



THE INFLUENCE OF SOCIAL MARKETING COMMUNICATION ON CONDOM USE AMONG FEMALE SEX WORKERS IN RWANDA

A case study of Society for Family Health (SFH) Rwanda

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Abstract

The study examined the influence of Social Marketing Communication (SMC) on condom use among Female Sex Workers (FSWs) in Rwanda using the case study of Society for Family Health (SFH) Rwanda. The two study objectives included; to examine the effect of message framing on condom use among female sex workers in Rwanda, and to assess the influence of communication channels on the use of condoms by female sex workers in Rwanda. The study used a descriptive case study design methodology with purposive and random sampling techniques. A 5 point likert scale questionnaire was utilized for data collection. The data was analyzed by way of SPSS 20 using descriptive analysis and inferential techniques particularly Pearson correlation analysis to determine how variables influenced each other. Findings reveal that message framing positively and significantly influences condom use among FSWs in Rwanda. Thus, the use of positive message framing that focuses on the benefits of condom use among FSWs significantly increases condom use. Communication channels were also found to positively and significantly influence condom use among FSWs in Rwanda particularly the use of peer to peer campaigns and mass media (Radio and TV). The study recommends among other things that SFH Rwanda further investigates the use of peer to peer approach and social networks as channels effective on the dissemination of messages on condom use among FSWs.

Keywords: Social Marketing; Communication; Condom; Message framing; Communication channels

1. Introduction

The Global HIV Prevention Working Group noted that regardless of the extraordinary potential of available prevention strategies, most people at risk of HIV infection have little or no access to basic prevention tools. They add that despite what is known about HIV prevention and what works, only 9 percent of risky sex acts worldwide are

undertaken while using a condom, and the global supply of condoms is millions short of what is needed (Lefebvre, 2011). Only 12 percent of men and 10 percent of women in the most heavily affected countries of sub-Saharan Africa know their HIV status. About 11 percent of HIV-infected pregnant women in low- and middle-income countries receive antiretroviral prophylaxis and prevention services reach only under 20 percent of sex workers (Lefebvre 2011). In many developing countries such as Rwanda, the public sector health systems are sometimes unable to ensure that products and services reach a large proportion of the population especially those at the low end of the cash economy. In addition, the cultural and religious misconceptions and low literacy levels about condoms make the issue of condom use complex in places like Rwanda just as in many other developing countries, where cultural norms, religious beliefs and low literacy levels compound public health issues (Draft Rwanda National policy on condoms, 2006).

Social marketing communication can however be used to address some of the above misconceptions and barriers to the use and access of health products like condoms (Perese, Bellringer and Abbot, 2005). The World Health Organization for instance, argues that social marketing communication could avail the strength, control and improve individual's ability to perform alternative positive behavior in matters of family planning and reproductive health (WHO, 2009). The popularity of social marketing communication is based on reasonable evidence that if carefully managed social marketing communications can be very effective (Andreasen, 2006).

Social marketing has been defined as applying marketing principles, tools and techniques to create, communicate and deliver value so as to influence the acceptability of social ideas of benefit to society (Lee and Kotler, 2011).

The United States Agency for International Development (USAID), one of the key donors for social marketing projects to address a range of health problems in the developing world, has defined social marketing as the use of commercial marketing techniques to achieve a social objective (Lefebvre 2011). Moreover, in the public health field, social marketing programs in the developing world have mainly focused on availability and use of health products, such as contraceptives or insecticide-treated nets (Lefebvre 2011). Hence, the study seeks to fill the gap on the use of social marketing communication with regard to promotion of condom use among Female Sex Workers (FSWs) for whom prevention services reach only under 20 percent. Taking a case of Society for Family Health (SFH) Rwanda- a social marketing organization, the study focused on the influence of message framing and communication channels on condom use among FSWs.

1.2. Statement of the Problem

A study by the Behavioral and Biological Surveillance Survey (B & BSS 2010) among female sex workers in Rwanda- highlighted that the HIV/AIDS burden among Female Sexual Workers is at 51%. The median worldwide estimates show that female sex workers (FSWs) are 13.5 times more likely to be living with HIV than other women, with the highest attributable fraction in sub-Saharan African populations (17.8%). Yet, despite sex workers' disproportionate risks of acquiring HIV, prevention programs among them account for a meager share of 1% of the overall HIV prevention funding worldwide (Bekker, Johnson, Cowan, Overs, Besada, Hillier and Willard, 2014). In Rwanda, there have been tremendous efforts in the last two decades to curb HIV prevalence such as availing condoms, but the country still faces a challenge that deserves collaborated efforts and approaches such as social marketing communication to combat the disease. Generally, more young people in the country are diagnosed with HIV/AIDS and similar long-term illnesses such as Hepatitis which are sexually transmitted infections (STIs) with a large

proportion of new infections among FSWs (Bryant, 2010). The persistence of challenges related to new transmissions of STIs and early pregnancy in many developing countries, Rwanda inclusive, is partly attributable to the public sector health systems which are usually unable to ensure that products and services reach a large portion of the population and in particular, those at the low end of the cash economy and those in the hard to reach communities. Yet, social marketing communication approach could be used to make scarce health products and services available, accessible, affordable and acceptable by utilizing commercial marketing techniques, while linking it to a chain of communications geared towards a sustainable behavior change on condom use.

A study by Adeokun, Mantell and Weiss (2003) argues that integration of efforts to prevent HIV/AIDS and sexually transmitted infections (STIs) through condom use promotion into family planning services is urgently needed because of the escalating HIV/AIDS pandemic in Sub-Saharan Africa. Moreover, there is a shortage of studies in developing countries such as Rwanda on the impact of social marketing campaigns in promoting condom use among high risk HIV segments such as FSWs. This study on the influence of social marketing communication on condom use among female sex workers (FSW) in Rwanda comes in response to the need to fill that gap. The study findings could be helpful in scaling up the use of social marketing communication to tackle health related challenges such as HIV to remedy escalating numbers of new HIV/AIDS infections in Rwanda.

1.3. Research Objectives

The general objective of the study is to assess the influence of social marketing communication on condom use among female sex workers (FSWs).

The specific objectives for this study are:

1. To examine the effect of message framing on condom use among female sex workers in Rwanda.
2. To assess the influence of communication channels on condom use by female sex workers in Rwanda.

1.4 Research Questions

The study was guided by the following questions:

1. What is the effect of message framing on condom use among female sex workers in Rwanda?
2. What is the influence of communication channels on condom use by female sex workers in Rwanda?

2. Review of Literature

2.1 Theoretical Review

The study borrows from the theoretical paradigms of the Health Belief Model and the theory of reasoned action.

Health Belief Model (HBM)

According to Lefebvre, (2011), HBM emanated out of the need to explain why people did not participate in programs to prevent or detect diseases and is one of the most widely used theories among public health practitioners. Its core components include; perceived susceptibility which has to do with the subjective perception of the risk of developing a particular health condition, perceived severity that pertains to feelings regarding the seriousness of the consequences of developing a specific health problem, Perceived benefits which relates to beliefs on the effectiveness of various

actions that might reduce susceptibility and severity, Perceived barriers which refers to potential negative aspects of taking specific actions and cues to action, meaning the bodily or environmental events that trigger action.

Theory of Reasoned Action (TRA)

This theory is based on the constructs of behavioral and normative beliefs, attitudes, intentions and behavior. The theory is often concurrent with the Theory of Planned Behavior (TPB) which has the additional construct of self-efficacy – one's perceived control over performance of the behavior (Cheng 2017). In TRA, the most important predictor of subsequent behavior is one's intention to act. This behavioral intention is influenced by one's attitude towards engaging in the behavior and the subjective norm one has about the behavior Korin (2016). Thus, subjective norms are based on one's normative beliefs that reflect how significant referent people appraise the behavior either positively or negatively.

2.2 Empirical review

Framing refers to manipulating perceptions of the outcomes of behaviors either as beneficial (gainful or positively framed) or costly (losses or negatively framed) Cheng and Woon (2010). The authors suggested message framing as a strategy of developing effective messages based on the needs and wants of the target audience which makes the social marketing communication campaign effective. Harris, Parke and Griffiths (2016) demonstrate that the use of messages stimulating negative emotions directed at the self- has perverse effects on drinking intentions among a sample of students. They stress that when emotions eliciting uncomfortable perception of oneself are further stimulated in a way which threatens to heighten this discomfort, viewers of the emotive message tend to convince themselves that the message does not apply to them in a process called defensive processing. This leads in leaving individuals free to do what the messages warned them against than if it had never been received. Conversely, messages that elicit no threat to the self but asked participants to think about the behaviors of others had intended positive effects. They hence suggest that messages should end on a positive tone, relieving the negative emotion and defensiveness towards the message. Dillard and Nabi (2006) argued that research supports the claim that messages intended to evoke a particular emotional state may arouse not only that emotion but others as well. For example, in a study, Dilliard, Plotnick, Godbold, Freimuth and Edgar (1996) cited in Dillard and Nabi (2006) found that all but 31 AIDS prevention fear appeals evoked change in more than one emotional state. Equally, Pinto and Priest cited in Dillard and Nabi (2006) argue that guilt based advertisement evoked anger as well as guilt and Nabi also cited in Dillard and Nabi (2006) maintains that social issue messages designed to produce guilt also yield feelings of shame. Meyers-Levy and Maheswaran (2001) observed that positively framed messages, which stressed the positive consequences of using a product were more effective than the negatively frame messages, which highlighted negative consequences.

Health communicators widely define communication channels as delivery systems for messages to reach intended audiences (O' Sullivan, Yonkler and Merritt, 2003). They have categorized them into interpersonal, community and mass media. Hirose, Ishizuka, Tsuchida and Sawazaki, (1996) evaluated the campaign effect of mass media on the citizen's attitudes and behavior formation towards AIDS in the Tokyo metropolis in Japan. Participants answered that they had always or almost always exposed themselves to AIDS reports when the media had carried such information. Highest exposure was 50.7% (newspaper), followed by 29.5% (television). AIDS information seekers through the media had more intention to undergo the HIV serologic test than non-information seekers. Westoff, Bankole and

Akinrinola (1997) presented the results of a series of surveys which examined the effect on sexual and reproductive behavior of those who had been exposed to mass media in different forms of a series of surveys in seven sub-Saharan African countries—Burkina Faso, Ghana, Kenya, Madagascar, Morocco, Namibia and Zambia. The general conclusion the authors made was that there is a strong association between exposure to mass media and reproductive behavior in the expected direction. Salaamu, Tamwesigire and Meinert (1996) in a study on AIDS education among adolescents in Uganda observe that Straight Talk (ST), a media program to Safeguard Youth from AIDS (SYFA) was initiated in 1993 as a strategy to develop and stimulate dialogue on AIDS, health and growing up among young people, their parents and teachers. Researchers report that the empowerment of adolescents with knowledge, information and advice through mass media, to understand their bodies and emotions to cope safely with sexual feelings is vital in controlling the spread of STDs/HIV. The success and desired impact of the project has been significantly influenced by cultural acceptance. Wessels, Claypool, Singh and Praz (1996) examine innovative mass-media projects that communicate vital information to motivate the adoption of safer sex practices and that constitute innovative and effective awareness strategies to reach different populations at risk of contracting HIV/AIDS. Examples include the radio project “Disha” in India; nationally televised debates in Burundi; and Condom Soirees in Rwanda, Malawi, and Benin (condom soirees include games, contests, and skits together with condom demonstrations held at places where young people congregate). The authors stress that innovative mass media approaches are effective in reaching target populations with critical information and helping motivate safer sex practices. Coleman (1993) in a study on the Influence of mass media and interpersonal communication on societal and personal risk judgments maintained that there is an interrelationship between mass media, interpersonal channels and self-efficacy on risk judgment.

3. Methodology

3.1 Research Design

This study employed a descriptive case study design with a triangulation approach involving both qualitative and quantitative approaches. Pallant (2005) observed that a descriptive case study is conducted to describe the present situation, what people currently believe, what people are doing at the moment. Kothari (2004) in addition observed that all researches have aspects of both quantitative and qualitative research. Qualitatively, descriptive techniques such as frequency tables were used in portraying and interpreting demographic data of respondents while quantitative techniques were used for correlations in order to determine how variables influence each other.

3.2 Target population

The study population was the employees of FHS Rwanda working in the social marketing department and Female Sex Workers (FSWs) involved with SFH social marketing activities in Kimironko, Remera Sectors of Gasabo and Muhima, Nyamirambo sectors of Nyarugenge district of Kigali city.

3.3 Sampling Techniques

Purposive sampling was used with SFH staff in marketing and communication field and simple random sampling for FSWs. The study sample comprised 158 who were derived from the target population using Sloven’s formula.

$$n = \frac{N}{1 + N(e)^2}$$

where n = the minimum sample size

N = the population from which the sample will be obtained

e = the margin of error estimated at 10%.

3.4 Data collection instruments

A 5 likert scale questionnaire was used in primary data collection with the 158 respondents of whom 129 returned the questionnaire. Interview was also used in data collection but only with 18 respondents from SFH Rwanda.

4. Data Analysis

According to Hyndman (2008) data analysis involves translating the answers on a questionnaire into a form that can be manipulated to produce statistics. This involved data coding, editing and tabulation especially quantitative data. Data analysis involved use of SPSS version 20 to derive frequency tables for descriptive statistics and correlation analyses. Correlation analysis was used to analyze relationships and interpret the study findings. Pallant (2005) argued that Pearson correlation is used when you want to explore the strength of the relationship between two variables so as to determine the influence or effect of one variable over another. It gives an indication of both the direction (positive or negative) and the strength of the relationship. A positive correlation indicates that as one variable increases, so does the other. A negative correlation indicates that as one variable increases, the other decreases.

5. Results

5.1 Demographic characteristics of Respondents

There were three variables that were considered under demographic data: gender, level of education and occupation of the respondents on the project as shown in the tables below.

Table 5.1 Respondent's sex

	F	P
Male	13	10
Female	116	90
Total	129	100

Source: Primary data

Findings from table 5.1 show that the total number of respondents was 129. Of these 13 are males representing 10% while 90% are female. The 10 male respondents came from the SFH Rwanda staff.

Table 5.2 Respondents' level of education

	F	P
Diploma	13	10
Degree	9	7
Post graduate	16	12
Other	91	71
Total	129	100

Source: primary data

Findings in table 5.2 indicate that the majority of people sampled (71 %) fall under others which referred to no formal education at all, primary or ordinary level education. 10% of the respondents hold diplomas while 7% are degree holders. 12% of the respondents had post graduate education.

Table 5.3 respondents' occupation

	F	P
SFH Manager	5	4
SFH Marketing officer	13	10
Female Sex Worker	111	86
Total	129	100

Source: primary data

Findings in table 7.3 indicate that respondents to the study questionnaire are categorized into three namely: SFH managers, SFH Marketing officers and Female Sex Workers (FSWs). The proportion of FSWs is 86%, SFH marketing officers 10% while the SFH managers comprised 4%.

5.2. Analysis and Presentation of findings per research objective

The researcher ran a correlation analysis to establish the effect of the independent variables on the dependent variable and answer research objectives 1 -2. Table 10.4 shows the results of correlation analysis of the influence of message framing and communication channels on condom use among FSWs.

Table 5.4 Correlations analysis

	Message framing	Communication channels
Message framing	1	
Channels		1
Condom use among FSWs	.230**	.333**

** . Correlation is significant at the 0.01 level (2-tailed).

5.2.1 Objective one: To examine the effect of messages framing on condom use among female sex workers in Rwanda

The first objective of the study was to examine the effect of message framing on condom use among female sex workers in Rwanda. The results as shown in the correlations table 5.4 indicate that message framing by SFH Rwanda has a positive relationship with condom use among FSWs in Rwanda at ($r = .230^{**}$, $p \leq 0.01$). This implies that the use of positive message frames that focus on the benefits of condom use significantly influence condom use among FSWs in Rwanda. It equally implies that condom use messages that highlight the risks of not using condoms also influence condom use among FSWs. Finally, it implies that placing condom use messages in proximity to FSWs areas of work positively and significantly influences condom use among FSWs in Rwanda. In addition, results from

interview with 18 SFH staff reveal similar findings with 12 of the 18 respondents (66.6%) choosing educational and encouraging messages (positive frame), 4 of the 18 (22 %) chose educational and threatening messages (negative frame) and 2 did not indicate a response.

The findings are furthermore congruent with related literature. For instance, Sims, Langley, Lewis, Richardson, Szatkowski, McNeil and Gilmore (2014) undertook a population level study in the UK of smoking behavior following both positive and negative emotive messages in televised advertisement campaigns. Both positive and negative emotive messages delivered via televised advertising were associated with a reduction in smoking prevalence when compared to the effects of emotionally neutral messages. In another study by Chang (2007) on the influence of message framing and perceived product characteristics of health-care product advertising, the researcher examines the most appropriate message framing to present to consumers in print advertisement for health care products. Results from study indicated that a mixed –framed message that combines both gain and loss could boost message effectiveness only when consumers have prior experience or knowledge.

Similarly, Meyers–Levy and Maheswaran (2001) observed that positively framed messages, which stressed the positive consequences of using a product were more effective than the negatively frame messages, which highlighted negative consequences. Tversky and Kahneman cited in Cheng et al (2010), maintain that people tend to be more accepting of risks when a decision is framed in terms of its associated costs, whereas they tend to be more risk-averse when the same decision is framed in terms of its associated benefits. For instance, in deciding on a hypothetical treatment program framed in terms of losses, participants tended to prefer a program where 66% of all 600 patients would die over one in which there was a 100% chance that 400 patients would die. However, when deciding between programs framed in terms of gains, participants were more likely to choose one in which there is a 100% chance that 200 patients are saved over one in which there a 33% chance that all 600 patients are saved. Thus, in the loss frame condition, participants tended to go for the riskier alternative whereas they tended to avoid risks in the gain frame condition (Cheng et al, 2010).

5.2.2 Objective two: To assess the influence of communication channels on the use of condoms by female sex workers in Rwanda

To answer the second objective of the study, the researcher carried a correlation analysis as shown in Table 5.4. The results indicate a significant positive relationship at a magnitude of ($r=0.333^{**}$ $p\leq 0.01$) that exists between communication channels and use of condoms by FSWs in Rwanda. This therefore means that disseminating condom use information through peer to peer approaches can positively and significantly influence condom use among female sex workers (FSWs). Similarly, use of social network as communication channels can positively and significantly influence condom use among FSWs. Finally, the use of mass media positively and significantly influences condom use among FSWs in Rwanda. Moreover, results from interview with the 18 SFH Rwanda staff indicated that condom use messages to target audience are channeled through peers (35%), radio (38%), and Television (27%),).

The findings are in agreement with some previous studies particularly on the use of mass media. Bessinger, Katende and Gupta (2004) reported that Ugandan women exposed to multiple HIV prevention message types through print, radio or Television were 7 times more likely to use a condom than those with no exposure. Goldstein, Usdin, Scheepers and Japhet (2005) similarly added that in South Africa, the more exposures a person had to soul city Television and radio program, the more likely they were to ask their partners to use a condom. Furthermore, Westoff,

Bankole and Akinrinola (1997) presented the results of a series of surveys which examined the effect on sexual and reproductive behavior of those who had been exposed to mass media in different forms of a series of surveys in seven sub-Saharan African countries—Burkina Faso, Ghana, Kenya, Madagascar, Morocco, Namibia and Zambia. The general conclusion the authors made was that there is a strong association between exposure to mass media and reproductive behavior in the expected positive direction.

6. Conclusion

The study sought to assess the influence of social marketing communication on condom use among Female Sex Workers in Rwanda. The objectives of the study included; to examine the effect of message framing on condom use among female sex workers in Rwanda and to assess the influence of communication channels on condom use by FSWs in Rwanda. Among the findings, message framing was found to positively influence condom use among FSWs in Rwanda. This implies that the use of positive message framing that focuses on the benefits of condom use among FSWs significantly increases condom use. The study furthermore found that communication channels also positively and significantly influence condom use among Female Sex Workers in Rwanda particularly; the use of radio, peer to peer and Television among others.

7. Recommendations

Given the above findings from the study, the following recommendations are suggested:

There should be an investigation into factors relating to placement of condom use messages in proximity of users (FSWs) given the wide divergences in responses revealed in the descriptive analysis. There should also be a further investigation of the peer to peer approach and the use of social networks as channels for disseminating messages on condom use for FSWs.

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