Convenience
Advertising

# Convenience Advertising: Dutch Dick Heads: A confrontational HIV/AIDS prevention campaign

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**Netherlands Institute for Alcohol and Drugs**
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| **Dutch Dick heads** | **A confrontational HIV/AIDS prevention campaign** |
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| Target group: | At risk youth |
| Aim: | To raise awareness in the target group of the risks of unsafe sexual and drug taking behaviour |
| Medium: | Convenience Advertising - A4 'narrowcast' messages displayed in the toilet area of selected locations |
| Location: | 63 Hash smoking 'coffee shops', popular bars/cafes and disco's |
| City: | Rotterdam, The Netherlands |
| Campaign Approach: | A mixture of confrontation and 'black' humour |

It seems that HIV/AIDS prevention campaigns aimed at 'general' youth have not been successful at reaching youth engaging in risk taking behaviours. Their sexual behaviour as well as their experimental drug use places them at greater risk than other youth, as they value safe behaviour less and engage in more risk taking. There is little, if any, specific prevention material accessible to this target group. It is therefore important to specifically target campaigns at this group so that they too, receive messages about safe behaviour.

The problem with targeting this group with HIV/AIDS prevention is; they are difficult to identify. The different names given to this group, including; at risk youth', 'marginalised youth' and 'problem youth', highlight the problem. What we do however know is, how and where to find them. In the Netherlands, they can be found in hash smoking 'coffee shops', popular bars/cafes and disco's. Observations made from visiting these locations revealed that some patrons were apathetic and into being 'tough'. Their conversations consisted of making cynical jokes about Rwanda, Bosnia and 'foreigners'. If they weren't talking, they spent time watching video clips on MTV, listening to techno/house music or playing pool, pinball etc. Generally speaking they are often referred to as 'losers' by some in mainstream society. Restless in nature, they are certainly not interested in a 'soft', 'gentle' or 'moralistic' approach to prevention material.

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The medium: Convenience Advertising offers opportunities to bring a select message to a specific target group - hence the term, 'narrowcasting'. The medium involves the strategic placement of small framed posters in the toilet cubicle and washroom area of select locations: ensuring that visitors view information at their 'leisure' without fear of being 'spotted' by peers. The toilets in several of the locations we had selected were not necessary places to spend much time in: a few had broken toilet seats, black light and/or 'little' light and they were 'smelly'. In these venues, visitors had no real time to read a long message.

The campaign had two main aims: To reach the target group with safe sex as well as safe drug use messages. However which approach was the 'right' approach; what strategy would grab their attention? Especially when we know that we will not achieve much by barraging them with well intended messages and motives. In the early stages of developing a campaign a marketing professional is usually consulted for advice on how to reach your target group. Your outcome could well be measured as successful by the fact that you have been heard and that your message has been accepted by the target group. Keep it short and to the point. Catch your audience first, then give them the solution. Include also a relevant 'tagline'. Always asking yourself: Why would young people want to read this? Why wouldn't they shrug their shoulders and say, "So what?".

In the Netherlands, there is an apparent general consensus about the way drug harm reduction and HIV/AIDS prevention should occur, among some health educators.

In 1987 The Commonwealth Department of Human Services and Health in Australia conducted a campaign that was designed to shock people Australia wide out of an apathy to the issue of HIV/AIDS. The campaign, 'the grim reaper' became known Australia wide within the first spots being aired on national television. The appropriateness of the images and campaign became the subject of immediate political, media and community debate. However, some health educators, both in Australia, but moreover internationally, were critical of the use of images, and the attendant fear generated, that is part of the issue of HIV/AIDS. It was not uncommon to hear educators saying that this type of campaign would not lead to behaviour change. They were correct, but by default, as the campaign was addressing and seeking different outcomes. This was Australia's 'high alert' campaign, something that must be a precursor to more targeted informational strategies that would (and indeed did) follow, once the population reached the understanding that HIV/AIDS was a health issue of far reaching implications for them.

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In the Netherlands, it was agreed that HIV/AIDS prevention activities would be conducted differently and hence 'scare' campaigns were discouraged. The rational behind this 'consensus' was supported by findings in a 1987 study conducted by prevention researchers Seydel and Taal. They proposed that it was senseless, "to use the mass media and 'scare tactics' to encourage appropriate and desired behaviour change". This view became consensus and later taboo: The situation became clear, there existed a 'fear' for using 'fear'.

In HIV/AIDS prevention, 'fear' plays a central role. Even the most docile campaign confronts the observer with the four lettered acronym AIDS. Fear of dying is the most important reason for people to use a condom when having sex. It is not a question of whether or not to use scare tactics - it is a matter of how much fear is effective. Insensitive confrontations are useless; measured confrontations on the contrary, are not. Consideration needs to be paid to what is the target group, what is the most effective medium to reach your target group, what is their 'culture', habits. situations etc. HIV/AIDS prevention campaigns that were 'scary' five years ago may well have a different meaning now.

The development of the message must borne out of the context of where the campaign will be conducted. In the Netherlands in the past few years, the public has experienced an 'overkill' of government HIV/AIDS prevention campaigns. The tone of the messages has simply become stronger. Campaigns like, "No-one has ever caught AIDS from a bit of understanding" to the more explicit, "I have safe sex or no sex." It was a long time ago that the Dutch government had a monopoly on HIV/AIDS prevention activities. Talk shows, with the likes of Paul de Leeuw, pictures of people with AIDS in popular magazines such as 'Nieuwe Revu', a chart hit by someone with AIDS, billboard posters by Benneton depicting a person with 'HIV positive' tattooed on their arm, are all examples of other strategies for awareness raising. Youth of today are bombarded with an enormous amount of messages: HIV/AIDS is one, among a cast of thousands. To really grab the viewers attention - a message has to stand out. In advertising, a 'lifestyle' context is central to speaking effectively to your target group. In general, advertising aims for positive emotions and associations.

Of late, in the Netherlands there have been a few examples of advertising campaigns that have chosen for a confrontational and fear inducing approach. These campaigns include advertisements for: Volkswagen, The National Nederlander (an insurance company), and Oil of Ulay. Daan Rernarque, a Project leader at an advertising agency in Rotterdam, read with interest an article in Adformation exploring the idea of positioning fear in a 'good' and positive way.

A percentage of youth are attracted to danger and develop a 'no risk, no fun' attitude. They do this with drink driving, smoking, fare evasion, the move from XTC to speed, football vandalism and violence. During an AIDS prevention workshop for injecting drug users that was conducted by the Netherlands Institute of Alcohol and Drugs (NIAD) in April 1993; peer educators emphasised the need to 'shock' the target group before expecting them to be accept the message.

An effective Dutch advertising campaign aimed at curtailing accidents while using fireworks used this strategy. The campaign was aimed at the same target group - 'at risk youth'. Since 1985, the campaign has been underwritten with the same tagline, "You're an runt (idiot) if you 'stunt' with fireworks". In Dutch it reads, "Je bent een runt als je met vuurwerk stunt". Initially the campaign strategy involved confrontation and humour: A cartoon of a boy with a guide-dog and the text, "Thanks to a short fuse, Theo now has a dog." In 1993, a more hard hitting campaign was launched. It utilised photographs of the target group with damaged and torn limbs as a result of 'doing stunts' with fireworks. The text read, "Ten wicks in a tennis ball". This approach appeared effective, despite the fact that sales of fireworks increased by 20%, the amount of accidents with fireworks decreased by 40%.

A similar development also occurred with Dutch public health campaigns aimed at curbing alcohol use while driving. Between 1965 and 1983, the tone of these advertising campaigns was friendly and positive. Light-hearted slogans like, "If you drink, let someone else drive you home", were accompanied by atmospheric music. Between 1984 and 1987 the slogan changed to, "Driving and alcohol use is a serious offence." Tracking studies conducted during this time revealed that there was a decrease in drink driving offences from 11% to 8%. Although it is difficult to prove that all of this was a result of the campaign, the message was refined and is now even more direct. An example of a more recent campaign, depicts a man heavily bandaged in a hospital bed and drinking from a straw, the slogan reads, "Alcohol behind the wheel results in an urn in the wall." A special message developed for younger drink drivers depicts a car wrapped around a tree, and the slogan , "Cheers! There you go." The most recent campaign uses a variation on the theme, the slogan reads, "If you know she thinks drinking is uncool, why don't you go easy on it? Alcohol. It will do more than damage your love." Between 1987 and 1994, drink driving offences decreased another 3%, to 5%.

Unsafe sex and unsafe drug use are not entirely comparable to drink driving and using fireworks. HIV/AIDS is a very 'loaded' issue. Among other things, HIV/AIDS is about lack of medication, taboos and shame about sex and drug use and stigmatisation of so-called risk groups.

The strategy of 'narrow casting' which is used by Convenience Advertising ensures that the impact of these loaded issues are minimised. We knew who our target group were and where they were spending their time so we could specifically tailor our message to suit them. This meant that we could be more direct than if we had developed a billboard campaign that was seen by the general public.

On the basis of our collective knowledge, we decided on a confrontational approach. At face value the target group is offered an attractive proposition, "How do you get a free ride in a Chevrolet?" The answer lies in a stylish black and white photo - a hearse in a funeral parade. The photo gives the message an ironic touch and reinforces the tagline, "AIDS. Without a condom you're a dick head." The target group is confronted with the outcome of unsafe behaviour, and this outcome, creates fear. The use of 'black' humour in the message allows the observer a way out. This helps prevent fear from undermining the message which may result in the observer rejecting it. The confrontation and directness of this type of message fits in well with graffiti culture.

Ten concepts utilising this approach were focus tested with twenty members of the target group in two cities in Holland. The approach and the messages tested well and were understood. A few participants offered spontaneous suggestions and modifications. One suggestion was later used in the campaign.

On the basis of the pre-test results, a number of messages were modified or not included. It was also decided to include information about the availability of condoms and addresses of where condoms could be bought anonymously (outside vending machines). Youth workers and field workers applauded the concept and approach. The owners and workers in the selected locations were also very enthusiastic about the strategy. These 'gatekeepers' thought the campaign was 'fun' and necessary, which in turn fostered an acceptability from the target group. The installation of condom vending machines by owners and managers of these locations revealed their commitment to the campaign. At the commencement of the campaign only 8 of the 63 locations had vending machines. As a result of the campaign, a further 10 had machines installed with another 18 locations contemplating doing the same.

The reaction of professional health educators was not so favourable. The most important arguments presented were:

** "You are using fear tactics and that is not an acceptable approach to HIV/AIDS prevention in the Netherlands.*

This campaign is not about creating fear. The approach uses a combination of confrontation and humour. Contrary to belief, there is no official policy in the Netherlands about the use of fear in public health campaigns: at the most there is consensus. Consensus needs to be discussed regularly to ensure it does not become dogma.

** "Young people in the Netherlands are well educated and extra attention to the dangers associated with HIV/AIDS are unnecessary.*

While understanding about HIV/AIDS may exist, this does not necessarily mean that behaviour change will necessarily follow. A person interviewed for the evaluation revealed, "I know all about it (HIV/AIDS), but I am dumb enough to need a kick in the pants every once in a while".

** The campaign is too shocking.*

The reader determines how much he or she is going to be shocked by the message content. The official criticism by professional health educators could well be true if the posters were widely displayed on billboards. But this was not a mass media campaign. By using Convenience Advertising we were able to ensure that the target group were the only people who saw the message. At risk youth were not shocked by the campaign - health professionals obviously were.

The English campaign, "Don't die of ignorance." made a similar mistake as the Dutch professionals. They also incorrectly assessed the impact of the message on the target group, however in this instance the results were negative. The campaign's target group were injecting drug users and the messages used icons of sickness and death to 'shock' users into adopting safer behaviour. Research conducted by Sherr in 1990, revealed that users did not take 'the message on board'. The messages did however have an effect on students.

** A Follow-up campaign will need to be even more 'shocking. Where will it end?*

It is not true that once you have used 'fear' you need to go further with that concept. The follow-up campaign to this pilot project, will contain more text and information for young people about risk reduction strategies. An example of our the follow-up message may include a 'banter' between two people about condom use, which will provide strategies for discussing and practising safe sex. The follow-up campaign will also contain sex-specific messages for men and women. The tone and text of the campaign will speak to the target group in 'their' language and not that of the general community. In general, it is always difficult to predict how to proceed further.

The context changes: and as educators we always need to 'keep up with the times' and cheek what new opportunities have arisen and what strategies are effective. Forward projections are useless: even big advertising agencies will not attempt to predict the future climate.

** The campaign stigmatises and creates fear and discrimination towards people who are HIV positive.*

Narrow casting ensured that hardly any HIV positive people saw the campaign messages. The argument is a non-issue anyway. At the end of the campaign, two messages were printed in *HIV News* - a magazine for HIV positive people in the Netherlands. There was not one negative reaction to the messages.

The open resistance of professional health educators to the 'pilot project' was remarkable considering it's aim was to test the effectiveness of the medium (Convenience Advertising) as well as the confrontation/humour approach. Through lack of curiosity and open dialogue between professional health educators, the financial backing for the evaluation was jeopardised. Instead of an influx of money to distil doubts about the effectiveness of the approach, less money was made available for research.

Under pressure from adverse reactions to our chosen approach, we began researching in greater detail the historical background to using this concept in our pilot project.

Anker Brink Lund put together an inventory of all literature on the use of fear and humour for the "Europe and AIDS" program. A consensus was hard to find and conclusions were diverse. Rosser (1991), concluded that, "Fear based education campaigns appear capable of increasing the spread of AIDS." On the other hand, Rhodes et al. (1990) concluded quite the reverse, "Fear oriented appeals may be effective in promoting changes in community norms and subsequently motivate individuals to adopt AIDS risk reduction strategies."

Researchers, Prochaska and Diclementa propose in their phase-model of behaviour change: that people in the 'pre-contemplative' phase do not know whether, or do not accept that they are 'at risk'. The researchers propose, that the right combination of confrontation and fear can, in this case work. Sutton (1982), further proposes, "Shock tactics have a place alongside other weapons in the health educators armoury."

Leventhal (1970), in his parallel response model, distinguishes between the two different responses to a threat: an emotional reaction to eliminate the fear *(fear control)* and a rational reaction to face the danger *(danger control).*

Too much fear can lead to *fear control,* and does not lead to the desired behaviour change. Leventhal also discusses the use of confrontation. He believes confrontation can work as *danger control* if the message is tightly targeted to suit a specific group.

The protection-motivation model developed by Rogers (1975), distinguishes two risk factors: the balancing between the seriousness of the threat and the chance of being confronted by the threat. According to Rogers, these risk factors are more cognitively than emotionally evaluated. To change behaviour, the individual needs to be convinced that the desired behaviour change is effective (expectation of the solution), and that he/she is personally able to achieve it (expectation of self-effectiveness).

The focus of our campaign was on 'risk factors': both the seriousness and the chance of threat. We needed to convince our target audience, 'at risk youth', that HIV/AIDS is also something that can happen to them. It was therefore necessary that the 'messenger' was trustworthy. The context, tone, and humour all needed to reflect the culture and lifestyle of the target group. To use Greek 'rhetoric': the listener will only be convinced of the rational content (logos), if he/she has enough respect for the speaker *(ethos)* and if the speaker uses enough 'sentiments' *(pathos)* such as fear and humour. Both *ethos* and *pathos* are situationally determined and are different for every subculture.

Confrontation alone is not sufficient. The observer of the message also needs to be presented with an alternative behaviour. The tagline, "AIDS. Without a condom you are a dick head" offers an alternative. The effectiveness of using condoms (desired behaviour change) provides the solution. The expectation of self effectiveness as demonstrated with the protection-motivation model will be further developed in the follow-up campaign.

Peter Blanker, a researcher at the Rotterdam Institute for Addiction Research (IVO), will present the official results of the evaluation of the 'pilot project' at the VI-th International Conference on the Reduction of Drug Related Harm. The evaluation was conducted with 280 members of the target group. I would like to highlight some overall results of the research: 85% of the interviewed target group spontaneously recalled the tagline and 70% thought the message content was clear. The campaign prompted a lot of discussion between visitors at participating locations. Shortly stated, the messages made an impact.

In saying this, there is also a section of our target group that we didn't reach: the group that doesn't respond to any 'official' message. They are the group verging on becoming 'losers' with racist attitudes. It is difficult to know exactly how big this group are and in what sense they are taking risks with the sexual transmission of HIV.

Maybe for this group the message needs to be more 'direct' and more 'tough'. Or maybe even an attractive poster with text reeks of too much of officialdom and government interference. This alone is enough of a signal for this group to switch off and be weary of it's intent. A more comfortable approach could be a combination of oral and written prevention strategies. The posters could then be used as a prompt to begin a conversation.

**What we learned from this campaign:**

* Look, listen and learn from your target group. A field study is absolutely necessary - even if it is just to discover that the toilets are badly lit. The concept of the campaign needs to be tested with the target group in their own environment. A large focus test is not necessary as long as you have between 10-20 reactions which signal you are on the 'right track'. This is providing of course that there is acceptance of the message by the target group.

* The credibility of the 'sender' is for an effective campaign. In practice far too little attention has been paid to the credibility of the sender.

* With narrow-casting you can more finely tune your campaign to suit the target group. This strategy also allows you to take more risks and be more provocative. In this way, *ethos* and pathos can be very useful.

* The attempt to reach consensus about an approach causes a watering down effect of the message and campaign. 'Democratically' designed campaigns, are 'lousy' campaigns.

* Fear of the opinions of funding organisations can lead to (self)-censorship. Too much *political correctness* towards HIV positive people has the same effect.

* With HIV/AIDS prevention too little attention is paid to new trends in advertising and marketing. In these areas we can find know-how and expertise. HIV/AIDS campaigns have to compete with regular advertising media.

* The target group is not homogenous. We can recognise at least three different sub-groups. It would be interesting to develop more variations of the posters and selectively target our messages to different hash 'coffee shop', cafes/bars and disco's.

* Professional health educators are very frightened about using fear as a prevention strategy: At the same time the target group is saying that campaign messages can't be tough enough. To develop a campaign is above all an act of balancing. Balancing between prevention strategies and theories and the 'person in the street'. Between intuition and big scale evaluations. Between national consensus and a being 'bloody minded'.

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