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## Posters, billboards and grassroots media relating to TB and AIDS in the Free State and Lesotho

This contribution examines the TB- and HIV/AIDS-related health promotion materials currently in use in the Free State (South Africa) and in Lesotho. It first considers the cultural implications of choosing various visual and verbal design elements in a health-related message. It then analyses a number of health promotion posters on the basis of research findings and the general principles of message design in a multicultural context. Finally, a visual essay approach is taken, commenting on the roadside billboards and alternative health promotion media encountered in the Free State and Lesotho.

### TBC en AIDS gerelateerde gezondheidsposters, voorlichtingspanelen en alternatieve media in de Vrijstaat en Lesotho

Deze bijdrage onderzoekt gezondheidscommunicatie-materiaal dat vandaag in de Vrijstaat, Zuid Afrika en Lesotho wordt ingezet ter bestrijding van de verspreiding van TBC en HIV/AIDS. Eerst wordt aandacht besteed aan de culturele implicaties van de vele keuzen die genomen moeten worden op het verbale en visuele vlak bij de constructie van een gezondheidsboodschap. Vervolgens worden enkele concrete posters geanalyseerd op basis van onderzoeksresultaten en meer algemene communicatie-principes binnen een multiculturele context. Tot slot wordt in de vorm van een visueel essay commentaar geleverd op gezondheids-voorlichtings-panelen langs de weg en op alternatieve vormen van gezondheidscommunicatie.

**H**ealth promotion materials should “talk the language of the receivers” in both visual and verbal terms. This implies more than using a language they can understand (English or Afrikaans or any of the indigenous tongues, as well as culturally specific pictorial languages); it must also be a language they feel comfortable with, that has little or no negative connotation for them. After all, either a language *per se* or specific phrasing or usage may distract the target group from the message. All visual and verbal elements of media messages must meet certain criteria of readability and legibility. “Legibility” demands that both the visual and the verbal elements should be easy to discern, given certain viewing conditions (thus the elements should be large enough; the right colour combinations should be used to increase visibility; an easy-to-read type font and size should be chosen, and the layout should “guide the eye” as it were). “Readability” is much more complex than legibility (or visibility), since it examines to what extent a text can be understood in all of its aspects (syntax, semantics, and style).

## 1. Message design codes: the cultural challenge

Pictures and other visual representations, particularly the more realistic ones, are often considered to constitute a universal language and are therefore widely regarded as the ideal means of communication in multicultural and less literate environments. However, while pictorial information may indeed play a crucial role in intercultural and developmental communication and education, it would be naïve to think that it is easily comprehensible and invariably effective. Pictorial materials are, often in unacknowledged ways, very culturally coded and their uses can be highly culturally specific. Pictures and visual aspects of communication constitute a cultural language that needs to be learnt.<sup>1</sup>

The problem with codes is that they are often overlooked by their creators, because they are taken for granted. The literature of anthropological and developmental communications contains many famous intercultural misunderstandings occasioned by such neglect (cf Fuglesang 1982; Zimmer & Zimmer 1978). The use of perspective, scale, colour,

1 For an overview and extensive bibliography on this subject cf De Lange 2000.

or shape; the levels of detail; the suggestion of motion in a static medium; the depiction of processes, and the indication of cause-and-effect relations may all lead to potentially serious misinterpretations (Brouwer 1995: 15-27).

Generally speaking, the use of colour, for instance, may be more attractive and informative than black-and-white, yet colour is particularly culturally specific and may invoke powerful and sometimes unanticipated associations. Epskamp (1992: 88) found that in some cultures, dark colours are associated with ill-health. He also refers (Epskamp 1981: 29) to an unsuccessful anti-conception campaign in India: its failure was due in part to a wrong choice of colour (light blue) for the packaging of contraceptive pills, as it was associated with constipation (Brouwer 1995: 19). Colour can distract, and using it sparingly may confuse people: a black-and-white drawing of hands being washed under a tap, with the water coloured bright blue to signify its being fresh and healthy (a conventional sign), may be quite confusing to those who decode the message in an iconic way and expect water to be blue (Brouwer 1995: 20).

Even relatively simple media, such as those to be dealt with in this study, namely posters and billboards, involve many pertinent considerations and choices about how to address one's audience properly. All of the media and message design parameters need to be carefully considered in the light of their cultural implications and their effectiveness in communicating what needs to be communicated. Involving culturally knowledgeable people is therefore crucial. Many errors can be avoided by involving local artists, designers, and the like, who will almost automatically, unwittingly even, apply the appropriate codes. Nevertheless, explicit, thorough research is still needed to complement and further explore this expertise, since even such local collaborators will inevitably have a limited cultural and disciplinary scope and practice.

## 2. Health promotion posters: the medium and the message

In regions where large portions of the population cannot be adequately reached through the classic mass media (newspapers, television and radio) or where people of different cultures and languages are living

Figure 1: Tekens en simptome [Signs and symptoms] poster

# Tekens en Simptome van Tuberkulose (TB)

Hoes wat langer as 3 weke aanhou en pyn in die borskas

Gewigsverlies en moegheid

Nagsweet

Ophoes van bloed of bloedbevlekte sputum

Swak eetlus

stop TB

Om te verseker dat jy genees word van TB moet jy jou medisyne onder direkte toesig van 'n gesondheidswerker of behandelingsondersteuner neem

- Ten minste 6-8 maande van behandeling is nodig om TB te genees
- Indien jy beter voel na 'n paar maande van behandeling **MOET JY NIE OPHOU OM JOU MEDISYNE TE NEEM NIE** omdat jy nog nie genees is nie en weer kan siek word met 'n dodeliker TB

Source: G.P.S. 004-9270, Afrikaans

together, well-designed, properly displayed posters can be a vital medium for health communications. Because they are relatively inexpensive, they can be produced in small quantities in different versions for different purposes. Well-designed health promotion posters must meet a multitude of criteria: they must provide clear information; address personal, social and cultural concerns; attract and retain attention; enhance message retention; convey an appropriate level of realism; avoid offending the target audience or other viewers; and trigger the intended kind of response (cf instructional videotapes on AIDS knowledge and attitudes cited by Markova & Power 1992: 123). However, an important additional challenge in the case of poster campaigns is that they need to be displayed in the right places, where the target groups can be reached and have enough time to absorb the message (public spaces, waiting rooms, clinics, and so on).

The “Tekens en simptome” poster (Figure 1) is clearly intended for wide distribution and meant to attract the attention of large groups of people, since anyone may contract TB. Two different messages are skilfully combined without creating confusion: one relates to the early recognition of the various symptoms of TB, while the other propagates the DOTS philosophy and the importance of compliance if one is diagnosed as having the disease. The use of drawings rather than photographs may, in this particular case, foster better understanding, because drawings allow for graphic simplification of both persons and situations while photographs can sometimes be too detailed, providing unnecessary and possibly distracting information. It also permits the use of codes confined to drawing, for instance short dashes to indicate the drops expelled during coughing or when producing sputum for diagnostic purposes. However, extreme caution should be taken when applying such drawing codes. Research in Rwanda (Albrecht *et al* 1990: 151) has identified some serious problems in relation to a similar poster image of a coughing boy, as the abundantly depicted drops of spittle were decoded as solid objects, being seen as a bundle of hay coming from the boy’s mouth. In the case of the poster in Figure 1, the target group is also assumed to be able to recognise that each of the depicted symptoms is a possible and sufficient indication in its own right, rather than part of a process or just one of several symptoms that need to occur concurrently before the patient needs to seek medical help. In addition, the

Figure 2: "Patient-centred care" poster

**Patient-centred care helps  
cure Tuberculosis with**

**D . O . T . S**

1. Be sensitive to patient's situation

2. Listen to the patient's health problems

3. Be helpful and encouraging

4. Explain to the patient what is expected of him

*A good relationship between patient and health worker leads to treatment completion.*

The poster features a large image of a young child's face on the left. To the right, there are three smaller inset photographs: the top one shows a nurse sitting on the floor with a patient; the middle one shows a nurse interacting with a family holding a baby; the bottom one shows a nurse talking to a man. The background is a mix of pink and yellow.

Source: Department of Health, CTP Book Printers, Cape

target group is assumed to be able to correctly interpret the spatial and temporal divide (marked by the dark blue frame) between the visualized symptoms at the top of the poster and the image of a person receiving medicine from a health worker, below. In this instance, the use of visual images may on the one hand make the poster more widely applicable, yet on the other make it appeal to a more specific audience, *ie* by depicting a person of a certain age, wearing specific clothing, belonging to a particular class or gender, and so on.

In other words, while specific images may arouse the interest of certain groups, they may — for entirely comparable reasons — cause others to feel the message does not concern them. The specificity of visuals — and this applies particularly to photographic images — may be both a strength and a weakness. Visuals can provide more detailed description and have verisimilitude. However, if they are ill-considered, they may also foster a sense of exclusion, merely distract or even cause offence. Representing a diachronic process, such as evolution over time or a cause-and-effect relationship, is always difficult with a static medium such as a poster and in a cultural context where the conveyor of the message is uncertain about the exact level of visual literacy of the audience. A sequence of pictures used to convey the message that “if you are ill and you take these pills you will get better”, for example, may be read in reverse order or interpreted as a synchronic event, so that taking the medicine is actually associated with becoming ill rather than with being cured.

Health communication campaigns may target a variety of actors, not just people at risk. In the case of the “Patient-centred care” poster depicted in Figure 2, health workers are reminded of the importance of nurturing a good relationship with a patient and what precisely this entails. The poster format is a useful medium, given its low cost and its flexibility of display. Obviously, this poster is intended for display only in the workplaces of health workers. The purpose of using colour photography rather than drawings or no pictures at all may have been to add realism and to literally give a “face” to those needing help. However, in this instance the photographs are not self-explanatory and they play a role subordinate to the written advice. This is most obviously the case with the larger picture, which tries to underscore — albeit rather unconvincingly — the notion that one should be “sensitive to patients’ situation”. Again, it is clear that pictorial language has limi-

Figure 3: "Prevent HIV/AIDS" poster



Source: Issued by the Beyond Awareness Campaign, HIV/AIDS and STD Directorate, Department of Health



tations, as certain aspects just cannot be adequately expressed by means of (static) visuals. In addition to these issues relating to depictions of diachronic events and processes, problems also arise in the visualisation of both abstract concepts and generalisations.

Research by Witte *et al* (1998) has indicated that campaign materials to combat serious diseases such as AIDS and TB must make individuals “feel at risk” (their perceived susceptibility) if they are not yet convinced of the severity of the problem (their perceived severity). In addition, they must make people believe they are “able to effectively perform a recommended response” (their perceived self-efficacy) and that “the recommended response works in averting the threat” (their perceived response efficacy) (Witte *et al* 1998: 360). The “Prevent HIV/AIDS” poster in Figure 3 does not use “fear appeal”. Nor does it explicitly address the severity of the matter or the aspect of susceptibility — though it does visually imply that every couple engaging in sexual intercourse should take precautions. This is not necessarily a problem if there is already a high level of perceived susceptibility and if the audience is already convinced of the irreversible consequences of HIV infection. Thus, an implied threat may work well if the target audience already has a high level of threat perception. This poster is particularly well-suited — and probably specifically designed — to enhance such an audience’s perceived self-efficacy, the idea that they can do it and that it really works. Research has shown that

... role modelling and detailed pictures showing condoms being used, for example, are ideal for increasing perceptions of self- and response efficacy (Witte *et al* 1998: 361).

Unlike that in many other posters, the visual aspect here is not merely subordinate to or a repetition/illustration of the verbal statements, but in fact carries much of the information and argument (some of which is echoed in the small print). Apart from providing clear instructions on how to use a condom by means of a sequence of pictures in the right-hand border, the larger illustration also shows that they may be obtained free at clinics, thus addressing two additional barriers: availability and cost. In a more implicit way, a further “barrier” or prejudice is also dealt with: the happy faces imply that using condoms does not spoil the enjoyment of sexual intimacy. The poster as a whole thus

promotes the idea that the use of condoms is an integral part of sexual intercourse. The choice of a fairly simple drawing rather than, for instance, detailed photographic images is probably inspired by a concern not only for clarity, but also for achieving an acceptable degree of sexual explicitness. To the western eye, this may seem a simplistic or unsophisticated poster, but it is in fact a very cleverly constructed health message that puts many of the proven health communication rules into practice.

Figure 4: “ABC of AIDS” billboard, Lesotho.



Photo: Luc Pauwels

### 3. Roadside health communication: billboards, alternative media and their environments

Billboards can also be effective media for health promotion, especially when used in support of more in-depth methods such as personal counselling and flyers. As they can convey only a limited amount of information, their use should be restricted to advertising a single strong message and referring to other health media or more general health programmes. Other strengths of billboard messages include their fairly broad audience, the theoretical 24-hour exposure of messages, and — if well researched — the possibility of optimising the location of the message (with customisation to local groups and, to a lesser degree, demographic selectivity).

The remainder of this paper constitutes a “visual essay” on effectiveness of roadside health communications in their physical environment. By its very nature, a visual essay approach by nature does not pursue representativity or generalisation. Rather it is used to present and encourage “informed” observation that attempts to combine visual and verbal elements in order to generate new forms of insight (Pauwels 1993).

The “ABC” for combating AIDS, according to a Lesotho health campaign, is “Abstain, be faithful or condomise” (Figure 4). This is a straightforward approach — presented in several languages along the road — offering clear advice on how to avert the threat, though the viability of each of the options proposed depends very much on the social and cultural norms that prevail within the community targeted. The publisher’s message at the bottom of the billboard, apart from being an example of plain advertising, is also a token of endorsement of the health message and thus a recognition of the health threat to the community. These small-size billboards, using unsophisticated but clear messages and drawing on cultural representational codes that are well understood by the target audience, probably do a better job of getting the message across than either the huge billboards with generic messages (often produced by multinational advertising agencies) or the highly sophisticated appeals that go over, literally and figuratively, people’s heads.

The medium (a huge billboard), the message (use the phone to seek help) and the location (a busy crossroads in Bloemfontein) construct the audience for the “AIDS Helpline” health campaign (Figure 5). The

Figure 5: "AIDS Helpline" billboard, Bloemfontein.



Photo: Luc Pauwels

Figure 6: "Love life" billboard, Bloemfontein.



Photo: Luc Pauwels

pictorial part contains several visual metaphors: the shape and position of the phone has unmistakable sexual connotations and the twist in the red phone cord mirror the shape of a well-established symbol of the campaign against AIDS. Despite a clever design, this concept will probably not work for the high-risk population living in the vast townships nearby. The immediate environment of the billboard inevitably produces what is referred to as a “third effect”. Noteworthy in this regard is the painted advertisement for “Sunrise tombstones” on the wall behind. This second “commercial” advertisement inadvertently underscores the severity of the threat or the desperate nature of the situation.

The “Love Life” billboard (Figure 6), located in an impoverished part of Bloemfontein, seems to testify to the gap that often exists between the culture of the campaign designers (often large international groups) and that of the target audience, or at least major sectors of it. Even more seasoned and sophisticated mass culture consumers will struggle to work out what exactly ought to be “talked about” or what precisely the question “Love yourself enough?” refers to. This campaign’s effectiveness seems to have been undermined by its excessively sophisticated — indeed, almost completely incomprehensible approach.

Figure 7: Christian place of devotion, Lesotho.



Photo: Luc Pauwels

Figure 8: “AIDS does not forgive” billboard, Lesotho.



Photo: Luc Pauwels

Efforts to promote more healthy behaviour should not go against existing systems of belief (though they should not refrain from combating harmful misconceptions). Instead, they should adopt a co-operative approach. This billboard along the main road to Maseru, Lesotho (Figure 8) and in close proximity to a church (Figure 7) is a simple but effective example of how this can be accomplished.

The “AIDS grassroots” school mural (Figure 9) fights stigmatisation of and misconceptions about AIDS patients, and the exclusion they may suffer as a result. Grassroots responses are among the best indicators that a community is taking ownership of a problem. Both the location and the execution of such messages may be a powerfully complementary to more formal channels of communication. They work particularly well on issues of acceptance and solidarity. Other grassroots or community media often used to express views on social or political problems include quilts, cloths, handbags and clothing.

In Figure 10 the wall of a traditional healer’s shack advertises its “health offerings”. The shabby exterior contrasts sharply with the huge billboards displaying their slick health messages. However, this visual discrepancy may be deceptive, since traditional systems of belief still exert a profound influence on major sectors of contemporary African society. To simply ignore or fight them is inevitably counter-productive. A culture-sensitive approach also implies that one should

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Figure 9: AIDS “grassroots” mural, Bloemfontein.



Photo: Luc Pauwels

Figure 10: Traditional healer's shack, Bloemfontein.



Photo: Luc Pauwels

try to reconcile traditional culture with more contemporary ways of acting and thinking.

#### 4. Concluding remarks

This paper has focused on the cultural aspects of design elements in health messages and on the complexity of using various media in rolling out such messages. It underscores the importance of “talking the language of the receiver”, of choosing the right kind of appeal and of “feeding” the target audience with carefully considered message elements to foster the right kinds of perception and attitude. These crucial issues of health message design and dissemination have been explored by means of the analysis and presentation of specific health posters and photographs of health messages in their context of use. The examples have been selected from a fairly extensive set of materials collected or produced during earlier visits to the Free State and Lesotho.

As a mainly exploratory study, this contribution does not seek to provide any conclusive answers or an overall assessment of the effectiveness of particular campaign materials. The materials discussed were chosen primarily for their ability to exemplify several crucial points relating to the design of effective health messages and to illustrate possible cultural misunderstandings. However, as one frequently encounters the selected posters and billboards in the abovementioned regions, they may be considered to some extent “typical” materials in the attempt to control TB and AIDS. Moreover, they address different audiences for different reasons, thus illustrating some of the wide variety of messages and approaches demanded by such complex health issues.

A more representative and systematic study, aimed at assessing — and, if need be remedying — the current health promotion approach, would require a much more in-depth knowledge of the specific cultural context (including language issues, role patterns, beliefs about health, cultural codes and connotations, and the various possible “barriers”); of the predispositions of the target audience (their knowledge, attitudes, current behaviour, and degree of visual literacy), and of the local health organisation and infrastructure. Obviously this can only be acquired through extensive multi-disciplinary research, requiring the active involvement of the target audiences as well as of various types of cultural experts and professionals in many fields.



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