimination, and are also key to ongoing efforts to alter prevailing social and cultural norms and intolerant behaviors across the region. Mass media campaigns have been advocated amongst other strategies as a tool to help create awareness of what stigma and discrimination is the harm they cause, and the benefits of reducing them.

The development of Mass media campaigns is guided by IEC (information education and communication) and BCC (Behavior change communication) perspectives.

Benefits of Mass Media campaigns

Bertrand and Anghang[22] (2006) concluded that 'mass media programmes can influence HIV-related outcomes amongst young people, although not on every variable or in every campaign.' They also noted that campaigns that include television require the highest threshold of evidence, yet they also yield the strongest evidence of effects. This suggests to them that 'comprehensive mass media programmes are valuable. They also show efficacy in changing social norms[23]. The process shows an initial effect of (1) exposure (awareness) is usually

[21] UNAIDS, *UNAIDS fact sheet on stigma and discrimination.* December 2003.

[22] The effectiveness of mass media in changing HIV/AIDS-related behaviour among young people in developing countries. by Jane T Bertrand, Rebecca Anhang World Health Organization Technical Report Series (2006). Volume: 938, Issue: (Bertrand) Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs, Baltimore, MD. p: 205-241.

[23] Changing social norms: a mass media campaign for youth ages 12-18. Eileen Schmidt, Susan Mide Kiss, Wendi Lokanc-Diluzio Canada Journal of Public Health. ;100 (1):41-5 19263982

followed by (2) knowledge gain, (3) acceptance/agreement, (4) discussion with others (social comparison), and then (5) adoption of new behavior (or maintenance of a desired behavior). Research also shows that Mass media interventions can reach more people faster than any other type of health intervention. Also, 'Mass media interventions are always much more cost-effective than alternative interventions if they reach a large percentage of the population.'

Design of the Campaign Material

The message design and contents:
A number of design elements were incorporated into the campaign that include:

- targeting defined audiences;
- using a message design approach that is targeted to the audience segment(s);
- designing campaign themes around attitude change and "modeling behavior" (which was suggested as a need from the target audience in the formative research) and using social learning behavioral theories to inform campaign design;
- utilizing effective channels widely viewed by and persuasive with the target audience;
- using multiple media/channels to achieve higher message exposure to campaign messages; and
- infusing content that is thought-provoking, appealing, and youth centric.

Research Questions

Broad research questions have been developed to evaluate the campaign:

- What is the level of exposure /awareness of the campaign and campaign materials?
- How would you rate the attributes of the materials and content?
- To what extent is the message appealing, realistic and believable; clear, persuasive and influencing /eliciting a movement towards attitude change?
- To what extent does exposure and recall of the material and content lead to knowledge gain, acceptance, discussion with others (social comparison), and adoption of new attitudes in the effort to reduce HIV related stigma and discrimination amongst youth?

Evaluation Design and Methodology

Research approach

Many of the current studies on stigma and discrimination are quantitative in nature, but more and more, qualitative /open-ended approaches to obtain more in-depth information from participants are being utilized. Qualitative approaches are more favoured in exploratory designs; however, when data are required on existing phenomena, a descriptive design is preferred. This is more appropriate in this instance in the absence of a pre-post test, or comparative samples designs.

A mixed methods approach will be utilized for this study. Whereas with fully structured techniques, all variables are known in advance, with semi-structured techniques, it is possible to start with an incomplete knowledge of variables which is a good way of obtaining more in-depth data and further exploring a particular situation.

Data and feedback will be collected from the target population of youth, 16 years to 24 years, about their exposure to, and understanding of, the social norms associated with stigma and discrimination, and the normative messages being disseminated by the campaign. Both qualitative and quantitative data will be collected.

Method and Recruitment of Respondents

One way to test messages and media to ensure clarity of meaning and appeal is by conducting a convenience sampling procedure which is often referred to as "mall intercept." A mall-intercept personal interview is a survey whereby respondents are intercepted while shopping in malls or public areas. Adapted for use in the post-campaign evaluation, this survey type will be conducted in high traffic areas where youth congregate, such as malls, student cafeteria, sporting activities or youth organizations. The "mall intercept" method provides a relatively quick and economical way to conduct sampling, especially given the dynamics and limitation of the current project deadlines, needs, and reduced resources.

The procedure will involve: Stopping and screening members of the target audience (verify their target audience membership in terms of age). Potential participants will be asked if they have seen at least one concept of the campaign. If this is verified, persons will be asked if they would be willing to participate in a brief research study, and if in agreement they will be invited to a partitioned site located in the study location to complete the interview. A small incentive will be offered and informed consent will be sought. The intercept process (brief dialogue between the interviewer and the participant) will allow for both quantitative data collection and the ability to qualitatively hear what respondents have to say about the campaign material. To minimize the inconvenience and the personal "cost" to respondents, the intercept will be kept as brief as possible.

Pilot Study

A pilot study will be conducted after the training of interviewers, to provide practice and test the instrument. The length of time to complete the interview, any ambiguities in wording, and repetition will be determined and addressed.

Interviews

During the interview process, an interview schedule comprising semi-structured and open ended questions will be utilized. Respondents will be asked preliminary questions based on their recall of the particular concept(s). Next, respondents will have an opportunity to view the particular concept(s) briefly before continuing: - the two campaign posters, and the TV and radio spots which will be loaded on to the interviewer's laptop device.

In the event there is inadequate recruitment at a particular site, the research team will ensure that additional back up sites/times are identified and arranged within the timeframe of the evaluation.

Proposed Sample Sizes:

Twenty two semi-structured interviews will be conducted in Antigua and Barbuda, Grenada, Dominica and Saint Lucia. In Guyana, thirty-two semi-structured interviews are proposed owing to the geographic size relative to the other target countries. Approximate total: 120 respondents.

Estimated Duration:
Field work for this study is estimated to last through the Month of October 2012. An estimated duration of 8 days is given as a baseline to complete data collection across the five target countries. This is expected to change based on the barriers or facilitators faced by the country representatives in each country.

Ethical Considerations:

- Participants will be requested to give Informed Consent.
- Participants will be assured Anonymity and confidentially of Data.
- The data collection procedure will not harm respondents physically, emotionally, psychologically etc.

Data Analysis:
Both qualitative (content and theme) analysis and quantitative analysis procedures will be used to analyze the data. Data will be transcribed and analyzed. The framework developed by Miles and Huberman (1994) will be used to describe the major phases of data analysis: data reduction, data display, data analysis and assessment of findings.

Reports:
Findings and Evaluation will be incorporated into a report which will be submitted according to the project deliverable timeframe.

Post Implementation Evaluation of the

PANCAP/CARISMA II Mass Media Campaign.

Data Collection Instrument

for

Target Audience 16 years to 24 years.

Prepared by
Dr. Jennifer Crichlow on behalf of HDI
17 September 2012

Post Implementation Evaluation Instrument

Introduction

Good morning/afternoon/evening:

My name is _____, and I am a field assistant to help evaluate a recent PANCAP/**CARISMA II Media Campaign targeted to young people**. We are conducting a study of the different television, radio spots and posters for the "Stand up for Friends, Stand up against HIV Stigma and Discrimination" Campaign. If you have seen the campaign material, and you are willing to spend a few minutes, I would like to ask you a couple of questions. This should not take more than 15 minutes and your responses will be kept confidential as part of the study. Would you be willing to participate? Yes ❑ No ❑

This campaign is directed towards young people, between 16 years and 24 years only. For the integrity of the study would you verify that you are within this age group	Yes ❑	No ❑
Do you recall hearing or seeing any aspects of the "Stand up for Friends Campaign"?	Yes ❑	No ❑
If No, then researcher discontinues interview and thanks the individual. Records a tally of those who responded NO.	Yes ❑	No ❑

	Place a tick ✓ in the box next to the selected answer.	
	To make sure we are representing different groups in our study, would you describe yourself as:	White ..... ❑ African Descent .....❑ East Indian descent..... ❑ Amerindian ..... ❑ Name other .....
	Gender	Male ..... ❑ Female ..... ❑
	Country	

Which concept/message do you recall? (ask about each of the 2TV spots, each of the 2 radio spots and each of the 2 posters)?..... (prompt if needed as follows):	• Posters with…… • • Radio with song …… • • TV court case with young person who is HIV positive •	❑ ❑ ❑ ❑ ❑ ❑

Now I would like to ask you some questions about the campaign /parts you have seen

SECTION 1

1. a) Approximately how many times have you seen the campaign/or part of it?

   b) Which parts do you recall seeing or hearing that stood out most? (ask for each of the 2TV spots, each of the 2 radio spots and each of the 2 posters they have seen)?.....

2. a) Can you recall where you saw or heard the campaign/or part? .....

   b) Specify, if you can, which TV shows/stations, radio stations, where did you see posters? (If they recall)

   .....

3. In your opinion what is the main message/theme of this Campaign?

   .....

4. For the parts (s) you have seen/heard (select the ones which the respondent refers to) would you quote the exact message/words in message as you recall it?

Move Love Along TV Spot
Move Love Along Radio Spot
True Frenz 4 Life TV Spot
True Frenz 4 Life Radio Spot
Move Love Along Poster
True Frenz 4 Life Poster

5. Do you think this campaign is raising awareness about HIV related stigma and discrimination?

Yes ❑ No ❑ Give a reason for your answer.

SECTION 2

Now I am going to show you the advertisement(s) you saw and ask you a few questions about each.

(To interviewer: Complete a page for each concept viewed/heard.)

Tick one.				
	Move Love Along TV Spot ❑ **Move Love Along Radio Spot** ❑ **True Frenz 4 Life TV Spot** ❑	**True Frenz 4 Life Radio Spot** ❑ **Move Love Along Poster** ❑ **True Frenz 4 Life Poster** ❑		
S1	Which of the following would describe your general reaction to this material/concepts(s) which you saw/heard.?	a. Really liked it very much ..... ❑ b. Liked it .... ❑ c. It was just o.k..... ..... ❑ d. Did not like it at all ..... ❑ e. Don't know/ No response..... ❑		
S2	**How well does each of the following words/attributes describe what you just saw?**			
	a. Is it attention-getting?	very much so ❑	yes ❑	A little or not at all ❑
	b. Is easy to recall?	very much so ❑	yes ❑	A little or not at all ❑
	c. Is it direct / to the point?	very much so ❑	yes ❑	A little or not at all ❑
	d. Is it useful information?	very much so ❑	yes ❑	A little or not at all ❑
	e. is the print/production./ music appealing to youth?	very much so ❑	yes ❑	A little or not at all ❑
	f. it shows where more information can be accessed.	very much so ❑	yes ❑	A little or not at all ❑
S3	**How would you describe the message**			
	a. Message was clear ❑	You may select one or more from **b to g**		
		b. Attention getting . . . . . ❑		
		c. Message appealing and youth appropriate . . . . .❑		
		d. Words/lyrics were hard to understand . . . .❑		
		e. Message was not that credible / believable . . . . ❑		
		f. Too much text to read . . . .❑		

S4	**How do you rate the following? Please place a tick ✓ in the box ❑next to the answer.**				
a	**Clarity of the images /Appearance of characters**	Very Clear. ❑	Clear ❑	A bit fuzzy. ❑	Unclear ❑
b	**Objects and images enhance message**	A great extent. ❑	Some extent ❑	Very little ❑	Not at all. ❑
c	**Colour/background enhance message**	A great extent ❑	Some extent ❑	Very little ❑	Not at all. ❑

SECTION 3

6. Having been exposed to the campaign messages what is the likelihood that you would be more willing to stand up for persons living with HIV?

a. Very likely . . . . . ❑
b. Somewhat likely . . . . . ❑
c. Not too likely . . . . . ❑
d. Don't know . . . . . ❑

7. Having seen the campaign messages, what do you think is the likelihood that youths generally would be more willing to stand up for persons living with HIV

a. Very likely . . . . . ❑
b. Somewhat likely . . . . . ❑
c. Not too likely . . . . . ❑
d. Don't know . . . . . ❑

8. Do you think the Stand up for Friends campaign will help in reducing stigma and discrimination towards people with HIV, amongst youth? If so, why?

.....

.....

9. How do you think this campaign Stand up for Friends might improve young people's attitude towards people living with HIV? Can you give me an example?

.....

.....

10. Have you visited the campaign official Facebook page? Yes ❑No ❑
b) If no, would you be interested in visiting the page?

Attachment H:

Follow-Up Media Campaign Evaluation Findings Report

REPORT:

Findings of Post Media Campaign Evaluation Study

(16 -24 year olds) in Five Countries - Antigua and Barbuda

Commonwealth of Dominica Grenada Guvana and Saint Lucia.

CARIBBEAN HIV/AIDS PREVENTION AND REPRODUCTIVE HEALTH PROMOTION PROGRAMME (CARISMA II) PROJECT

'Anti-stigma and discrimination mass media campaign'

Follow-Up Media Campaign Evaluation Findings Report

Prepared by Dr. Jennifer Crichlow

Edited by Howard Delafield International (HDI) and Options/PANCAP

January 6, 2013

ACKNOWLEDGEMENTS

Appreciation must be expressed to all the youth 16 to 24 years who participated in the ten Focus Groups across the five countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia. Their opinions were greatly appreciated, and brought much valuable insights to the subject of Stigma and Discrimination related to HIV.

The conduct of this research would have suffered except for the valued National Researchers, who were patient and trusting, and went out of their way to ensure that the study met all the required criteria to maintain validity. If support systems ever fell short of expectations, they went beyond their expected tasks, and used their personal resources to complete the data collection with integrity. Their support and professionalism must be highly commended. Thanks to: Mrs. Maureen Lewis (Antigua-Barbuda), Mr. Thomas Holmes (Commonwealth of Dominica), Mrs. Hermione Baptiste (Grenada), Mr. Michael Gillis (Guyana), and Ms. Arthusa Semei (Saint Lucia).

Expression of thanks must be made to PANCAP and HDI partners who also provided support.

Jennifer Crichlow, PhD
Lead Researcher
December 2012

TABLE OF CONTENTS

ACRONYMS

CARISMA	Caribbean Regional Social Marketing Programme for HIV and AIDS
FGD	Focus group discussion
NAPS	National AIDS Programme Secretariat
PANCAP	The Pan Caribbean Partnership Against HIV/AIDS
PLHIV	People Living With HIV
S & D	Stigma and Discrimination
SES	Socio Economic Status

EXECUTIVE SUMMARY

This post implementation evaluation study is the final research activity of the '*Anti-Stigma and Discrimination Mass Media Campaign'* under the CARISMA *HIV/AIDS Prevention and Reproductive Health Promotion Programme – Phase II* conducted in five Caribbean countries*:* Antigua and Barbuda, Dominica, Grenada, Guyana, and Saint Lucia during the period March 2012 to December 2012.

The new PANCAP/CARISMA II media campaign, launched in July 2012, which included strategies and materials, aimed at helping to promote more accepting attitudes among youth towards PLHIV, were developed for the target youth sub-population. The media campaign was disseminated by radio, television and print during the period July - October 2012. There was a total of six communication products produced under the campaign's umbrella slogan: "Stand up for Friends with HIV, Stand Up Against Stigma and Discrimination".

This study was a descriptive design research that sought to evaluate the current CARISMA II HIV related anti stigma and discrimination media campaign and messages using a mixed method approach. Surveys were carried out among youth in five Caribbean countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia. Convenience sampling was utilized to select participants - ages 16 years to 24 years from the general population. The Intercept approach was used to select the respondents. An evaluative mixed method data collection instrument was designed for the purposes of this study to describe the knowledge, attitudes and perceptions of the youth towards the new CARISMA II mass media campaign against HIV/AIDS stigma and discrimination. They were also surveyed for their recall of HIV-related anti S&D media messages, the appeal of those messages and their perceptions of the effectiveness of the messages in reducing HIV-related stigma and discrimination.

The design and validation of the instrument was supported by the literature, reporting studies on media communication programmes, mass media effects, health communication, and evaluation of these programmes. The instruments were reviewed by HDI/PANCAP/OPTIONS and the data collection took place during the month of November 2012. Research questions were developed to guide the study. They were six media types used to convey the campaign messages under the titles 'True Frenz for Life' and 'Move Love Along'. Final data were

collected from 97 respondents across the five countries. The relatively small sample size must be taken into consideration when interpreting and generalizing the findings.

Some main findings:

In terms of the level of exposure and awareness of the campaign, the majority of the sample recalled seeing or hearing the messages through one to five of the six media, and some recalled seeing or hearing more than one type of message: 54 (52.4 %) recalled posters, 63 (61.1 %) recalled TV and 13 (12.1%) recalled radio. TV messages were seen in countries by the majority of the sub samples except in case of St. Lucia; Radio had the highest recall in Dominica, while posters were seen by the majority in Antigua, Grenada and St. Lucia. In terms of repeated exposure, a few of the sample saw the messages multiple times; these were mainly the posters messages. The majority saw or heard the messages three and five times.

The most liked media types were TV and posters, and the most liked concept was True Frenz4 life (TV) and Move Love Along (poster). The radio media seemed to be at a disadvantage to the TV and posters.

Even though only 28.3% recalled the exact words, and 29.4 % recalled most words, the sample identified the meaning of the campaign message as about 'stopping, or fighting discrimination or stigma and discrimination', support for people living with HIV by 'standing up' and advocacy against stigma and discrimination against PLHIV, specifically for friends with HIV, showing love and respect, and advocating protection and acceptance.

The majority (89.7%) of the sample believe that the campaign is raising awareness about HIV related stigma and discrimination. They believe that the campaign highlighted the social and emotional effects of HIV-related stigma and discrimination. They also referred to the use of media and its ability to educate and inform, and the campaign advocacy of showing friendship and support for people living with HIV.'

To the extent which exposure and recall of the material and content lead to attitude change, over 87% indicated an increased awareness of HIV related stigma and discrimination; 92.8 % indicated that there was a likelihood of change in attitude themselves, and 81.4 % that youth would be likely to stand up for others after seeing or hearing the campaign.

The majority (over 95 %) of the sample rated the characteristics and attributes of the campaign media materials, concepts and messages in a positive light. They indicated that there was clarity of images and appearance of characters and that props, colours and background enhanced the message.

The majority over (90%) of the sample rated the messages through the different media as clear, attention getting and appealing to youth. The messages were seen as direct and to the point, useful, and easy to recall. There was some disagreement as to whether the materials showed where information can be accessed.

There were no major differences in the rating of the messages or the differences in media type based on gender.

2.0 EVALUATION DESIGN AND METHODOLOGY

2.1 Research approach

Many of the current studies on stigma and discrimination are quantitative in nature, but more and more, qualitative/open-ended approaches to obtain more in-depth information from participants are being utilized. Qualitative approaches are more favoured in exploratory designs; however, when data are required on existing phenomena, a descriptive design is preferred. This is more appropriate in this instance in the absence of a pre-post test, or comparative samples designs[24].

A mixed methods approach was utilized for this study. Whereas with fully structured techniques, all variables are known in advance, with semi-structured techniques, it is possible to start with an incomplete knowledge of variables which is a good way of obtaining more in-depth data and further exploring a particular situation.

Data and feedback were collected from the target population of youth, 16 years to 24 years, about their exposure to, and understanding of, the social norms associated with stigma and discrimination, and the normative messages being disseminated by the campaign[25]. Both qualitative and quantitative data were collected.

2.2 Pilot Study

The survey was pre-tested after the training of interviewers, to provide practice and to test the instrument. The length of time to complete the interview, any ambiguities in wording, and repetition were determined and addressed. Results of the pilot studies raised a few concerns. The instrument was considered to be too long and getting them completed was tedious. The response rate was very low and after a three hour period, where less than one percent of youth approached had recalled seeing the campaign. The sampling strategy was changed to 'snowballing' for the main data collection.

[24] Sandman, P. M. (2000). *Environmental Education and communication for a sustainable world*: *Handbook for International practitioners*. Eds. Day, B. A., & Monroe, M. C. The Academy for Educational Development, NJ: Princeton

[25] Robert Wood Johnson Foundation (2008) *Evaluating Communication Campaigns.* Research and Evaluation Conference, September 27–28, 2007

2.3 Snowball sampling

Snowball sampling is a special 'method of non-probability sampling used when the desired sample characteristic is rare'[26]. When it becomes extremely difficult or costly and time consuming to locate respondents, this technique may be used. Snowball sampling relies on 'referrals' from initial participants to generate additional persons to participate. The initial participant is asked to refer persons who have seen the campaign. This approach has limitations however. Whereas this technique can lower search costs, and time, it comes at the expense of introducing bias because the technique itself reduces the likelihood that the sample will represent a good cross section of the population'.

2.4 Data Collection

Interviews

During the interview process, an interview schedule that comprised semi-structured and open ended questions was utilized. Respondents were first asked preliminary questions based on their recall of the particular concept(s). Next, respondents were given an opportunity to view the particular concept(s) briefly before continuing: - the two campaign posters, and the TV and radio spots which were loaded on to the interviewer's laptop or other electronic device.

In the event there was inadequate recruitment at a particular site, the research team ensured that additional back up sites/times were identified and arranged within the timeframe of the evaluation. Fieldwork for this study lasted through the month of November 2012 and was delayed due to the temporary unavailability of some of the country-based research coordinators based on changes in their schedules and the late launching of the poster campaign.

[26] Survey sample methods @ http://www.statpac.com/surveys/sampling.htm

2.5 Ethical Issues

Even though very personal information was not being sought, HIV-related stigma and discrimination research is considered to be a sensitive social process. Participants were assured of their rights in participating. The participants were informed of:

- the purpose of the research
- what is expected of a research participant, including the amount of time likely to be required for participation
- expected risks and benefits, including psychological and social
- the fact that participation is voluntary and that one can withdraw at any time with no negative repercussions
- how confidentiality will be protected
- be invited to sign the informed consent form.

Ethical Considerations:

- Participants were requested to give informed consent by inviting them to sign the informed consent form after ensuring their understanding of the terms.
- Participants were assured anonymity and confidentiality of data, and that data will be aggregated with that of other respondents and will not be individually identified.
- The data collection procedure will not harm respondents physically, emotionally, socially, or psychologically.

2.6 Instrument

The 'Instrument for Post Implementation Evaluation of the PANCAP/CARISMA II Mass Media Campaign for Youth Target 16 – 24 years' was researcher-designed for the purposes of collecting data to assess the effectiveness of the Mass Media campaign. This instrument was comprised of an introductory section and three sections for main data collection. The design and validation of the instrument were supported by the literature review of communication programmes and mass media campaigns, and behaviour change theories.

Section 1 was made up of five semi-structured items and addressed the concepts of exposure, attention, recall and retention of the campaign messages. Section 2 was comprised of four structured items with subsections which dealt with the materials' design and model appeal, while Section 3 assessed for changes in personal attitudes, behavioural intentions, and responsiveness to subjective norms and predicting the behaviour of peers. There were two structured and two open - ended items.

Data Analysis:

Both qualitative (content and theme) analysis and quantitative analysis procedures were used to analyze the data.

Qualitative data analysis

Qualitative analysis procedures were applied to the data. The framework developed by Miles and Huberman (1994) was used to describe the major phases of data analysis: data reduction, data display, and conclusion drawing. This approach was integrated with the 'constant comparison' approach promoted by Onwuegbuzie et al. 2009. During the first stage, the data were organized *by extracting from the free responses from the questionnaire. They were then* placed into small units. During the second stage, *the data was shaped by* grouping *into information* categories or types of responses. Then one or more themes that expressed the content of each of the groups of categories were developed by the researcher. The final phase was i*nterpreting and explaining the information.*

Quantitative data analysis

Quantitative data were coded and entered into a SPSS application for computation and analysis. Microsoft Excel was also utilized. Data were analysed through descriptive techniques and displayed through frequency tables, cross tabs, and graphs.

3.0 PRESENTATION AND ANALYSIS OF DATA

Data were collected by convenience sampling of the youth population 16 years to 24 years in five countries. Respondents were selected by island in Antigua, regions in Guyana, urban and rural (north and south) in St. Lucia, divisions east and west in Grenada, and zones 1, 2, 3 and 4 in Dominica. The total number of respondents completing the data was 97. This response rate was lower than expected, but reports from the field indicated that many of the youth had not seen the campaign material.

Table 3.1 The Total Sample

Country	No. of participants
Antigua /Barbuda	22
Dominica	16
Guyana	25
Grenada	12
St. Lucia	22
Total	97

3.1 Composition of Sample.

3.1.1 Gender

The majority of the sample was females 59.8 % compared to 40.2 % males. When the number of respondents was examined by country, females were in great majority in Saint Lucia and Antigua but more closely distributed in the other three countries. See Table 3.2.

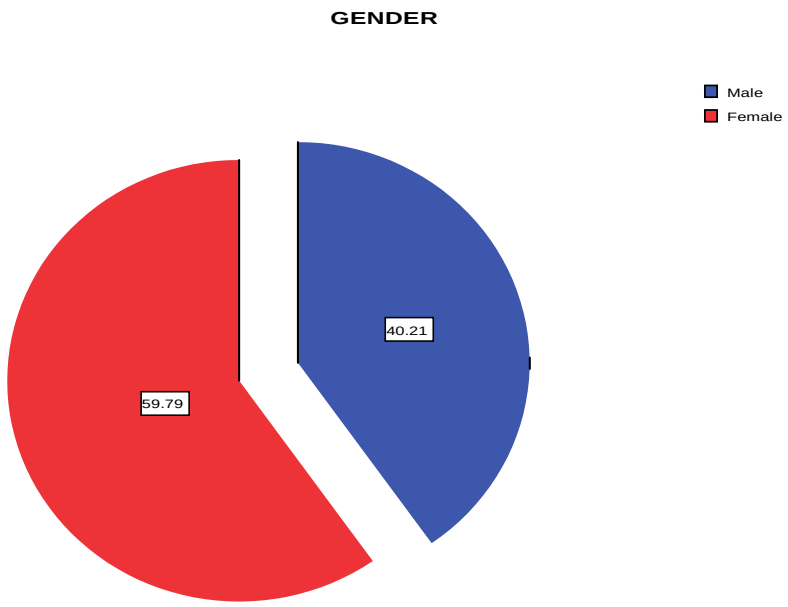


Figure 1. Composition by gender.

Table 3.2 Composition by gender in country

COUN * GENDER Cross tabulation

			GENDER		Total
			Male	Female	
COUN	ST. LUCIA	Count	7	15	22
		% within COUN	31.8%	68.2%	100.0%
	GRENADA	Count	6	6	12
		% within COUN	50.0%	50.0%	100.0%
	GUYANA	Count	13	12	25
		% within COUN	52.0%	48.0%	100.0%
	DOMINICA	Count	8	8	16
		% within COUN	50.0%	50.0%	100.0%
	ANTIGUA/BARBUDA	Count	5	17	22
		% within COUN	22.7%	77.3%	100.0%
Total		Count	39	58	97
	% within COUN		40.2%	59.8%	100.0%

3.1.2. Representation According to Ethnic Grouping

Composition by Ethnic Group

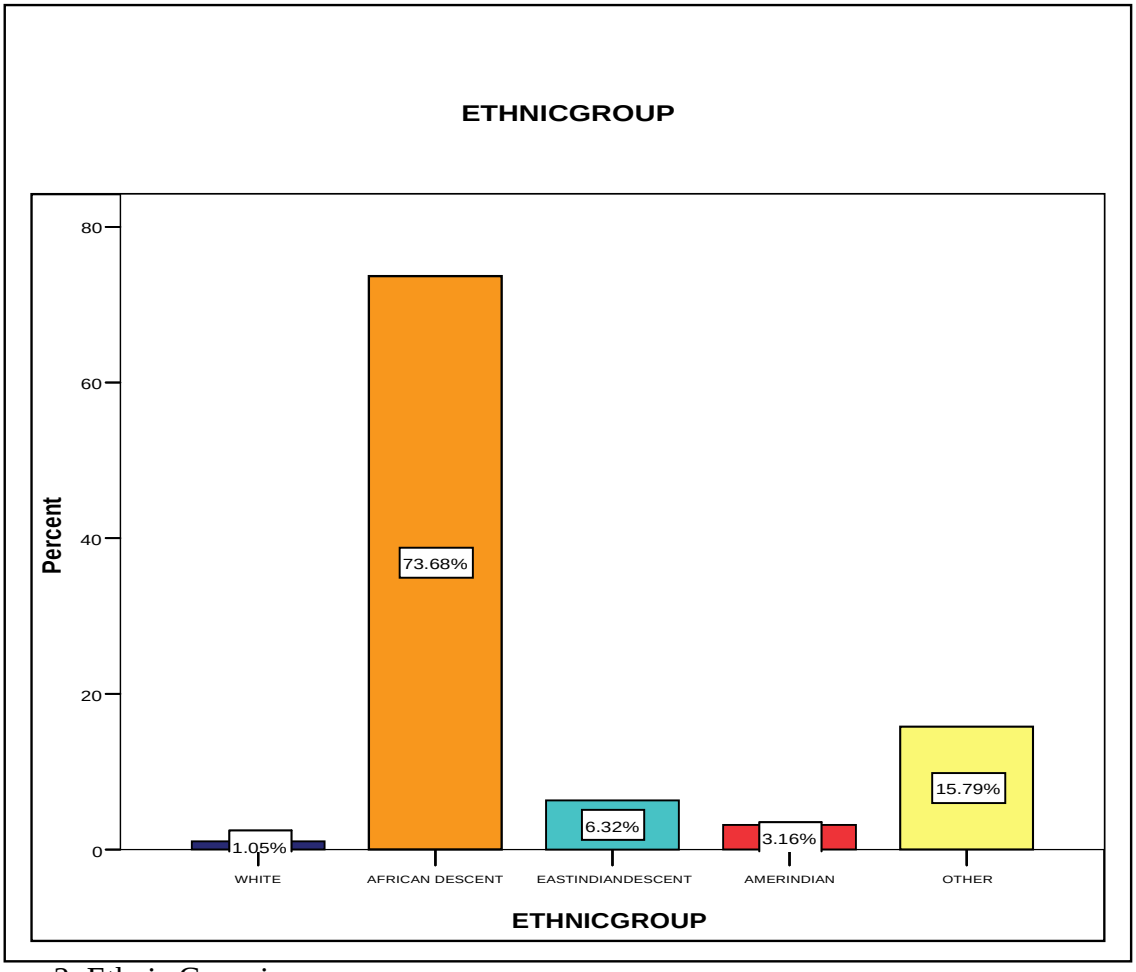


Figure 2: Ethnic Groupings

The largest component of the sample was of African descent 73.7%. Almost 16 % described themselves as mixed or other. East Indian and Amerindian accounted for approximately 10%. Only one white was captured in the sample. The ethnic distribution over the 5 countries is shown in Table 3.3.

Table 3.3. Ethnic Groupings by country

COUN * ETHNICGROUP Cross tabulation

			ETHNICGROUP					Total
			WHITE	AFRICAN DESCENT	EAST INDIAN DESCENT	AMERINDIAN	OTHER	
COUN	ST. LUCIA	Count	0	15	0	2	4	21
		% within COUN	.0%	71.4%	.0%	9.5%	19.0%	100.0 %
	GRENADA	Count	1	9	2	0	0	12
		% within COUN	8.3%	75.0%	16.7%	.0%	.0%	100.0 %
	GUYANA	Count	0	9	3	1	11	24
		% within COUN	.0%	37.5%	12.5%	4.2%	45.8%	100.0 %
	DOMINICA	Count	0	16	0	0	0	16
		% within COUN	.0%	100.0%	.0%	.0%	.0%	100.0 %
	ANTIGUA/ BARBUDA	Count	0	21	1	0	0	22
		% within COUN	.0%	95.5%	4.5%	.0%	.0%	100.0 %
Total		Count	1	70	6	3	15	95
	% within COUN		1.1%	73.7%	6.3%	3.2%	15.8%	100.0 %

3.2 Campaign Data Analysis

Descriptive analysis techniques (counts and frequencies) were applied to the quantitative data which were presented and displayed graphically. These were supported by open-ended qualitative data where reasons for their choice of answers were requested.

3.2.1 Recall of campaign Concept or Message

Question: Which concepts / messages do you recall?

This question attempted to assess the reach of the campaign according to which material (concept/message) respondents could recall seeing or hearing and through which medium. There were two concepts and three media.

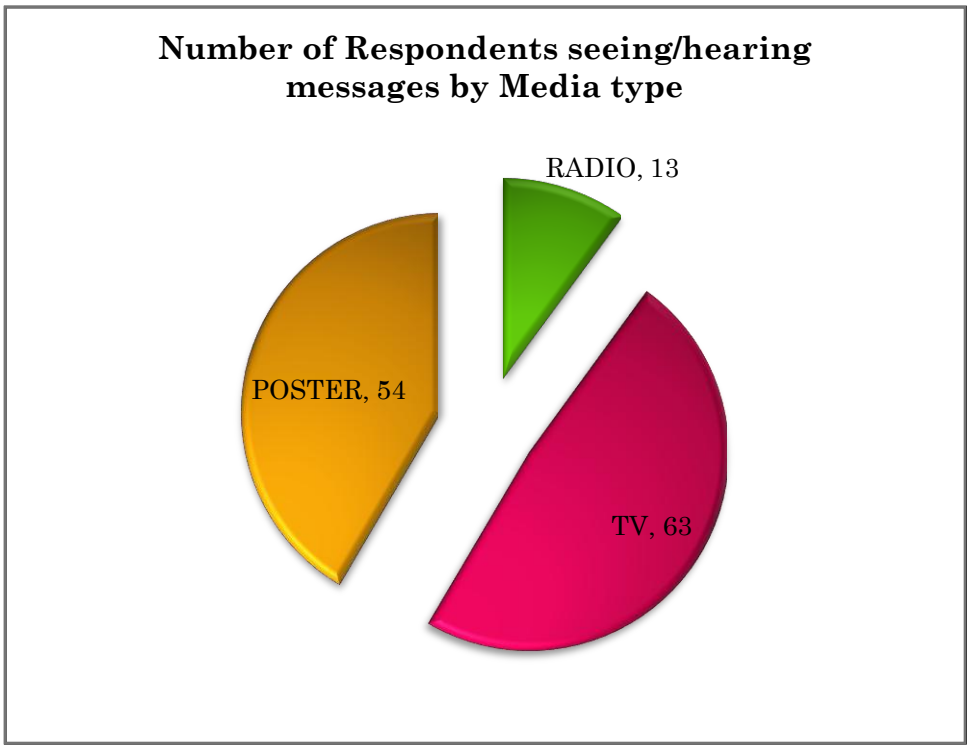
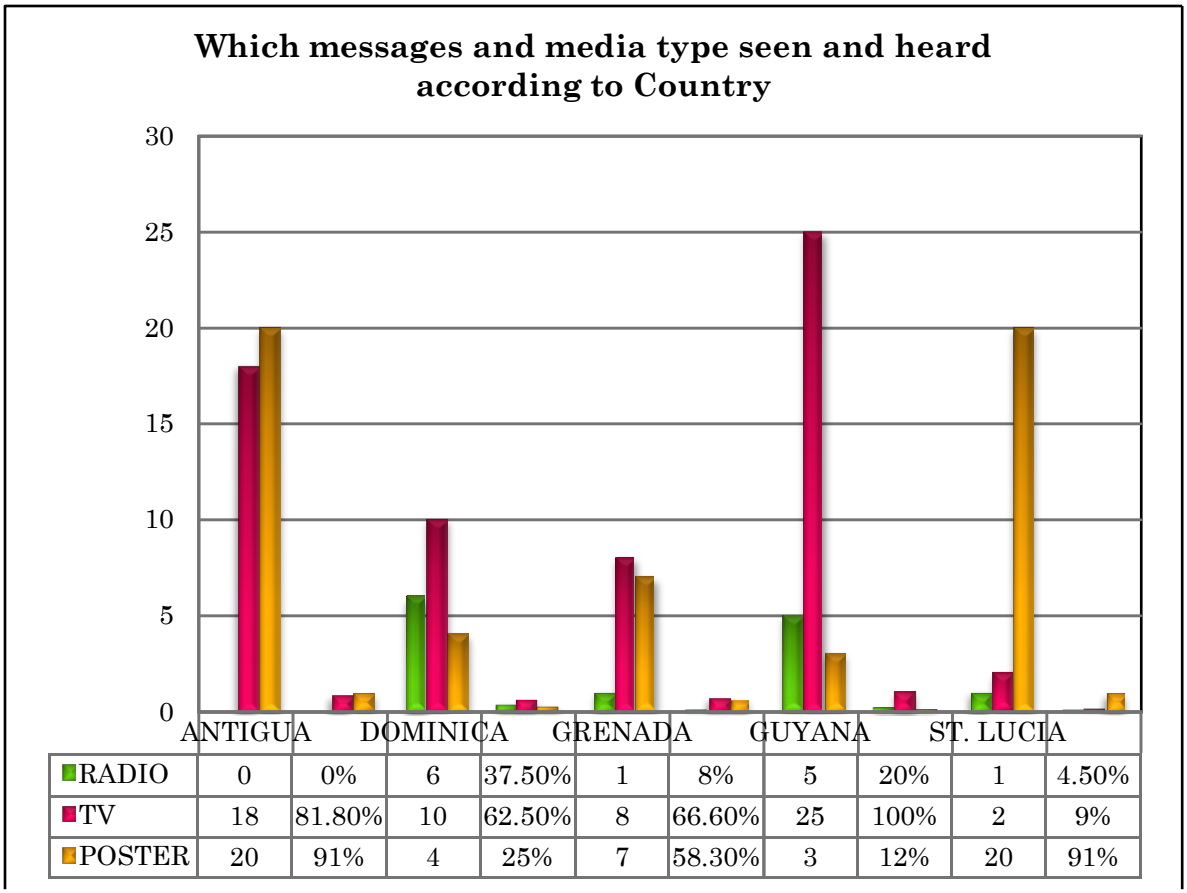


Figure 3: Recall of campaign material (media concepts or messages).

As seen in Figure 3, most persons recalled the TV messages. Of the total sample, 54 recalled seeing the posters (52.4 %), while 13 (12.61%) heard the radio messages, and 63 (61.1 %) saw the television messages (Some respondents reported more than one type). The data were analysed by country to assess the proffered media.



	ANTIGUA		DOMINICA		GRENADA		GUYANA		ST. LUCIA	
RADIO	0	0%	6	37.50%	1	8%	5	20%	1	4.50%
TV	18	81.80%	10	62.50%	8	66.60%	25	100%	2	9%
POSTER	20	91%	4	25%	7	58.30%	3	12%	20	91%

Figure 4. Recall of messages and media seen and heard according to country.

Some respondents recalled more than one media type. In Guyana all respondents recalled messages and concepts from TV, 20 % of the sample heard the radio messages and a small percentage saw the posters. In Antigua and Barbuda and Saint Lucia over 90% recalled the posters, but in Antigua 81% also reported seeing the TV messages but did not hear the radio messages, while only 13% of Saint Lucia reported TV and Radio. Dominica and Grenada returned small sample sizes, but in both countries the majority (62.5 to 66.6 %) reported seeing the TV messages. In Grenada 58.3 % also saw the posters but of the Dominican sample 6 (37.5%) heard the radio messages, and 4 (25%) saw the posters. Results are displayed in Figure 4.

3.2.2 Respondents reporting more than one type of media.

Table 3.4 No. of respondents reporting more than one type of media

		Which messages seen or heard b			
		RADIO	TV	POSTER	Total
Which messages seen or heard	RADIO	0	6	0	6
	TV	1	0	3	4
	POSTER	0	17	0	17
Total		1	23	3	27

Based on available data as seen in Table 3.4 they were 27 cases of recalling more than one type of media. Of the persons who reported radio as their first recall six also saw TV messages; of the persons who reported TV as their first recall, one also heard radio and three recalled posters; of the persons who reported posters as their first recall, 17 also recalled TV.

Questions:

A) *Approximately how many times have you seen or heard the messages or part of it?*

This question examined the frequency to which respondents were exposed to the campaign messages. Five persons did not recall how often they saw or heard the message.

Data as displayed in table 3.4 are based on the first recalled media type. The results showed no particular frequency pattern. The majority (27.2%) reported seeing/hearing the messages twice, while 26.1 % saw/heard messages five times. Posters were the main media in both cases 17 and 11 persons followed by TV 7 and 7 persons respectively. Six persons reported hearing 5 times. Just over 13% reported seeing the messages once and 12% reported seeing them three times. Outside of these approximately, 18 % reported seeing the messages multiple times. Of these,4 persons reported seeing TV 10 times, and one person 20 times; two persons saw the posters

19 to 20 times. An added comment was ‘ I see the posters as I drive pass them every day’.

Table 3.5 Frequency to which respondents recalled different media.

		Which messages seen or heard			Total
How often message seen/heard		RADIO	TV	POSTER	
1	Count	1	3	8	12
	% within Which messages seen or heard	8.3%	9.1%	17.0%	13.0%
2	Count	1	7	17	25
	% within Which messages seen or heard	8.3%	21.2%	36.2%	27.2%
3	Count	2	5	4	11
	% within Which messages seen or heard	16.7%	15.2%	8.5%	12.0%
4	Count	1	0	2	3
	% within Which messages seen or heard	8.3%	.0%	4.3%	3.3%
5	Count	6	7	11	24
	% within Which messages seen or heard	50.0%	21.2%	23.4%	26.1%
6	Count	0	2	2	4
	% within Which messages seen or heard	.0%	6.1%	4.3%	4.3%
8	Count	1	2	0	3
	% within Which messages seen or heard	8.3%	6.1%	.0%	3.3%
9	Count	0	1	0	1
	% within Which messages seen or heard	.0%	3.0%	.0%	1.1%
10	Count	0	4	1	5
	% within Which messages seen or heard	.0%	12.1%	2.1%	5.4%
11	Count	0	1	0	1
	% within Which messages seen or heard	.0%	3.0%	.0%	1.1%
19	Count	0	0	1	1
	% within Which messages seen or heard	.0%	.0%	2.1%	1.1%
20	Count	0	1	1	2
	% within Which messages seen or heard	.0%	3.0%	2.1%	2.2%
Count		12	33	47	92
% within Which messages seen or heard		100.0%	100.0%	100.0%	100.0%

B) *Which parts [or messages] do you recall seeing or hearing that stood out most?*

This question sought to assess the visual or auditory impact when the message was encountered. Results are displayed in Figure 5.

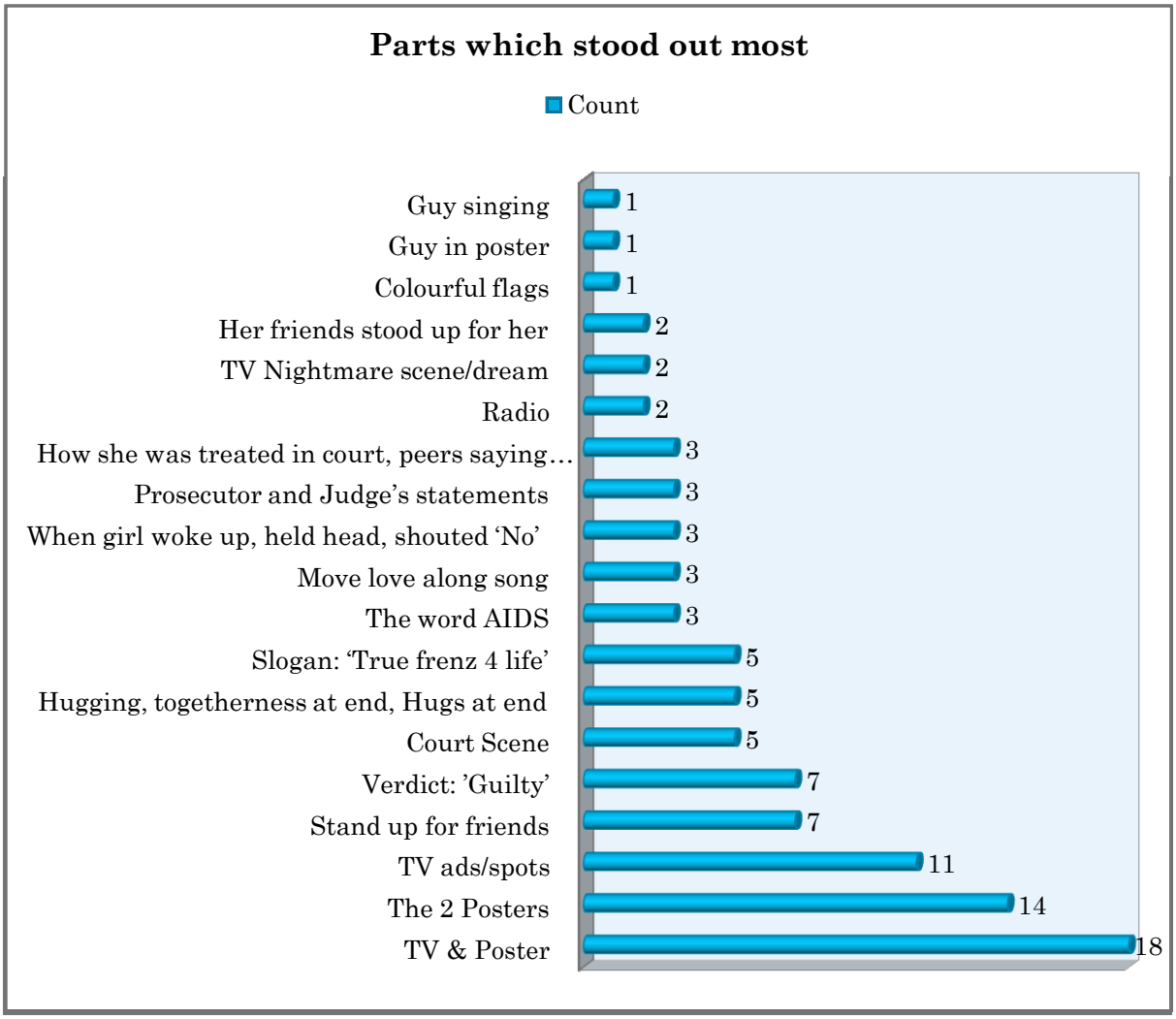


Fig. 5. Aspects of campaign material which stood out most.

Respondents identified both the media type and aspects of message in answering this question. TV and posters together were in the majority (18), while the (two) posters alone were mentioned by approximately 14 respondents. Radio was mentioned by 2 persons, but this reflects low response to the radio messages. Other aspects reported as standing out include: The TV spots, the slogans, the word AIDS, the male figures in the poster and the nightmare and court scenes from 'True Frenz 4 life' as seen in Figure 5. Overall most of the

aspects which stood out most were associated with the 'True Frenz 4 life'concept.

Respondents were asked about the sources of the media messages.

Question: *Can you recall where you saw or heard the campaign messages? Specify TV stations or radio stations, or location of the posters.*

This question was apparently interpreted in two ways – the physical location of the individual and the media type most of the time. When pressed, TV stations were only named in a few instances. Many could not recall exactly having seen or heard the message or part only a few times. When more than one location and or media were mentioned together they were listed as reported as seen in figure 6 below.

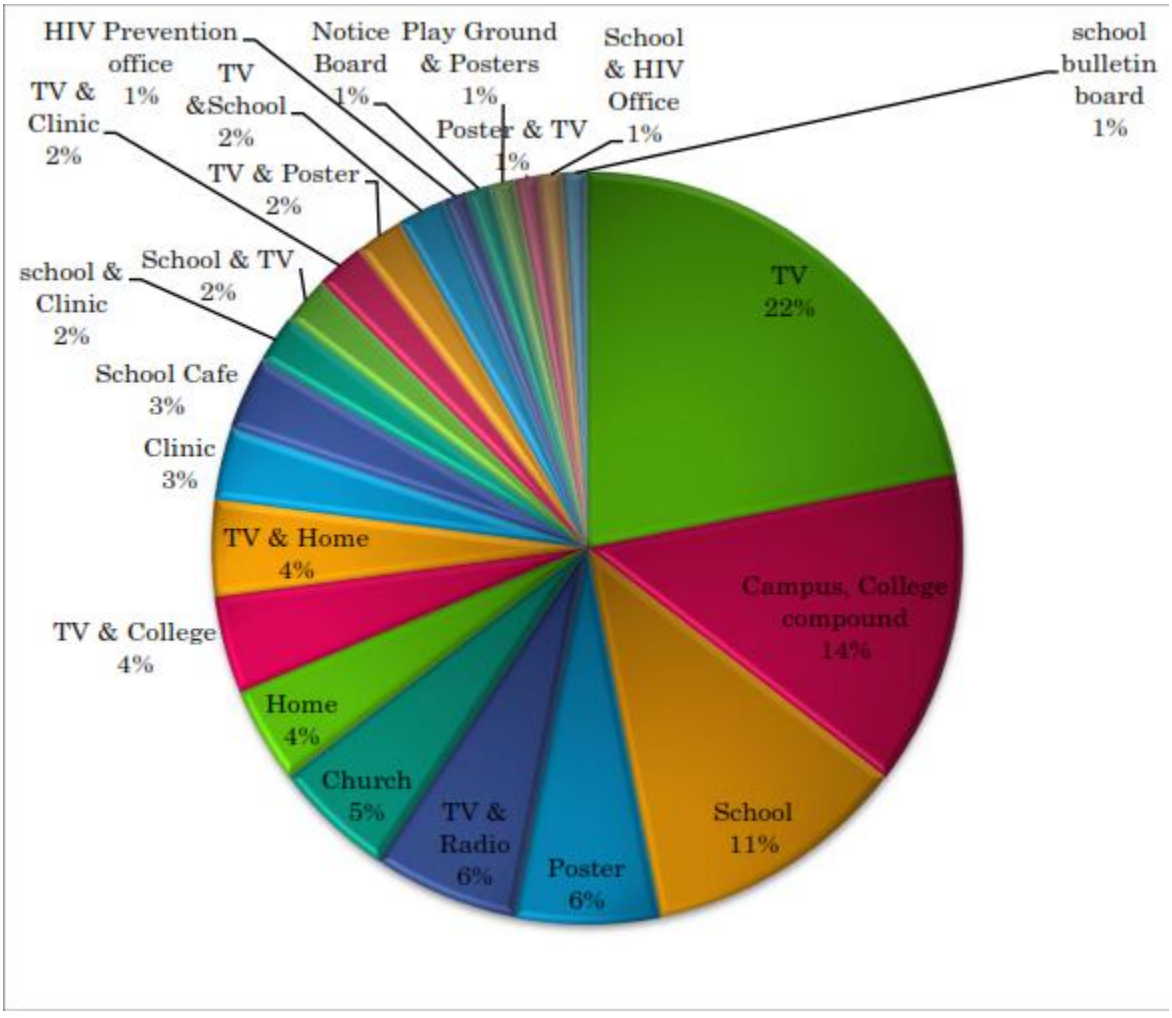


Figure 6: Where messages were seen or heard.

The messages were seen at school/college, at 'clinic', at home, and at church for the most part among this sample. The majority reported seeing message on TV (22 %); seeing the message at college or campus were 14% ; those at school (mentioned by itself) were 11 %, followed by 7.2 %; Church, and poster (6.2 %) were the next highest ratings and single locations. See Figure 6. ABS television and Methodist church were named by some Antiguans. Channel 28 or 11 were mentioned by Guyanese. Other responses were, AM or FM, can't recall.

Question: *In your opinion what was the main message or theme of the campaign*?

This question sought to find out whether the respondents shared the same idea as to what was the meaning of the main message or theme behind the campaign.

There were numerous responses to this question and answers varied in interpretation. The data were reviewed and five themes were extracted. The first theme encompassed those answers which had a direct message 'against discrimination.' Responses included 'stop discrimination, don't discriminate'; There were 32 instances of this type. The next theme 'support for friends with HIV' drew in all the responses which alluded to the 'stand up for friends' element of the messages. Responses include 'Be good and true friend; be there in time of trouble, stand up against S&D and for friends with HIV. There were 28 responses of this type. There were 25 responses which also spoke about support and led to the next theme 'Support for others with HIV.'These were grouped separately from those which mentioned friends. The next theme which was developed encompassed those responses which presented the meaning of the campaignmessages as 'protecting and accepting people with HIV.' There were seven of these responses. There were also seven responses which could be associated with the 'move love along' message and these were placed under the theme of 'Showing love, care, and respect.' The responses and themes are shown in Tables 3.6a and 3.6b below.

Table 3.6a Respondents concepts of the meaning of the main message or theme behind the campaign

Theme	The Meaning extracted by Respondents	Number of times concepts/ words were stated
Against discrimination	Don't discriminate; Don't discriminate against persons withAIDS ,you can't be protected by doing so Stop discrimination and stigma; Fighting against discrimination To prevent S&D; It shows how people feel when they are discriminated because of their HIV status To prevent stigma; The fear of knowing one's status and S&D associated with it; Say No to S&D; You must not discriminate even if fearful; Stand up, fight, stop, prevent S & D	32
Support for friends with HIV	Don't discriminate or neglect friends. Don't discriminate friends with HIV; Love and no discriminating of friends with HIV; Stand up and love your friends with HIV/AIDS Unite together as one. Friends for life. To me it meant no matter the situation you're in true friends stick together. Be good and true friend; be there in time of trouble Stand up against S&D and for friends with HIV Don't discriminate your friends even if they are living with HIV; Friends support each other; Friendships; Not to ignore/slander your friends who may have HIV; Standing up with and for your friends no matter what	28
Support for others with HIV	Stand up against S&D for people with HIV+ Stand up for PLHA; Stand up for young PLHA Stop discrimination against PLHA; Befriend PLHA Don't discriminate PLHA; Don't stigmatize /discriminate those with HIV/AIDS; Message urges one to support PLHA; You shouldn't discriminate someone living with HIV; The main message is stop discriminating people with AIDS; PLHA need your support Prevent discrimination against PLHA ; PLHA we shouldn't shun them they need the love To stop discrimination against PLHA Education on HIV /AIDS; it shows something about HIV	25

Table 3.6b (cont'd) Respondents concepts of the meaning of the main message or theme behind the campaign

Theme	The Meaning extracted by Respondents	Number of times concepts/ words/phrases were stated
Protection and acceptance for people with HIV	Helping people that have HIV; HIV Prevention; To protect people from and with HIV Even though someone has AIDS ,you don't have to abandon them; To help people with HIV be accepted Prevention of HIV/AIDS	7
Showing love, care, respect	Support people that need attention, care, love; More love along; show love; Stand up and love your friends with HIV/AIDS; They are united; You shouldn't discriminate because they need care and love like everyone else	7

The respondents appear to understand the meaning as intended, behind the messages. The main concept was about stopping stigma and discrimination. They expanded the themes from persuasion to supporting friends, to include showing love and respect, standing up for PL HIV, protecting people from HIV, protecting and helping people with HIV.

The majority of responses indicated the meaning as about 'stopping, or fighting discrimination or stigma and discrimination'; The next two themes reflected 'support for people with HIV generally by 'standing up' and advocacy against stigma and discrimination against PLHIV, and specifically for friends with HIV by showing strong friendship and not discriminating against friends "even if fearful.' The next theme shows love and respect, and the last advocates protection and acceptance.

Question: *For the particular message you have seen or heard. Quote the message as you recall it.*

The 'exact words' is the variable which will be repeated in the message. This is 'Stand up for Friends with HIV, Stand Up Against Stigma and Discrimination'. There are many statements, words, lyrics within the messages and media. The extent to which respondents could accurately quote the main message was asked in this next question. The extent to which they could recall the message was recorded. See Figure 7.

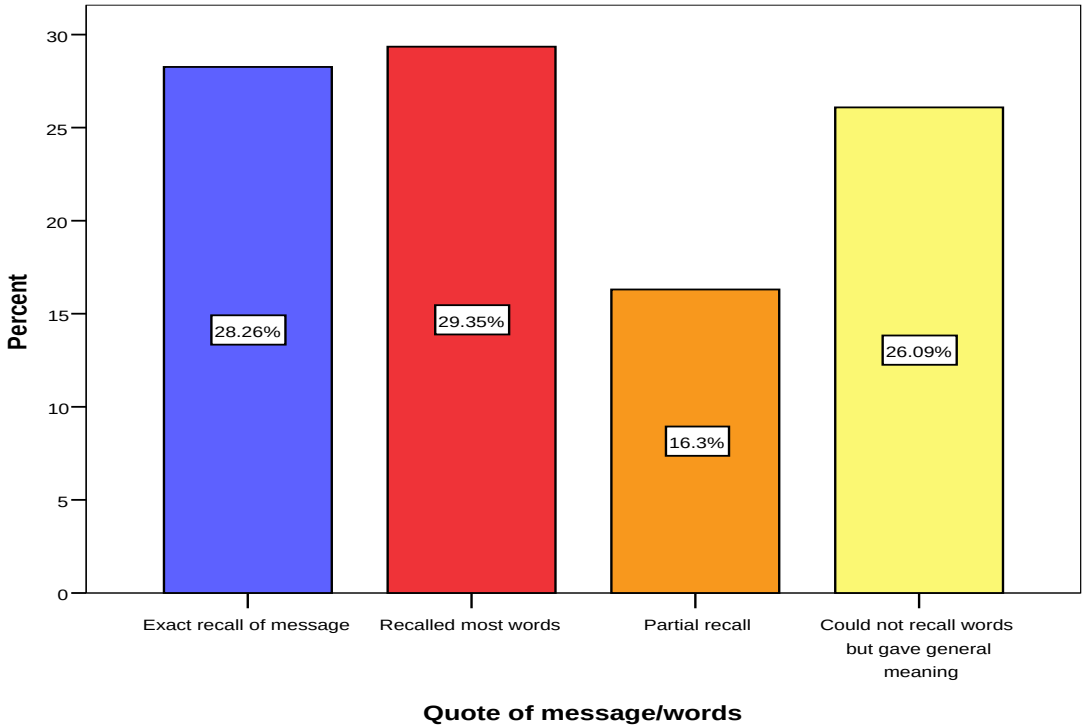


Figure 7: Recall of Message

The recall was matched to the media message, a total of 28.3 % were able to give an exact wording, while 29.4 % recalled most words. Of the remainder 16.3% showed some partial recall while 26.1% could not recall any sequence of words but said understood the meaning. See Figure 7. Many quoted lines/lyrics they liked from the song such as 'move love along; stop living in the past', and from the court scene and some quoted secondary messages and slogans from the posters. Some examples were: what would my friends think; Guilty, No! from the court scene. These responses were not rated as part of the recall.

3.3. Campaign Efficacy

Question: *Do you think this campaign is raising awareness about HIV related stigma and discrimination? Give a reason for your answer*.

One of the purposes of this campaign is to raise awareness among youth about HIV-related stigma and discrimination. Respondents were asked their views and reasons for them.

Table 3.7. Respondents' views on 'Campaign raises awareness of HIV related Stigma & Discrimination'

		Frequency	Percent
Valid	Yes	87	89.7
	No	6	6.2
	Total	93	95.9
Missing	NR	4	4.1
Total		97	100.0

Results displayed in tables 3.7 show that the majority of those responding (89.7%) believe that the campaign is raising youth awareness about HIV related stigma and discrimination. Reasons given are grouped under thematic categories in Table 3.8a and 3.8b below.

One category of responses focused on the social and emotional aspects of HIV related stigma and discrimination. Responses in this category showed awareness of people's needs for love, care, and friendship. It also demonstrated the emotions people may go through, and their desire to live and socialise normally. It also made people aware of the stigma attached to living with HIV.

A second category of responses referred to ways and means of how the campaign made people aware. It referred to the media used, its reach and ability to capture attention and the content used to educate and inform. The third category of responses advocated for stopping stigma and discrimination, showing support, friendship and love.

Table 3.8a Respondents' reasons for views on campaign raising awareness

Responses given	Those answering
Campaign raises awareness (social and emotional): People need love, and should care for each other Others would now know that discrimination hurts Friends still need u if they are affected It shows the feelings of people when they become HIV + PLHA can live normal lives and socialise Can be friendly with PLHA That people like to discriminate It does .... but it's going to take time to sink in I'm 18yrs old and when I see all those people affected I protect myself more It stretches the message to involve friends and not just family Persons are feeling more free to speak out and say they are HIV +	**YES**
Campaign raises awareness by use of media: Watching TV ads people will get aware of S & D against PLHA Catches viewers attention ....about HIV related S & D It's attention grabbing It educates against S&D for friends of PLHA It educates the people about HIV related S & D It would educate youth about being protected from HIV; showing people need to go and get tested Using several different media to make people aware in the various communities – town, country (rural); Its widespread because its on the TV and Radio; The "move love along" song was a great way of getting the youth attention Helps to encourage people how to treat PLHA Trying to prevent S&D in the best way It gives a true picture of how our society view persons who are positive Its shows example of S&D in role play	**YES**
Campaign raises awareness through advocacy: It tells you to help stop S&D Teaches not to discriminate, A lot of people discriminate but are not aware It tells you, you should be friendly to PLHA; Says because you have the disease don't mean you should be treated differently People need to stop S&D and show love It help young people communicate better with PLHA and not make them feel lonely It helps to support the infected persons need instead of ridicule them People should be reminded that HIV isn't a choice they should be given a chance	**YES**

The small percentage 6.2 % (as seen in Table 3.7) who responded 'No' commented that [the media they viewed or heard] it did not grab their attention, there was not enough information about HIV related stigma and discrimination, and the storyline did not make sense[in the court scene] .

Table 3.8b Respondents' reasons for views on campaign raising awareness

Responses	**Those Answering**
Campaign is not raising awareness Didn't get my attention Not enough info about HIV related S & D Story line doesn't make sense	**NO**
I Don't Know	**Don't Know**

3.4 SECTION 2: Analysis of campaign materials, concepts and message

3.4.1. Responses to Materials and Concepts.

A review of data revealed that campaign products and materials were not seen and heard on the same basis by all the respondents. Most of the 97 respondents reported seeing / hearing only one or two of the six, and in cases where they observed more than one, comments were made on one only as participants were reluctant to repeat the exercise as they thought it took too long.

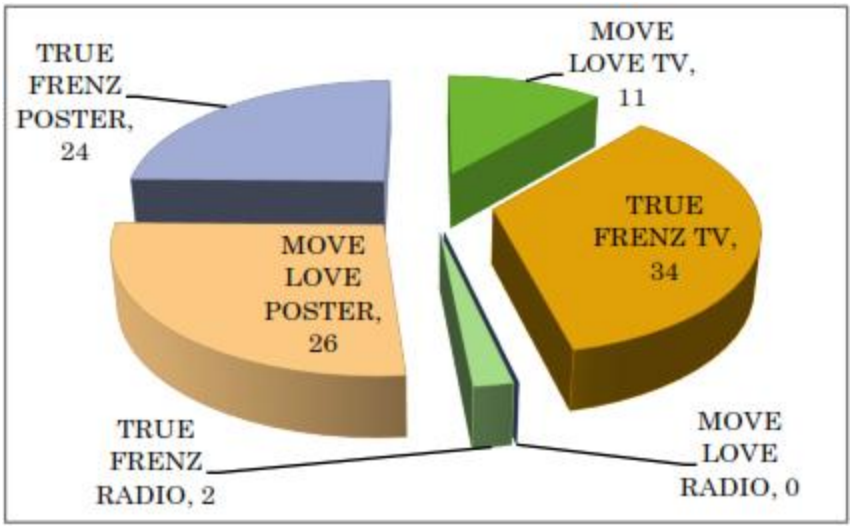


Figure 8: Break down of respondents as to seeing or hearing the campaign messages.

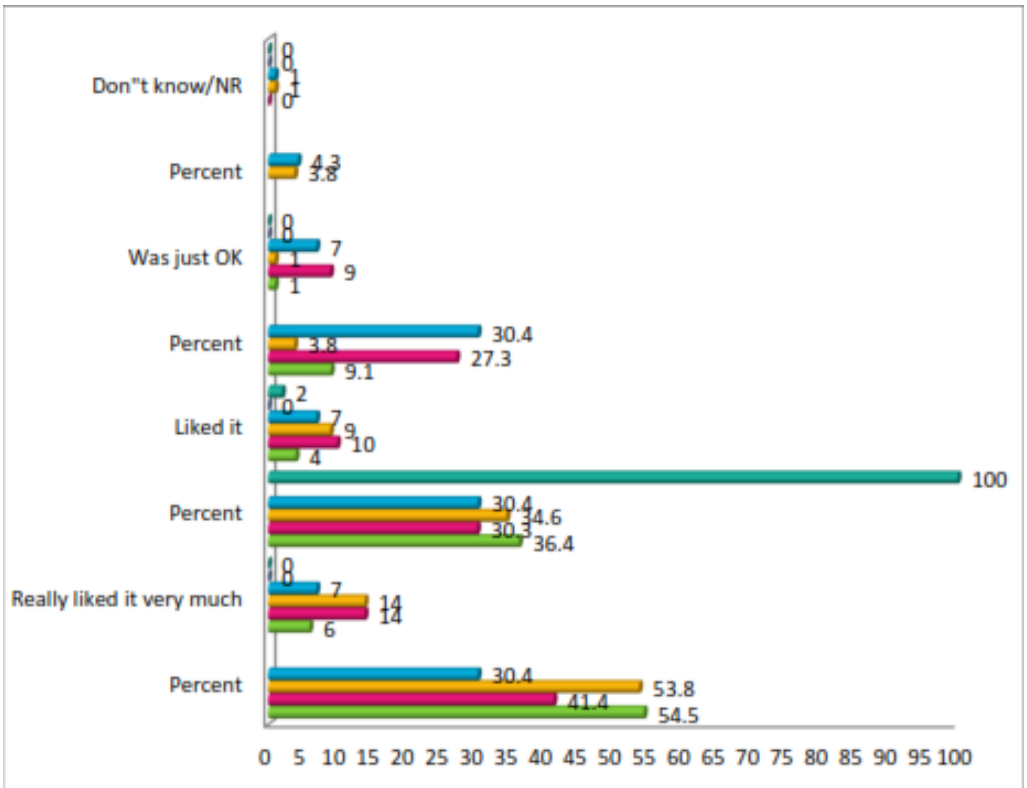
As shown in figure 8 thirty four (35%) reported on the 'True Frenz' TV (video), 26 (27%) on Move Love along poster, 24 (25%) on 'True Frenz' poster, 11 (11%) on Move Love along TV (video), two (2%) on 'True Frenz' radio and zero on 'Move Love along' radio. Posters were the media seen by the majority, and some who reported on True Frenz TV also mentioned seeing the posters. It was surprising that only 2 persons reported on media type radio (True Frenz' radio) and none on 'Move Love' radio. Formative qualitative study[21] (2012) findings indicated that the target population sample considered radio and named popular radio stations as their preferred media for entertainment and information.

[21] Formative qualitative study among youth 16 years to 24 years - HIV related stigma and discrimination, 2012(CARISMA II S&D PROJECT)

3.4.1. General Reaction to Campaign Materials and Concepts Seen or Heard

Respondents were asked to give a general description of the campaign.

Question: *Which of the following would best describe your general reaction to the material/concepts which you saw/heard?*



	Percent	Really liked it very much	Percent	Liked it	Percent	Was just OK	Percent	Don"t know/NR
TRUE FRENZ RADIO		0	100	2		0		0
MOVE LOVE RADIO		0		0		0		0
TRUE FRENZ POSTER	30.4	7	30.4	7	30.4	7	4.3	1
MOVE LOVE POSTER	53.8	14	34.6	9	3.8	1	3.8	1
TRUE FRENZ TV	41.4	14	30.3	10	27.3	9		0
MOVE LOVE TV	54.5	6	36.4	4	9.1	1		

Figure 9. General Reaction to Campaign Materials and Concepts Seen or Heard

Results in Figure 9 show that True Frenz TV (video) had 14 ‘Really liked very much’ and 10 ‘liked it’ responses and ‘Move Love’ poster had a similar result with 14 ‘Really liked very much’ and 9 ‘liked it’ responses. The next highest viewed material - the True Frenz poster – recorded 7 ‘Really liked very much’, 7 ‘liked it’ but also 7 ‘it was just OK’ showing that this was not rated as highly as the other poster. Ten out 11 persons who reported on ‘Move Love’ TV spot rated it as ‘Really liked very much’ and ‘liked it’, while the 2 persons who reported on the True Frenz radio (audio) both rated it as ‘liked it’.

3.4.1.1 Gender Reaction to Campaign Materials and Concepts Seen or Heard

MEDIA	GENDER		COUNT	Percent
MOVE LOVE TV	Male	Really liked it very much	3	100.0
	Female	Really liked it very much	3	37.5
		Liked it	4	50.0
		Was just OK	1	12.5
		Total	8	100.0
TRUE FRENZ TV	Male	Really liked it very much	7	38.9
		Liked it	5	27.8
		Was just OK	6	33.3
		Total	18	100.0
	Female	Really liked it very much	7	46.7
		Liked it	5	33.3
		Was just OK	3	20.0
		Total	15	100.0
TRUE FRENZ RADIO	Female	Liked it	2	100.0
MOVE LOVE POSTER	Male	Really liked it very much	2	22.2
		Liked it	5	55.6
		Was just OK	1	11.1
		Don't know/no response	1	11.1
		Total	9	100.0
	Female	Really liked it very much	12	75.0
		Liked it	4	25.0
		Total	16	100.0
TRUE FRENZ POSTER	Male	Really liked it very much	4	44.4
		Liked it	4	44.4
		Was just OK	1	11.1
		Total	9	100.0
	Female	Really liked it very much	3	21.4
		Liked it	3	21.4
		Was just OK	6	42.9
		Did not like it at all	1	7.1
		Don't know/no response	1	7.1
		Total	14	100.0

Table 3.9 Male and Female responses to Campaign Materials and Concepts Seen or Heard

Results in Table show that True Frenz TV and 'Move Love' TV had similar results of 'Really liked very much' and 'liked it' responses for both males and females. Only females responded in True Frenz radio and responded 'liked it'. For the 'Move Love' poster, 75 % of females 'Really liked very much' as compared with 22% of males. Results for True Frenz poster was slightly closer with (4) 44 % males and (3) 21% females responding 'Really liked very much'.

3.4.2. Viewing of media type by Country

Analysis was done to observe the viewing of media type by country. See Table 3.10 below.

COUNTRY	MOVE LOVE TV	TRUE FRENZ TV	TRUE FRENZ RADIO	MOVE LOVE RADIO	MOVE LOVE POSTER	TRUE FRENZ POSTER
ST. LUCIA	0	1	0		9	12
GRENADA	1	3	0		0	8
GUYANA	1	23	0		1	0
DOMINICA	4	6	2		3	1
ANTIGUA/BARBUDA	5	1	0		13	3
TOTAL BY MEDIA TYPE	11	34	2		26	24

Table 3.10. Media Type by Country

Of the persons reporting on Move Love TV, the majority, five and four were from Antigua/Barbuda and Dominica respectively. The majority of respondents seeing True Frenz TV were from Guyana (23); Dominica followed with 6, and Grenada with 3. There were 2 Dominicans reporting on 'True Frenz radio. For the poster campaign, Saint Lucia recorded the highest viewing with 12 for True Frenz poster and 9 for Move Love along poster; this was followed by Antigua, 13 Move Love along, and 3 True Frenz posters. Grenada recorded 8 out of 12 viewing True Frenz posters.

Overall the posters and the True Frenz TV were the most viewed media. True Frenz TV had the highest viewership in Guyana, while the posters had the highest viewership in Saint Lucia, Antigua and Grenada.

3.5 Deconstructing the Media Campaign

Participants were refreshed on the particular media they reported seeing or hearing, and asked to respond to the following questions:

Question: *How well do the words or attributes describe what you saw/heard?*

The number of respondents (N) rating the different media types varied and counts were used in preference to percentages. Values of N are indicated in the data display. There were no responses to 'Move Love' radio.

a. Is it attention getting?

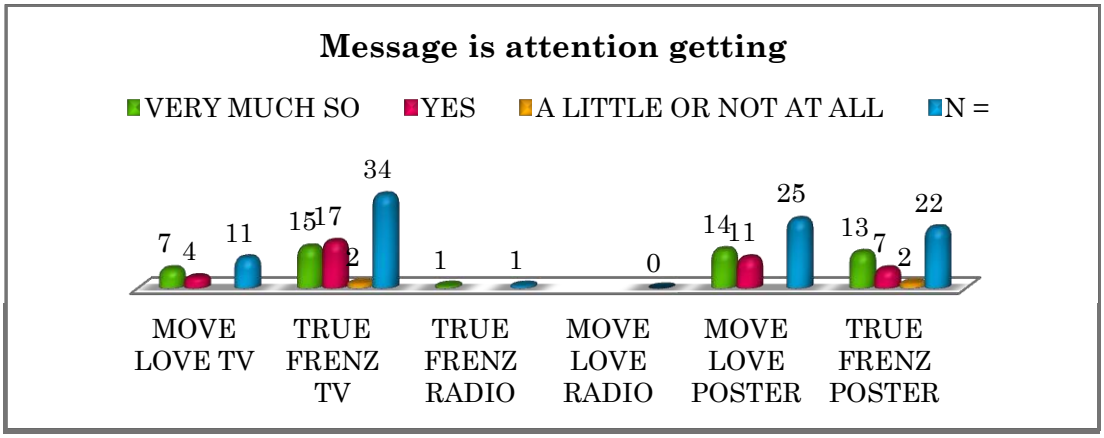


Figure 10. Responses to whether the media types were attention getting.

In Figure 10, N shows the sub sample size responding. In all Media types more than 50% of those reporting answered 'Very much so', except for True Frenz TV where 'YES' was the preferred answer and slightly higher (17) than 'Very much so'(15). Overall there was a high level of agreement that all media types were 'attention getting'.

b. ***Was it easy to recall****?*

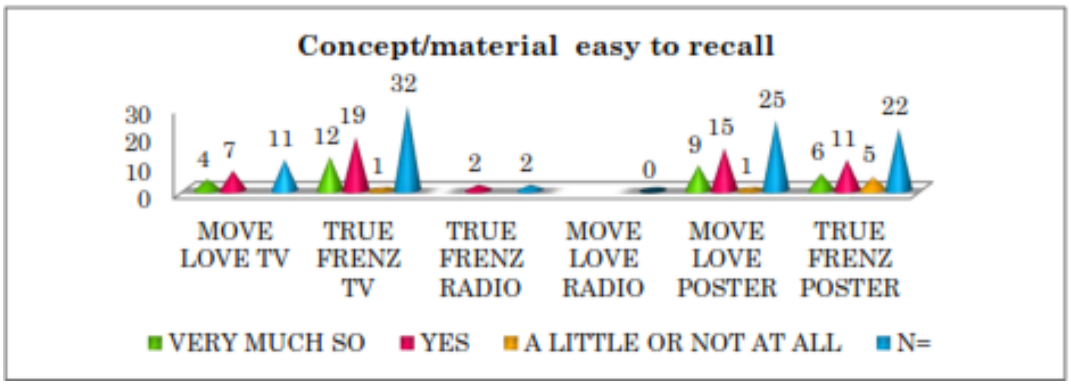


Figure 11. Responses to whether concept or material was 'easy to recall

In Figure 11, N shows the sub sample size responding. When the agreement levels were combined, over 95% were in agreement that the information was 'easy to recall' in Move Love TV (11/11), True Frenz TV (31/32), True Frenz radio (2/2), and Move Love poster (24/25). Agreement with True Frenz poster was slightly lower (17/22). See Figure 11

c. ***Is it direct/to the point*****?**

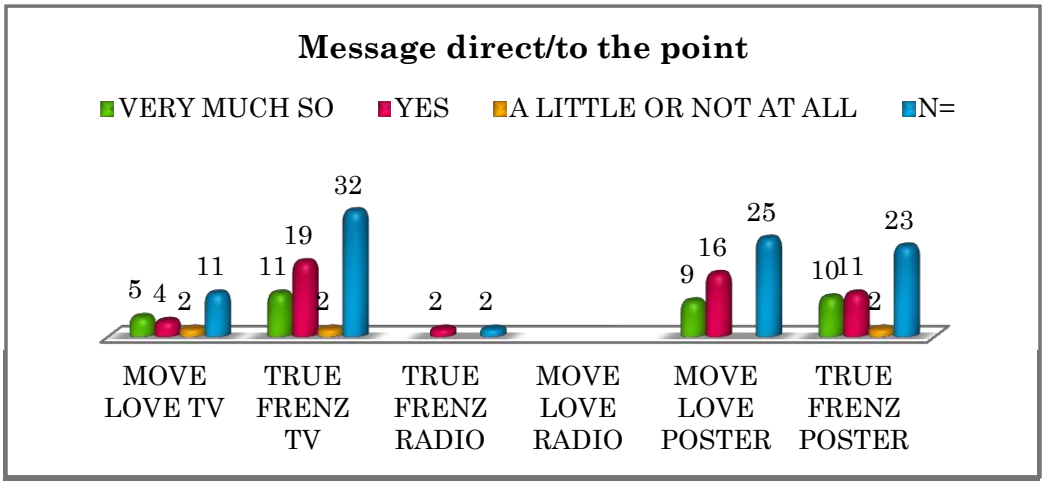


Figure 12. Responses to whether message was direct and to the point.

In Figure 12, N shows the sub sample size responding. All of those responding to the Move Love poster (9 responding 'very much so' and 16 responding 'YES' out of 25) and True Frenz radio (2 /2responding 'YES) when asked if they considered the message to be

'direct and 'to the point'. For Move Love TV (2/11), True Frenz TV (2/32), True Frenz poster (2/23) a small number of respondents did not agree. See Figure 12

d. ***Is it useful information?***

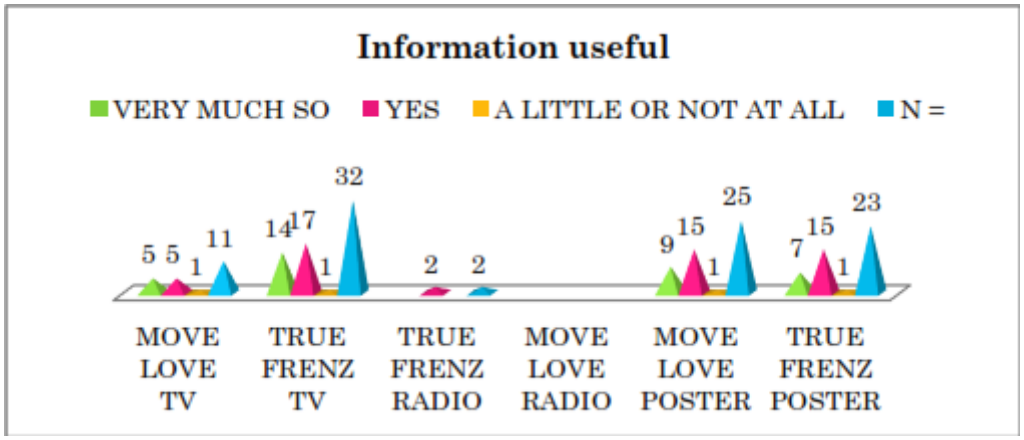


Figure 13. Responses to 'is information useful?'

In Figure 13, N shows the sub sample size responding. . As indicated above, , there was only one dissention in each of the media types except True Frenz radio, that the information was useful. In Move Love TV, equal numbers (5/11) reported 'very much so' and 'yes'. Among the other media types, the level of agreement was not as strong with higher numbers agreeing 'yes' than 'very much so' for True Frenz TV, Move Love poster and True Frenz poster.

e. *Is print/production/music appealing to youth?*

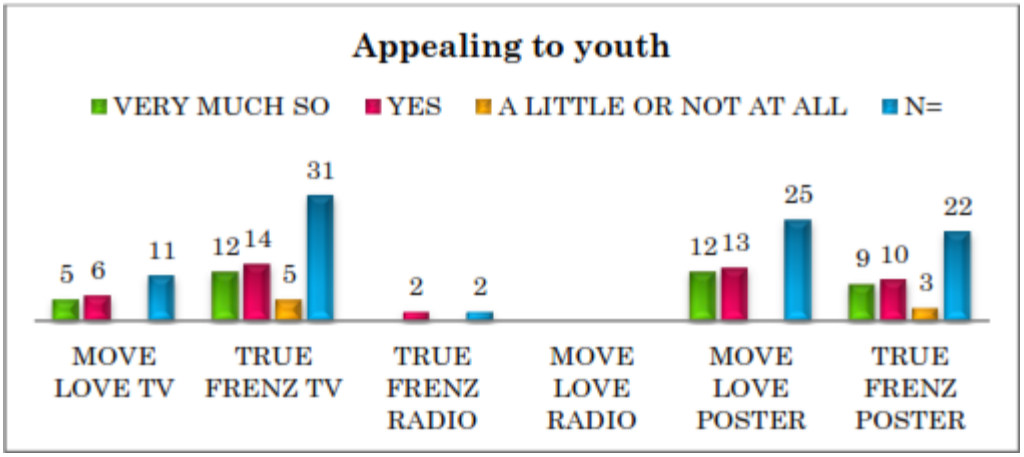


Figure 14. .Responses to whether print/production/music appealing to youth

In Figure 14, N shows the sub sample size responding. As shown above, there was overall agreement that the two Move along media and True Frenz radio were appealing to youth.

For two True Frenz media types, TV and poster, 5 out of 31 and 3 out of 22 respectively, respondents were of the opinion that there was only a little appeal or none at all.

f. *Material shows where more information can be accessed*

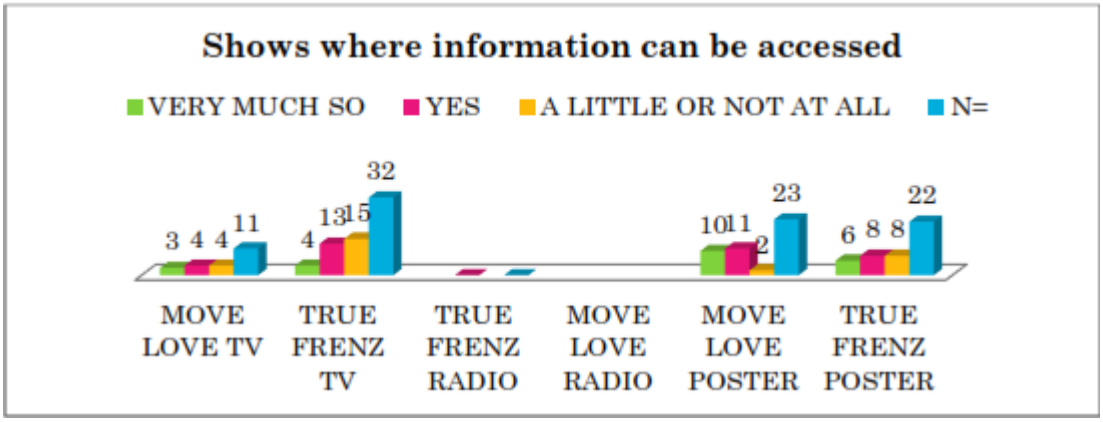


Figure 15. Responses to whether materials show (say) where information can be accessed.

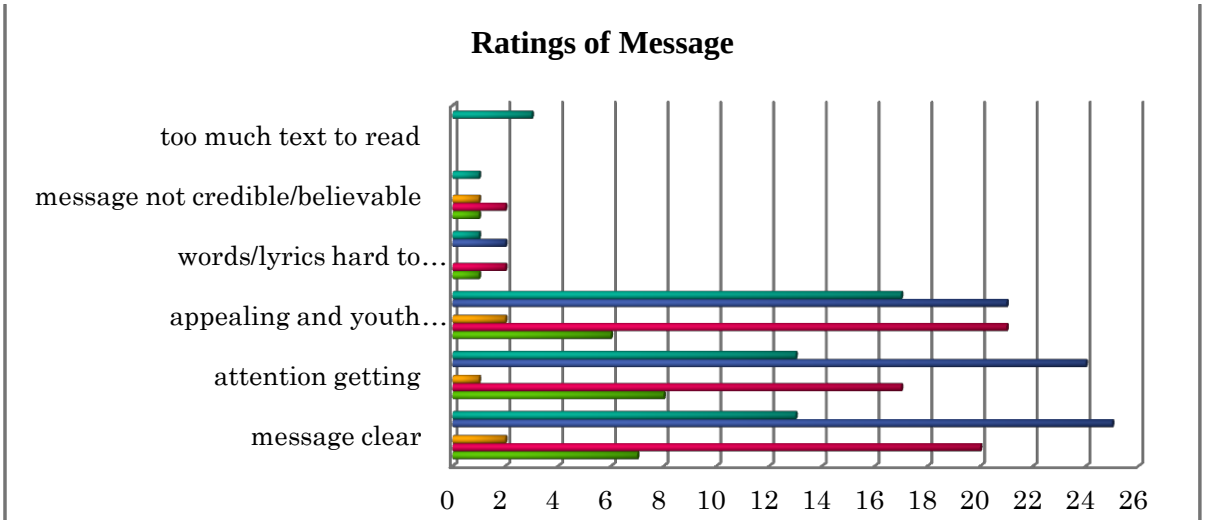
In Figure 15, N shows the sub sample size responding. Except for the Move Love poster, there seems to be some variation among the respondents as to whether the materials showed where further information can be accessed. (Radio media excluded). In the case of Move Love TV 3 out of 11 responded 'very much so', 4 responded 'yes', and 4 responded that there was only a little or none at all. For the True Frenz

TV almost half (15/32) responded that there was a little or none at all, and for the True Frenz poster 6 out of 22 responded 'very much so', 8 responded 'yes', and 8 responded that there was only a 'little or none at all'. See Figure 15.

In summary, there was a high level of agreement that all media types were 'attention getting', and over 95% agreement that the information was 'easy to recall'. Even though only one person disagreed that the information was useful, the level of agreement was not as strong as with other attributes, with higher numbers agreeing 'yes' than 'very much so'. The two Move Along media and True Frenz radio were considered more appealing to youth than the two True Frenz media types. There was some difference in opinion as to whether the materials showed where further information can be accessed. Almost a third of the respondents selected 'a little or none at all' as their answer.

3.6 Rating the campaign message

Respondents were asked to assess the campaign messages [Stand up for Friends with HIV, Stand Up Against Stigma and Discrimination] as delivered by the different media types. This question allowed respondents to choose one or more of the attributes for the media types.



	message clear	attention getting	appealing and youth appropriate	words/lyrics hard to understand	message not credible/believable	too much text to read
TRUE FRENZ POSTER	13	13	17	1	1	3
MOVE LOVE POSTER	25	24	21	2		
MOVE LOVE RADIO						
TRUE FRENZ RADIO	2	1	2		1	
TRUE FRENZ TV	20	17	21	2	2	
MOVE LOVE TV	7	8	6	1	1	

Figure 16. Rating the campaign messages.

As seen before, there were no responses for Move along radio. The positive aspects that included attention getting, clear message and appealing and youth appropriate were strongly supported on all the media. Even though small in number, the negative comments by one to three respondents are note worthy. Three responses indicated that there was too much text to read in the case of the True Frenz poster; words /lyrics hard to understand was mentioned by 2 persons for the True Frenz TV and one for the Move Love TV. Three persons responded likewise to the two posters. Four persons thought that the True Frenz

message was not credible and one person responded similarly to Move Love TV. It is not clear what aspects were hard to understand in the printed media, but in two cases additional comments written on the questionnaire suggested that the language accent made it difficult to understand parts of the Move Love song, and also parts of the court room scene in the True Frenz TV.

3.5.1 Gender rating of the campaign message

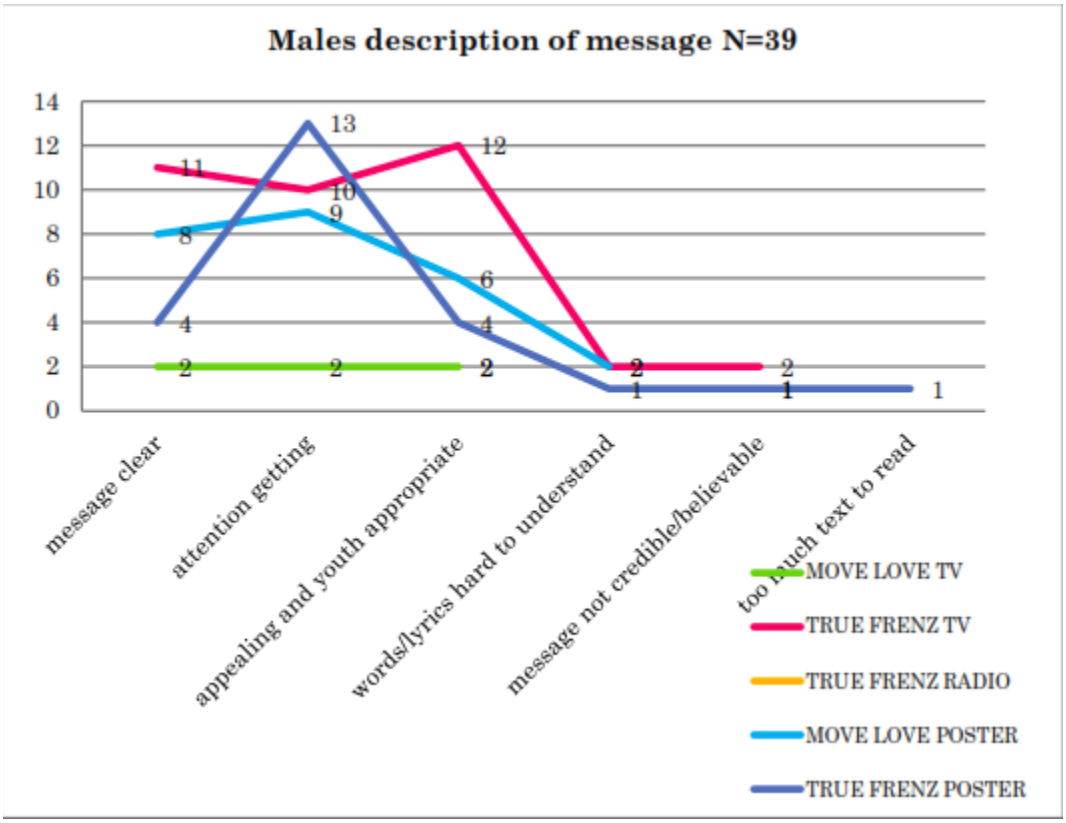


Figure 17. Male ratings of campaign message

Males gave the highest ratings to the True Frenz concept, rating the poster as attention getting and the TV as appealing and youth appropriate, clear message and also attention getting. However there were a few negative reactions. The Move Love poster was rated fairly high on attention getting and clear message. See Figure 17.

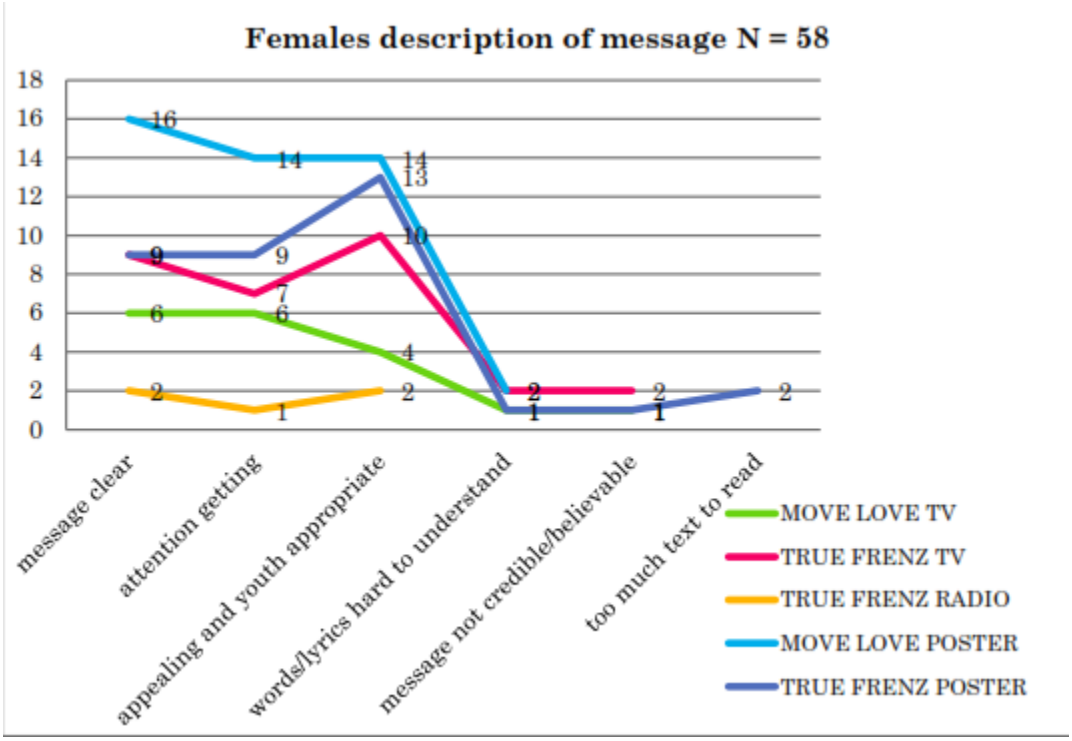


Figure 18. Female ratings of campaign message

Posters received the highest ratings from females. The Move Love poster was rated high on clear message, attention getting, and appealing and youth appropriate. The True Frenz poster was rated high on appealing and youth appropriate. However there were a few negative reactions selected as in the case of the males. The True Frenz TV had a fair rating as having a clear message and appealing and youth appropriate.

Whereas the True Frenz TV and True Frenz poster were rated highest by males, females rated both posters high, the Move Love poster followed by the True Frenz poster and the True Frenz TV.

3.6 **Rating the Design of the Materials**.

Respondents were asked to rate the appearance of the materials in terms of clarity of the images, and the appearance of the characters, whether the images/characters enhanced the messages, and whether the colour scheme and background enhanced the message.

Table 3.11 Responses to clarity of images/appearance of characters

MEDIA			Frequency	Valid Percent
MOVE LOVE TV	Valid	A bit fuzzy	1	10.0
		Clear	2	20.0
		Very clear	7	70.0
		Total	10	100.0
TRUE FRENZ TV	Valid	A bit fuzzy	2	5.9
		Clear	13	38.2
		Very clear	19	55.9
		Total	34	100.0
TRUE FRENZ RADIO	Valid	Clear	1	50.0
		Very clear	1	50.0
		Total	2	100.0
MOVE LOVE POSTER	Valid	Unclear	1	4.0
		Clear	7	28.0
		Very clear	17	68.0
		Total	25	100.0
TRUE FRENZ POSTER	Valid	A bit fuzzy	1	4.2
		Clear	6	25.0
		Very clear	17	70.8
		Total	24	100.0

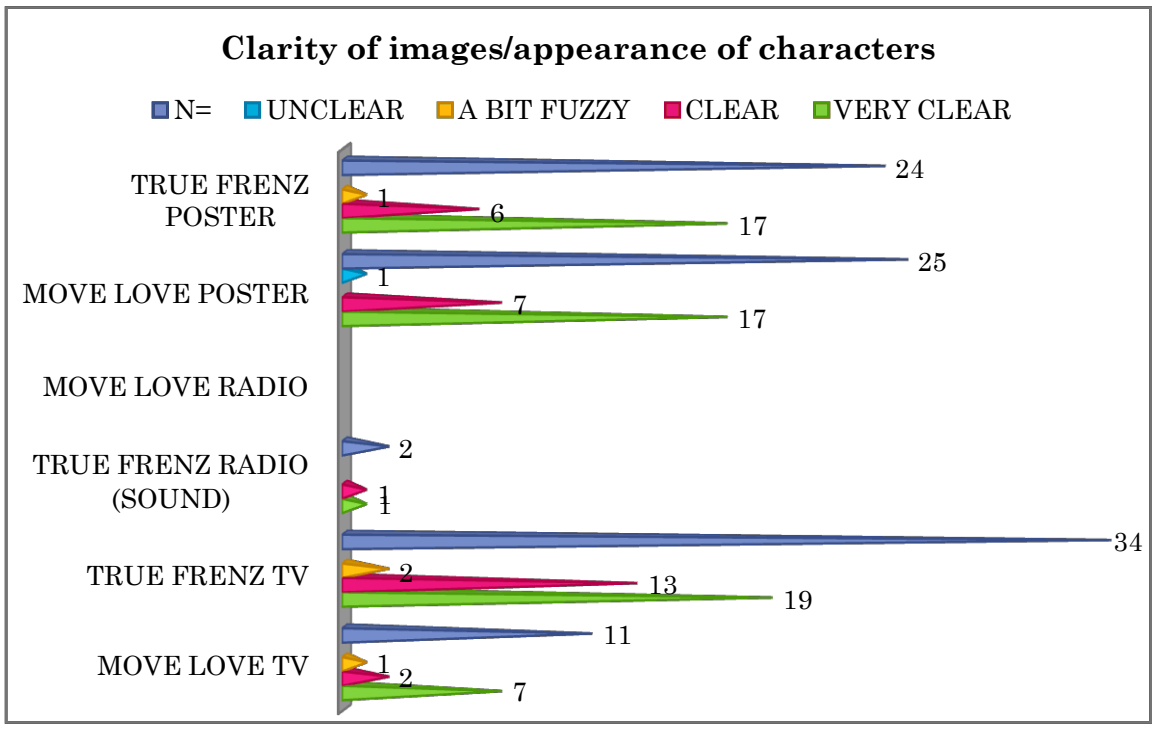


Figure 19: Responses to clarity of images and appearance of characters.

The number responding to each media type is represented by N. For True Frenz radio both respondents agreed that it was clear or very clear but this would refer to sound. For the TV media 32 (94.1%) of those responding agreed that there was clarity in the True Frenz TV while two persons thought that some aspect was 'a bit fuzzy'. For Move Love TV 9 (90%) agreed it was very clear or clear while one person thought some aspect was 'a bit fuzzy'. In response to the posters 23 (95.6 %) agreed that the True Frenz poster was very clear or clear while one person thought that some aspect was 'a bit fuzzy'; on the other hand 24 (96%) agreed that the Move Love poster was clear or very clear but one person thought it was unclear. Overall the majority of persons thought that there was clarity of images and appearance of characters in the campaign material.

Table 3.12 Responses to 'Objects/images enhance message'

MEDIA			Frequency	Valid Percent
MOVE LOVE TV	Valid	Very little	1	10.0
		Some extent	3	30.0
		A great extent	6	60.0
		Total	10	100.0
TRUE FRENZ TV	Valid	Not at all	1	2.9
		Very little	4	11.8
		Some extent	17	50.0
		A great extent	12	35.3
		Total	34	100.0
MOVE LOVE POSTER	Valid	Very little	1	3.8
		Some extent	12	46.2
		A great extent	13	50.0
		Total	26	100.0
TRUE FRENZ POSTER	Valid	Very little	1	4.2
		Some extent	12	50.0
		A great extent	11	45.8
		Total	24	100.0

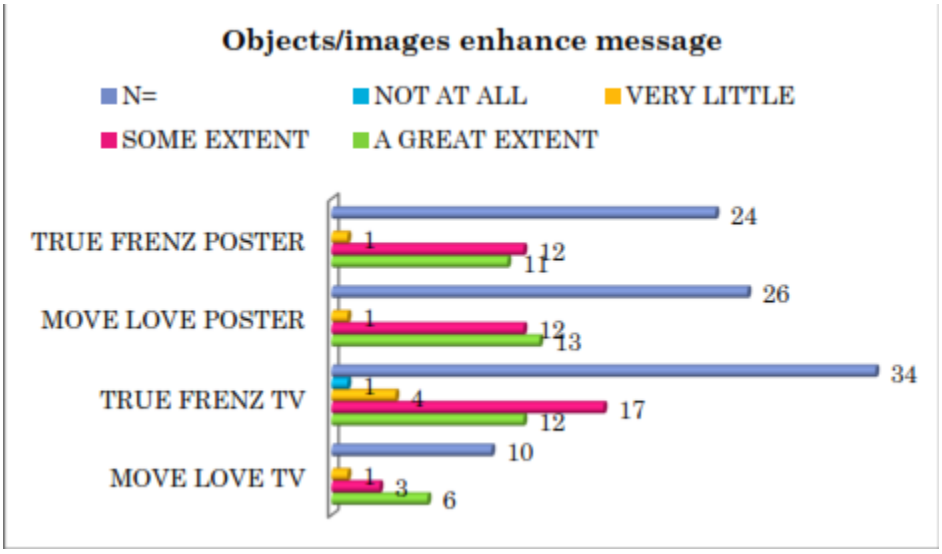


Figure 20. Responses to 'Objects/images enhance message'

As seen in Table 3.12 and Figure 20 above, (where N shows the sub sample size responding), there were differences among the respondents as to the extent to which the objects /images enhanced the message. Similar ratings were given to the two posters. For the True Frenz poster 11(45.8 %) responded that the message was enhanced to a'great extent' and 12 (50%) reported 'to some extent'. One person indicated 'very little'. A similar picture emerged for the Move Love poster where 13 (50%) responded that the message was enhanced to a 'great extent' and 12 (46.2%) reported 'to some extent' while again one person indicated 'very little'. For the True Frenz TV and Move Love TV there was a slightly different picture. In the case of True Frenz TV, 12 (35.3%) responded to a 'great extent', 17 (50%) responded 'to some extent', 4(11.8%), thought that the messaged was enhanced 'very little' and one person responded 'not at all'. For Move Love TV 6 (60%) thought that the message was enhanced

to a 'great extent', 3(30%) thought that it was enhanced to 'some extent', and one person thought that the message was enhanced 'very little'. Generally, persons reporting on the different media agreed that the message was enhanced by the object and images but differed as to the extentof the enhancement. The True Frenz media had slightly lower ratings.

Table 3.13 Responses to 'Colours/background enhance message'

MEDIA			Frequency	Valid Percent
MOVE LOVE TV	Valid	Very little	1	10.0
		Some extent	2	20.0
		A great extent	7	70.0
		Total	10	100.0
TRUE FRENZ TV	Valid	Very little	3	8.8
		Some extent	9	26.5
		A great extent	22	64.7
		Total	34	100.0
MOVE LOVE POSTER	Valid	Some extent	8	32.0
		A great extent	17	68.0
		Total	25	100.0
	Total		26	
TRUE FRENZ POSTER	Valid	Some extent	13	54.2
		A great extent	11	45.8
		Total	24	100.0

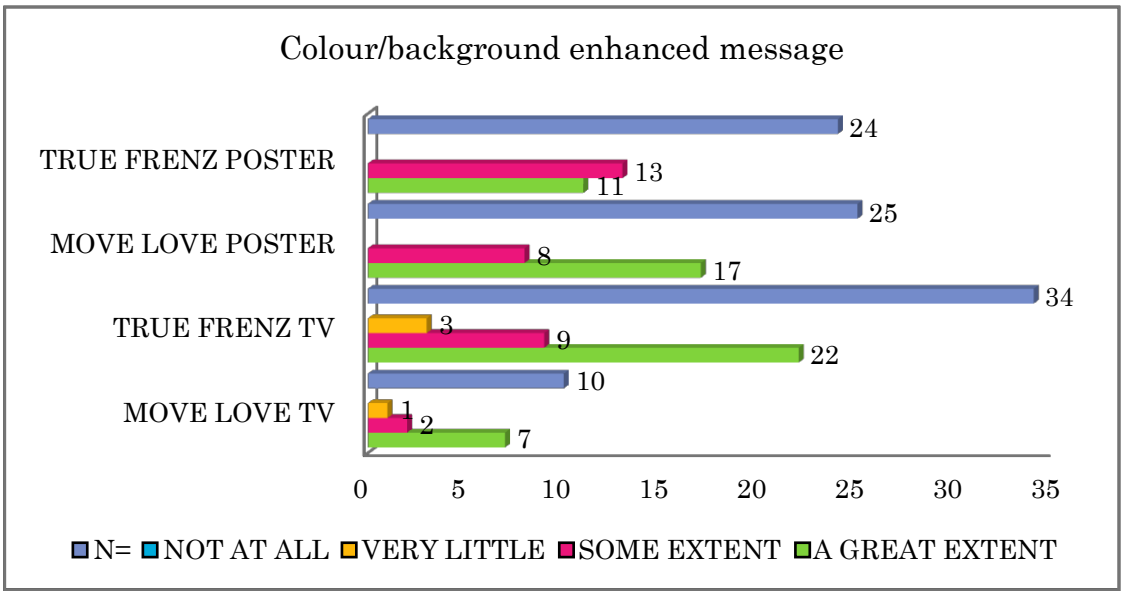


Figure 21. Responses to whether colour /background enhance message. (N= Number responding)

The majority of respondents appear to agree that colour and background enhanced the images to a great extent. In the case of the True Frenz poster this was at a slightly lower level with 11(45.8%) selecting 'to a great extent' but 13 (54.2%) selecting to 'some extent'. For the Move Love poster 17 (68.0%) selected 'to a great extent', while 8(32%) selected to 'some extent'. A similar pattern where more selected 'to a great extent' was seen in True Frenz TV 22 (64.7%) and Move Love TV 7(70%) compared with to 'some extent' 9(26.5%) for True Frenz TV and 2(20%) for Move Love TV. Three (3.8%) of those reporting on True Frenz TV and one for Move Love TV thought that it was enhanced 'very little'. See Figure 21.

Summary

Over 95% of the sample responded positively to the characteristics and attributes of the campaign media materials, concepts and messages. There were no data for Move Love along radio and only 2 of the sample reported the True Frenz radio message. These were from Dominica. The True Frenz TV message had the highest viewership in Guyana, while the posters were seen more in Antigua and Barbuda, Grenada and St. Lucia. The majority saw the messages as clear, attention getting and appealing to youth.

3.7 Perceived effects of campaign on attitude and behavioural intentions

3.7.1 Respondents were surveyed for their views of the campaign following exposure. Question: *Having been exposed to the campaign messages what is the likelihood that you would be more willing to stand up for persons living with HIV?*

Table 3.14 Respondents' willingness to stand up for persons living with HIV and others after exposure to this campaign

		Frequency	Percent
Valid	don't know	3	3.1
	Not too likely	3	3.1
	Somewhat likely	45	46.4
	Very likely	45	46.4
	Total	96	99.0
Missing	NR	1	1.0
Total		97	100.0

The respondents indicate a likelihood of standing up for PLHIV and others after exposure to this campaign Some were more confident and reported it was 'very likely' (46.4%); those that suggested it was somewhat likely were also 46.4%. A small percent (3.1%) said it was 'not too likely' and also 'don't know' was reported by a small percent (3.1%). See Table 3.14

3.7.2 Respondents were also asked to predict the behaviour of their youth cohort after exposure to this campaign.

Question: *Having seen the campaign messages, what do you think is the likelihood that youths generally would be more willing to stand up for persons living with HIV?*

The respondents' confidence of the behavioural intentions of their contemporaries followed a similar trend but was less than their own. Those seen as 'very likely' to stand up were 26.8 %, but those 'somewhat likely' were 54.6 %. On the other hand those 'not too likely' were seen as 14.4 %, approximately 12% higher than theirs. A small percentage indicated 'don't know'. See Table 3.15

Table 3.15. Predictions of the likelihood that youth generally would be more willing to stand up for persons living with HIV?

		Frequency	Percent
Valid	don't know	4	4.1
	Not too likely	14	14.4
	Somewhat likely	53	54.6
	Very likely	26	26.8
	Total	97	100.0

3.7.3 As a follow up to raising awareness, respondents were asked their views on whether the campaign would change attitudes and reduce stigma and discrimination behaviour

Question: *Do you think the Stand up for Friends campaign will help in reducing stigma and discrimination towards people with HIV, amongst youth? If so, why?*

For those who agreed, the responses were placed in three categories. One category contained answers which suggested that increased knowledge and information will help to reduce stigma and discrimination among youth towards people with HIV. A second category of answers were 'personal reasons and awareness of others'. This category reflects the learning and development of social and emotional skills which leads to self awareness and others' awareness'. The next category is conditional. Respondents agreed 'yes' with a proviso based on campaign effectiveness.

For those who disagreed, and said 'NO', the responses represented negative and pessimistic attitudes.

Responses are displayed in Tables 3.16a and b below.

Table 3.16a Reasons why campaign may reduce stigma and discrimination among youth

Reasons	
Having Knowledge and Information Become more educated about stigma and discrimination and change attitudes Become more educated and help reduce stigma and discrimination Become more educated and it will change attitude Become more educated on how to treat your friends and PLHIV Better understanding about HIV/AIDS Better understanding of bad experience of PLHIV Can't catch HIV from talking With enough education it can happen People are more aware now; People are now aware They will know not to blame people People will get better understanding	YES
Personal reasons and awareness of others Don't want stigma and discrimination happen to self or friends HIV isn't written on anyone's face Support from people People will be more aware of others feelings They will be there for each other People will understand and accept others Showing them PLHA that they are still normal people S&D Campaign helps them practice safe sex	YES
Effectiveness of Campaign messages If messages made more effective If people are aware of stigma and discrimination they will stand up If people decide to cooperate If youth are more aware stigma and discrimination can be reduced It can be reduce if message is taken seriously Views should know more about how PLHA feel hurt with stigma and discrimination If they accept 'always stand up for ur friends'	YES, if

Table 3.16b Reasons why campaign may not reduce stigma and discrimination among youth

Negative attitudes. Everyone don't want to be involved People already preconceived idea about PL HIV People aren't aware enough for others feelings People aren't paying enough attention to this People make up their own minds about PL HIV Persons immature; ,no info will change minds towards HIV Some people are not good friends TV will not help things to change Youth are selfish and not educated enough about PL HIV	No
I don't think so	

3.7.4 Question*: How do you think this campaign Stand up for Friends might improve young people's attitude towards people living with HIV? Can you give me an example*?

This question appeared to be repetitive and redundant. Many answers were similar to the previous question. Some additional ways are reflected in Table 3.15

Table 3.17 Ways campaign can improve attitudes to PLHIV

Positive Responses **Ways of Improving Attitudes**	**Negative responses ; attitudes will not change**
Better understanding about young PL HIV Changing attitude to reduce stigma and discrimination Educating youth more about problem can change they thinking; Need to educate on approaches to PLHIV Having events Help them be more tolerant; Increase tolerance towards people with HIV More media use Youth will get aware of causes for HIV More on how to stop discrimination Importance of Friendship to PLHA	People don't pay attention to these posters People wouldn't change attitude towards stigma and discrimination Whatever you do some people's attitudes will change and others wouldn't. People are literally fresh. Young people are having sexual intercourse (unprotected);
Neutral Response: Really don't know	

The most common answers related to more education for youth, providing skills to show tolerance, respect, interacting with PLHIV, and how to stop discrimination. Some indicated that attitudes are unlikely to change, and young people are having sexual intercourse, unaware of the consequences.

4.0 Summary of Findings and conclusions

The eventual sample completing the data comprised 97 respondents; distribution by gender was fairly close with 59.8 % females and 40.2% males. The ethnic groupings revealed the majority as of African descent 73. 7 % which is representative of the Caribbean countries involved.

The research was guided by some broad questions.

What is the level of exposure /awareness of the campaign and campaign materials?

To what extent does exposure and recall of the material and content lead to knowledge gain, acceptance, discussion with others (social comparison), and adoption of new attitudes in the effort to reduce HIV related stigma and discrimination amongst youth?

How would you rate the attributes of the materials and content?

To what extent is the message appealing, realistic and believable; clear, persuasive and influencing /eliciting a movement towards attitude change?

The TV campaign and the poster campaign were the materials mostly recalled, but this varied by country. Over 60% of the sample saw the messages only between one and three times, and very few reported hearing the radio message. Aspects of the messages which stood out were reported by type and also by individual aspects. The TV and Posters were chosen as what stood out most. In terms of aspects, the scenarios of 'True Frenz 4 Life' were most often chosen. However a few thought those court scenes from 'True Frenz 4 Life' were not credible, and that True Frenz 4 Life' poster had too many words.

In Guyana, all respondents reported seeing the TV media, 12 % also saw posters and 20% heard radio. In Antigua /Barbuda and St. Lucia over 90% recalled the posters, but in Antigua 81% also reported seeing the TV messages but did not hear the radio messages, while only 9% of St. Lucia reported TV and 4 % Radio. Dominica and Grenada returned small sample sizes, but in both countries the majority (62.5 to 66.6 %) reported seeing the TV messages. In

Grenada 58.3 % also saw the posters but of the Dominican sample 6 (37.5%) heard the radio messages, and 4 (25%) saw the posters. Posters were mostly seen at schools and college campuses.

It would appear that TV media was prominent in Guyana, Dominica, Antigua, and to some extent in Grenada; posters in St. Lucia, Antigua, and Grenada; radio in Dominica, and to some extent in Guyana.

Respondents shared their views on the meanings behind the campaign messages. They perceived direct messages against discrimination, standing up for friends against stigma and discrimination, giving support to friend and others living with HIV, protecting and accepting people living with HIV, showing love, care, and respect for people living with HIV'.

Even though it appears that the campaign message was prominently displayed, only 28.3% exactly recalled the words, and 29.4 % recalled most words.

The majority (89.7%) of the sample believe that the campaign is raising awareness about HIV-related stigma and discrimination. They believe that the campaign highlighted the social and emotional effects of HIV-related stigma and discrimination. They also referred to the use of media and its ability to educate and inform, and the campaign advocacy of showing friendship and support for people living with HIV'.

The campaign materials and concepts presented by media type were liked by the majority of the sample. The materials of Move Love TV (91%), and the Move Love poster (88.4%) had the highest combined 'liking'; True Frenz TV (71.7%) and True Frenz poster (60.8%) were next. There were no data for Move Love radio. When examined by gender results were similar except in the case of the Move Love poster where 75 % of females 'Really liked very much' as compared with 22% of males.

The analysis of the attributes of the material and messages by media type show that True Frenz TV, True Frenz poster, Move Love TV, and the Move Love poster, were rated at the highest for '*message is it attention getting'*. True Frenz TV, Move Love TV, and the Move Love poster, were rated at the highest for *'concept easy to recall'.* The Move Love poster, and True Frenz radio (2 persons) were rated at the highest for '*message was direct and to the*

point'. All media types were rated equally (True Frenz radio 2 persons) on the question *'is information useful?* Move Love TV, and the Move Love poster, (True Frenz radio 2 persons) were rated at the highest for the question '*is print/production/music appealing to youth?'* Responses to whether *materials show (say) where information can be accessed was a small concern.* The Move Love poster represented the highest level of agreement.

In general, the campaign message was rated as *clear, attention getting,* and *appealing to youth*.. Gender showed little influence on the ratings. Whereas the True Frenz TV and True Frenz poster were rated highest by males, females rated both posters high, the Move Love poster followed by the True Frenz poster, and the True Frenz TV.

In terms of clarity of images and appearance of characters, the majority of responses for each media type (over 90%) in each case, described them as clear and very clear. For True Frenz radio, this referred to sound.

In response to whether the objects and images enhanced the message, there was agreement by over 90% that they enhanced the message to some extent or to a great extent in the True Frenz poster, the Move Love poster, and the Move Love TV. For the True Frenz TV, 14.7 % reported 'very little' or 'not at all'. No data were recorded for radio in this category.

In terms as to whether the colours and background enhanced the message', up to 90% and over agreed that colours and background enhanced the message' to some extent or a great extent for the True Frenz poster, the Move Love poster, True Frenz TV and the Move Love TV.

In assessing the perceived effects of the campaign, over 92% expressed willingness to stand up for persons living with HIV after their exposure to this campaign. Approximately 81. 4% indicated that they would be willing to stand up for persons living with HIV after their exposure to this campaign.

In response to the question: *Do you think the <u>Stand up for Friends</u> campaign will help in reducing stigma and discrimination, amongst youth towards people living with HIV? If so, why?* Many people agreed and gave reasons such as: people becoming more educated about

stigma and discrimination, becoming more aware of self and others, will be helpful in changing attitudes.

In response to the question: *How do you think this campaign Stand up for Friends might improve young people's attitude towards people living with HIV? Can you give me an example*? Suggestions given include: Educating youth more about problem can change their thinking, educate on approaches to PLHIV, more media use.

5.0 Recommendations

The campaign has shown great benefits among this relatively small sample over a short period of time. It is recommended that if there is an opportunity for another media burst, that it is extended for a longer period of time.

In there is an opportunity to renew or update the material, consideration could be given to these research findings.

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APPENDIX 1

CERTIFICATE OF CONSENT

I have been invited to participate in research about HIV related Stigma and Discrimination. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant_____

Signature of Participant _____

Date _____

Statement by the researcher/person taking consent:

I am an Independent Researcher conducting a Focus Group Discussion amongst Caribbean youth about their perceptions of HIV related Stigma and Discrimination.

I have accurately read out the information sheet to the potential participant, and to the best of my

ability made sure that the participant understands that the following will be done:

1. We will not be sharing information about his/her identity in this consent form to anyone in their country.
2. Information obtained during this study will be kept strictly confidential, and that he/she will not be identified in any way.
3. When complete, this research will be published in summary form so that no individual will be identified.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

APPENDIX 2

CARISMA II Mass Media Campaign Evaluation Instrument

Caribbean HIV/AIDS Prevention and Reproductive Health Promotion Programme

(CARISMA II) Project'

Evaluation of the PANCAP/CARISMA II Mass Media Campaign November 2012

'Data Collection Instrument for Target Audience 16 years to 24 years

Good morning/afternoon/evening:

My name is _____, and I am a field assistant to help evaluate a recent PANCAP/**CARISMA II Media Campaign targeted at young people**. We are conducting a study of the different television, radio spots and posters for the "Stand up for Friends, Stand up against HIV Stigma and Discrimination" Campaign. If you have seen the campaign material, and you are willing to spend a few minutes, I would like to ask you a couple of questions. This should not take more than 15 minutes and your responses will be kept confidential as part of the study. Would you be willing to participate? Yes ❑ No ❑

This campaign is directed towards young people, between 16 years and 24 years only. For the integrity of the study would you verify that you are within this age group	Yes ❑	No ❑
Do you recall hearing or seeing any aspects of the "Stand up for Friends Campaign"?	Yes ❑	No ❑
If No, then researcher discontinues interview and thanks the individual. Records a tally of those who responded NO.	Yes ❑	No ❑

	Place a tick in the box next to the selected answer.	
	To make sure we are representing different groups in our study, would you describe yourself as:	White ..... ❑ African Descent .....❑ East Indian descent.....❑ Amerindian .....❑ Name other .....
	Gender	Male ..... ❑ Female ..... ❑
	Country	

Begin by asking:

Which concept/message do you recall? (ask about each of the 2TV spots, each of the 2 radio spots and each of the 2 posters)?..... (prompt if needed as follows): court case with young person who is HIV positive or	Posters with…… Radio with song …… TV court case with young person who is HIV positive	❑ ❑ ❑ ❑ ❑ ❑

Now I would like to ask you some questions about the campaign /parts you have seen

SECTION 1

1. a) Approximately how many times have you seen the campaign/or part of it?
   b) Which parts do you recall seeing or hearing that stood out most? (ask for each of the 2TV spots, each of the 2 radio spots and each of the 2 posters they have seen)?.....

2. a) Can you recall where you saw or heard the campaign/or part? .....
   b) Specify, if you can, which TV shows/stations, radio stations, where did you see posters? (If they recall)
   .....

3. In your opinion what is the main message/theme of this Campaign?
   .....

4. For the parts (s) you have seen/heard (select the ones which the respondent refers to) would you quote the exact message/words in message as you recall it?

Move Love Along TV Spot
Move Love Along Radio Spot
True Frenz 4 Life TV Spot
True Frenz 4 Life Radio Spot

Move Love Along Poster
True Frenz 4 Life Poster

5. Do you think this campaign is raising awareness about HIV related stigma and discrimination?

Yes ❑ No ❑ Give a reason for your answer.

SECTION 2

Now I am going to show you the advertisement(s) you saw and ask you a few questions about each.
(To interviewer: Complete a page for each concept viewed/heard.)

Tick one.				
	Move Love Along TV Spot ❑ **Move Love Along Radio Spot** ❑ **True Frenz 4 Life TV Spot** ❑	**True Frenz 4 Life Radio Spot** ❑ **Move Love Along Poster** ❑ **True Frenz 4 Life Poster** ❑		
	Which of the following would describe your general reaction to this material/concepts(s) which you saw/heard.?	a. Really liked it very much ..... ❑ b. Liked it .... ❑ c. It was just O.K ..... ❑ d. Did not like it at all ..... ❑ e. Don't know/ No response ..... ❑		
S2	**How well does each of the following words/attributes describe what you just saw?**			
	a. Is it attention-getting?	very much so ❑	yes ❑	A little or not at all ❑
	b. Is easy to recall?	very much so ❑	yes ❑	A little or not at all ❑
	c. Is it direct / to the point?	very much so ❑	yes ❑	A little or not at all ❑
	d. Is it useful information?	very much so ❑	yes ❑	A little or not at all ❑
	e. is the print/production./ music appealing to youth?	very much so ❑	yes ❑	A little or not at all ❑
	f. it shows where more information can be accessed.	very much so ❑	yes ❑	A little or not at all ❑

S3	How would you describe the message	
	a. Message was clear ❑	You may select one or more from **b to g**
		b. Attention getting . . . . . ❑
		c. Message appealing and youth appropriate . . . . .❑
		d. Words/lyrics were hard to understand . . . .❑
		e. Message was not that credible / believable . . . . ❑
		f. Too much text to read . . . .❑

S4	How do you rate the following? Please place a tick in the box ❑ next to the answer.				
a	Clarity of the images /Appearance of characters	Very Clear. ❑	Clear ❑	A bit fuzzy. ❑	Unclear ❑
b	Objects and images enhance message	A great extent. ❑	Some extent ❑	Very little ❑	Not at all. ❑
c	Colour/background enhance message	A great extent ❑	Some extent ❑	Very little ❑	Not at all. ❑

SECTION 3

6. Having been exposed to the campaign messages what is the likelihood that you would be more willing to stand up for persons living with HIV?

a. Very likely . . . . . ❑
b. Somewhat likely . . . . . ❑
c. Not too likely . . . . . ❑
d. Don't know . . . . . ❑

7. Having seen the campaign messages, what do you think is the likelihood that youths generally would be more willing to stand up for persons living with HIV

a. Very likely . . . . . ❑
b. Somewhat likely . . . . . ❑
c. Not too likely . . . . . ❑
d. Don't know . . . . . ❑

8. Do you think the Stand up for Friends campaign will help in reducing stigma and discrimination towards people with HIV, amongst youth? If so, why?

....

.....
.....

9. How do you think this campaign Stand up for Friends might improve young people's attitude towards people living with HIV? Can you give me an example?

.....
.....
.....

10. Have you visited the campaign official Facebook page? Yes ❑ No ❑

b) If no, would you be interested in visiting

Attachment I:

Monthly Progress Reports

Period: 1–30 April 2012

Current Status

KEY MILESTONES FOR THIS PERIOD:	
Achieved	*Coming up by the end of May 2012*
FIVE-COUNTRY STAKEHOLDER EVALUATION OF PREVIOUS PANCAP CAMPAIGN REPORT SUBMITTED The HDI team completed the five-country stakeholder assessment report after completed interviews with the Program Directors of the National AIDS Commissions in the five target countries. The assessment reviewed relevant material and (posters, print ads, videos and TV PSAs) from a previous PANCAP campaign implemented by the PANCAP Coordinating Unit in 2006, 2008 and 2009. In addition to the NAC Program Directors, the team liaised with contacts within the region that PANCAP and Options indicated should be consulted with during the preparatory stage. The insights gathered will be used to inform the final campaign brief that will be submitted to OPTIONS/PANCAP in May 2012. *Highlights* **Formative qualitative assessment field work completed in all five countries:** The HDI Team completed the formative qualitative research fieldwork in the five target countries. This activity commenced immediately after approval for the qualitative instrument from PANCAP/OPTIONS was received and the orientation of country-based research coordinators was conducted by the primary researcher, Dr. Jennifer Crichlow. The HDI research team took all necessary measures to ensure that confidentiality and anonymity was achieved and other ethical issues addressed. The next step is the analysis of the data collected. The formative topline findings, which will help to inform the campaign brief, is due on the 9 May 2012 and the final report is due to OPTIONS/PANCAP on the 18 May 2012. **HDI's senior creative's advisor makes technical assistance visit to Guyana:** HDI's senior creative's advisor to the HDI-CARISMA II project, Ms. Beverley Bathija made a technical assistance visit to the Guyana team for a period of seven days in April 2012. During her visit, Ms. Bathija worked along with the advertising agency, the HDI Regional Project Manager and the Marketing and Logistics Advisor to draft an outline of the campaign brief and develop initial creative concepts using input from the stakeholder assessment as well as secondary data done during the desk review. The team will finalize the creative brief once the topline findings are in, and Ms. Bathija will continue to provide technical assistance through desk days towards finalization of the campaign brief and the concepts that will be pre-tested. Her next technical assistance visit is scheduled to occur early-mid June 2012, to coincide with the production of the communication materials.	• Campaign Creative Brief Completed and formative research topline findings • Final Report of Formative Qualitative Research for new campaign submitted

Workplan and deliverables schedule revisions approved: The HDI team revised the project's Gantt chart and deliverables schedule in light of delays experienced during start-up phases of the project. The delays resulted in the shifting of key activities and deliverables by approximately seven days and included the formative research, pre-test, production and launch schedules. **Commitments secured by CARICOM youth ambassadors/youth representatives in all five target countries:** The HDI team engaged youth ambassadors and youth representatives in all five target countries to support the mission of the CARISMA II project. The project secured commitments that included support to the country-based research coordinators in the execution of planned research activities and the offer to provide input at critical stages of the campaign's creative development process.	

KEY ISSUES OR PROBLEMS	
Resolved	***Need to be resolved***
• Approval granted for revised schedule and formative qualitative assessment tool	• Research plan still to be approved by OPTIONS/PANCAP • Budget negotiations

Period: 1–31 May 2012

Current Status

KEY MILESTONES FOR THIS PERIOD:	
Achieved	*Coming up by the end of June 2012*
CAMPAIGN CREATIVE BRIEF COMPLETED The HDI team developed the campaign brief during the reporting period. This was accomplished using first the top line findings from the formative qualitative research and ultimately the findings from the final formative qualitative research report. Additionally to support the development process, stakeholder interviews were used to evaluate the past PANCAP S&D media campaign and dialogue with the Executive Director of PANCAP, Regional NACs in five target countries, the Caribbean Vulnerable Communities Coalition, Champions for Change leaders, UNAIDS, the Futures Group, PSI, the Caribbean Media Partnership, REACH media and Astroarts International Guyana. The campaign brief provided clear direction for the development of creative concepts and messages for the pre-test research conducted in the five target countries. The brief has been reviewed and accepted by OPTIONS/PANCAP. **FINAL REPORT OF FORMATIVE QUALITATIVE RESEARCH FOR NEW CAMPAIGN SUBMITTED** The HDI team completed the five-country formative qualitative research report after having completed focus group discussions with a sample of the youth targeted by the campaign. This study used an exploratory design and involved ten focus group discussions among 91 participants in five Caribbean countries: Antigua and Barbuda, Dominica, Grenada, Guyana and Saint Lucia. Purposive sampling was utilized to	• Television/radio/print materials produced • HDI's Creative Advisor visit to Guyana to work with local project team and creative partner, Astro Arts. • HDI's Director/Project Director on CARISMA II project to make technical assistance visit planned to Guyana in late June. • Modified creatives to be submitted for approval. • Trip to Antigua and Barbuda planned by local HDI staff.

select participants - ages 16 years to 24 years from the general population. A formative qualitative data collection instrument was designed for the purposes of this study to explore the knowledge, attitudes and perceptions, and experiences of stigma and discrimination generally and specifically HIV-related. Participants were also surveyed for their recall of HIV-related anti- S&D media messages, the appeal of these messages and their recommendations for further messages.

Highlights

Regional consultation visits made to target countries: HDI's Regional Project Manager and Senior Marketing and Logistics Advisor visited Dominica, Saint Lucia and Grenada to have face to face dialogue with key stakeholders and brief them on the forthcoming anti-stigma and discrimination campaign being developed to target the youths and to support the pre-test field work implemented at the same time.

The persons met during the visit included the National AIDS Program Coordinators, representatives from the Ministry of Health, CARICOM Youth Ambassadors and Research coordinators. Some of the outcomes emanating from the meetings included commitments to support the campaign's rollout; identifying potential private sector support for production; and support to recruit youths to be part of the communication production process. Notably, the national stakeholders in Dominica identified potential partnership opportunities with international development partners targeting youth namely UNDP. This will be explored as a way to widen the reach of the new campaign being developed.

Further, the team worked closely with the research coordinators to orient them on the communication concepts and messages developed. Further, every effort was made to ensure that key activities were implemented close to schedule. The Regional Project Manager also visited Trinidad en-route back to Guyana to meet with HDI's media regional media placement partner, REACH.

KEY ISSUES OR PROBLEMS

Resolved	***Need to be resolved/Noted***
Research plan reviewed and approved Budget negotiations with Options regarding the Research Budget, whereby a small portion was moved from the Research Budget to the Production budget to support the development and distribution of campaign posters.	• The diminishing value of the US/Euro exchange rate has resulted in a collective loss of nearly US $6,000 to HDI, its vendors and consultants from March to May 2012. This is a constant threat that we need to watch carefully in collaboration with Options considering the forthcoming production and media placement costs during the next few months. In the meantime, HDI is attempting to garner support from the private sector/other partners to support any production or media placement costs for direct support to Astro Arts and/or REACH given the potential losses to their budgets. • Need to discuss potential private sector partner marketing/branding policy with PANCAP/Options regarding campaign materials.

Period: 1–30 June 2012

Current Status

KEY MILESTONES FOR THIS PERIOD:	
Achieved	*Coming up by the end of July 2012*
PRE-TEST MODIFIED CREATIVES SUBMITTED ANDAPPROVED During the reporting period, the HDI team modified the concept and storyboards based on the results of the pre-test assessment conducted in the five target countries. Two communication approaches were tested, namely "When you Diss my friend, you Diss me" and "I turned my life around". Based on pre-test findings "When you Diss my friend, you Diss me" idea did not resonate as strongly with respondents when compared to the emotiveness of the "Turn my life around" concept. The latter concept connected stronger with the target audience on the elements of compassion and love and guided the team towards dropping the "Diss" concept and the more aggressive tone it promoted. The modified communication concepts have since been reviewed and accepted by OPTIONS/PANCAP, and production has commenced. *Highlights* **HDI's Creative Advisor visited Guyana and worked with the local project team and creative partner, Astroarts International Marketing**: Ms. Beverly Bathija made her second technical assistance visit to Guyana to provide creative support and amendments to creative materials based on pre-test findings and assisted the team with production. During the time spent in-country, Ms Bathija reviewed pre-test transcripts, met with the Regional Project Manager, Senior Marketing and Logistics Advisor and the Advertising Agency to discuss findings and modified creative pieces accordingly. Further, she provided support on pre-production planning opportunities and overcoming potential challenges that may emerge during the production process. **HDI's Director/Project Director on CARISMA II project made technical assistance visit to Guyana:** HDI's Director/Project Director on CARISMA II project visited Guyana to have face to face dialogue with PANCAP and to support the local HDI and Astroarts teams in finalizing the first two TV spots that were then shared with OPTIONS/PANCAP and the forthcoming music video, that will be shared with OPTIONS/PANCAP in July. Ms. Delafield also provided technical assistance by drafting a proposal to a potential corporate sponsor and also provided the Regional Project Manager guidance on protocols for any partnerships that might evolve, including the need for an MOU (that would be shared with OPTIONS/PANCAP) between any sponsors that might be secured. **Private Sector partnership/sponsorship proposals developed and submitted to select sponsors:** The HDI-CARISMA II team developed sponsorship proposals to a few select high profile sponsors who have been invited to participate in this campaign. The potential sponsors include DIGICEL, LIME and SCOTIA BANK. The areas of support that have been	• Television/radio/print materials produced and finalized. • Trip to Antigua and Barbuda, Dominica and Saint Lucia planned by project team to support production and stakeholder inclusion.(Travel to Saint Lucia and Dominica will be determined on whether private sector support is secured and whether budget can accommodate). • Determination/finalization of any private sector support to help with losses as a result of the currency exchange issue. • Media placement launched

proposed include production and media placements. If support is secured for either production and/or media placement, the support will be provided directly to creative partner, Astroarts International Marketing or to our regional media placement partner, REACH.	

KEY ISSUES OR PROBLEMS	
Resolved	***Need to be resolved/Noted***
• Potential private sector partner marketing/branding policy with PANCAP/Options regarding campaign materials. • Support ensured from PANCAP to assist with set up of Campaign website (on Facebook) and also promotion of campaign on the CARISMA website and e-newsletter.	• The need to assess/discuss whether PANCAP would like to conduct an official press event to increase visibility for the campaign and any of its sponsors. PANCAP/OPTIONS to advise on whether they would host a press event, as it is not in the HDI's project budget or workplan. Whether or not a press event is held, we also seek guidance on whether a press release should be developed for the campaign and whether PANCAP could send out press release on their letterhead, to their mailing list for the select five countries. We would appreciate guidance on this as soon as possible. • The diminishing value of the US/Euro exchange rate has resulted in a collective loss of more than US $6,000 to HDI, its vendors and consultants from March to May 2012. This is a continued threat that we need to monitor carefully in collaboration with Options, considering the final production and media placement costs during the next few months. In the meantime, HDI is attempting to garner support from the private sector to support production or media placement costs for direct support to Astro Arts and/or REACH given the potential losses to their budgets and plans.

Period: 1–31 July 2012

Current Status

KEY MILESTONES FOR THIS PERIOD:	
Achieved	*Coming up by the end of August 2012*
• **TELEVISION/RADIO/PRINT MATERIALS PRODUCED AND FINALIZED.** The HDI-CARISMA II team completed production of all communication materials for the new CARISMA II HIV-related stigma and discrimination reduction campaign. These materials are: three television spots, two radio spots, two poster layouts and artwork for press advertisements for the five target countries. The HDI team, ably supported by its creatives and production partner, Astroarts International Marketing, completed the production deliverables on	• Development and presentation of draft post-campaign evaluation research plan.

time by focusing production in Guyana, after shelving plans to travel to Saint Lucia and Dominica due to budget constraints. During the process of production, attention was given to ensuring the socio-cultural, economic and geographical balance of the five target countries was reflected in the final communication products.

The completed communication items were submitted and approved by OPTIONS/PANCAP.

- **NEW CARISMA II MEDIA CAMPAIGN OFFICIALLY LAUNCHED**

The new CARISMA II HIV-related stigma and discrimination reduction campaign was officially launched on the 25 July 2012 in all five target countries within the Caribbean on time. HDI's media placement partner ReachCaribbean capably managed the process of ensuring the communication materials were dispatched in a timely manner and in the required formats to approximately fifteen media houses.

Further, the HDI team developed an official facebook page to support the campaign which can be accessed via this link: www.facebook.com/truefrenz4life. This medium is intended to serve as an additional space for the campaign material to be viewed as well provides a youth friendly "behind the scenes" look at the production process. Furthermore, the site offers additional insights on the campaign's objective and development for youth. The team is currently building links with other web pages and social networks to increase awareness of the campaign's key message that "true friends don't discriminate". Furthermore, efforts are progressively being made to provide updated information on current resources or activities designed to address HIV stigma and discrimination in each of the target countries. The site will also include news such as the campaign press release. The HDI team will work with PANCAP/CARISMA to further enhance the site, if and when they are available.

Highlights

HDI's Senior Marketing and Logistics Advisor visited Antigua and Barbuda to promote CARISMA II's new HIV-related stigma and discrimination reduction campaign amongst stakeholders: Mr. Clarence Perry, HDI's Senior Marketing and Logistics Advisor made a visit to Antigua and Barbuda and met with stakeholders to promote the new campaign and explore opportunities for its expansion in that territory. Mr. Perry conducted presentations with Ms. Declora Williams, Program Manager, NAPS Antigua and Ms. Sophia Zachariah, Director (ag.) Ministry of Youth, Gender and Sports and discussed strategies for widening the reach of the campaign. The follow up on this trip includes: providing the media plan for Antigua in order to secure additional media placements for the TV and radio spots and the provision of resources available in Antigua to address stigma and discrimination.

HDI's Regional Project Manager visits ReachCaribbean in Trinidad and Tobago to deliver communication materials: Mr. Dale Browne made a visit to ReachCaribbean to ensure the new campaign was launched according to schedule. The two day visit enabled the delivery of the materials in the form of DVDs, packaged individually for each country. Further, the original large files were shared via an external hard drive to support any file sharing activity.

The campaign was launched on schedule and monitoring of the media plan has commenced.

HDI develops and submits draft press release: The HDI team submitted a draft press release to PANCAP/OPTIONS for review, prior to the campaign's scheduled launch as part of efforts to broaden the awareness of the new CARISMA II mass media campaign.
The press release was reviewed and approved by PANCAP/OPTIONS and has been posted on PANCAP's official web page.

HDI's Director/Partner, Ms. Sylvia Delafield, was successful in securing Scotiabank Guyana as an official private sector partner for the new CARISMA II mass media campaign: Scotiabank Guyana provided USD$2000 to strengthen media placement in Guyana. Scotiabank Guyana, one of a few select high profile sponsors invited to participate in this campaign, was pleased to be part of this initiative and quickly responded to the sponsorship proposal the team developed. The monetary support received has been channeled to HDI's regional media placement partner, REACH and will support increased media placements (TV spots) in Guyana.

KEY ISSUES OR PROBLEMS

Resolved	***Need to be resolved/Noted***
• Official Press Release for Campaign disseminated by PANCAP. (Options CARISMA's Manager, Chris Brady, is still awaiting final confirmation from PANCAP that it was sent to the press in the five target countries, even though it has been posted on their website).	• The diminishing value of the US/Euro exchange rate has resulted in a collective loss of more than US $6,000 to HDI, its vendors and consultants from March to May 2012. This is a continued threat that we need to monitor carefully in collaboration with Options, considering continued media placement costs and upcoming research and evaluation and final report preparation during the next four months. HDI Director/Partner, starting in August, is now donating all of her time to the project due to the budget limitations and loss in exchange rate, until the remainder of the project. • Late payment from Options has required HDI to utilize a business loan (that requires interest, which is non reimbursable to the project) to its associates/vendors and it is critical that Options provide funding asap.

Period: 1–31 August 2012

Current Status

<table>
<tr><th colspan="2">KEY MILESTONES FOR THIS PERIOD:</th></tr>
<tr><td>Achieved</td><td>Coming up by the end of September 2012</td></tr>
<tr><td>• DEVELOPMENT AND PRESENTATION OF DRAFT POST-CAMPAIGN EVALUATION RESEARCH PLAN AND RESEARCH INSTRUMENT.
During the reporting period, the draft post campaign evaluation plan and research instrument, prepared by Dr. Jennifer Crichlow on behalf of Howard Delafield International (HDI), was submitted to PANCAP/OPTIONS for review and approval. The plan proposed an approach to evaluate, amongst youth 16-24, their message recall, response to the TV and radio spots and posters, and an assessment of whether their attitudes towards PLHIV have changed as a result of the new mass media campaign. The research activity is scheduled to commence directly after the media placements have completed and data collection should last a total of eight (days) across the five target countries.</td><td>• Media Placement Mid-term Report submission</td></tr>
<tr><th colspan="2">KEY ISSUES OR PROBLEMS</th></tr>
<tr><td>Resolved</td><td>Need to be resolved/Noted</td></tr>
<tr><td>• Based on feedback received from viewers on the campaign Facebook pate (comments not visible to the viewer) the Saint Lucian flag in the music video was featured upside down in the music video. The project team responded quickly by temporarily halting placement and HDI's creative partner, Astroarts, corrected the video. Pending approval, placements will resume shortly.</td><td>• The HDI Regional Project Manager to take the lead (during the HDI's Project Director's personal leave in September to rapidly resolve the Final Evaluation Research Strategy and Research Instrument with OPTIONS/PANCAP and Dr. Jennifer Chrichlow to ensure that the Client is in agreement with the strategy and research instrument to ensure that the research is done effectively, efficiently, within the project timeline, and with the remaining resources to support the evaluation.
• The diminishing value of the US/Euro exchange rate has resulted in a collective loss of approximately US$12,000 to HDI, its vendors and consultants from March to August of 2012. This is a continued threat that we need to monitor carefully in collaboration with Options, considering continued media placement costs and upcoming research and evaluation and final report preparation during the next three months. HDI's Director/Partner, starting in August, is donating her time to the project due to the budget limitations and loss in exchange rate, until the remainder of the project.</td></tr>
</table>

Period: 1–30 September 2012

Current Status

KEY MILESTONES FOR THIS PERIOD:	
Achieved	*Coming up by the end of October 2012*
• **PLACEMENT OF NEW CARISMA II CAMPAIGN MATERIALS CONTINUES ON TV AND RADIO STATIONS ACROSS THE TARGET COUNTRIES** The placement of the TV and Radio spots developed for the new CARISMA II anti-stigma and discrimination campaign successfully continued during the reporting period in Saint Lucia, Guyana, Grenada, Antigua and Barbuda and Dominica. The media placement for this campaign has been closely monitored by our vendor, REACHCARIBBEAN, who has provided reliable reports of media activities across the countries. The HDI-Team submitted a mid-term media placement report, in keeping with the deliverables schedule, that entails all print media tear sheets, radio and television run logs, affidavits etc. on media placement activities across the campaign's five target countries. *Highlights:* During the reporting period, the draft post campaign evaluation plan and research instrument, prepared by Dr. Jennifer Crichlow on behalf of Howard Delafield International (HDI), was reviewed by PANCAP/OPTIONS. The plan proposed an approach to evaluate, amongst youth 16-24, their message recall, response to the TV and radio spots and posters, and an assessment of whether their attitudes towards PLHIV have changed as a result of the new mass media campaign. Based on the review team's comments, the HDI team revised the plan and instrument and final approval was granted. The research activity is scheduled to commence directly after the media placements have completed and is expected to last during the month of October 2012. HDI CARISMA II Project Director, Ms. Sylvia Delafield, also had an opportunity to meet with Ms. Piya Shome of Options, to present the final campaign material (video, radio), as well as to debrief her on the project and discuss the final deliverables and project schedule. Ms. Shome will share the final hard copies of the material to the Options Team, including Mr. Chris Brady and the donor, KfW. Regional Project Manager, Mr. Dale Browne, will also deliver a hard copy/DVD of the final campaign material to the CARISMA II/PANCAP office in Guyana in early October.	• Media Placement Final Report submission

KEY ISSUES OR PROBLEMS	
Resolved	***Need to be resolved/Noted***
• Revised post campaign evaluation plan and instrument that ensures the research is done effectively, efficiently, within the project timeline, and with the remaining resources to support the evaluation.	

Period: 1–31 October 2012

Current Status

KEY MILESTONES FOR THIS PERIOD:	
Achieved	*Coming up by the end of November 2012*
• **MEDIA PLACEMENT FINAL REPORT SUBMISSION** The HDI CARISMA II team submitted the final media placement report in line with the deliverables schedule of the project. The report contained all print media tear sheets, radio and television run logs, affidavits etc. on media placement activities across the campaign's five target countries from the period July 25th to October 2nd 2012. ReachCaribbean capably managed the process of media buying and placement, ensuring that all of the electronic media products of the campaign were strategically placed in all five countries. Based on the last report, the only outstanding media logs are from: Antigua Hits, Guyana Hot 98.1 and TVG Guyana, which are expected by October 2012. *Highlights:* - During the reporting period, the draft post campaign evaluation plan and research instrument, prepared by Dr. Jennifer Crichlow on behalf of Howard Delafield International (HDI), was reviewed by PANCAP/OPTIONS. The plan proposed an approach to evaluate, amongst youth 16-24, their message recall, response to the TV and radio spots and posters, and an assessment of whether their attitudes towards PLHIV have changed as a result of the new mass media campaign. The review team commented on the need to focus on spontaneous recall of the campaign by including questions such as: have you heard or seen any ads on HIV S&D? If so, can you describe/recall? The HDI team revised the plan and instrument and final approval was granted by Options/PANCAP. - HDI Director/Partner, Sylvia Delafield, attended the annual PANCAP AGM meeting in Belize (at her own expense) and responded to PANCAP's request for her to bring along the S&D DVD and posters for the PANCAP exhibit at the conference. While at the Conference, Ms. Delafield met with Mr. Chris Brady and Mr. Dereck Springer and other delegates from the Region.	• Follow-Up Media Campaign Evaluation Report Submission

KEY ISSUES OR PROBLEMS	
Resolved	***Need to be resolved/Noted***
• Posters were finally delivered to the Guyana office in early October due to challenges/delays with printing procurement experienced by our creative partner, Astroarts International Marketing. The team subsequently expedited delivery via FedEx courier to countries outside of Guyana in mid-October in order to ensure placement in strategic locations where youth congregate. Poster placements have already commenced, supported by the country coordinators. • The Follow up Media Campaign Evaluation Report has been delayed and is projected to be submitted on or before the 29 November 2012. The factors that contributed to the submission delay include that several of the country research coordinators were temporarily unavailable due to changes in their schedules and setbacks encountered in the production and placement of posters within the respective countries.	