

Motivating Attitude Change: A Content Analysis of the C-word PSAs and their adherence to Health Belief Model and Social Cognitive Theories

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Abstract

The purpose of the study was to perform a content analysis on the C-word PSAs to determine if the campaign motivated attitude change and adhered to Health Belief Model and Social Cognitive Theory in designing the messages. Purposive sampling was used in selecting the 7 PSAs that were released during the campaign period. Three coding sheets were used in performing content analysis. The study found out that the 7 PSAs contained messages of persuasion, awareness and instruction. The campaign applied some concepts of the Health Belief Model and Social Cognitive Theory. The study concluded that since there were concepts from HBM and SCT, then the PSAs motivated attitude change towards contraceptives among the youth. It recommended that all concepts from HBM and SCT should be applied to motivate attitude change in the target audience.

Key words: content analysis, PSAs messages, contraceptives, attitude change.

1.0 Introduction

The role that the media plays in influencing behavior change is unchallenged. For this reason several organizations including governments have utilized PSAs as tools to behavior change communication campaigns (Fishbein & Capella, 2006). Reproductive health messages have been designed and targeted at particular audiences with the objective of changing their attitude and behaviour (Fishbein & Capella, 2006).

1.1 C - Word Campaign

The campaign (C-stands for contraceptive) was spearheaded by PSI/Kenya. The campaign was launched in October 2010. The objectives of the campaign were: to demystify the topic of contraceptives among young women aged 18-24 years and to educate young women on the modern contraceptive choices available to them (PSI/Kenya, 2010). The target audience was chosen because among all sexually active women of reproductive age, the unmet need for family planning is highest among youth aged 15-24 years (KNBS, 2010). Non-use of family planning was highest among women in two age brackets: 15-19 years 72% and 20-24 years 56% (KNBS, 2010; PSI/Kenya, 2010). The vision of the campaign was to empower the youth to make informed choices on family planning at an early age (PSI/Kenya, 2010).

1.1.1 C-Word PSAs

The PSAs were as follows: the first one was entitled basketball or '*a woman's business*' released 28/08/2013. The PSA was about a male youth unwilling to discuss contraceptives because he believes it is a woman's business but it ends when he accepts to discuss. The second PSA was entitled bus stop or '*weight bus stop*' released 28/08/2013. It was about two female youths talking about contraceptives on a bus. One female youth believes that contraceptives increase a woman's weight. It ends when the myth has been dispelled though. The third PSA was entitled restaurant or '*CD's restaurant*' released 28/08/2013. The youth are discussing the myths that surround condom use. The fourth PSA entitled supermarket or '*infertility supermarket*' released 28/08/2013. It's about a youthful couple that dispels the myth of barrenness as a result of using contraceptives (PSI/Kenya, 2010).

The fifth PSA was entitled *PSI myth garage version*. It was about youthful mechanics in a garage where one of them supports the myth that contraceptives can lead to promiscuity among women and reduce sexual urge. The sixth PSA was entitled *PSI myth salon version*. It is about female youth in a salon discussing the myth about contraceptives making a woman barren. The seventh PSA was entitled *PSI myth water point version*. It was

about female youths in a village fetching water and they discuss the myth about contraceptives causing diseases. The last three PSAs use health workers to dispel the myths. In addition, all the 7 PSAs highlighted barriers to contraceptive use.

1.2 Problem Statement

No study had been done to review the types of messages in the C- word PSAs and whether the PSAs adhered to health communication theories in designing messages to change attitude among the target audience.

1.3 Objectives of the Study

1. To review the types of messages presented in the C- word campaign materials in order to motivate attitude change in the target audience
2. To determine whether these messages adhered to Health Belief Model and Social Cognitive Theories in motivating attitude.

2.0 Review of Theoretical Literature

According to Fishbein and Capella (2006) theories of behavioural prediction and behaviour change provide a framework to help identify the determinants of any behaviour and provide the first step in the development of successful interventions. The study used Social Cognitive Theory (SCT) and the Health Belief Model (HBM). The two theories were chosen because they are important in predicting health outcomes and have been applied before in preventive health behaviour such as contraceptive practices (Georgiadis, 2013; University of Twente, 2011a).

2.1 Social Cognitive Theory

The theory explains how people acquire and maintain certain behavioural patterns. Social cognitive theory focuses on three factors: personal, environmental and behaviour. These factors are constantly influencing each other when it comes to behaviour change (Bandura, 2001; Glanz, Rimer & Lewis, 2002; University of Twente, 2011b).

2.1.1 Health Belief Model

According to University of Twente (2011a) the theory makes the assumptions that the target audience will take a health-related action if it feels that a negative health condition can be avoided, there is a positive expectation after taking the action. Before taking the health related action, the target audience considers the perceived susceptibility, perceived severity, perceived benefits and barriers as well cues to action and self efficacy in relation to the health-related action. Therefore, behaviour change intervention campaign should consider these key concepts when designing PSAs (University of Twente, 2011a).

2.2 Behaviour Change Communication

Behaviour Change Communication (BCC) programs are designed to bring about behaviours that improve health status and long-term outcomes through mass media campaign (FHI 360, 2002; Fishbein & Capella, 2006). The most effective behaviour change communications are those aimed at changing particular behaviours rather than behavioural categories (Fishbein & Capella, 2006).

2.3 Mass Media and Health Communication

According to (Gupta, Katende & Bessinger, 2003) several studies have confirmed that Behaviour Change Communication has an indirect effect on contraceptive use because it increases interpersonal communication therefore encouraging positive attitudes. A variety of channels are hence considered most effective in changing attitudes, behaviour and knowledge (Jato et al., 1999 as cited in Gupta et al., 2003).

As supported by (Noar, n.d) media messages influence knowledge, attitudes and behaviours regarding contraceptive. The media is very effective because it has the ability to reach widespread and diverse audience.

According to Atkins (2001) PSAs should contain three types of messages to motivate attitude change: awareness, instruction and persuasion. He adds that to generate awareness, the campaign messages must inform the target audience of the health topic. To give instructions, the messages must tell the target audience what to do and how to do it. To persuade, the message should convince the target audience why they should adopt the desired health behaviour.

2.1 Review of Empirical Literature Review

In a study done by Witte, Cameron, Lapinski and Nzyuko (1998) on the theoretically based evaluation of HIV/AIDS prevention campaigns along the Trans-Africa Highway in Kenya, it was found out that: campaign materials must make individuals feel at risk for serious harm from a health threat. The messages must also make people feel that they can perform the recommended health action successfully and that the action averts the threat. The study recommended that the messages must also promote high levels of perceived susceptibility, severity, response efficacy and self efficacy.

Content analysis done by Georgiadis (2013) on the *Let's Move Campaign*, it was concluded that the PSAs messages were targeted at a particular audience. Some of the PSAs messages applied health communication theories in designing messages. It found out that all the PSAs contained messages of awareness, instruction and persuasion and the target audience was motivated to make behaviour change.

3.0 Research Methodology

Content analysis was used as data collection method because it is used to analyze media messages (Georgiadis, 2013). Macnamara (1999) states that media content analysis is a specialized sub-set of content analysis, concerned with meanings, contexts and intentions contained in messages (Prasad, Das, & Bhaskaran, 2008; Neuendorf, 2002).

Content analysis was performed on the 7 PSAs released by the *C-word campaign* from August, 2013. The PSAs were downloaded from www.cword.co.ke. Purposive sampling was used in selecting the 7 PSAs. Three coding sheets that were adapted from Atkin's PSA strategies; Health Belief Model and Social Cognitive Theory concepts were used to review the messages in each sample material. Each PSA was viewed and reviewed three times using each coding sheet by the researcher (Appendix A, B and C). This was done to ensure consistency and accuracy of the research findings (Atkin 2001).

4.0 Findings

4.1 Types of Messages

The analysis found out that the PSAs had messages of awareness. This was evident because, the topic of contraceptive was identifiable in the PSAs. In all the PSAs the target audience was told what to do in order to use the contraceptives. According to Atkin (2001) and THCU (2001) messages of awareness in PSAs should define the topic, tell the target audience what to do and how to perform the action. The topic of contraceptive was clearly defined in all the 7 PSAs.

The PSAs had messages of instruction. It was evident in the PSAs because the action to take was stated. The target audience was told the action to take. All the PSAs mentioned visiting either a health worker or clinic for advice. The PSI myth versions had the input of the three health workers who were credible by giving advice on family planning. The messages were instructive in nature as they directed the youthful audience in a relationship to discuss contraceptives or visit a clinic. According to (Atkin 2001) PSAs message are instructive if they define how to perform the action, when to perform it and where it should be performed. Majority of the C-word PSAs seem to have captured the *how* by directing the target audience to visit a clinic or the mentioning of a doctor. The *where* was shown by encouraging couples in a relationship to take the action and the *when* was indicated by the immediacy of taking the stated action.

The PSAs had messages of persuasion. Persuasion was done through credible youth messenger or youthful couples as messengers in the PSAs. The PSAs also persuaded the audience by reinforcing the desired behaviour verbally. At the end of the PSAs, the messenger(s) reinforced the contraceptive messages verbally. The PSAs on *a woman's business*, *weight bus stop*, *CD's restaurant*, *infertility supermarket* are all referring the target audience back to the website, free call and SMS numbers for further exploration of the topic which is supported by Georgiadis (2013). However, the desired behaviour was not demonstrated in

the PSAs, it was verbally stated. Persuasion messages are effective if the messenger is credible; the desired behaviour is demonstrated and reinforced verbally (Georgiadis, 2013; Goodwill, n.d; THCU, 2001).

4.1.1 Uniformity of Content

The PSAs use youthful messengers who reflect the target audience. The source messenger was helpful in attracting attention and personalizing abstract concepts on contraceptive (THCU, 2001).

The messengers were ordinary youths rather than celebrities. As supported by Goodwill (n.d) when a celebrity is used in a PSA, the target audience might remember the celebrity and forget the message.

Several of the messengers are consistently present in the PSAs including the three health workers. The ever present nature of these messengers creates a campaign culture that the target audience can easily identify with because they are recognizable (Atkin, 2001). He adds that creating a culture around a particular campaign is important in creating awareness for the campaign messages.

The language used was similar in the PSAs. There is a lot of code switching and code mixing of English, Swahili language and *Sheng* (language derived from English and Swahili languages). Code mixing and code switching relates well with the youthful audience in Kenya. The PSAs have also employed use of music or soundtrack which plays in the background and makes the PSAs attractive (Atkin, 2011). Theme line is present in the PSAs. The first four PSAs use the theme line *-Be Smart: Get the Facts and Don't Take Chances. Take control while the PSI myth PSAs use Swahili theme line - A lot has been said about family planning which is not scientifically proven; don't listen to them, get the facts from a health worker.* As supported by Atkin (2001) and Goodwill (n.d) good PSAs provide the same theme or colour, sound or graphics in all media channels. This allows for effective execution of the campaign and making it entertaining (Atkin, 2001; Goodwill, n.d). The PSAs have used similar symbols at the end. The first set of PSAs had C-word symbol, Ministry of Health and USAID logos which had been used to create a culture around the PSAs and ensure visibility of the campaign. The culture and visibility of the campaign is important for the target audience to remember the message (Atkin, 2001). The second set of PSAs had Ministry of Health and Sanitation, UKAID and USAID logos.

4.1.2 Target Audience

The study found out that the PSAs can be grouped into two sets when it comes to the specific target audiences. The first set of the PSAs - *a woman's business, weight bus stop, CD's restaurant and infertility supermarket* – are specifically targeting youth who are dating and in an urban setting. According to Goodwill (n.d) PSAs should define the specific target audience so that they evoke the required response from the audience.

The second set of PSAs in the C-word campaign – *PSI myth salon version, PSI myth garage version and PSI myth water point version*- are specifically targeting married youths. The use of the term family planning in the PSAs was a clear indication that it targeted married youths. According to THCU (2001) focus audiences should be defined as narrowly as possible, as the more alike members of the audience are, the more likely they are to respond similarly to the messages in a given PSA therefore it is easier to influence their attitude.

4.1.3 Adherence to Health Belief Model

The 7 PSAs applied Health Belief Model in designing some messages. All the PSAs applied the concept of perceived susceptibility by defining the population at risk, the youth. According to PSI/Kenya (2010) the youth are at risk of unplanned pregnancy because they are sexual active. Perceived severity was also applied as the risk was given in some PSAs but others did not explicitly bring out the seriousness of the risk. However, the PSAs highlighted the consequences of not using contraceptives. Most of the PSAs applied the concept of perceived benefits by giving the how, when and where as well as clarifying the positive effects of using contraceptives in a relationship. Some of the PSAs however missed out on one or two items of the perceived benefits.

The PSAs applied the concept of perceived barriers. This was done by identifying the myth that has affected the use of contraceptives among the youth. Assurance and incentives of using contraceptives are given by the messenger. Cues to action are also stated through theme lines. Self efficacy was applied since the youth

are guided to get the facts about contraceptives. The messengers also make decision on contraceptives and family planning which was important in raising the belief that the target audience can also make the decision (University of Twente, 2011a).

4.1.4 Adherence to Social Cognitive Theory

The PSAs applied the Social Cognitive Theory. Majority of the PSAs had messages of expected outcome. They outlined the outcome of using contraceptives among the youth. They showed the outcome of planned pregnancy or contraceptives as a means to avoid unintended pregnancy. However, some of the PSAs were not explicit with messages of outcomes. They did not clearly bring out the expected outcome.

Messages of behavioural capability were given in the PSAs. This was done by showing the messengers accepting or making decision of seeking health worker's opinion or using contraceptives. The acceptance to use contraceptives or explore the topic of contraceptive was brought out when the messengers are able to indicate behavioural capability of using contraceptives or family planning and as supported by (Glanz et al., 2002; University of Twente, 2011b) if the target audience has to perform a behaviour, it must know what the behaviour is and have the skills to perform it.

All the 7 PSAs conformed to the concept of providing social support. They showed the messengers being supported by friends, colleagues and family. According to University of Twente (2011b) the community or social environments affect a person's attitude.

Observational learning was applied but not emphasized. The messengers modeled desired behaviour in a very abstract way. With observational learning, negative expectancies about contraceptive use are reduced therefore the target audience is likely to perform the action (University of Twente, 2011b).

Lastly, the 7 PSAs applied the concept of reinforcing the expected outcome. Either the youth messengers or the health workers verbally reinforced the benefits of using contraceptives or family planning. The theme line also reinforced the desired behaviour

4.1.5 Motivating Attitude Change

To change behavior, you must first instill positive attitude towards the desired behaviour (Piddennavar & Pushpanjali, 2014). They add that motivating attitude change involves targeting a specific audience with specific desired behaviour based on evidence. The 7 PSAs had a specific target audience with key message of using contraceptives or family planning. The target audience can also relate to the messenger in the 7 PSAs because of language use and age demographic. This motivates attitude change because the youth feel involved in performing the desired behaviour of using contraceptives (Piddennavar & Pushpanjali, 2014). It also brings out the issue of messenger credibility. The health workers in some of the 7 PSAs highly motivate the youth to change their attitude towards contraceptive use (Goodwill, n.d; Piddennavar & Pushpanjali, 2014).

To motivate attitude change, the key messages should increase self-efficacy. This can be done by using truthful declarative statements and affirmations (Bartholomew, Koetsier, Donohoe, French & Holohan, n.d). The 7 PSAs used the theme line as affirmations. The 7 PSAs connected negative health outcomes to the lack of contraceptive use or family planning. This is important in motivating attitude change when designing messages of perceived benefits (Piddennavar & Pushpanjali, 2014).

Cues to action are also important when motivating attitude change because it involves cognitive feelings and the urge to perform the desired outcome (Bartholomew et al., n.d; University of Twente, 2011a).

The study also found out that the PSAs applied the concepts in Social Cognitive Theory and Health Belief Model in designing some messages. Although other relevant concepts were under-utilized or not used, the 7 PSAs motivated attitude change in the target audience.

5.0 Conclusion

The 7 PSAs released had messages of awareness, persuasion and instruction. However, some of the PSAs missed out on certain concepts of message of persuasion, awareness and instruction. As argued by Georgiadis (2013) to be effective, PSAs should contain all aspects of messages of instruction, awareness and persuasion. Most of the PSAs failed to demonstrate the use of contraceptives possibly because it is a sensitive topic that cannot be demonstrated. As supported by Goodwill (n.d) important topics that are sensitive should be addressed with caution and lean towards conservatism.

The PSAs specified the target audience- the youth. All the PSAs except one - *PSI myth water point* – targeted youth in an urban setting. The researcher believes, it was necessary to also target the youth in rural areas which the PSAs did not do as they mostly emphasized on the youth in urban areas.

The PSAs had uniformity of characteristics. These included: the symbols used at the end of each PSA etc. This was to make them recognizable to the target audience (Georgiadis, 2013). According to Goodwill (n.d) good PSAs are executable in all media and they use the same theme or graphic approaches to create a mental picture of the campaign messages in the target audience.

The 7 PSAs used an ordinary messenger instead of a celebrity. An ordinary person makes it easier for the target audience to identify and relate to. The use of celebrities in PSAs may affect delivery of the message (Goodwill. n.d). Given the seriousness of the topic campaign, it was good strategy to use ordinary messenger.

The study concluded that the 7 PSAs used some concepts of both the Health Belief Model and Social Cognitive Theory. However, the PSAs should have effectively planned to use all the concepts in the two theories. According to University of Twente (2011a) if the target audience does not feel at risk, then the risk level should be heightened. The PSAs should have clearly brought out the risk level so that the youth would perceive they are susceptible. This could have been done by providing statistical evidence of the effect of not using contraceptives or family planning (University of Twente, 2011a).

Although observational learning in Social Cognitive Theory was not explicitly expressed, the target audience could easily be activated to use contraceptive because the messengers in each PSA makes the personal choice of contraceptives or visiting a health worker. This increases self-efficacy and activates the desired behaviour (University of Twente, 2011b). The concept of social environment under Social Cognitive Theory has been well used in all the 7 PSAs. All of them used family, friends or colleagues to reinforce or make the desired behaviour or decision. It has been noted that the actions of the community are important in changing and moving the target audience towards the desired outcome (University of Twente, 2011b).

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APPENDIX A
 CODING SHEET 1 TYPES OF MESSAGES

Messages of Awareness	Health Topic has been defined	Audience is told WHAT to do	Audience is told HOW to do it

Message of Instruction	Action to take is stated/defined		
	HOW		
	WHEN		
	WHERE		

Message of Persuasion	Messenger is Credible	Demonstrates desired behaviour	Desired behaviour is reinforced verbally

Message Content	Specific Target audience is defined	Theme line and symbols are present	Message can be remembered easily	Uses music	
				Uses humour	

Messenger	Celebrity	Ordinary person	Cartoon character	Minority

APPENDIX B

CODING SHEET 2 HEALTH BELIEF MODEL

Perceived Susceptibility	Population at risk has been defined	The risk level given

Perceived Severity	Seriousness of the risk is given	Consequences of risk are given

Perceived Benefits	Belief in doing the action	Advantages of the desired behaviour are given

Perceived Barriers	The cost of doing or performing desired behaviour is given	Assurance/incentives are present

Cues to Action	Reminders are provided	

Self efficacy	Ability to perform the action	Guidance in performing the action

APPENDIX C
CODING SHEET 3: SOCIAL COGNITIVE THEORY

Message of expected outcome is given	
Messages of behavioral capability are given	
Provides social support from friends, family or colleagues	
Observational learning can be seen	
Expected behaviour is reinforced	

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