WHAT ARE THEY TRYING TO SAY: MEANS OF PERSUASION
AND
ANALYSIS OF HIV ADVERTISEMENTS IN UKRAINE

Master Thesis

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INTRODUCTION

Problem statement. Ukraine has the largest HIV\(^1\) infection rates in Europe. Since the country gained its independence, Ukraine has been immersed into the political, economical and social turmoil of the 1990s, trying to find its place in the world as a sovereign state. Back in those days HIV was not a priority not only because of the lack of political will but also due to rather moderate numbers of HIV-infected people in Ukraine (the first ever recorded case of HIV infection on the territory of Ukraine was registered in 1987)\(^2\). Economic instability of perestroika years put aside the problem of HIV infection. The United Kingdom and the United States (as one of the first countries apart from Uganda to be massively hit by HIV epidemics) have been trying to overcome the virus starting from late 1970s, thus accumulating certain experience in handling the patients with HIV or AIDS\(^3\) and posing the timely question of how prevent people from risky behaviour and make them aware of the new virus. Consequently, the first public campaigns have started to appear there both on TV and on outdoor billboards.

In case of Ukraine, public campaigns is a new phenomenon that has not been fully researched for it has a relatively short track history and therefore, not enough experience in developing them in the most effective way (so that message of the advertisement reaches the target audience, is understood and leads to changes in attitudes and/or behaviour). The problem of the present paper lies in the fact that HIV advertisements, which are developed in Ukraine are using signs, which are not understandable or/and have high semanticity allowing numerous interpretations to occur. And (at least partial) reason for that is, in my opinion, because they are usually created by or in close collaboration with the non-governmental organisations dealing with issues of HIV or official state bodies (Ministry of Health in Ukraine, Centre of Disease Control and Prevention) and those who are responsible for the end product are no longer able to look at the choice of signs and symbols in the advertising with a critical eye\(^4\).

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\(^1\) HIV stands for human immunodeficiency virus.


\(^3\) AIDS stands for acquired immunodeficiency syndrome.

\(^4\) by critical eye I mean the ability to place oneself in the shoes of a person, who doesn’t know anything about the virus.
**Aims of the paper.** The situation with HIV advertisements development, prompted me to question the effectiveness of the developed HIV campaigns in Ukraine and inquire how are they perceived (or how much of the intended message is understood) by people, who do not work in HIV-related fields and contrast their answers with those, who are either professionally or personally involved into the HIV issue. Therefore, I distinguish two focus groups for the present study:

a) general non-involved population (people, who have never worked in HIV-related field and are neither living with or affected by HIV/AIDS) and

b) personally involved population (people working in HIV-related field and people living with or affected by HIV/AIDS).

*Fig. 1. Means of perception influence (Source: own elaboration).*
This distinction of two focus groups came not only from the premise mentioned earlier (HIV professionals are usually not able to look at HIV issue from a regular person’s viewpoint), but also to document the distinction in the perception of the same HIV advertisements by these two groups to highlight the existing problem of poor quality of HIV campaigns in Ukraine.

Another aim of this paper is the notion of perception, what does it entail and what means influence our perception of stimulus, in our case, HIV advertisements. For the purposes of the present study I selected only three means that affect our perception of the HIV campaigns. These are collective memory, language and ego-involvement (Fig. I). I am well aware that this list is not exhaustive and there are other influences affecting our perception (emotional state, social background, etc.) but mentioned means seem to be the most encapsulating in their nature allowing for a broad, yet targeted analysis of the most important means in terms of the topic of the paper. I shall explain this choice in more depth in Chapter 1.

Thus, my aims of the paper is to study means influencing people’s perception of the public advertisements (collective memory, natural and visual language, ego-involvement) and secondly, to study perception of the selected HIV campaigns in Ukraine on the two focus groups that would highlight the influence of the mentioned means on people’s perception and overall understanding of the given advertisements.

**Object of study.** For the present study I selected outdoor advertisement (billboards) as my object of study. This choice of the medium is explained by the “invasive” nature of the latter. Billboards are visible to literally everyone (even to someone, who doesn’t have a TV), additionally, they are generally on display for several months, reaching a large audience over the time and this provides (potentially) the largest impact of the given health campaigns. Also, because of the limitations of the medium (absence of moving pictures, necessity of short, eye-catching and understandable signs choice), these advertisements provide exceptionally good material for semiotic analysis. In the study I collected separate billboards, as well as billboards that are part of the larger HIV information campaign entitled “Don’t give AIDS a chance!”, which consists of educational events, leaflets, videos and Internet advertisements. This nationwide campaign is the largest in the history of Ukraine spanning the years 2010-2012 and it was hard to ignore it, although I realise that the fact that it encapsulates additional number of different media to deliver the message of HIV awareness to the audience creates imbalance to other commercials in the sample that do not belong to the
series of activities and events aimed at promoting the specific message but have only the medium of outdoor advertisement at their disposal.

Finally, the timeframe of the sample (2008-2014) was dictated by two factors: 1) availability of the picture of the advertisement in the open access and 2) its richness in terms of sign usage. Apart from this, the coverage of the campaign was taken into consideration, so the sample features nationwide HIV advertisements.

**Methodology.** In order to find the answer to the influence of memory, language and ego-involvement of people on their perception of HIV advertisements, I am going to study perception of Ukrainian HIV advertisements of the period 2008-2014 on the two groups: general non-involved population (people, who have never worked in HIV-related field and are neither living with or affected by HIV and/or AIDS) and personally involved population (people working in HIV-related field and people living with or affected by HIV/AIDS). I focus on this specific aspect only because the paper limitations do not allow more in-depth analysis of all three aspect to be done. Although, the other two (memory and language) will be studied with the help of the questionnaire as well, and will be further elaborated upon in the corresponding chapters.

The wording “personal involvement” is taken considering the theoretical basis undertaken for this specific means of influence, i.e. the social judgement theory (SJT) that describes the way an individual handles communicated message. This theory suggests that we evaluate the incoming message, placing it against our own categories of judgement (from position of complete acceptance to the position of complete rejection). The latitudes of these various opinions are determined by the level of ego involvement of a person with the issue in question. Theory states that some basic issues as politics, family and religion are the examples of high-involvement attitude. Although, the authors of the SJT did not mention it, I place the question of health to the latter as well, since it is inseparable from self-identity - something very basic and private to most of us. Here we face a twofold situation - people of both stances (affected and non-affected by HIV) occupy two extremes of the spectrum, both have (usually) strong opinions regarding the matter that complicates persuasion since people with high ego-involvement (and that means both groups of people mentioned) have higher latitude of rejection according to the SJT. Whereas people detached from the issue in question and thus, having a smaller ego involvement are likely to have a large attitude of acceptance but this is something not very typical when we discuss health issues (not many people are indifferent towards their health), particularly such high-profile disease as HIV.
All in all, ego-involvement is crucial for understanding how the process of persuasion works on two different yet same (in the sense of personal involvement into the issue) groups of people. Thus, the existing HIV advertisements will be evaluated by these two focus group to show how they perceive the advertisements in the sample, particularly their choice of signs and overall emotional appeal.

One might suggest (quite justifiably to a certain degree) that the outcome of such comparison would be evident (people affected by HIV will show more tolerance towards HIV positive people and will have more HIV awareness in general). The initial idea was to track the change of the number of concrete signs and symbols on the billboards through the chain that is formed during the creation of any outdoor advertisement: first, as a terms of reference (ToR) compiled by an NGO and/or state body, then how this ToR is comprehended by the creative agency responsible for the implementation of the advertisement, how words of task description become the image we see on the street and, finally, how this image (outdoor billboard) is being decoded by general population. This idea failed since it proved to be impossible to get ToRs from different and numerous contractors, especially bearing in mind that the sample I have for this paper covers HIV advertisements from 2008 to 2014. So decision was made to study only discrepancies of perception of the same images by different groups of people and although, as was said earlier the conclusion is predictable, this paper serves as an evidence-based document for ineffectiveness of the past and current health awareness campaigns in Ukraine and since all of them exploit the same symbols that are usually associated with HIV (due to the influence of HIV professionals at the stage of ads development), the results of the study would be useful for development of more literate and meaningful ads in the future. In order to achieve the mentioned earlier aims of the paper, I am going to:

1. study the power of various means influencing perception of HIV advertisements (collective memory, language, ego-involvement);
2. review the sample of health awareness advertisements, describe their visual semiotics signs according the set methodology;
3. study the different perceptions of two focus groups based on the feedback obtained with the questionnaires containing closed-ended and open-ended questions;
4. evaluate perception of the given public awareness campaigns based on the feedback obtained from questionnaires.
Finally, the cornerstone for analysis of the public advertisements presented in the sample will be done using Roland Barthes theory of signification systems in advertisements (see Chapter 2). This choice of structuralist approach to decode the meanings of advertisements seems the most practical considering the object of study.

**Previous studies.** Advertising has proved to be the main source of ideology embedded into the culture of consumerism that we experience (Williamson 1978; Ewen 2001). Critique of advertising with semiotics has also been used quite often to make the latter much more effective (Džanić 2013; Bignell 2002). Although, for some reason, application of semiotics to non-profit causes, particularly public health advertising remain to be a rare thing. In Ukraine there are no such studies whatsoever, whereas in the world practice we can find scarce examples of semiotic analysis of public health advertisements. The overview of these studies covers only articles since there is no books that would cover the problematics of message transmission of HIV awareness through visual signs and/or their consequent perception by intended audience. The following examples are from India and Africa, places which definitely have very different epidemiological situation and biases towards HIV that need to be addressed in the corresponding fashion.

For instance one study conducted in India, *Consumer Perception and Attitude towards the Visual Elements in Social Campaign Advertisement*, embarks on the mission to study the reaction of consumers towards the visual elements in social advertising campaigns. The initial goal is similar to the present paper (perception of visual signs of the advertisements by different people), although the theoretical approach is different, focusing more on the influence of the social advertisements on an individual’s knowledge, attitude and behaviour. It is argued that social advertisements select one of the elements or combine several to construct the message of the campaign. Worth mentioning, that the authors of the research do not explicitly delimit their research object to only one medium, thus giving very general overview of visual impact on people’s cognitive systems mentioned earlier. Additionally, some of the terms lack definitions allowing varied interpretations (like, for instance, “message”, “tagline”). Analysis of the previous studies in the field of visual perception given by the

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5 HIV epidemic in Ethiopia is both generalised and heterogeneous (UNGASS report, 2014).

6 what is meant here is HIV advertisement messages that would address the dominant biases/would represent sign systems that would correspond to social misconceptions of the disease in the given society.
authors suggest that visual medium is the most effective since it has “[…] ability to communicate a big amount of information almost immediately” (Sharma, A., Bhosle A., Chaudhry B. 2012: 9) based on the way the information is processed in our brains. Additionally, this form of advertising might be viewed as more persuasive in comparison to the verbal form. Supposedly, persuasive potential is more powerful, when an individual is exposed to an advertisement in very constricted timeframe. But again, the latter is not elaborated enough, leaving us with questions of the more specific explanation of the amount of time needed for an individual to perceive an advertisement’s visual elements in the most effective way. Authors also put the question of perception into the gender perspective, having a hypothesis that males and females have different perception and attitude towards different public campaigns.

In order to test the impact of different public advertisements (ranging from anti-smoking campaign to child adoption) on attitude and perceptions of males and females, the authors used a qualitative research method. The in-person survey was conducted on twelve people (six males and six females). The main finding of the research could be summarised with the difference in interpretation and evaluation of different visual elements of advertisements between males and females. Secondly, the analysis showed that sexual and shocking elements of social advertisement did not hinder respondents to perceive the message of the campaign in the right way (as intended), as well as being rather attention grabbing for respondents than other advertisement without such explicit visual elements. Although, the visual content of the advertisement was decoded successfully it was done not without the “tagline” as referred to by the authors and could be also called “caption” of the campaign that justified the general imagery of the campaign (the linguistic message was not analysed in greater detail in this study).

Lastly, the study found that the respondents do not favour the congruence between visual elements of the advertisement and the cause advertised. It was found that respondents favour advertisements where controversy between content and visual part is detected, sparking interest and wish to discuss it with other people.

The authors of this study mention the major limitation of the study, i.e. a small sample consisting of 12 respondents, which does not provide a representative picture of the issue analysed. The authors also do not mention the age group of participants and their social background that could also be instrumental in understanding their responses and peculiarities of perception.
All in all, this study poses a topical question about the visual power of advertisements and the way social campaigns are perceived by consumers but it seems that the given analysis lacks clearly defined key terms and described variables with which it operates in the methodological part. The gendered approach seems redundant since it does not have any theoretical grounding and the findings of the survey with such a small sample could not be representative and justifiable enough to draw conclusions about difference in perception based on gender. Additionally, the concept of gender as used in this study is not described, which makes it hard for a reader to understand the underlying meaning (they could have used “sex” instead). The study leaves much more questions than answers and does not add any brand new knowledge or validated findings to the corpus of similar studies dealing with perception of public advertisement.

Another study that explores the issue of health advertising was conducted quite recently in 2013 in Africa (Ethiopia) entitled *The Semiotics of HIV/AIDS Billboards and Their Communication Implications: The Case of Bahir Dar and Gondar towns in Ethiopia*. The study addresses the issue of non-verbal signs as used in the billboards sample of two towns in Ethiopia. The main research question addresses the identification of the types of the signs used to represent the issue of HIV on the billboards of the two towns. The authors study the most widespread visual semiotic signs, as well as messages represented by them that contribute to the community’s understanding of HIV and AIDS issue. As with the present paper, the research was thought to be conducted with the survey of individuals/organisations responsible for design and development of the billboards but that proved to be unsuccessful due to several obstacles, such as unwillingness of people to take part in the research and restricted number of volunteers able to conduct the survey. This fact contributed to the limitation of the study since researchers had to rely fully on the data they had at hand, i.e. visual signs of the billboards.

Unlike present study, the methodological part is done using Peirce model and has a goal of enumerating all semiotic signs used in the billboards according their iconicity, indexicality and symbolicity. This taxonomy of the type of sign used mostly in HIV advertisements provides the authors with the answer of the most dominant visual semiotic sign used in order to address the issue of HIV. Thus, the study lacks an important empirical data that would have highlighted the impetus for selecting the specific signs to represent HIV issue by people, who develop these campaigns.

The main finding of the study is that the public campaigns in the two towns use exclusively iconic signs. The authors follow Sebeok’s definition of an icon: “[…] sign that is made to resemble,
stimulate, or reproduce its referent in some way. Photographs may be iconic signs because they can be seen to reproduce their referent in a visual way” (Cherie M. and Lemma Kassaye: 250). The authors of the study suggest that the representation of the reality about HIV is done merely by connecting signifiers (photos) to its signifieds (real people depicted on photos), which in turn does not provide any additional meanings to occur. The paper also states that “[...] iconic representation techniques tended to exist in abundance in human experience [...]” (ibid: 251) and most of the developers of HIV advertisement rely mostly on this type of representation, however no valid proofs or examples are provided.

Based on this premise, the authors conclude that more usage of indexes could provide developers of the public campaigns with more possibilities for representation of economic, demographic and sociolinguistic variables that exist in the society of the towns Bahir Dar and Gondar. However, the justification for this claim remains unclear to the reader. Worth mentioning that the linguistic aspect of the study that touched upon as well, particularly the usage of captions in the advertisement “[...] in relation with the implications of the underlined intended and perceived meanings of the employed visual semiotic signs in qualitative terms” (ibid: 248) but there is no consistent analysis of the latter in the paper. This study mentioned the failed attempt of the billboards producers to adapt each outdoor advertisement with caption written in the relevant language of the town. Hence, the authors did not cover the linguistic analysis of the captions on the billboards that provide guidance (or anchorage in Barthes terminology) for the viewers focusing only on the direct linguistic usage of the latter.

Considering few attempts of semiotic analysis of public advertisements, the present paper will contribute to the knowledge gap existing in Ukraine and elsewhere in the field of perception of HIV campaigns and the means that might affect this perception in favourable or unfavourable way. Also, the study hopes to help authorities dealing with production and developing of the outdoor HIV advertisement to produce more literate and meaningful campaigns that would transmit the message of HIV awareness in a clear and non-stigmatised way.
Chapter 1. MEANS INFLUENCING PERCEPTION OF PUBLIC HEALTH CAMPAIGNS

In this chapter, I will introduce the major factors that influence the perception of public health campaigns in Ukraine. For the sake of the present paper I delimited all possible influences to three of them: collective memory, language (natural and visual) and ego-involvement. I start with definition of persuasion as the main concept of the study and continue with operation of collective memory as a tool for recontextualisation of knowledge about the HIV virus in the society (this will be done with example of the first state-funded HIV advertisement in the United Kingdom). Then I touch upon natural and visual language of advertisements with former affecting perception of the visual material, as well as creating stigmatising discourse against HIV-positive people and the latter reinforcing (sometimes) and/or complicating the message of HIV awareness as presented in the billboards. Finally, I introduce the social judgement theory and ego-involvement, in particular as a tool that could help us better understand the (im)possibility of influence on people with persuasive messages of HIV awareness.

1.1 Persuasion: complexity of the notion

Firstly, I should mention that the concept of persuasion will be used as suggested by Michael Burgoon in his book “Human Communication”: “[…] conscious symbolic act intended to form, modify, or strengthen the beliefs, opinions, values, attitudes, and/or behaviours of another or ourselves” (Burgoon 1993: 177). It needs a more thorough examination in terms of its application to the public health advertising and specifically its goals. From the first glance it could be said that HIV public health campaigns are the platform that tries to attain two (closely intertwined) goals:

a) to inform (condom use, no hazard to be in contact with HIV-positive people) and

b) to change people’s behaviour (safe sex, fidelity, tolerance)

Person, who after being exposed to the information transmitted by advertisements will probably change their behaviour but, unfortunately, changed behaviour does not mean the change of attitude towards the issue. That is, someone might follow the call of using a condom with every sexual
encounter but won’t be with someone who is living with HIV (neither as a friend nor as a sexual partner). The dichotomy of these two constituents of the persuasive message complicates the task of those, who develop HIV awareness campaigns. Michael Burgoon in his book “Human Communication” writes that for better results of persuasion, one needs to decide what exactly they want to influence: behaviour, attitude or both (Burgoon 1993).

These three components are usually not seen as separate constituents of person’s understanding of the issue, therefore attempts of addressing HIV awareness through advertising are often not consistent with the multitude of possible comprehension. For clearer understanding of these categories, let us look at each one of them in more detail.

Opinion is a “verbalised evaluations of people, things, or ideas” (ibid) and it is something we can ascribe to general discourse, where predominant ideas about HIV are circulating, like the widespread opinion that HIV-positive people are dangerous for the rest of [healthy] society.

Belief is a “conviction about truth or falsity” (Burgoon 1993). This category could not be evaluated, unlike an opinion, therefore it is more challenging to approach one in within scientific study framework since convictions demand more time to take shape and be instilled in a person’s mind. For persuasion messages of health advertising, belief is a hard obstacle towards channeling the intent meaning since here we deal with deep-rooted [personal] understanding of an issue, which is hard to change, especially taking into consideration limitations of such medium as print advertising, such as inability to deliver sound/motion, importance of distance between a viewer and billboard, demographic non-selectivity (Shimp, 2010). Additionally, cultural space (“пространство культуры”) plays a decisive role in shaping belief. Here we can mention not only influence of memory of the first years of HIV epidemic that influences perceptions of people nowadays but absence of open dialogue related to sexual education and rhetoric of criminalisation towards sex-workers and drug addicts.

Value is probably the hardest category that is the most resistant to change since it characterised by “enduring influence on a person’s thinking and behaviour” (ibid). It is based on the deeper religious

7 The People Living with HIV Stigma Index: http://www.gnpplus.net/assets/wbb_file_updown/3344/English.pdf
and/or ethical values. That is, values influence people’s opinions on the matter, creating a circle of mutually dependent categories that affect a person’s susceptibility to be persuaded.

Therefore, by successfully changing opinion, belief and/or value, one can eventually change perception of a person. Burgoo differentiates affective (or emotional) and cognitive change of perception. He describes the former as a shift in one’s mood and state of mind, whereas the latter work with a person’s way of thinking, it is when you are ready to reconsider your ideas about an issue and try to adopt your behaviour to the new information you received. Of course, it is wrong to draw any explicit line between the two while talking about HIV advertising, since it uses both in various degrees. The emotive appeal is unavoidable in public campaigns, where issues raised directly involve the persuadee. Thus, we still encounter fear-induced advertisement that remind the viewers about dangers of being infected by HIV virus or just have emotive appeal by representing HIV-positive people (using photos of real HIV-positive people in advertisements). But in the long run, it is cognitive change, which is most valuable as an effect of the public campaign persuasion, so that people reassess their (risky) behaviour and become more accepting towards those who happen to be infected.

Since collective memory is the decisive factor in perception of the HIV virus, it is necessary to go back to the first ever state-funded HIV campaign in order to understand the beginning of HIV representation and how it it subsequently influenced other HIV health advertising in the way they treated both the virus itself and people most vulnerable to it.

1.2 Collective memory (and Recontextualisation)

By 1991 when Ukraine just got its independence, the UK and the US has already obtained some experience in creating, developing and implementing public health campaigns (Rice and Atkin 2009). Thus, representation practices of this socially dangerous disease, marked by rather morbid pictures of HIV-infected people has been established initially by the UK and later copied by the USA at the beginning of the epidemics in the North America in 1981. The most essential thing that was used back in those days when no one knew for sure the ways of HIV transmission and the only vulnerable group were homosexual men. This fact created the myth that still penetrates the consciousness of people who do not want to admit that HIV is not exclusive disease of gay men.
Short before dissolution of the Soviet Union, the first official case of HIV ever recorded involved a homosexual man, who supposedly infected 15 Soviet soldiers. This triggered news agencies to highlight the disease as the one that results from a corrupt lifestyle, a sentiment that is often used now despite the shift in the vulnerable groups these days, i.e. predominantly heterosexual sex and people who use drugs. The only thing known back then was that the marginalised groups (sex workers, gay men, migrants, etc) are affected, that led to instant stigmatisation of the disease. HIV became the sign of the Other and otherness full of negative connotative signifiers that lead people’s judgement towards the disease up to present days. Since memory influences perception (Barry Ann Marie, 2002), then the issue of transforming people’s view on the disease becomes a real challenge, because we have to assign to the disease of HIV brand new referents (chronic disease, not deadly, affects everyone) in order to change people’s perception of the virus as exclusively negative concept affecting only minority groups.

In case of HIV public health campaigns we experience the legacy of the past that created certain clichés and strong connotations in the representation of the disease that influence the viewer’s decoding and attitude to HIV up to this day.

The pioneering social campaign towards raising HIV awareness developed in the UK in the early 1980 could serve as an illustration for that. The campaign consisted of three building blocks: TV advertisement, billboards and leaflets that were sent to all households in the country. The video depicted dark scene of erupting volcano followed by shots of a tombstone being chiselled. The voiceover tells about “a threat to us all” and that “it is a deadly disease and there is no known cure”. Finally, viewers see the gravestone with engraved word “AIDS”. The slogan runs “AIDS: Don’t die of ignorance”. Billboards of the campaign used the slogan written in large font occupying the whole space of the billboard.

Fig.2 Outdoor advertisement of the AIDS: Don’t die of ignorance campaign.
Now, the imagery of the video (that was regularly broadcast on TV channels) perceptually influenced the way the billboards with just a text were seen: grave awaits you if you stay ignorant of such disease as AIDS. The mere text without image did not add and did not subtract anything from the receivers of the message. It served as an anchorage, in Barthes words, of the aired video guiding the viewers to correct level of perception and directing them through the signifieds of the video image and accentuating the most important of them, such as “AIDS”, “absence of cure”, “grave”, “ignorance”. The effect of the campaign (drop in new HIV incidence) and higher HIV awareness of the British people could serve as a confirmation of the these words.

Unlike Barthes’ statement, the video image did illustrate the words (for if only in the heads of onlookers) and not vice versa. Image of gravestone became iconic for the beginning of 1980s when people did not have any knowledge about the ways to control the virus and the only solution (although not explicitly stated in the video) was abstinence. Interestingly enough, the outdoor advertisement was completed by the information put in small font at the bottom of the billboards informing that regardless of sexual orientation and sex, everyone can get AIDS (me: HIV was meant but no distinction had been made between HIV and AIDS back in 80s).

The tactics became the most successful leading to the drop of HIV infections in the country and became a blueprint for similar campaigns all around the world. Skillfully achieved was the connotation of the gravestone image that had a fear-induced effect on the audience. The US, as the first country to copy the fear appeal of HIV prevention programmes over the first years of the epidemic (1986-1991) reported the drastic decline in new HIV cases (Green and Witte 2006). In the UK this state-funded campaign remains the most successful up to this day.

This flashback to the first years of HIV epidemic and the first public awareness advertisements is important in light of the the premise I mentioned earlier, i.e. currently we are still battling the ghosts of the past, the legacy of those years when the only solution for curbing rising HIV infection rate was to scare population. These campaigns of the past are still being “recontextualised”, although

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8 based on the comments of people, who witnessed the campaign back in 1980. Taken from the comments section to the article HIV/AIDS: Why were the campaigns successful in the West?

9 HIV/AIDS: Why were the campaigns successful in the West? http://m.bbc.com/news/magazine-15886670
today people are living in the different epidemiological context both worldwide and, particularly, in Ukraine: a) there is still no treatment but there is antiretroviral therapy allowing a person to have a usual lifespan and b) today Ukraine (along with sub-Saharan Africa, Central America, the Caribbean and parts of Asia) has generalised epidemic, meaning that it concerns all population and not only high-risk groups.

By continuing my line of thought about memory and culture, I want to stress that the latter is essential for this paper only as a mediatory device of the former taking into account the subject of the paper. Cultural mediation done via textualisation (oral, written texts, e.g. myths surrounding HIV virus, first HIV awareness campaigns) and visualisation (the ways HIV has been presented over first years of the epidemic: depictions of visibly sick people, tombstones as an allusion to death, etc.) gives the possibility to transmit collective memory of the virus perception, recontextualise and remediate texts over and over again. By recontextualisation I mean the process through which content (in our case knowledge about HIV and HIV advertisements) are given expression in one context (different epidemiological situation and profile of a person susceptible to HIV, lack of scientific knowledge about ways of HIV transmission) is being reused in a different context (new information about the virus, as well as antiretroviral treatment is available, shift from concentrated\textsuperscript{10} to generalised epidemic).

Recontextualisation that we are witnessing here causes us to keep refreshing the texts of the past, merely placing them in the setting of the present day. This synchronic recreation of texts define our social life, its values and milestones since culture is essentially “maker” of our social sphere: “The fundamental “task” of culture, as we will try to show, is in structurally organising the world around man. Culture [...] creates a social sphere around man which, like the biosphere, makes life possible: that is, not organic life, but social life” (Lotman 1978: 213). But for smooth functioning of culture needs natural language or “diecasting mechanism” as it was referred to by Lotman (\textit{ibid}). The two are indivisible and influence each other providing structure for mental concepts.

\textsuperscript{10} in concentrated scenarios, HIV prevalence is high enough in one or more sub-populations, such as men who have sex with men, injecting drug users, or sex workers and their clients to maintain the epidemic in that sub-population, but the virus is not circulating in the general population (UNAIDS)
In relation to HIV, language has been formed with distinctively judgemental vocabulary that, in its turn, affects our culture and, consequently, perceptions related to texts advocating for HIV awareness and tolerant attitude towards people, who happen to have the virus.

For better understanding of people’s perception of the HIV these days it is important to understand the way information about the virus is recontextualised and reused using the texts stored in the collective memory of Ukrainians, their culture space. Culture that Lotman famously equalled with collective intellect and collective memory (Lotman 1992) makes sure that information is accumulated and transmitted further.

The first decade of HIV epidemic in the world created a picture of HIV virus as a deadly and dangerous disease with a large scope of texts reflecting those sentiments, which we can exemplify with first fear-induced HIV awareness campaigns; myths attached to the virus, particularly its source and ability to infect only specific populations like gay men, sex-workers or drug users). These texts continue to be a part of our culture, although the context has long been changed: now we posses knowledge and have information about HIV as a chronic disease, transmitted through blood to everyone regardless of one’s sexual practices, sex or age.

Recontextualisation that we are witnessing here causes us to keep refreshing the texts of the past, merely placing them in the setting of the present day. This synchronic recreation of texts define our social life, its values and milestones since culture is essentially “maker” of our social sphere: “The fundamental “task” of culture, as we will try to show, is in structurally organising the world around man. Culture [...] creates a social sphere around man which, like the biosphere, makes life possible: that is, not organic life, but social life.” (Lotman and Uspensky 1978: 213). But for smooth functioning of culture needs natural language or “diecasting mechanism” as it was referred to by Lotman (ibid). The two are indivisible and influence each other providing structure for mental concepts.

In relation to HIV, language has been formed with distinctively judgemental vocabulary that, in its turn, affects our culture and, consequently, perceptions related to texts advocating for HIV awareness and tolerant attitude towards people, who happen to have the virus.
1.3 Natural and Visual Language and its Impact

Natural language and visual language constitute the important core of the modern advertisement operating together on supplementing us with additional information (textual part) about the advertised product or cause (in case of public campaigns) and adding visual elements to it by providing eye-catching picture(s) that (ideally) encapsulate(s) the essence of the product/cause advertised. Considering social importance of HIV awareness that is promoted through medium of outdoor billboards it is essential to analyse both natural and visual language as applied to HIV advertisements in Ukraine, as well as their impact on target audience.

Natural language as term used by Tartu-Moscow school of semiotics, suggest that we will use it in opposition to “artificial” language or secondary modelling systems represented by visual language. As a sign system that is governed by convention and collective (shared within given society), language is part of the collective memory that encapsulates the linguistic patterns used for description of specific phenomena, in other words it codifies our memory (Lotman 1992). Having mentioned the impact of memory in the previous sub-chapter, particularly the recycling of myths (HIV is a disease of gays) and recontextualisation of texts (same texts (messages) used in different epidemiological situations), natural language allows us to trace any changes in collective consciousness (if any) regarding the disease. In the context of diseases, which are deemed “shameful” by the society (STDs and, specifically, HIV), we can see the impact of language on their perception by people.

Metaphors is, probably, the most widespread culprit of constructing the attitudes towards the HIV virus. As was studied by Susan Sontag in her book “AIDS and its Metaphors”, this disease is characterised by abundant usage of war metaphors (survivor, victim, attack of the virus, etc), as well as the ubiquitous at the beginning of the epidemic metaphor of “plague” which has been used to ascribe the disease to gay men, the first group that was affected by the virus back in 1980s. Sontag mentions that this metaphor has been in use regarding other STDs as well: “to be described as punishments not just of individuals but of group (“general licentiousnes”)” (Sontag 1989: 54). The discourse of “AIDS as punishment” has been prevalent throughout HIV epidemic, reinforcing false

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11 STD stands for sexually transmitted disease.
beliefs about exclusiveness of the disease to just minority groups making the rest of society feel secure towards the epidemic.

Lotman saw metaphor as a metamodel that “distinguishes it from the level of primary signs and symbols” (Lotman 1990: 38), although he analysed this rhetoric device exclusively as a device in poetic manifestations, i.e. purely creative domain, the reality of linguistic manifestation of HIV to signify the disease itself, as well as people infected with it, seems a fruitful ground for studying metaphors. It is interesting how people have turned to metalanguage to describe the disease (plague, gay cancer/gay plague), comparing it to “invader from the Third World” that contained much appeal for anti-liberals in the West, as well as immigrants from the Russian bloc (Sontag 1989: 62 - 63) referencing the cause of the disease to hedonistic “Western” lifestyle. Although Sontag writes about the USA, this sentiment was expressed almost identically in the post-Soviet countries, particularly in Ukraine. Language that has the primary function of transmission of information has allowed to transmit the metaphorical language created in the Western countries that were the first ones to be hit by HIV to Ukraine, which was enabling environment for adoption of these lexemes considering the historical ties with communist ideology of blaming the West for all negative social phenomena out there.

Apart from transmission of information, natural language functions as a bearer of memory: “A text has the capacity to preserve the memory of its previous contexts” (Lotman 1990: 18). It is useful and necessary for preserving the history or culture but works not in a good way in terms of perception of HIV virus by population that reuses the language that bears the traces of the past (something that was mentioned in Memory and Recontextualisation). Context of the beginning of HIV epidemic in the Western countries that was characterised by (justifiable) fear was incorporated into the memory of the texts with which Ukrainian society operates in the present days. However, we face the twofold situation: on the one hand, it is sensible to (re)use fear appeal since it can help to change attitudes/opinions that in its turn sometimes can lead to behaviour change (as was proved by the Don’t Die of Ignorance campaign) but on the other hand, texts promoting a healthy-looking people along with messages that HIV is not a deadly disease can have an opposite effect on people, who might interpret such messages as HIV being not that bad disease after all.

However, tradition (or cultural memory according to Lotman), which was formed over many years of the HIV epidemic in Ukraine does not provide much space for development of new
tradition, in which language addressing HIV would challenge the formed culture memory of the audience.

Recognising the importance of natural language in creation of specific conventions of HIV representation in the society and its subsequent impact on perception of advertisements, it is necessary to mention visual syntax of advertisements as well. Considering the topic of the given paper, meaning creation achieved by visual elements of the outdoor advertisement is a kernel aspect to consider, while trying to find out the persuasiveness that is achieved (or not) by it.

Billboards are situated in the streets and along the roads that gives a really narrow timeframe to catch the attention of an onlooker and it is also important to take into consideration other stimuli present (road signs, signposts). Additionally, due to studies that suggest shortened attention span in people\textsuperscript{12}, it is crucial for information to feature eye catching, yet relevant for the cause advertised visual element(s). Also, visual material allows us to remember and retrieve it later more easily, something known as “picture superiority effect”. We will mention here the visual syntax analysis from semantical and syntactical point of view (without pragmational, since informative goal is obvious), which build narrative in visual representations. These three constitute the “grammar” of an image as was referred to by Gunther Kress and Theo van Leeuwen in “Grammar of Visual Design”, where they pointed out the systematic ways the meaning is generated by regularities of specific devices ranging from colour scheme to font as used in the advertisements.

Semantics for public campaign provides us with stimulus that could generate the appropriate concepts and emotions that producers of an advertisements intended to embed into the image. People presented in the image, colour scheme, depth, composition are significant elements adding connotative undertones to the visual material. For instance, HIV public campaigns in Ukraine (and in this sense the sample presented in the paper is representative) tend to use white colour of the background, as well as light tones of clothes on the people depicted. It could be explained by its neutral characteristic that is sensible to use in presenting health awareness message, avoiding any unnecessary connotations but it seems that this choice has become too prevalent in HIV-related advertisement. It is closely associated with hospital (white) environment, evoking sense of sterility

and medical facilities in general, especially being depicted together with the red ribbon symbol. Although, I do recognise that this is subjective treatment of advertisements presented and no thorough study has been conducted to provide any evidence to this claim. Apart from distinctive use of white colour, semantics of people usually depicted in HIV advertisements provide the picture of the most vulnerable to HIV infection age group (15-24 years old) - images in the billboards usually feature smiling young males and females, but at the same time these images do not represent other groups susceptible to infection, particularly gays, people, who use drugs and sex-workers. Another thing that would be mentioned later in the paper in more detail is the lack of representation of people living with HIV in the advertisements. Apart from one campaign (Fig.9,10), which was the first one in the history of Ukraine that used the photos of real people with HIV seropositive status, HIV public campaigns depict either models or celebrities endorsing the cause of HIV awareness. This is explained by social stigma against HIV-positive people, who don’t want to disclose their status, so people can’t see the whole variability of people affected by the virus, hence allowing stereotypes about people of “deviant behaviour” to thrive in the society.

Syntactical setup of visual elements create the narrative of the whole image allowing a viewer to navigate through it and generate the (intended) meaning. Spatial relationship between visual elements can stress the important information (like campaign’s slogan, central subject, key message) and create the logical sequence of signs to be read.

In HIV advertisements, there is a certain pattern repeated from one campaign to the other in which the image is usually horizontally divided into two parts with the top featuring a photo (sometimes drawing) of a main subject (person), whilst the core information is placed in the bottom (hotline number, sponsors and slogan of the campaign), suggesting top to bottom reading, which could be seen as something not typical considering our custom of reading left to right. One example (Fig.4,5) has a central element of a model placed in social situation with the campaign’s slogan put in the bottom (with relatively small font in white colour), which is not very typical considering the subject of advertisement that requires very explicit reference to the advertised message (here: use of condoms to prevent HIV). Interestingly enough, health awareness campaigns in Ukraine tend to gravitate between two extremes: either have very little visual elements placed in the image that could lead to misinterpretations (due to scarcity of referents to intended message) or have abundance of textual and visual information that challenges the correct (as intended by the goals of the campaign) interpretation.
Although, this is clearly very limited overview of visual language elements, it presents the main constituents of visual syntax that contribute to meaning creation for its readers and demonstrate various devices that could impact the perception of the audience.

1.4 Ego-involvement

HIV virus is a health issue, therefore it is of interest to almost everyone. Ego-involvement is a core constituent of the social-judgement theory (SJT) that explains the (un)successful attempts of persuasive communication (outdoor billboards in our case). Before explaining the term of ego-involvement, let us take a look at the overview of the main concepts of the SJT and the data collection rationale connected to this theory.

On the general note, the theory allows us to construct the basis for rejection or acceptance of persuasive messages of HIV public campaigns for two groups of people:

a) general non-involved population13 (people, who have never worked in HIV-related field and are neither living with or affected by HIV/AIDS) and
b) personally involved population (people working in HIV-related field and people living with or affected by HIV/AIDS).

The idea for separation of the two groups for study of perceptions was inspired by the SJT developed by Muzafer Sherif and Carl Hovland. That being said, the theory suggest that people judge all incoming information against their own scale of attitude. Latitude of our judgements consists of the spectrum with rejection and acceptance on both ends and with the option of non-commitment (or no opinion) in-between. The incoming information is judged based on the formed judgement on the issue (known also as “prime attitude” or “anchor point”) at hand, i.e. person’s own attitude serves as an anchor, thus persuasive messages would be placed towards one’s opinion (assimilation), whilst others would be placed away from it (contrast): “One’s position in social arrangements or his status relative to the known achievements of others becomes an anchor for making estimates of his own performance” (Sherif and Hovland 1961: 127). Positions that tend to

13 here involvement does not have anything in common with ego-involvement and refers to involvement of self or personal involvement.
fall within the latitude of acceptance (positions, which are acceptable) are assimilated but those that are seen as objectionable or even offensive are falling within the latitude of rejection, hence contrasting of positions is taking place. Therefore, according to the SJT, person’s attitude undergoes a change depending on the recipient’s initial point of view, the greater difference between the anchor point and the message, the more susceptible to persuasion a person might be. And on the contrary, when a message is highly unacceptable and falls into the latitude of rejection, this person is not expected to be persuaded. Finally, non-commitment latitude (messages classified as neither objectionable, nor acceptable) is the most favourable one since messages that end up within its range are likely to be most persuasive.

Finally, the term ego-involvement, which is central to the SJT, indicates personal involvement of a person with the stimulus material (here: persuasion messages of HIV advertisements) that was used by Sherif and Hovland to indicate strong attitude to a given issue: “The relationship between the individual and the stimulus is an ego-involved relationship” (ibid: 100). Ego-involvement is part of self-identity of a person, like religion, political views, family. Although, not explicitly stated by the authors, I put health to this list, since it is very personal matter. And that brings me to the very beginning of this subchapter, where I mention the importance of health for (almost) every person. I use the word “almost” to differentiate another possible group of people, for whom health issues are irrelevant (not a likely category to imagine in HIV context but it should be mentioned).

Following the logic of the SJT and the premise that health is very personal and important issue for everyone, makes the vast majority of Ukrainians ego-involved into the issue of HIV, whether they want it or not, making persuasion messages of HIV advertisement an especially challenging task for their developers since high ego-involvement means higher latitude of rejection and consequently, constricted latitude of acceptance of the advertisement messages: “The greater the ego-involvement with an issue on which the person has an established attitude, the narrower the latitude of acceptance and, consequently, the less the likelihood of opinion change through communication” (Sherif and Hovland 1961: 196).

But this brings us to a bit confusing situation since we have very rigid division of the two focus groups and with both being highly involved in the subject-matter, it seems redundant to follow their perception of the advertisements since both have a common variable (health as a priority). In order to clarify, I would say that although both groups share the same signifier (health), they have (usually) different meaning as a result of different experience. The first group (personally
involved) knows the disease first-hand and has sound knowledge about HIV infection (here I refer to those who also work in HIV-related field) and it usually takes part in the development of the HIV public campaigns, whilst the second group is non-involved in HIV field professionally, and these people have lower literacy in HIV (my hypothesis). Thus, such discrepancies contribute to different perception of the same public campaigns. And the questionnaire (Annex I) serves us as an evidence base for the hypothesis that HIV advertisements developed by creative agencies in collaboration with people personally involved in HIV field lack perspective of a regular person, who as a rule, does not recognise the most common signs and symbols used for representation of HIV awareness in billboards.

1.5 Ideology of Sign

Every advertisement, whether commercial or non-commercial, operates with language that gives us the two essential planes of decoding: linguistic/visual meaning and ideological one. We will turn to Roland Barthes, who used Saussure’s model of the sign and applied it to culture, to analyse among others how cultural values are embedded into the signs we see around us.

The previously used phrase “possible meanings” has very specific definition in the theory of signification we are about to describe. Saussure was preoccupied predominantly with the relationship of the signifier (sound image) and the signified (the concept). These components make up the sign or “a two-sided psychological entity” (Saussure 1959: 66) because he stressed that the link between the signifier and the signified rests in our mental ability to translate the sound pattern into the picture that corresponds to it, which presupposes arbitrariness of any sign. And by arbitrariness Saussure meant sound pattern (or what he calls signal later in his book), which is left unmotivated in the heads of speakers: “[...] arbitrary in relation to its signification, with which it has no natural connection in reality” (ibid: 69). This feature of a signifier creates broad opportunities to study, for instance, exceptions in grammatical rules - something we meet quite often in the realm of advertisements, since such devices allow us to pay attention to them and the urge to decipher the meaning increases as with any deviation from the rule.

But the world of advertising is primarily based on the signs, which are relevant to specific culture, the way certain concepts (“signification” according to Saussure) are read differently depending on
the discourse (cultural and historical contexts) where they are functioning. And this is something that Roland Barthes studied, extending Saussure’s idea to the dimension of popular culture wishing to decode extra layers of meaning in advertisements, cinema, music, etc. Thus, he differentiated two orders of signification or levels of meaning (initially Hjemslev’s idea):

a) denotation (which corresponds to Saussurean “signification”) is the first-order signification, when a sign consists of a signifier and a signified; in other words “literal” meaning

b) connotation or additional, non-evident significations of the signs is the second-order signification. On this level, the denotative sign acts as a signifier and includes an additional signified.

Barthes states that when combined together, these two levels create a myth or ideology that allows us to see clearly (but often not without a trained look) the constructed dominant beliefs and attitudes in the society. Although, more applicable to the word of commercial advertisements, this approach could contribute to a more literate use and representation of HIV infection in advertisements as well. But for now we need to understand the possible ways of changing the people’s perception of the virus considering a long history of its presence in our lives.

Collective discourse over the last 25 years of epidemic has made a brand out of the virus that is loaded with strings of connotations and symbolicity of every taboo topic imaginable for almost all societies (sex, homosexuality, drug use, sex work). Producers of health awareness campaigns should avoid the unnecessary (unplanned) interpretations of signifiers in the ad and avoid any references to disputable issues. But is it possible at all? After all, HIV virus is a disputable issue (for many people) by itself. Considering the rigid chain of meanings that was created over the time and inevitable impact of memory on certain (unfavourable and fearful) perception of the virus (and hence, people living with it), the public health campaigns have to confront the connotations with adequate strings of contra-connotations. By the latter I mean the search for up-to-date meanings attached to the HIV virus\(^\text{14}\), allowing people create new referential toolbox for health campaigns of

\(^\text{14}\) by “up-to-date” I mean such meaning that corresponds to the current medical developments in HIV field: it is not curable but treatable.
such kind. Consequently, that would help shape new (positive or at least non-fearful) connotative chains.

Illustrative could be the attempt of the 2004 campaign “Knowing is beautiful” in the United States, when the advertising agency Crispin Porter + Bogusky decided to embrace the issue of HIV testing as promotion of the fashion brand: to make it look fashionable, cool, optimistic. The videos and posters featured young people, visibly relaxed and smiling apparently knowing their HIV status after having done testing. Tagline of the campaign had no HIV or AIDS abbreviations just the alluring adjective “beautiful” that brings up only positive connotations to one’s mind. Unfortunately, there is no information about efficacy of the said campaign but it is truly a pioneering public health campaign in the way it dealt with the issue of such an importance and providing alternative or contra-connotations to the issue of HIV.

Going back to the commercial semiotics, it is well-known that imagery that is full of possible connotation chains and interpretations, it has more success on the market since everyone can generate their own strings of meanings and signification systems close to them guaranteeing that the product will appeal to them in one or the other way (Danesi 2002). At first sight, we might suppose that receivers (interpreters) of the health awareness campaigns should clearly be stripped of any

![Fig.3 The connotative continuum by M. Danesi and R. Beasly](image)

possibility of connotative meanings, which they see in the health advertisements since their main goal is to be as precise in communicating the message as possible. In order to do that and avoid any misunderstanding the connotative index should be kept at a minimum. Marcel Danesi defines connotative index in the following way: “The relative number of chains - high, average, low - that a product’s name, logo, textuality, etc. tends to produce can be called its connotative index” (Danesi
2002: 109). As we can see from the Knowing is beautiful campaign its connotative index is rather high, allowing the viewers create their own connotational chain, reflecting their values, opinions, beliefs and emotions on the subject.

Danesi exemplifies classified advertisements as an instance of a 0 connotative index, while everyday life products aim for the maximum in this scale, a 10-point index (Fig. 2). It seems that this scale seems to be eligible to apply in non-commercial advertisements as well, although this claim will surely find its opponents, claiming that the realm of health awareness campaigns should be devoid of any connotative signifieds (personal and sociocultural associations). However, such claims do not correspond the reality in which connotation is inevitable process of sign systems operation (apart from the fact that was mentioned earlier: HIV is already a heavily connoted term). And we can apply degrees of connotation as was done by Danesi to public campaigns as well.

But worthwhile mentioning is Barthes theory of connotation as a mere illusion of denotation since it gives another perspective on already well-studied concepts. In his book “S/Z”, Barthes presents the dual nature of the denotation/connotation that reminds us of a two-faced Janus, who reveals one of his faces depending on the situation: “[...] of the two systems, denotative and connotative, one turns back on itself and indicates its own existence: the system of denotation, denotation is not the first meaning, but pretends to be so; under this illusion, it is ultimately no more than the last of the connotation [...]” (Barthes 1974: 9). This process of “pretending” or presentation of seemingly identical signifiers and signified gives the basis for looking at HIV advertisements at slightly different angle, i.e. revealing the potential possibilities for naturalising the HIV virus. Barthes used the word “naturalization” to indicate the process, when connoted meanings are not seen as such, i.e. rather as denotations allowing the interpreters to read them as something purely natural, devoid of ideology. In the case of HIV public campaigns, this naturalisation process could be relevant in terms of sound exploitation of people’s biases (myths about HIV, unjustifiable fear, shame) during the development of the next public health advertising.

1.6 Summary of the chapter

This chapter dealt with the selected factors that affect a person’s perception of HIV advertisements: collective memory, language (natural and visual) and ego-involvement. The study adopts qualitative methodology to track changes in perception of the sample of HIV health campaigns in the two focus
groups that have different (personal) involvement into HIV. The connotative meaning is explored in relation of meaning construction of the virus and disease in the society starting from the beginning of the epidemic and up to present days in Ukraine. The necessity to create contra-connotations attached to HIV is discussed, as well as consequent naturalisation of the concept that could result into principal change of people’s perception of the disease.
Chapter 2. ANALYSING PUBLIC HEALTH CAMPAIGNS IN UKRAINE

2.1 General overview

I analyse the sample of six HIV awareness campaigns developed in Ukraine over the years 2008 - 2014 to find the pattern in constructing the meaning of awareness about HIV virus and importance of safe behaviour (particularly, safe sex) promoted through them. Additionally, the given sample can highlight existing conventions of addressing the topic of HIV and how in some instances the used language can bring up the non-desirable decodings.

This analysis will be later tested against the responses of the two focus groups (general non-involved population (people, who have never worked in the HIV field and are neither living with or affected by HIV/AIDS and personally involved population (HIV professionals and people living with or affected by HIV/AIDS)). These two groups have different knowledge and perception of HIV into the issue, thus giving the reason to believe about strikingly different semiotic reading of the same public campaigns. Additionally, the task is to track the inner working of codes embedded into the signs of the advertisements and how they are perceived within a culture in question, as well as confirm or deny the assumption of the importance of the collective memory about the first years of the epidemic known to have an impact on the perception of HIV as a deadly and shameful disease of certain marginalised groups. The first analysis done by myself is, therefore, biased since I’m a member of the culture that I analyse. Vladimir Toporov once said that within such framework one can be only an observer, not a researcher. But I believe that at the same time, such perspective could highlight additional features of culture and language not evident to someone outside the given context.

Five of the billboards presented in the sample (Fig. 4,5,6,7,8) are part of the large-scale informational campaign “Don’t give AIDS a chance!” in Ukraine aimed at raising HIV awareness, promoting HIV prevention through responsible behaviour and tolerant attitude towards people, who are living with HIV. The primary target audience of this advertisement is young people in the age between 15 and 24 because this is the most risky age group for HIV infections. The said campaign was commissioned by the National State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases together with the German Technical Cooperation Agency (GTZ) and developed
by the private design and marketing agency JWC. Each board was put on display from 2010 to 2012 and each year one of these images were actively circulated not only in the form of the billboards but also in print materials (leaflets, newspapers) and in online environment (web banners), as well as accompanied by the educational events promoting healthy lifestyle and responsible behaviour. Each item of the produced imagery had the goal to deliver one of the goals of the campaign:

1) promotion of responsible sexual behaviour to prevent HIV (Fig. 4,5);
2) promotion of traditional family values and responsibility in sexual relationships (Fig. 6);
3) promotion of healthy lifestyle (Fig. 7, 8).

Considering the above said, let’s have a more detailed look at the sample taken for analysis in the present paper to see the way these visual signs construct the messages of HIV awareness.

2.2 Analysis of HIV public campaigns in Ukraine

I will start the analysis with the large-scale campaign “Don’t give AIDS a chance!” since most of the billboards in the sample are taken from it.

The billboards (Fig.4,5) date back to 2010 and they were developed with the goal to promote responsible sexual behaviour to prevent HIV infection among the youth. The two advertisement were made for female and male audiences (with female and male as a central figure of the image respectively). The first image depicts a young white woman smiling at a man, who faces her. From the background interior and the drinks we can assume that the dialogue between the two is happening at a bar.

![Billboard “Sex=Condom”](image)

_Fig. 4. Billboard “Sex=Condom”_
Speech bubble in the shape of a condom is coming from the mouth of the woman. It says “Would you come for a coffee?”, the question that often means an invitation to have sex. The text at the bottom of the image says: “Sex = Condom” that correlates with the condom-shaped bubble of the question or, in other words, subtle invitation to sex. This image shows us not only a certain event (social interaction between two people) but it also hints on the past (viewer can picture the initial meeting(s) between the two) and promises the future (the question of the woman serves exactly this purpose). Viewers are invited to think of the continuation of this meeting within the pre-given framework, i.e. responsible sexual behaviour and required use of condoms. So in this case we deal with the so-called “closed narrative” that doesn’t give the viewers any actual freedom to change the present or the future since it is (pre-)determined by the producers of the advertisement. Closed narrative serves as a ideological function here (Williamson 1978: 152), making the image work in a specific fashion tailored to the needs of the campaign.

The second image of the campaign (Fig. 5) is almost identical, apart from the central figure - here it is a man, who is chatting with a woman at what seems like also a bar or another kind of social setting. We also see slightly different phrasing of the same invitation, the condom-shaped bubble says “Shall we watch a movie at my place?”. Another question but the same implicit message on the part of the man. Noteworthy is the dichotomy of the colours used in the both images to represent two genders. The colouring of the first image is pinkish signifying “female” colour unlike the second one featuring blue colours usually associated with males. This gender-based signifying use of colours is typical for Ukrainian realities, where there is still rather rigid recognition of gender roles and unacceptability of other gender identities. But at the same time, the first advertisement (Fig. 4) is somewhat refreshing since it depicts a female, who is not passive (she invites him and not vice versa) that we don’t often see in the world of advertising, where females are usually objectified.
Both billboards target the young audience (15-24) and put across the message of safe sex for HIV prevention via depiction of young people talking to the opposite sex in some lively social setting. The textual part of the billboard encapsulates the message in just two words, which is sensible in terms of short time that people spend on looking at billboards and the youth culture that often shortens the words or replaces them with symbols.

The next billboard (Fig. 6) of the “Don’t give AIDS a chance!” campaigns was issued in 2011. Its main goal was promotion of traditional family values and nurturing sense of responsibility in sexual relationships for the young Ukrainians. Unlike previous examples, that used still photography as a medium, this billboard is a drawing. Why the decision was made in favour of a drawing? We can speculate that the image itself, had it been done as a photography, would have been too dull and would not have attracted anyone’s attention. Bearing in mind the intended age group of the advertisement, the use of a comic-styled image can attract young audience that appreciates this entertainment medium and takes away the seriousness of the regular representation done via a photograph.

![Fig. 6. Billboard “Save family. Save life”](image)

In the image we see a young white man sleeping on the one side of the bed, which is obviously made for two people as the second pillow beside the man is indicating. Opposite the sleeping man we can see the sign “Reserved”, where presumably his female partner or wife-to-be should be lying. The message of the advertisement says: “Save family. Save life”. Iconicity of the drawing in this case presents us the simple image, stripped of any unnecessary details. In fact, it reminds us of a doodle in the notebook of a pupil. The font of the headline (as well as the reserved sign) suggests exactly this assumption. It looks like someone drew it with a pen, letters are not filled with colour but have careless strokes inside.
Apparently, the signified of the campaign is staying loyal to one’s sexual partner or wife and not allowing anyone else into one’s bed since the place is “reserved”. The message of the advertisement could be decoded in two ways: as a call to abstinence (don’t have sexual relationships before marriage) and as a call to loyalty (and responsibility in terms of safe sex) in one’s sexual relationship. While the former message seems to be more easily perceivable from the image, the latter needs additional signifiers for a required decoding from the audience.

The next outdoor advertisement comes from 2012 but the billboards with it are still on display in Ukraine. Back in 2012 Ukraine hosted the UEFA European Championship (UEFA EURO 2012) and the national campaign “Don’t give AIDS a chance!” decided to use this opportunity to highlight the importance of healthy lifestyle and HIV awareness among teenagers and young adolescents thorough the football activity. A number of sports events were held together with messages about importance of HIV awareness and responsibility for one’s health. Therefore, the outdoor advertisements (we selected two of them) are depicting popular people in Ukraine, holding a ball connecting the idea about importance of doing sports and being aware of HIV.

![Fig. 7. Billboard of the campaign “Don’t give AIDS a chance!”](image)

First image (Fig. 7) as well as other billboards from the campaign has simple light background and two people wearing white T-shirts with the red ribbon pins. Woman and man are people from the local show business, who are presumably known to the youth if not the general population (small letters indicating their names at the bottom of the photograph can serve as a hint). The man on the right is holding a ball and stretching it to the viewer. The image uses the direct gaze of the man and the arm with the ball directed at the spectator as a attention-grabbing device. If we divide the image into two parts then the right one is fully occupied by the text information, i.e. large logo of the campaign featuring the red ribbon and a slogan that says “Awareness is my choice” written in bold
font. The middle of the image looks empty and like a dividing point between the two elements of
the image. Perhaps, such division was made for a clear differentiation of the pictorial and textual
information. The bright large red ribbon of the campaign’s logo is the first thing that you notice
along with the slogan written in black font that stands out on the white background of the
advertisement. The depicted people in the image seem to be redundant, although taking into account
celebrity status they can grab the attention of those people, who know them.

The use of very specific signifiers like the red ribbon (as pins on the T-shirts and as a part of the
campaign logo) and not a single mentioning of HIV suggests that the viewers are well aware of
their meanings so that they can equate the red ribbon with HIV awareness without the need of
written explanations. On the other hand, the hotline number for HIV-related questions is placed at
the bottom of the photograph that could also serve viewers as an explanation to the whole
advertisement.

Fig. 8. Billboard of the campaign “Don’t give AIDS a chance!”

Fig. 8 is almost the same as the previous billboard but with different juxtaposition of signs. Here the
campaign logo is on the right, whereas the photograph of two celebrities is placed on the left. Two
young people depicted are holding a ball, while smiling at the camera. This way of placing a textual
information on the right seems more natural than in the Fig. 7 since most of the advertisements
images we see pursue the pattern of placing text on the right side of the frame suggesting the more
common left to right reading. Also, the decision of not including any direct references to HIV in the
given advertisements could be explained by the multitude of educational events that supplemented
the outdoor advertisement (videos, educational meetings at schools, etc). Although, if taken as the

15 in the image one can see only the AIDS abbreviation, which is part of the logo but no direct mentioning of
the disease in the message of the billboard.
only medium, which was perceived by the viewer, the message of the advertisement could be challenging to decode due to the lack of relevant signifiers.

Now I will proceed with separate billboards that were seen in the streets of Ukraine in 2008, 2012 and 2014. This advertisement was developed in 2008 (Fig.3) and it consists of a photograph of a famous Ukrainian singer hugging a large white stuffed bear. The text underneath the photo says “People with HIV are the same as we are” (and the slogan of the campaign at the bottom says HIV. Different status, same rights)

Here we can identify the following significant signs: woman, stuffed bear, simple clothing, prevailing white colour (in both background and in clothes palette as well). Taking into consideration the celebrity status of depicted woman we can decode its signified as acceptance of HIV-positive people even by this famous and successful person. Additionally, the use of celebrity has an appeal to a young audience that perceives the message endorsed by someone famous as more reliable and trustworthy. The billboard also features her name (acting as a direct signified of the depicted woman) and her HIV-negative status information serving as an illustration to the fact that HIV-negative individual in this advertisement doesn’t have prejudices against people with HIV-positive people.

Common theme to all the signs in the advertisements could be simplicity (casual clothes, no makeup), warmth and kindness (large stuffed bear, act of hugging), pure intentions (abundance of the white colour as signifier of innocence, purity). If we put the given advertisement within framework of the ideology behind the shot then we can correlate the implicit message “as good as HIV-negative person” to the slogan of the campaign that says “People with HIV are the same as we are”, that somehow gives us a hint of alienating people living with the virus as “others” but still the same. The absence of the real HIV-positive person in the photograph just highlights this argument - viewers do not see representations of a person, who happens to have the virus, instead they see a stuffed inanimate object (bear), who shares a hug with the real (HIV-negative) person. In the context of the orthodox environment that shares the connotation of white colour as something that signifies innocence and purity, the abundance of this colour in the given image (and noteworthy, most of the advertisements in the sample as well) could be meaningful in the light of the repeating “latent” meaning of such campaigns in Ukraine over the last six years, i.e. people with HIV are not
dangerous, that correlates with the value system embedded into the HIV social campaigns, namely impregnation with the sense of security. The connotative chain could be illustrated like this:

white colour = innocence = not dangerous = secure

Fig. 9. Billboard “People with HIV are the same as we are”

Additionally the syntactical setup of the image is overloaded with visual and textual elements featuring not only different font colours that perplexes the interpretation for a viewer. What is essentially the most important that developers wanted to highlight with these colours? The slogan (written in pink) or name of the famous singer that supports the cause? Or, perhaps, hotline number for free consultations (written in red)? On the right side of the photograph, we can also see yet another sign in the shape of the red palm with inscription “You can stop HIV!”. Considering the meaning of red colour in the given culture and relevant signifieds associated with it (warning, danger), this is probably sensible choice of signs but it is hard to understand the juxtaposition (and message) of the two images placed in one billboard: the image of the singer and the slogan promote tolerance towards people living with HIV, whereas the red hand sign is, presumably, pursuing another goal, i.e. HIV awareness through responsible behaviour that would allow the society to stop HIV spread.
All in all, the given image has conflicting message as it became obvious after this analysis: on the one hand viewers’ see the photograph of HIV-negative person that promotes the message of acceptance of HIV-positive people by saying that “they are the same as we are” but on the other hand the representation of HIV-positive person is presumably done via inanimate object (bear) that is hugged by the woman in the picture. There is no real HIV-positive person depicted. Viewers’ have to make the transference of meaning by themselves, i.e. the significance of the stuffed bear should be transferred to an abstract HIV-positive person. The connection should be made by the receivers of the advertisement but is is questionable, whether this mental exercise is done by the most of them and the implied message about acceptance and non-dangerous status of HIV-positive people are perceived as a consequence.

Next two outdoor billboards were developed in 2012 and these are examples of few HIV public campaigns in Ukraine that promote tolerant attitude towards HIV-positive people.

![Billboard images](image)

*Fig. 10, 11. Billboard “Friendship is stronger than diagnosis!”*

The given advertisements are using still photograph of real people with HIV diagnosis, which makes this campaign a unique thing for the country, where people with HIV diagnosis are invisible and all health awareness campaigns are routinely developed without real representations of people living with HIV (all previous campaigns in the sample just confirm that). Usage of photography in public campaigns is crucial since it gives the viewer the sense of authenticity and representation of the person that really exists. Noteworthy, the first social campaigns in the USA advocating for
social change, where developed by means of documentary photography as happened with Lewis Hine that influenced the passage of child labour legislation at the beginning of 20th century thanks to his photograph of their horrendous working conditions (Messaris, 1997).

This advertisement has a layout and colours that immediately remind us of online interface of the popular social networking site Facebook. Colour is what gives us immediate stylistic reference to this site (blue, white and black). In the Fig. 7 we see the photo of a woman wearing a white T-shirt that reads “I’ve got HIV”, below the photo is her name and the phrase, which is known too well for anyone using Facebook: [she] wants to add you as a friend. Below there are buttons that imitate the same options in the Facebook, i.e. “Accept” and “Reject”. A cursor of a pointing hand stands on the Accept button, giving the direct instructions to the viewer on how they should react “in the right way”. The slogan at the top of the photograph reads: “Friendship is stronger than [HIV] diagnosis!”. The same layout we see in the Fig. 8, only the friend request is sent by a HIV-positive man.

These advertisements demonstrate the Facebook reference as a encapsulation of the concept of friendship. For the youth, who spends substantial time online, friendship online has become a synonym for friendship as a whole (offline friendship). However, considering the fact that the target audience of the billboards is general population (information taken from official presentation of the campaign), this approach with virtual interaction seems odd. Also, the decision to place the communication with people living with HIV in the virtual environment could be seen as alienating. After all, not everyone is using social networking sites. Alternatively, they could have depicted these people with their friends or families in offline setting pointing to the sought-after concept of “normalcy” that is widespread in Ukrainian society. Talking about the latter, it is noteworthy that people depicted in the billboards are grim-looking (not smiling, black and white photos) compared to the rest of the advertisements, where protagonists are depicted good-humoured and in colour.

Presumably, by using real photographs of HIV-positive people, the advertisement tries to elicit emotions from the viewers: they see a person with very bold statement on their T-shirt, looking directly in the eye. The plain, white colour of the background doesn’t give any possibility to shift one’s attention to anything else. The viewer is faced with a person depicted in the centre of the poster and the simple question to answer (although, as was mentioned before the “right” answer is highlighted by the hand cursor and highlighted blue colour of the Accept button). Although, when
we follow the logic of Facebook virtual environment, people usually share the most important moments of their life there and we see their interests, hobbies, music they enjoy and so on, but the billboards depict these two people as plain, black and white figures with just their names and seropositive status mentioned, which couldn’t be seen as something very appealing for “prospective” friends of these people.

The last example of HIV awareness campaign is the latest one issued in Ukraine. The outdoor billboards with this campaign appeared in August 2014. Earlier that year (in April) the Russian Federation started invasion on the Eastern part of Ukraine that led to military confrontation as a result of which many people have been killed. In the advertisement we see two distinct objects: bullets on the left side and the sign of the red ribbon on the right. There are large, white numbers above them and in smaller font explanation to these numbers. The side with the bullets reads: 1231 [were] killed in Ukraine over 6 months of military confrontation in 2014. The text above the red ribbon is the following: 1673 died due to AIDS in Ukraine over 6 months of 2014. The slogan serves as an explanation to the given statistics: AIDS is deadlier than bullets but society doesn’t notice it. The statements about numbers have footnotes (the United Nations statistics and statistics of the Ukrainian Centre for Control of Socially Dangerous Diseases respectively).

![Billboard](image)

*Fig. 12. Billboard “AIDS is deadlier than bullets but society doesn’t notice it.”*

Following militaristic style of the advertisement (bullets, strict font style) the background is done in khaki colour (mix of green, brown, black colours). Taking larger context of the country, the use of military signifiers is on the rise now and this campaign serves us as a good demonstration that even
health awareness campaigns find the ways to connect information about HIV and AIDS to the current affairs in the East of Ukraine. But this also brings up all the negative connotations associated with the HIV virus, its connection to death. If we look at the signifier of bullets, there are at least two possible signifieds in this context, i.e. war and death. The red ribbon sign that presumably signifies the death toll from AIDS in Ukraine, creates the only meaning - death. This advertisement abuses the red ribbon that symbolises HIV awareness and shifts the meaning from the initial concept of memory of those, who died due to AIDS (and support of those living with HIV) to a plain denotation of death. Together with menacing slogan of the campaign it reinforces feelings of fear towards HIV and AIDS in the society, in other words reproduces again all the informative memory (Lotman 1992) about the disease as inevitable death, something that has its roots in the beginning of the epidemic.

The analysed sample gives us a glimpse of the way public awareness campaigns in Ukraine are using signifying systems to construct (new) meanings (or reuse old ones) about HIV infection in people (avoidable, not a death sentence). This is done by primarily eliciting emotions of security (“they are the same as we are”) and common sense (“friendship is stronger than diagnosis”). Other campaign in the sample is relying on the fact that the recipient has already have some basic knowledge (memory) about HIV and just needs a “reminder” about the right behaviour (Sex=Condoms), without using any direct references to HIV (there’s only HIV/AIDS hotline number at the bottom of the advertisement). Fear-induced campaigns are rare these days and the example from the sample shows the unfortunate ways of applying this tactics, when the sign of the red ribbon is embedded into the “death toll” connotative chain, reinforcing fear towards the disease (compared to promotion of sensible approach to the disease that could be controlled with medical treatment). Author found out that this billboard caused much negative feedback from the public since it compared deaths from AIDS to deaths from war conflict and it was taken off the streets. The fact that deaths from the disease, which are compared to deaths due to the war conflict cause a stir indicates the inability of the society to see in the situation with HIV epidemic a national tragedy (unlike the war in the Eastern part of Ukraine).

What kind of impact these images have on those people, who are not involved in HIV personally or professionally and those who are affected by it? And what are their difference in perception of the same health awareness campaigns? How they (and did they) receive the implicit messages of these
campaigns? The questionnaire for both focus groups was developed to understand better the possible implications of these health campaigns on the receivers and track any differences in perception between the two groups.

2.4 Methodology of the questionnaire

In order to study perceptions of the two focus groups: a) general non-involved population (people, who have never worked in the HIV field and are neither living with or affected by HIV and/or AIDS) and b) personally involved population (HIV professionals and people living with or affected by HIV/AIDS), I developed a pretested 19-item questionnaire (Annex 1) with open-ended and close-ended questions, as well as couple of statements to collect information about specific perception of each of the groups in relation to the visual signs used in the sample of five HIV advertisements developed in Ukraine and which appeared on the billboards to raise HIV awareness of the population over the years 2008-2014.

The pretested questionnaires constructed in the Russian language (since majority of people in Ukraine speak this language) were sent to the participants with the help of an online survey software SurveyMonkey. Although, paper-based method tends to have higher response rates than Web-based equivalents (Groves and Floyd 2009), the respondents had to be Ukrainians due to the nature of the study and thus, it was impossible to proceed with paper-based questionnaires whilst being located in Tartu, Estonia. Although, this non-personal approach might have its own benefits taking into consideration the fact that with the interviewer-administered questioning, the responses are affected by the unwillingness of the respondents to unveil certain attitudes and/or behaviours (ibid).

The first couple of questions covered some basic personal information (age, sex, education) in order to understand the profile of a respondent and their background when assessing later their responses. Age is particularly important within framework of this study, since its premise highlights the importance of the memory about the beginning of the epidemic both worldwide and in Ukraine and, specifically, the first public reaction to the epidemic that put the blame for HIV transmission almost completely on homosexual people. Are people, who were born after the years of the unknown cause
of the virus (and ways of its contraction), more at ease with homosexual people? (accept homosexual people as equal members of the society)? Are they more at ease with HIV as a disease (not afraid to communicate with a person, who has HIV in a friendly and/or romantic way)? Questions “Do you have family members or friends living with HIV?” “What is your attitude towards people living with HIV?” and “What is your attitude towards homosexual people?” were designed to uncover possible differences in answers between younger and older generations, i.e. those who hasn’t lived through the first fear-induced HIV public campaigns and who has witnessed the formative years of attitude towards the disease in the country.

Since there are two focus groups involved and due to technical reasons of the questionnaire, the decision was made not to design two separate surveys for each focus group. The question about attitude towards HIV-positive people (as well as question about attitude towards homosexuality) is largely irrelevant for someone, who is constantly in contact with HIV-positive people and gay people (due to the nature of their work environment) or is infected themselves, therefore this question is redundant for one of the groups, acknowledging the fact that those people that work in HIV-related field do not have problems with recognising the latter as equal members of the society.

It is important to note, that the visual separation of some questions was made in the survey in order to decrease the probability of influence on the answers to the next questions in the questionnaire and thus, reduce the possible bias. This was done, particularly, with the question “Please mark the most widespread ways (in your opinion) of HIV transmission in Ukraine?” (enlisting among others homosexual sex and using used needles for drugs consumption as well as other ways of HIV contraction) and the next one: “What is your attitude towards homosexual people?” and “What is your attitude towards drug users?” bearing in mind the prejudice most of the Ukrainians have against these two groups of people in relation to HIV transmission. Answers could provide the attitudes experienced by people towards these groups and might show bias in relation to the whole issue.

**Block of questions regarding the sample of advertisements.** The questions in this part of the survey were designed to analyse perception of the two focus groups in relation the same HIV

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16 this is assumption taken from the fact that all NGOs addressing HIV issues have HIV-positive people employed.
awareness campaigns. From the five advertisements taken for the analysis, four used iconic signs, i.e. models or local celebrities. Findings from the commercial semiotics claim that advertisements depicting celebrities, who endorse the advertised product provide higher memorability and impact on the audiences, especially for the youth that tend to perceive the celebrity figure “as more competent and trustworthy” (Atkin and Block 1983). Therefore, the question “Do you know this person/these people?” was included into the survey as well since two of the campaigns in the sample depicted local celebrities to pass the message about HIV awareness to the young audience.

Almost all HIV public campaigns use the sign of the red ribbon as the most widespread symbol for HIV awareness in the world, which is well-known and recognised due to its introduction in the numerous HIV public campaigns that started from the beginning of 90s in the USA and the UK. The awareness and the symbol itself has become mainstream in the West long before the introduction and adoption of the ribbon in the post-Soviet countries. In the context of Eastern European region and Ukraine specifically, the symbol is often used in HIV awareness campaigns, including videos and is even represented as part of the logo of the largest anti-HIV campaign in Ukraine (although, confusingly enough the campaign is named Не дай СНІДу шанс! (Don’t give AIDS a chance!) highlighting for some reason not the HIV virus but the later stage of it). But recognition of the sign is doubtful due to largely ignorant society in the respect of HIV. Therefore, the question “Do you know what does the symbol of the red ribbon stand for?” was deemed important to include into the questionnaire to track the correlation between knowledge of the sign meaning and recognition of the problem in the country. In order to avoid potential confusion, the possible answers are presented as statements to choose from.

Another item was put into the survey in order to analyse respondents’ knowledge about two ubiquitous abbreviations used in the public campaigns, particularly the difference between them. It was mentioned in the paper earlier that quite often HIV and AIDS signifiers are used interchangeably causing more confusion among general population that seems to see no difference between the two and rather perceives them as synonyms. The survey offers to answer in one sentence to the question “Do you know the difference between HIV and AIDS?” to confirm or deny this assumption.

For a better understanding of connotational chains that are produced by the HIV abbreviation, the question “What associations do you have with the word “HIV”?” [mark everything that applies] was included into the survey to better understand all possible connotations associated with the word and compare responses to other items to see, whether better HIV awareness and ego-involvement gives (more) objective perception of the disease or not. Also, the age of respondents here is crucial again, since the younger generation might not know the labelling of the disease as something associated strictly with one group (gay men), narrowing down the connotative meanings of the disease.

Pictures of five HIV awareness campaigns are analysed by showing each one to the respondents’ and asking to reflect on their emotions after seeing each one of the advertisements. The question “What emotions did you have after looking at this advertisement?” was put in the form of a close-ended question due to the possible problems in analysing open-ended answers and decreasing the probability of skipping the question altogether, although the option “Other” is still present giving the respondents the option of writing down own response if deemed necessary. Finally, the last question of the survey “How would you describe HIV advertisements of the recent years in Ukraine” is the general one but was included into the survey to get an overall picture of people’s perception of HIV advertisements in Ukraine (not limited by the sample provided).

**2.5 Summary of the chapter**

The chapter analyses the sample of nine billboards promoting HIV awareness in Ukraine using the theoretical approach of Roland Barthes. Conventions of HIV representation and confusing (according to the author) visual elements are pointed out. Methodology of the questionnaire is described, connecting the persuasion factors outlined in Chapter 1 with the impact they might have on the respondents of the survey.
Chapter 3. FINDINGS

3.1 General overview of respondents

The online questionnaire developed with online software SurveyMonkey (Annex 2) attracted a total of 85 respondents over one month period. I will start with general overview of the survey results and then will follow up with more precise comparison as to the aims of the questionnaire that were set in the methodology part.

The profile of respondents indicates overrepresentation of people, who identified themselves as females compared to men with 62.23% and 30.77% respectively. That could be due to much higher number of females working in non-governmental organisations (judging from the fact that half of the responses were from workers in HIV-related field) and their more active online activity. The same disproportion is seen in age of respondents with 61.54% in the range of 25-35 and 30.77% in the range of 36-46 that point out the most active age group in the Internet, whilst there were only four answers from people in 45-56 age range, two respondents who were over 57 years old and two in the age between 14 and 24. With respect to education, there is rather homogenous picture with 97.44% having received higher education. This first block of questions gave the data necessary to have an idea of a typical demographics of the study: a female, 25-35 years old with higher education.

Considering the core argument of the thesis about different perception (due to different knowledge/HIV awareness), it is pleasing to conclude that the survey managed to keep a relative balance between people involved in HIV-related field and those who are not affiliated with it. Those, who have worked (or currently work in HIV related field) and those, who have no professional relation to HIV amount to 45.88% and 54.12% respectively.

Next block of questions had an aim of tracing personal involvement of respondents into the issue of HIV by asking about having family members or friends that live with HIV. This question yielded a

18 as became apparent during the analysis, results to some of the questions of the survey that were exported from the programme do not coincide with the actual results (that are seen in the online programme). In this analysis author relied on the online results of the survey.
positive response of 34,12% and negative of 65,88% Unsurprisingly, that out of those, who answered positively, indicated their support for people living with HIV acknowledging them as equal members of society (89,66%). However, out of all the respondents that have family members or friends living with HIV, 10,34% hold indifferent stance (have no strong opinion).

3.2 HIV awareness and perception of 25-35 age group

Now, let us take a closer look at the discrepancies between two variables: (1) age and (2) personal involvement into the issue of HIV. The importance of age representation in this survey has been mentioned earlier but should be emphasised once more: since impact on persuasiveness of messages in HIV advertisements are seen through collective memory (among other two factors: language and ego-involvement) in this study, the answers from younger demographics (25-35) are to be analysed against their responses to the questions about attitude towards HIV-positive people, gay people and drug-users as these responses could give an insight as to the influence of memory mediating the misconceptions and fears towards the disease from the beginning of the epidemic in the world and, particularly in Ukraine back in 198719.

Secondly, personal involvement into the issue of HIV is reviewed here as it related to the hypothesis of the paper about difficulty of HIV advertisements interpretation on the part of people, who have neither personal nor professional connection with the disease, presupposing the lower level of HIV awareness among them. Out of 49 people of this age group, 24 have worked or presently work in HIV-related field and 25 responded that they have never worked in this field. Also, most of them (31 people) do not have a family member or friend living with HIV. With that being said, 77,5% people of this age range responded positively to the question about attitude towards HIV-positive people (statement “Support. They are equal members of the society”), whereas 22,45% selected the option “Indifferent. I don’t have strong opinion about it”. Similar tendency is seen in the attitudes towards gay people with the majority of respondents (63%) voicing support and 34,04% with indifferent stance, only one respondent answered with negative attitude (“Negative. They should be treated, homosexuality is not normal”). Unlike these two questions, attitudes towards people, who

19 this particular age group was born between 1980 and 1990 allowing to have an insight of generations that have lived through formative years of perception towards the HIV virus.
use drugs yielded much more differentiated responses with those supporting and condemning coming in close with 44.68% and 38.30% respectively. Another 17.02% answered that they have indifferent attitude to drug-users. This attitude to drug-users correlated with the predominant answer as to the most widespread way of HIV transmission in Ukraine with 75.51% who opted drug-users, followed by homosexual and heterosexual sex.

This age group also demonstrated good knowledge of the red ribbon sign. 90.48% answered that they know its meaning. Although, it is hard to evaluate the extent and specifics of knowledge or trustworthiness of their replies. Open question that asked respondents to write in one sentence the difference between HIV and AIDS showed overall high awareness of disparity between the two. The responses varied from quite general ones “Stages of the disease”, “Deadly but treatable”, “[difference is] in definition” to rather detailed definitions “HIV is the virus with which person can live, AIDS is the last stage of HIV infection that causes death”, “HIV is chronic disease, AIDS is the last stage characterised with development of opportunistic infections”. Although, it should be noted that most of such answers were from people working in HIV-related field. Other responses were quite telling in terms of the most widespread misconceptions towards the disease: “This is the same thing”, “HIV (virus) doesn’t exist but AIDS does”, whereas three people stated bluntly that they don’t know the difference.

Most of the respondents of this age group (76.19%) associate HIV with chronic disease, fear is the second most associated emotion followed by death, shame and indifference. Two respondent used the option of own response and answered with “untreatable virus” and “death sentence”.

All in all, this age group showed high level of awareness as to the red ribbon sign, difference between HIV and AIDS, as well as the most vulnerable groups in terms of HIV transmission in the country. Before proceeding to the analysis advertisements of this age group, it should be said that although questions asked the questions related to emotional appeal of the billboards (which is was a mistake considering the research question of the paper), the option “Other” which was left for respondents allowed to receive some important feedback on the visual signs used in the advertisements.

The first billboard (Fig. 12) triggered in the majority of people (50%) feeling of sadness, followed by fear. This billboard used the comparison of a death toll from AIDS and war conflict in the East of Ukraine that was deemed by many people as very inappropriate. Some respondents commented: “[they] compare something incomparable”, “That is very inappropriate! They compare a soldier, who defences their country and someone, who takes drugs and doesn’t use a condom”. All in all, the given billboards had an adverse affect to the cause it advertised (making people aware that HIV epidemic is as deadly as war), making many people angry with its content. As became known later during the writing of this paper, this billboard was taken down due to public uproar. It is apparent from the social situation in the country that priorities have shifted yet again and not in the favour of promoting HIV awareness, since people are focused on the conflict going on in the country.

Next billboard (Fig. 9) that promotes tolerant attitude towards people living with HIV and the idea of equal rights for HIV-infected and non-infected people, mostly triggered the emotion of hope, although, the Other option was chosen by many to reflect on the participation of the singer depicted (Ani Lorak). This feedback is largely negative due to the fact that this singer has been caught in the scandal after agreeing to receive a music award in Russia (after the invasion of this country in the East of Ukraine). Therefore, it was not sensible to include this billboard from 2008 to the sample considering the negative emotions that this person triggers in the most of people in Ukraine. However, other responses are valuable from the point of perception of visual and textual information. One respondent wrote that “[billboard triggers] rejection, image has nothing in common with the slogan and meaning” that allows us to assume the lack of clear visual signifiers for generating the concept of tolerance and acceptance towards HIV-positive people. Another comment was especially interesting because the respondent voiced the unnecessary “poking of HIV advertisements in the face” and that this just highlights the difference existing between HIV-infected and people without the virus. They concluded that educational work and access to treatment is the only things necessary. This sentiment echoes the impression that was described in the Chapter 2 regarding this billboard that seems to alienate people with the disease from the rest. The linguistic level of the slogan “People with HIV are the same as we are” confirms this argument: the comparison “we-them”, “us-them” adds to the sense of Otherness and alienation, thus contradicting with the goal and message of the billboard.
The billboard depicting real people living with HIV promoting tolerance (*Fig. 10,11*), yielded one the most positive feedbacks in the sample. It is the advertisement that most respondents (42.86%) found interesting and with other 52.38% expressing the sense of hope by looking at it. Custom answers were mostly positive from “*understanding*”, “*pride*” to “*joy*” and “*optimism*”. Although, there was also a confusion with the fact whether the people depicted were really HIV positive, which pinpoints the insufficiency of photographs supplemented by names of those depicted. Maybe, the way the people are presented (similar postures and clothes, no emotions on the face) contributed to depersonalisation that did not allow viewers to connect/sympathise with the message.

Two advertisements (*Fig.4,5*) triggered similar emotions as the previous one with interest and hope aroused in 38.10% and 19.05% respectively, followed by indifference with 23.81% From the feedback left in the Other option, most people understood the signifies used in the billboard (speech bubble the shape of condom, sex=condom message). Some, however, noted that women rarely invite men to coffee, which contribute to interpretation of non-reality depiction. Due to technical limitations, it was decided to leave out the second billboard of this campaign with the man depicted as the main character, thus it is impossible to compare how genderwise representation could affect perception of respondents.

The last set of billboards (*Fig.7,8*) that were developed in light of the UEFA EURO 2012 Championship held in Ukraine to connect the message of HIV awareness with the importance of healthy lifestyle that the occasion (football) introduced to the youth the country. Considering that the target audience of these billboards was 15-24, the respondents of the age group we analyse here is not exactly relevant, although it should be said that most of the feedback was negative with several people pointing out the confusion with the ball in the hands of the people in the image and its supposed signification for the cause. Others commented on inappropriateness of smiles on their faces, as well as the fact that textual content of the billboard does not correlate with the image. The fact that 80.95% of the respondents knew the people depicted, it did not help recognition of the cause (considering other media promoting the campaign).

Two respondents that corresponded the target audience of these billboards (14-24) did not have any apparent problems in either recognising the celebrities depicted in the billboards nor understanding the textual content in it. That could be explained as either unwillingness to leave any additional
feedback in the questionnaire or the impact of other educational materials from the same campaign that explained the message and its goals to them.

Finally, to the question about assessment of HIV advertisements of the last couple of years, most respondent (40,48%) characterised it as thought-provoking, whilst 38,10% as attention grabbing, followed by boring (28,57%), dull (16,67%), interesting (14,29%). Those, who opted for own response described it mostly negatively: “unnoticeable”, “confusing”, “too little of it out there [HIV advertisements]”.

Judging by this survey among 25-35 age range group we can conclude that there is no explicit differences in perception of either HIV or people with this disease. Most of the respondents associate HIV with chronic disease, although death and shame come next in the responses. Also, this sample of respondents answered positively to the question about knowledge of the red ribbon symbol with only 4 people, who answered negatively. Regarding, perception of billboards presented in the survey, most respondent opted for “hope” and “interest” to describe own initial reactions, although substantial part of people relied on their own variants of answers that were mainly negative towards the correlation between the visual and textual content of advertisements, lack of “close to life” representation of situation depicted in the images or the fact that such billboards could probably appeal to people under 20 years old (something that was said about Fig. 4).

3.2 HIV awareness and perception of 36-46 age group

I will continue with the an analysis of the second most represented age group in the questionnaire, i.e. people in 36-36 age range (I did not take into consideration two responses of people over 57 and those in 46-56 age range (4 responses) since the number is too small to draw any conclusions).

A total of 28 people took part in the survey, with 12, who have worked before or are working presently in HIV-related field and 9, who have a family member or friend living with HIV. Most of respondents (78,57%) voiced their support towards homosexual people, while the rest answered that they are indifferent towards gay people. The other set of questions that were designed exactly to trace the cause-effect relation, demonstrated that most people believe that the most widespread way of HIV transmission in Ukraine is through dirty needles (while injecting drugs),
followed by heterosexual sex, with infected donor blood and homosexual sex sharing the third place. Taking into consideration these responses, substantial part of people (53.85%) voiced their support of people using drugs (“Positive. They are chemically dependent people, and they should receive humane treatment and care”) that could tell us about their awareness of treatment necessity for drug-users because that would help curb the transmission of HIV. Those, who condemn people, who use drugs compose 30.77% and this is roughly the same percentage as with the 25-35 age group.

This age group showed similar results as to the awareness of difference between HIV and AIDS with only 5 people responding that they don’t know the difference (3 skipped the question) and the meaning of the red ribbon sign - 84% responded positively. Perception of HIV was also similar: most of respondents (80%) opted for chronic disease as their association with the word (3 skipped the question), followed by fear (28%) and shame (8%).

Since the part of billboards perception is largely identical with the 25-35 age group, I will mention here only substantial comments left by respondents. Fig. 12 yielded generally the same emotion of sadness and fear (56% and 28% respectively) with people mentioning outrage as to the unethical comparison of the death toll (due to AIDS and war). Fig. 9 triggered the emotion of hope in most of the respondents. Unlike the previous age group, answers of this age range do not indicate any hostility towards the singer, which could indicate the lower recognition of this celebrity among older generation.

Billboard with depiction of local celebrities (Fig. 7,8) was assessed as giving hope by most of the respondents (54.55%), although rather large proportion (31.82%) voiced indifference towards the billboard but none in this age group mentioned discrepancy in the visual signs and the message of the advertisement compared to much active discussion of the former by the previous age group.

As to the general impressions about HIV advertisements of the recent years in Ukraine, most people (31.82%) described it as “thought provoking”, followed by “attention grabbing”, “dull” (27.27%) and “obscure” (22.73%) with one respondent commenting “there is too few of it, it’s not bright, often unclear”. The overview of this age group gives the same impression of discrepancy between the (mostly) positive perception of the advertisements and, on the other hand, leaving large number
of people (around 68% if we add all the negative characteristics) in the camp of those that perceive these billboards negatively.

3.3 Limitations

The given survey is by no means representative. A total of 85 respondents showed the demographics that reflected the profile of the researcher herself (25-35 years old, female with high education) that highlights this fact of the survey being rather limited in representation of different demographics and background. The fact that the questionnaire was distributed online through immediate circle of friends created narrow sample of respondents.

Secondly, due to the technical limitations of the online survey software and online nature of the questionnaire it was not possible to create two separate surveys: one for personally involved and the other for non-involved people. This created not only difficulties for the analysis of the survey but deemed some questions redundant for those, who have worked or work presently in HIV-related field (such as attitude towards HIV-positive people and difference between HIV and AIDS) that could have turned away some of the people from completing the survey.

Thirdly, the survey could not include every single advertisement in the sample (Fig.4 and 7 were omitted) since it made the questionnaire extremely long. For the same reason, the questions about possible meanings that respondents get from each advertisement were not included.

And finally, one of the advertisements (Fig.9) should not have been included by the author of the paper since it depicts a person that has received a lot of critique because of her affiliation with Russian music award, which triggered negative reception by many Ukrainians and definitely made many respondents feel uncomfortable and repulsive towards the billboard in question.
3.4 Summary of the chapter

The chapter analyses the results obtained from the questionnaire developed with an online survey software. It divides the analysis into two most numerous age groups that completed the survey (25-35 and 36-46). The correlations with age and personal involvement are made to track any patterns of influence of formative years of HIV epidemic on their perception of the virus and people affected by it. Lastly, the chapter concludes with the description of limitations of the study and their impact on the results.
CONCLUSION

The quality of outdoor HIV advertisements in Ukraine is low. The reason for that could be the participation of people, who are professionally involved in HIV-related field into their development. Thus, that creates certain obstacles in transmitting information about HIV awareness in a clear and simple way to those people, who are not affected by the disease and/or know nothing about the virus (or alternatively know a lot of misinformation). The paper sought to investigate: (1) what could influence people’s perception of HIV public campaigns and (2) what people think about HIV advertisements in Ukraine. In addition, the analysts of the selected billboards was made to better understand HIV conventions of representing the topic of HIV awareness, particularly promotion of safe sex and tolerance towards people living with HIV. Also, the mentioned analysis had a goal to point out weak spots in using visual elements that are too unfamiliar for someone who is not involved into HIV (neither professionally nor personally).

At first the paper outlined the means that influence people’s perception (collective memory, natural and visual language and ego-involvement). Collective memory was analysed as, essentially, device for cultural mediation. The latter encapsulates texts generated by society over the years and hence, it is argued, this gives the foundation for (re)mediating the information that appeared in the beginning of the epidemic of HIV into the present times. This whirlpool of remediated texts poses a danger for people’s ability to perceive the disease as not something necessarily deadly or shameful. Recontextualisation of information about the virus taken from the start of the epidemic is placed into the new context in terms of new epidemiological situation (Ukraine has generalised epidemic NOT concentrated) and medical advances (HIV is treatable, although still not curable). One of the solutions for this problem is production of contra-connotations, i.e. meanings that would yield alternative referents to the disease that would address the present situation, something that developers of public campaigns should primarily do to change drastically perception of this illness.

Second means of influence was natural and visual language. Natural language was studied from diachronic point of view, considering the vocabulary that has been formed in 1980s to talk about HIV. This judgemental language (with use of war-themed metaphors) is still in operation contributing to (un)intended stigmatisation of people, who happen to be infected. Language as a bearer of memory is therefore interconnected with the first means of influence (collective memory)
and it seems that a lot of time should pass or new disease should appear on the radar in order for any changes to occur in this sphere.\footnote{apparently, new disease could overshadow the HIV infection as it happened to cancer that was highly stigmatised and “shameful” disease before HIV epidemic occurred (Sontag 1989)}

Thirdly, the paper studied the influence of ego-involvement on the perception of people. Ego-involvement is the concept taken from the social judgement theory. It was applied in order to explain the unsuccessful attempts of persuasion done by advertisements. The core idea of the theory lies in the premise that the more person has personal interest in the cause advertised, the more rejection it will be on their part since people who have strong personal involvement with stimulus material, i.e. persuasion messages of HIV advertisements

Fourthly, the term ego-involvement, which is central to the SJT, means personal involvement of a person with the stimulus material, which is HIV advertisements in our case. Health is considered to be a part of our self-identity, therefore both groups of people (personally involved and non-involved into the issue of HIV) are considered to have high ego-involvement. Hence, people with formed opinion (either about importance of HIV awareness or dismissal of HIV as something relevant for him/her) is a hard target of persuasive messages since the latitude of rejection in these people is much wider compared to people, who might be indifferent to own’s health and potentially be ready to accept the messages transmitted by HIV advertisements.

Finally, judging from the sample that I had collected for study in this paper, HIV advertising in Ukraine seeks to reach meaningful shifts not only in behaviour, which could halt HIV spreading, but also attitude. Attitude is more multifaceted notion since it encapsulates attitude to HIV as a disease, attitude to people living with HIV, attitude to one’s health. The problem is that having so many variables, it seems that developers of billboards take into consideration only the age of the target audience into consideration. The survey did not confirm the hypothesis of the paper about illiteracy of non-involved people in the sign systems used in billboards, showing rather high percentage of the respondents, who know the difference between HIV and AIDS and the red ribbon sign, among others. At the same time, many respondents reflected on obscure nature of some billboards, mentioning the unclear visual elements and/or slogan of the campaign.
References


Что они хотят этим Сказать: Факторы Убеждения и Анализ социальной рекламы в сфере ВИЧ в Украине.

SUMMARY

Украина занимает первое место по темпам распространения ВИЧ-инфекции. Вопрос об улучшении осведомленности людей по вопросам безопасного секса, а также толерантного отношения к ВИЧ-положительным людям является ключевым для создателей социальной рекламы в сфере ВИЧ. Однако, проблема заключается в том, что на этапе создания идеи для такой рекламы (а именно, билбордов в этом исследовании) участвуют люди, работающие в сфере ВИЧ, что безусловно является нормальной практикой, но их виденье репрезентации информации о ВИЧ часто обусловлено многими годами работы в этой сфере. Иными словами, конечный продукт (билборды) оперируют знаками, которые для большинства людей являются непонятными. Так, среди всего прочего, наружная реклама повсеместно использует символ красной ленты или взаимозаменяемые аббревиатуры ВИЧ и СПИД (хотя большинство людей разницы между двумя аббревиатурами не знает). Данный факт дал толчок для данного исследования и стал основой для его методологической части. А именно: была поставлена цель проследить различия в восприятии социальной рекламы в сфере ВИЧ людей, работающих в сфере ВИЧ (или имеющих близких живущих с ВИЧ) и людей, не имеющих никакого отношения к этой болезни (ни личного, ни профессионального). Для этого был составлен онлайн опрос из 19 вопросов, который был разослан обеим вышеупомянутым группам. Но это только одна часть исследования. Другая касается анализа, собственно, тех факторов, которые влияют на наше восприятие социальной рекламы.

Учитывая ограничение в объеме работы, было приятно решение выделить три фактора влияния: коллективная память, естественный и визуальный язык, а также эго-вовлеченность.

Коллективная память рассматривается здесь как прием для медиации культуры. Основой для выбора этого фактора стал тот факт, что восприятие ВИЧ-инфекции было сформировано в начале эпидемии в западных странах (приблизительно в 1981-1987). Это сформировало фундамент для текстов (мифов о ВИЧ, мрачной визуализации больных ВИЧ в рекламе и так далее), которые продолжают свою репликацию, но в новом контексте (происходит реконтекстуализация). Новый контекст заключается в медицинском прогрессе (ВИЧ не вылечивается, но лечится) и другой эпидемиологической ситуации в стране....
(эпидемия не концентрированная, а генерализованная). Так, чтобы создать альтернативные референты, кажется необходимым создание контра-коннотаций, то есть новых, противоположных к используемым сейчас, знаков.

Второй фактор влияния на восприятие это естественный и визуальный язык. Естественный язык рассматривается в данной работе в синхроническом аспекте, учитывая тот вокабуляр, который был сформирован в 80х для определения ВИЧ-позитивных людей и всего связанного с этой болезнью. Среди прочего, упоминается Сьюзан Зонтаг, которая исследовала влияние языка на восприятие ВИЧ как болезни и людей, инфицированных им. Язык как носитель памяти социума связан с коллективной памятью - без изменения одного невозможно изменить другое.

Визуальный язык социальной рекламы имеет большой инструментарий для оказания влияния на восприятие людей: от выбранной цветовой гаммы до шрифта. На примере выборки рекламы в Украине, мы увидели как мало (или неграмотно) визуальный язык используется для донесения месседжей людям.

Третий фактор это эго-вовлеченность. Термин взят из теории социальных суждений (ТСС), которая позволяет понять почему так трудно оказать влияние на человека. Основной тезис ТСС это чем больше человек лично заинтересован в вопросе (больше эго-вовлеченность), тем труднее его убедить, так как он имеет сформированное отношение и месседж рекламы попадает в сферу отвержения человека. Здоровье является частью идентичности человека и поэтому обе группы людей (как вовлеченных лично или профессионально в сферу ВИЧ, так и нет) имеют высокую эго-вовлеченность. Однако, эти две группы людей имеют разное понимание (signified) здоровья, так как у них разный опыт на котором они основывают свои суждения.

Опрос, целью которого было выявить разное восприятие рекламы двумя фокус-группами, упомянутыми выше, не подтвердил гипотезу о том, что опыт качественно влияет на восприятие социальной рекламы в сфере ВИЧ. Ответы обеих групп оказались достаточно гомогенными, что впрочем не помешало увидеть большое количество непонимания со стороны обеих групп касательно визуальных знаков в рекламе. Также, следует брать во внимание ограничение в выборке людей (это оказались, в основном, молодые женщины 25-35 лет с высшим образованием).
I, Anna Velychko (18 February, 1986),

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Tartu 25 May 2015
Annex 1

Questionnaire (originally in Russian)

Personal information

1. Your sex

2. Your age

3. Your education (indicate the level you have already attained)
   [high-school]
   [college]
   [graduate school]

4. Do you currently work in HIV-related field?
   [no/yes answer]

5. Do you have family members or friends living with HIV?
   [no/yes answer]

6. What is your attitude towards HIV-positive people? (choose one of the statements that you agree with)
   [Negative. This is their fault that they have the virus.]
   [Positive. They are equal members of the society.]
   [Indifferent. I don’t have strong opinion about this.]

7. Please mark the most widespread ways (in your opinion) of HIV transmission in Ukraine?
   [ ] mother-to-child
   [ ] dirty needles
   [ ] heterosexual sex
   [ ] homosexual sex
   [ ] through infected donor blood
   [ ] other

8. What is your attitude towards homosexual people? (choose one of the statements that you agree with)
   [Negative. They should be treated, homosexuality is not normal.]
   [Positive. They are equal members of the society.]
   [Indifferent. I don’t have strong opinion about this.]

9. What is your attitude towards drug-users? (choose one of the statements that you agree with)
   [Negative. This is their choice and they should be isolated from the rest of society.]
   [Positive. They are chemically dependent people, and they should receive humane treatment and care.]
   [Indifferent. I don’t have strong opinion about this.]
Information related to advertisements

10. Do you know this person?
[yes/no answer]

11. Do you know these people?
[yes/no answer]

12. Do you know what does the symbol of the red ribbon stand for?
[yes/no answer]

13. Do you know the difference between HIV and AIDS? (explain in one sentence)

14. What associations do you have with the word HIV? [mark everything that applies]
[] chronic disease
[] death
[] curiosity
[] fear
[] shame
[] indifference
[] calmness
[] confusion
[] other
15. What emotions you have after looking at this advertisement? (asked about 5 billboards in the sample)

[ ] hope
[ ] indifference
[ ] interest
[ ] sadness
[ ] apathy
[ ] fear
[ ] confusion
[ ] other

16. How would you describe HIV advertisements of the recent years in Ukraine?

[ ] attention-grabbing
[ ] boring
[ ] dull
[ ] thought provoking
[ ] obscure
[ ] other