The Importance of Relational Communication for Effecting Social Change in HIV/AIDS Prevention Messages:

A Content Analysis of HIF/AIDS Public Service Announcements

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Abstract

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The Importance of Relational Communication for Effecting Social Change in HIV/AIDS Prevention Messages: A Content Analysis of HIV/AIDS Public Service Announcements

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Since 1987, the government has produced public service announcements (PSAs) to provide information and education to the public about the nature of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). By 2005, PSAs produced by the government continued, but now include nongovernmental organizations (NGO) that also produce PSAs to help fight HIV/AIDS through ongoing public education. Contained in the government/NGO PSAs is information that explains modes of how HIV/AIDS is contracted (e.g., unprotected sex, needle exchanges during drug use) and strategies to prevent infection of HIV (Gunn-Brooks, Boyer, & Hein, 1988; Kim, Stanton, Li, Dickersin, & Galbraith, 1997; Stanton, Kim, Galbraith, & Parrott, 1996). A content analysis of public service announcements by government and non-government organizations was conducted to ascertain the targeted audience, the communication strategies that are portrayed (i.e., identification, identity, face, dialectics, and sexuality) and a comprehensive analytical framework grounded in interpersonal communication theory, principally relational communication theory, based on general systems theory and cybernetics, which treats communication as processual and interactional rather than linear and individual (Beck, 1997).

The findings revealed that females are represented as dominant figures in HIV/AIDS PSAs; however, females are still underrepresented compared to males. Next, the findings showed that females have expanded discussions of issues (i.e., HIV testing) and how females are represented, such as experts. Nevertheless, the portrayal of females as qualified or trustworthy had decreased in HIV/AIDS PSAs. Verbal and nonverbal interpersonal communication strategies are incorporated in HIV/AIDS PSAs. This illuminated relational communication strategies of identification, identity, facework and sexuality embedded in HIV/AIDS PSAs. Implications of this study offer practitioners valuable tools to understand and implement relational communication during the inception and creation of HIV/AIDS PSAs.

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In Memory

To my father, Dr. Harold R. Stern, a fulfillment of a promise.

Table of Contents

Page

List of Tables

Page

List of Figures

Chapter 1: HIV/AIDS Public Service Announcements

Since 1987, the United States (U.S.) government has produced public service announcements (PSAs) to provide information and education to the public about the nature of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). These messages were conveyed through communication channels such as television, radio, billboards, magazines, Internet (i.e., since twentieth/twenty-first century), as well as various organizations such as, health centers (usually pamphlets) and schools (e.g., sex education classes). By 2005, The U.S. government continued to produce PSAs, but now include nongovernmental organizations (NGO) such as, Keiser also produce PSAs to help fight HIV/AIDS through ongoing public education. Contained in the government/NGO PSAs is information that explains modes of how HIV/AIDS is contracted (e.g., unprotected sex, needle exchanges during drug use) and strategies to prevent infection of HIV (Gunn-Brooks, Boyer, & Hein, 1988; Kim, Stanton, Li, Dickersin, & Galbraith, 1997; Stanton, Kim, Galbraith, & Parrott, 1996). Using a comprehensive analytical framework grounded in interpersonal communication theory, principally relational communication theory, based on general systems theory and cybernetics, which treats communication as processual and interactional rather than linear and individual (Beck, 1997) a content analysis of public service announcements by government and non-government organizations was conducted to ascertain the targeted audience and the communication strategies that are portrayed (i.e., identification, identity, face, dialectics and sexuality). By examining PSA campaigns using a relational communication lens, my research contributes to the fields of interpersonal, relational, and

health communication and to the sphere of public knowledge through the expansion of the postmodern perspective of relational communication in affecting social change.

According to the Center for Disease Control (CDC), after showing a decline in incidence rates, HIV is increasing in America (CDC, 2004). In 1999, the fifth leading cause of death for U.S. women age 25-44 was AIDS (CDC, 2004). Young women have experienced an increase in HIV incidence rates from 7% in 1985 to 25% in 1999 with an overall general population increase in HIV incidence through 2001 (CDC, 2002). Half of the increase in HIV involves African American women under 25 years old (CDC, 2003). In 2004, the CDC reported:

> The HIV/AIDS epidemic represents a growing and persistent health threat to women in the United States, especially young women and women of color. In 2001, HIV infection was the leading cause of death for African American women aged 25–34 years and was among the four leading causes of death for African American women aged 20–24 and 35–44 years, as well as Hispanic women aged 35–44 years. Overall, in the same year, HIV infection was the 6th leading cause of death among all women aged 25–34 years and the 4th leading cause of death among all women aged 35–44 years. (CDC, 2004, HIV/AIDS among Women, para 1)

In response to HIV prevalence, PSAs focus on changing individual behaviors. However, most health education campaigns dealing with HIV or AIDS target individual groups, such as heterosexual/homosexual men, with women rarely specifically targeted (Parrott & Condit, 1996). Researchers contend that, during the 1980s and 1990s prevention programs that specifically targeted women were lacking, resulting in

researchers calling for HIV prevention programs to target women as a group (Parrot & Condit, 1996). Yet, according to Dejong, Wolf and Austin (2001), of the PSAs produced from 1987-1996, 82% involved females verses 79% targeted males. The problem is the focal points of the messages are not directed at females because, Dejong et al. (2001) maintains, most prevention campaigns target groups with the same messages aimed at changing their behavior (i.e., the message remains the same regardless of men or women in the targeted group). Thus, these prevention programs treat men and women as homogenous, similarly influenced by the same messages. For instance, according to Raheim (1996), prevention campaigns addressed women as vessels for having children. The campaigns did not address the health issues of women who have, had or could be at risk of contracting HIV/AIDS. Prevention campaigns also targeted female prostitutes infecting men with HIV/AIDS (Nahmias, 1989), not on the prostitute's health. Thus, the prevention messages encouraged condom use for men and men abstaining from sex with prostitutes. Other issues that influenced PSA campaigns were assumptions made by media advertisements.

Health Campaigns and Media

Media advertisements operate with the assumption that media offers a more or less truthful and successful interpretation of reality for most persons (van Zoonen, 2002). This assumption has errors, as van Zoonen explained, media production entails reflection as well as a process of negotiation, processing and reconstruction, where the media audience does not decide to reject or accept the message, but interprets the message according to their own logic of their own social, cultural and individual circumstances. Notably, issues such as culture, social status, or race are not taken into account by

researchers and media advertisement developers. Consequently, advertisement campaigns of condom advertisements have been understood and viewed through cultural and racial norms by audience members (Vitellone, 2002). One result, Vitellone argued, is the normalization of heterosexual whiteness or creation of a white nation. Vitellone also asserted that the "performativity of the condom" (p. 33) defines the cultural interpretation of advertisements as heterosexual-white male.

However, some studies do focus on problems that women face (e.g., relationship inequalities, CDC, 2004) when dealing with issues of protection (e.g., negotiating condom usage) when contemplating sexual intercourse. For example, Lever (1995, p. 174) argued that "gender role and relationship realities in condom negotiation" need to be acknowledged when educating women and men about safe sexual practices. One answer by the CDC has been to implement strategies (e.g., networking) to generate social change that draws on diffusion of innovation theory (see incorporation of interpersonal communication strategies, Rogers, 1976) by "conducting demonstration projects on using women's social networks to reach high-risk persons in communities of color" (CDC, 2004, Prevention, para 2).

Not only do we need to acknowledge gender roles and relationship realities, but we need to be cognizant of the influence relational communication has on media audiences. A relational communication lens (Beck, 1997; Gallagher et al., 2005; Southwell & Yzer, 2007) affirms that media audiences do not decide to reject or accept messages only through cultural and racial norms (van Zoonen, 2002) but also through relational communication.

Relational Communication

The relational approach, according to Parks and Wilmont (1975), employ a "qualitative shift" in conceptual frameworks, and is "not a simple extension of the action or the interaction models"; "it is a shift away "from the individual as the unit of analysis to the relationship as the unit of analysis" (p. 9). In other words, in relational communication, two people interact and define their relationship through the defining of expectations, reinforcing old expectations or changing existing patterns of interaction (Beck, 1997).

During the defining and reinforcing of old expectations, and changing existing patterns of interaction (Beck, 1997), the negotiation of the relational communication strategies of dominance, affiliation and involvement transpires. For example, observe the relational communication strategy of dominance in the nonverbal and verbal communication in the following insert from a government PSA (see Couch, Appendix A) that deals with a Caucasian male and a female initiating intimacy and both remain ignorant of the HIV status of each other. In the PSA, the male/female are kissing, and a television turns itself on, and a African American male commentator discusses how both people are ignorant of one or the other partner having HIV. The male, who is the dominate figure, keeps turning off the television (i.e., he does not like the interruption to their intimacy). However, the television keeps turning itself back on until the commentator on the television states each partner could have HIV, and neither would know it. Accordingly, relational communication theory contends that whoever has the most dominance in a relationship controls the relationship and ultimately the control of the other person (Barker & Gaut, 2002). Therefore, the male has the control in the

relationship because he controls the television remote which interferes with their (male/female) intimacy. Thus, relational dominance continues to be observed at the end of the commercial where the male stops and looks at the female suspiciously as if she might have HIV, and he might contract the disease from her, while she is looking at him with a disappointed look that he has stopped the intimacy effectively controlling the direction and the female in the relationship.

In summary, the relational approach places the unit of analysis on the relationship between viewers and actors in HIV/AIDS PSAs. Therefore, the incorporation of theories such as relational communication offers valuable strategies to continue the fight against spreading of infectious diseases like HIV.

Research Questions

According to Holsti (1969), a "content analysis is a multipurpose research method developed specifically for investigating any problem in which the content of communication serves as the basis of inference" (p.2). Using content analysis, this study will examine public (e.g., U.S. government sponsored) and private (e.g., foundation sponsors) service announcements (PSAs) dealing with HIV/AIDS prevention and education that target (e.g., message is directed at one specific group over another) women and/or men. In particular, this study poses the following research questions:

RQ1. Are women specifically targeted (e.g., portrayed as dominant figure/actor) in PSAs offering HIV/AIDS education and prevention messages?

RQ2. How are women more recently (e.g., 2000-2005) represented (e.g., wife, mother, carriers of HIV, and women as vessels) in PSAs compared to older (1987-1999) PSAs contending with issues of HIV/AIDS?

RQ3. What interpersonal communication strategies are portrayed to the public/audience in PSAs?

Chapter 2: Importance of Theory Driven Research for PSAs

To be successful at reaching audiences through vehicles such as PSAs, communicators must understand what resonates with specified audience members. Theories that have been tested and found to be effective (see Vaughan & Rogers, 2000, for further discussion on theories and models) provide the connection between the need to educate the public about matters such as HIV/AIDS and accomplishing the education of the public to assimilate the desired behavior changes. For instance, according to Walters, Walters, Kern-Foxworth, and Priest (1997), "effective AIDS campaigns can be designed and implemented if they are firmly rooted in an understanding of how the media operate, how campaigns fit into the commercial environment, and how messages interact with an audience" (p. 144). The importance of theory-driven education campaigns mandates a discussion of important theories and delivery strategies that have informed health education and promotion. The following discussion highlights influential theories and delivery strategies that have informed health education and promotion campaigns.

Early health education and promotion are dominated by modernization ideologies that assume that cultural is a barrier to changing individual behaviors. As a result, researcher's focused theoretically on changing individual behaviors while ignoring cultural influences. For instance, development theories, such as diffusion of innovation, were premised on the ideology that lack of knowledge is the root cause for individual behaviors (e.g., smoking, heavy drinking, poor diet) that had damaging results for the individual and consequently, society (Waisbord, 2001). According to Singhal and Rogers (2003), another influence of modernization ideology is most health care programs were

designed to change behaviors of the individual through a biomedical approach, thus placing the individual as the locus of a disease and not the victim.

Behavior Change Models

In the 1960s, one of the most influential modernization theories that influenced health education was diffusion of innovation theory (Rogers, 1976). Diffusion of innovation theory, according to Rogers, places importance on media spreading knowledge; however, Rogers realized that interpersonal communication and personal sources were crucial for persons to adopt the innovations. In the 1970s, Rogers contended that the dominant paradigms had individualistic and psychological biases; hence, it was necessary to incorporate sensitivity to specific sociocultural environment in which education occurred. The change framed communication as a process, emphasizing participants creating and sharing of information in order to reach a mutual understanding. As a result, interpersonal communication became an integral part of behavior change models. By including interpersonal communication into diffusion of innovations, according to Airhihenbuwa, Makinwa, and Obregon (2000), the door was opened for a new health communication framework.

Behavior Change Delivery Strategy: Fear Appeal

Behavior change delivery strategies emulated the consequences of viewer's behavior and fear for self or for others (i.e. child) and were believed to be a powerful motivator. Therefore, from the inception of the HIV/AIDS campaigns starting in 1987 with *America Responds to AIDS program* delivery strategies incorporated fear appeals, with the intention of changing individual's behaviors (Bandura, 2002).

Fear appeals are a model of delivery that is widely used in health prevention campaigns (Kunkel & Farinola, 2001). Health prevention campaign messages during the 1980's addressing the HIV epidemic usually originated from social psychology and had one thing in common; they sought to change individual behavior with most integrating fear appeals (Bandura, 2002) in the behavior change messages. For example, the message content of these health prevention campaigns addressed issues of fear of death if you contract HIV/AIDS, or stigmas (e.g., gay, or prostitute).

Health risk messages (e.g., fear appeals or scare tactics) fit with a behavior change model which implies some sort of risk is inherent and fear-arousing (because of the implied risk) to the individual. The fear appeal approach assumes that individuals have self-efficacy; thus, fear appeals target barriers to self-efficacy (Roskos-Ewoldsen, Yu, & Rhodes, 2004) resulting in increased self-efficacy (The Communicative Initiative, 2003) and empowerment for the targeted population (Singhal & Rogers, 2002).

Participatory Theories

One assumption of modernist theories such as early diffusion theories, according to Waisbord (2001), is that knowledge of governments and agencies were correct and that indigenous populations either did not know or had incorrect beliefs. For that reason, a new communication framework for health issues (e.g., HIV/AIDS) was developed to move from a focus on the individual to a focus on five domains that influence behaviors: government policy, socioeconomic status, culture, gender relations, and spirituality (Airhihenbuwa et al., 2000). The new communication framework resulted in the development of participatory models that include individuals, families and communities as active participants in health issues. As a result, according to Luecke (1993) and

Waisbord (2001), participatory theories promote the systematic utilization of communication channels and techniques to increase stakeholder participation in development and to inform, motivate, and train rural populations mainly at the grassroots level. For example, Paulo Freire (1970) contended that communication encompassed the dialogues and participation of a community. By incorporating the communities into the decision making processes, communities would have a sense of empowerment that would go beyond the community project into people's personal lives. This approach by Freire, according to Waisbord (2001), offered a more human-centered approach that valued the importance of interpersonal channels of communication in decision-making processes at the community level. By incorporating communities into decision making processes, communities gain a sense of empowerment that extends beyond the community project into people's personal lives.

Media Advocacy

Media advocacy (Hardwood, Witson, Fan, & Wagenaar, 2005; Waisbord, 2001) is the strategic use of mass media to advance social or public policy initiatives. For example, media advocacy influence occurs in soap operas that propose socially relevant themes (Rogers & Singhal, 2003; Shaivitz, 2003). Proponents of media advocacy assume communities possess power and control to transform their environments through the use of mass media; thus, according to Waisbord, communities and mass media can raise issues that need to be discussed and put pressure on decision makers.

Social Mobilization

Social mobilization is closely linked to media advocacy (Waisbord, 2001), but the focus is on appealing to the individual. Conversely, according to United Nations International Children's Emergency Fund (UNICEF) social mobilization is the empowerment of individuals or communities to take control over their own lives and environment through coalition building and community action. Like proponents of media advocacy, proponents of social mobilization assume communities and individuals are able to influence their environment. For example, *StreetWise* is a newspaper in Chicago that provides employment opportunities to individuals who are homeless (Harter, Edwards, McClanahan, Hopson, & Carson-Stern, 2004). However, *StreetWise* is unique in that the organizational employees are all homeless or once homeless persons. Through the selling of *StreetWise*, homeless individuals have created a voice to be heard about issues that the dominate mass media channels usually ignore. According to Harter et al., homeless people who sell *StreetWise* have facilitated social change through their representation to others with misconceptions about homelessness and the types of people who become homeless. Thus, this publication raises social consciousness in the community where they sell their papers.

Participatory Delivery Strategy: Entertainment-Education

Theoretically based on Bandura's social learning theory, entertainment-education strategies, like social mobilization, are concerned with social change at individual and community levels. Using the ideology of diffusion of innovation, entertainment-education strategies introduce new pro-social prevention behaviors through mediums such as, theater, mass media (e.g., soap operas) and peer communication. By tapping

society or cultural norms to change behaviors of targeted groups, entertainment-education strategies place the responsibility of healthy behavior changes on communities, not individuals (Singhal & Rogers, 2003). An example of communities (Singhal & Rogers, 2003) bearing the burden of behavior change can be seen in the *Soul City* series, where "neighbors collectively decided to break the ongoing cycle of spousal abuse in a neighboring home . . . [Where] the neighbors collected around the abuser's residence and banged pots and pans, censuring the abuser"(p. 288).

Entertainment-education strategies can reach large audiences, triggering interpersonal communication about issues and lessons from interventions and engage and motivate individuals to change behavior and support changes among their peers (Singhal & Rogers, 2003). Using interpersonal communication, entertainment-education strategies encourage the empowerment of individuals and communities when the behavior change messages stimulate introspection and debate (Rogers & Singhal, 2003). For example, Rogers and Singhal offered various empowerment programs that enabled women, such as in "The Lutsaan Village Study" where women organized to stop the payment or acceptance of dowries or allowing child marriages inspired by an entertainment-education program that was being broadcast on the radio in North India. Eventually, the community was empowered in other arenas, for instance; a young tailor instigated a group who formed radio listening clubs which started to perform village improvements such as improving village sanitation (p. 80; see Shefner-Rogers, Rao, Rogers, & Wayangankar, 1998 for further discussion). Therefore, entertainment-education empowers individuals to enact social change within their communities by being responsible for their own development and being responsible for their health.

Not only the importance of theory driven research for education campaigns mandates a discussion, but the importance of research findings and the continued evaluation of PSAs is mandated. The following discussion explicates the importance of findings and continued evaluations of PSAs.

Research: Importance of Findings and Continued Evaluation of PSAs

Health campaign development (e.g., PSAs) can be observed through the progression of development theories influenced by modernization ideology (e.g., individual behavior change), to participatory theories influenced by postmodernist ideology (e.g., incorporation of culture, government, socioeconomic status, gender relations, spirituality). It is theories, according to Randolph and Viswanath (2004), which are "helpful both in creating appropriate message strategies as well as in choosing the right vehicles to place the messages" (p. 429). Thus, continued evaluation of PSAs based on the findings of theories is important to help fight infectious diseases such as HIV from spreading. For example, according to Galavotti, Papas-DeLuca, and Lansky (2001), social and individual behavior changes contribute important components of health education messages, and researchers have evaluated the types of messages that are or are not effective (CDC, 2003; Communicative Initiative, 2003; Emmers-Sommer, & Allen, 2005).

The importance of findings and continued evaluation of PSAs is clearly called for with the rise of HIV in women who get information about health issues (e.g., HIV/AIDS) through mass media and interpersonal channels (Henderson, Bernstein, Doyle, Paranjape, & Corbie-Smith, 2004). For instance, DeJong & Winsten (1998; see also DeJong et al., 2001), asserted that advertising agencies failed to employ recognized models of behavior

change which accounted for the failure of why men and women fail to change at risk behaviors (e.g., condom usage).

Shea VanHorn (personal communication, June 4, 2005) of IO Solutions**,** an organization contracted to create PSAs for the National Institute on Drug Abuse (NIDA), commented that such research (e.g., understanding how PSAs are directed toward certain audiences, what types of communication strategies are important, etc.) contributes to the future creation of PSAs and moves the government, country, and public forward to help stop HIV transmission through channels such as drug use (e.g., needle sharing) and unprotected sex (e.g., not using a condom).

From a postmodernist perspective, individuals must contend with conflicting messages within everyday life that prevents assimilation of prevention messages. For example, Singhal and Rogers (2001) contended that "entertainment-education interventions are only one of many competing messages. Audience members expose themselves selectively to E-E messages, perceive them selectively, recall their content selectively, and use it selectively for purposes they value" (p. 337; Sherry, 2002; Singhal & Rogers, 2002).

Social Constructivism

It is critical for campaigns to incorporate all resources (e.g., theories, delivery strategies and delivery channels) when developing PSAs that influence their intended audiences. For example, Southwell and Yzer (2008) contended that media, interpersonal communication and conversation work interdependently to affect targeted audiences of political campaigns. We have seen the impact that theories of interpersonal communication have on health communication models and strategies (e.g., entertainment-

education), contributing to participatory models that include individuals, families and communities as co-partners in their health care. For example, a postmodernist perspective of relational approach theory (Beck, 1997), based on a social constructivist perspective, offers a lens to understanding how power is socially constructed between patient and health care providers.

Relational Communication

A relational communication theoretical base evolved from general systems theory, specifically on Gregory Bateson's (1958, 1972) work of second order cybernetics. The assumptions of second order cybernetics are that all systems (e.g., relations) interact with other systems and objective observations are not possible by observers (e.g., researchers). Second order cybernetics is related to social constructionism because both place communication and interaction at the center of knowing.

Relational Communication as Key Component of Social Change

In 2000, the CDC “hosted an agenda-setting conference for entertainment-education” with “the purpose of identifying gaps in the extant research” (Murphy & Cody, 2003, p. 4). According to Murphy and Cody, one of the gaps or needs that were expressed during this conference was for “continued research on the effects, efficacy and theoretical underpinnings of entertainment-education” (p. 4). One area that could extend the theoretical underpinning of entertainment-education strategies to prompt social change would be through the incorporation of relational communication.

Entertainment-education has been demonstrated to be successful at creating social change (Singhal & Rogers, 2003). Strategies, such as entertainment-education, use interpersonal communication to foster social change. Yet, relational communication is

inherent in interpersonal communication. This is not to say that social change models do not acknowledge the importance of interpersonal communication or relational communication. The problem is that development of relational communication is not overtly performed during expansion of social change models, such as opinion leaders or peers (see diffusion of innovation) used in entertainment-education strategies that rely on interpersonal communication.

Relational Communication is an Underdeveloped Approach in Social Change

> According to Millar and Rogers (1976), using a relational communication view: requires the development of variables that describe the system's structure. On the basis of system variables, predictions are made of relationally bound social behavior, rather than individual behavior irrespective of particular social relationships and environmental conditions. (p. 90)

Because relational communication is not overtly developed in social change models, an important component of behavior change models is being underutilized. For example, through a relational communication lens variables such as identification, identity, and face work (Beck, 1997) can be used to make predictions on "relationally bound social behavior" (Millar & Rogers, 1976, p. 90). According to Beck, in relational communication, one cannot not communicate relationally. Therefore, Beck argues, relational dyads are positioning themselves and communicating through verbal or non-verbal communication consciously or not.

Nonverbal communication in interpersonal communication is an acknowledged intricate component of communication. For instance, infants and adults primarily communicate through nonverbal communication such as smiling and frowning or

auditory sounds such as crying or laughing**.** Likewise**,** PSAs depend on verbal and nonverbal communication to connect with an audience**.** PSAs portray through nonverbal communication emotions (see Wilkin & Fernandes, 2003, for discussion on entertainment-education, soap operas, and emotions) such as fear, happiness, anger, and hope that the PSA message is trying to convey to the targeted audience.

Public service announcements portray multiple identities in interpersonal relationships using shared symbols to communicate to one another and to the intended audience. Shared symbols create an atmosphere for a commonality of interpretations, (Floyd & Erbert, 2003; see Burgoon & Newton, 1991 Social Meaning Model) by a social speech community, with the understanding that multiple interpretations can arise. For instance, caring for another person might be symbolized as one person touching another or sharing the same principles (Beck, 1997; Burke, 1950) with that person, hence concern for their health. Multiple interpretations are influenced by the identity negotiations that occur in shared communication events, therefore, the expansion of relational communication in social change theories can expand health communication, education and prevention models used for development of PSAs.

Identification

To convey behavioral changes (e.g., condom usage, abstinence) to an audience PSAs use shared symbols. Kenneth Burke (1950) offers shared symbols (e.g., mutual principles) as a way that individuals communicate and identify with each other. For instance, as a relational activity, shared symbols offer individuals a way to identify with each other in situations, such as healthcare interactions (Beck, 1997).

Individual characteristics, verbal and nonverbal, offered in PSAs intend to create an identifying model for the public to associate with. For example, a couple is discussing using protection (e.g., condoms) during intimacy thus offering the characteristic of openness and concern for their partner. Consequently, the public who identifies with the individual characteristics offered in the PSA should model their behavior and relationships after viewing a PSA.

However, most compliance gaining theories make the assumption that communicators identify their goals, analyze their targets and situations and select strategies that are calculated to maximize their desired outcomes (Knapp & Daly, 2002). The assumption that communicators perform these tasks does not take into consideration the multiple identities that each person brings to their communication. Yet, according to Beck (1997):

> Interactants cannot possibly make relevant every dimension of their lives at once, they display, through their verbal and nonverbal behaviors and the nature of their reactions to other participants, what dimensions of their lives are especially salient at any given moment. As the interactants do so, they also work to co-create what aspects of their relationship should come into focus at that point in time. (p. 52)

It is these dimensions that PSAs are portraying as being salient in a given moment during relational communication between participants to achieve the intended behavior change. For example, one PSA will show a man and women being concerned as parents for their young child, thus the parents will use a condom or stay monogamous. Therefore, the relational communication focuses on their respective identification as parents, not as partners (e.g., wife/husband).

Identity

Conversely, identity is also influenced by multiple interpersonal relationships (Beck, 1997), cultures, and communities (Singhal & Rogers, 2003). Social change models such as entertainment-education strategies implicitly deal with issues of identity. For example, Singhal and Rogers maintain, that individuals identify with or influenced by their cultures and communities.

Yet, from a relational communication lens identities are influenced by "communication patterns [that] struggle to reconcile multiple, simultaneous, and potentially contradictory relational definitions as well as overlapping, and contradictory relational systemic boundaries and rules" (Beck, 1997, p. 31). For instance, women/men might identify with being a wife/husband, boyfriend/girlfriend, mother/father, daughter/son, or sibling. Conversely, women and men simultaneously contend with contradictions about their roles in their communities and rules/norms that their societies have established.

Feminist communication researchers started to explore the influence of culture on women's identity (Wood, 1994; see also Wood, 1996), and the emergence of research dealing with communication, gender and culture (Turner & Sterk, 1994). For instance, Bonvillain (2001) discussed the notion of gender as a social construct. As a social construct, gender and other cultural aspects, such as economy, social and political organizations and religions, are interrelated. Therefore, gender is constructed and affects issues of identity, for instance:

> Identity is constructed through one's earliest socialization through the ways that a baby is handled, treated and spoken to. Childhood learning teaches individuals the

> appropriate behavior expected by others and molds one's personality to conform to cultural norms. Through the assignment of roles and evaluation of worthiness, girls and boys acquire their gender identities. (Bonvillain, 2001)

Socially constructed gender identity influences the strategies chosen, from a communication and feminist perspective, by women in interpersonal relationships. For instance, Beck (1997) argued that patient-care giver relationships are co-created through the negotiation of multiple identities that each participant brings to the health care encounter. Both participants, when needed, manage the conflicting relational and individual identities actively use the strategy of resistance. Beck contended, “they [participants] engage in the continual, although not necessarily conscious, process of positioning themselves in relation to each other through their verbal and nonverbal behaviors" (p. 27).

Facework

This study also examines facework in PSAs from a relational communication perspective. Goffman (1955, 1967) provides foundational work on social face and facework, and Bargiela-Chiappini (2003) developed related work on politeness theory. Facework has also been extended to health care encounters. For example, in health care encounters, according to Beck (1997):

> If one interactant (likely the caregiver) presents him or herself as “the expert,” then the possible interactional and relational choices for the other interactant (likely the patient) are necessarily minimized if the second interactant opts not to challenge or dispute the first interactant’s self-presentation. (p. 56)

Goffman (1967) contended that people are socialized by their cultures/societies, and, as such, they understand and abide by the rules of social interaction. Yet, for Goffman facework goes farther than just face-to-face interaction. Goffman asserted that facework also applies to mediated as well as spoken interaction (Bargiela-Chiappini, 2003). Accordingly, this study contends that HIV/AIDS PSAs portray the sought after facework for individuals to emulate during relational communication. For example, PSAs encourage individuals or couples to be tested for HIV/AIDS. By portraying individuals that obtain HIV/AIDS tests or individuals who should be tested for HIV/AIDS the PSA is dealing with social taboos or stigmas (e.g., contracting a disease from sexual relations) that exist in an individual's culture (Singhal, & Rogers, 2003). Consequently, according to Bargiela-Chiappini, defensive practices (saving one's own face) and protective practices (saving others' face) are exercised simultaneously when dealing with issues that are taboo or stigmatized. Tensions, such as dialectical tensions, exist in dialogues that occur when individuals discuss issues of HIV/AIDS. The following section highlights theories addressing dialectical tensions.

Dialectics

Stimulating dialogue about practicing safe sex (e.g., testing, condom usage, abstinence, monogamy) are goals of PSAs (CDC, 2010). Yet, embedded in communication dialogue, according to Todorov (1984) are dialectical tensions that individuals must negotiate. Dialectics, based on Bakhtin's dialogical principles where centripetal (independence) and centrifugal (autonomy) forces are underlying tensions, Todorov contended, exist in all dialogue. For example, individuals balance a need for human conversation and association (centripetal) while, at the same time, a need to be

independent of others (centrifugal). Given that dialectics exists between individuals, it stands to reason that dialectics exists in interpersonal relationships. For this reason, researchers have examined dialectics and friendship (Rawlins, 1992), relational maintenance (Dindia, 2000), and social change (Papa et al., 2006).

Rawlins (1992), for example, used a dialectical lens highlighting relational tensions within friendships which illuminated dialectical tensions that all friendships must negotiate. For example, adolescent friendships have dialectical tensions of "autonomy from peers and parents versus choosing and/or being chosen by another person, thus symbolizing social acceptance" (p. 77).

Research on relational maintenance also illuminates dialectical tensions, which partners must negotiate, of autonomy versus connection (Dindia, 2000). For example, Dindia proposed that partners are "emphasizing autonomy during the week and emphasizing connection during the weekend" (p. 297). From a relational communication perspective, identity negotiation occurs in relationships, creating a dialectical tension from employee (co-worker identity) to partner (e.g., husband/wife identity).

Relational dialectics is uniquely situated to contribute to our understanding of dialectical tensions within interpersonal relationships (Baxter & Montgomery, 1996). According to Baxter & Montgomery, a dialectical perspective treats relationships as continuously changing. This approach positions people "as proactive agents who make communicative choices in how to deal with contradictions that, in turn, affect people's subsequent communicative actions (Dindia, 2000, p. 297).

Relational dialectics draws upon Bakhtin's dialogism with the ever present praxis (continuous movement/interaction) and contradictions in interpersonal relationships

(Baxter & Montgomery, 1996). Dialogues in present interpersonal relationships, for example, are influenced by past dialogues, which, in turn, will affect future dialogues.

Baxter and Montgomery (1996) proposed three basic dialectical tensions (contradictions) that individuals constantly negotiate in interpersonal relationships. These tensions include open-closeness, certainty-uncertainty, and connectedness-separateness. Privacy management comprises one form of the open-closeness contradiction and dialectical tension that we experience.

According to Petronio (2002), "we equate preserving privacy with maintaining personal dignity and autonomy and with safeguarding the self" (p. 9). Consequently, when we disclose to relational partners, we experience a dialectical tension between open-closeness. Therefore, on the one hand, we want to be open (disclosure) with our partner; on the other hand, we want to maintain some privacy of our personal feelings (closeness).

Underlying the aforementioned application of dialectics to interpersonal relationships are Bakhtin's dialogical principles of centripetal (independence) and centrifugal (autonomy). For example, we see Bakhtin's dialogical principles in social change. Current research on organizing for social change has focused on four dialectical tensions "that are central to the process of organizing for social change" (Papa et al., 2006, p. 198); these tensions encompass control and emancipation, oppression and empowerment, and dissemination and dialogue. To illustrate Bakhtin's dialogical principles, the dialectic of dissemination and dialogue illuminates the dialectical tension of accepting information from an expert (autonomy) versus acting independently using free will (centripetal). Subsequently, we can see Bakhtin's dialogical principles in control

and emancipation where people must "embed themselves in control systems [autonomy] to emancipate themselves from oppression [centripetal]" (p. 198).

As previously stated, stimulating dialogue about practicing safe sex, constitute goals of PSAs. Embedded in PSAs are the dialectical tensions with which individuals in interpersonal relationships must contend, for example, the issue of disclosure (centripetal) in interpersonal relationships and safeguarding the "self" (autonomy) (see Petronio, 2002). Embedded in PSAs are the dialectical tensions of dealing with socially constructed taboo constructs such as sexuality (centripetal) equates to promiscuity (Singhal, & Rogers, 2003) verses abstinence or monogamy (autonomy).

Sexuality

Sexuality is not an individual phenomenon. Instead sexuality comprises one construct of identity that individuals must contend with in interpersonal relationships. As previously mentioned, embedded in PSAs are the dialectical tensions of dealing with socially constructed taboos such as sexuality.

Sexuality works effectively in advertising to sell products (e.g., condoms, alcohol, and perfume) and television dramas or movies (e.g., ratings for sex scenes). Yet the view is not from the women's sexuality, but "others". For example, a dominate theme in media is the portrayal of women as sexy or viewed as a sex object subject to the male gaze (Signorielli & McLeod, 1994).

In 2005, advertisements for the first time appeared for Trojan condoms during prime time television viewing hours (Noe, 2005). This programming is noteworthy because paid advertisements showing prevention of HIV or sexually transmitted diseases (STDs) using condoms are not usually shown during prime time television viewing

periods (Roman, 2005). As a result, by advertising during primetime hours Trojan reached a greater audience to advertise condoms, but offered a public education message about using condoms for protection against HIV and STDs in their advertisements (Trojan Condoms, nd). One reason for not showing advertisements dealing with issues of a sexual nature pertains to the fact that many viewers find the subject (e.g., sex) objectionable such as, viewers with families or groups (e.g., religious or government; see DeJong et al. 2001, for further discussion) who abdicate abstinence only polices when dealing with issues of HIV/AIDS or STDs.

Public service announcements for HIV prevention are especially susceptible to social and legal constraints. For example, the U.S. government has a policy of emphasizing abstinence only policies which directly impacts media producers' promotion of condom usage as a primary prevention of HIV (Van Horn, personal communication, June 4, 2005; DeJong et al., 2001). We need to understand the influence of abstinence only policies as to the influence on the message creation of PSAs, such as constraints by the organizational context which determines the organizations (i.e., government, religious groups, HIV/AIDS support groups) goals and constituencies, and the social/legal context enabling and inhibiting certain kinds of media output (van Zoonen, 1994, p. 46). For example, social and legal context inhibiting certain kinds of media output include restrictions placed by the government and society on sexually explicit material or words offered to the public as entertainment or education.

Overall, commercial messages connect the use of condoms with the prevention of HIV/AIDS using the same message of the importance of protection or abstinence that HIV/AIDS PSAs use when dealing with HIV prevention in interpersonal relationships.

As a result, relational communication is implicit in PSAs and paid advertisements. Therefore, government and nongovernmental organizations, private and public, are actively educating the public through the use of interpersonal and relational communication to negotiate different dimensions inherent in their (e.g., public) relationships.

Rationale for Study

It might be argued that PSAs do not offer the same results as real life relational communication, but Pfau (1990) contends, that television resembles interpersonal more than the other communication modalities in the manner that it exercises influence, placing greater emphasis on relational as opposed to content messages. This chapter finds a commonality with Pfau's contention, that relational messages influences audiences. For example, understanding how variables, such as, identification, identity, facework, dialectics and sexuality, which are part of relational communication contributes to our theoretical knowledge by incorporating and applying relational communication in social change theories, which are embedded in HIV/AIDS PSAs.

In summary, I contend that relational communication is underdeveloped in social change theories and not overtly incorporated in HIV/AIDS PSA campaigns. Therefore, a gap exist in the literature regarding relational communication and its viability as a component in behavior change models, as a result, this study seeks to address this gap.

Chapter 3: Methods

Data

I sought to locate the full universe of PSAs produced by the U.S. government since the start of the HIV/AIDS pandemic in the U.S. All past (starting in 1987) and presently produced PSAs were located through the CDC and the agency hired to produce PSAs for the U.S. government. I identified 180 television and radio PSAs (see Appendix A) produced in English and Spanish, and I confirmed with each government agency (see Appendix B) that all PSAs produced from 1987 to 2005 were complete. Private foundations and organizations (see Appendix B), such as Keiser or National Association of People Living with AIDS (NAPWA), were located who produced PSAs, and they provided past and present PSAs when possible. Any PSAs produced before 2003 by Keiser, were not obtainable, and PSAs produced by the Gates foundation were not available. I was able to obtain all PSAs produced by NAPWA. I removed all radio, non-English and duplicate PSAs and used all 10, 30 and 60 second PSAs, leaving a total of 152 PSAs for coding. I did not locate the full universe of PSAs produced NGOs but I did obtain a convenience sample that is very close to the universe of PSAs produced from 1987-2005.

Procedure

A content analysis was performed on 152 PSAs dealing with issues of HIV/AIDS to establish the target audience, behavioral change objectives, and communication strategies using a comprehensive analytical framework grounded in relational communication.

A code sheet (see Appendix C) and code book (see Appendix D) adapted for this study from Gordon and Miller's (2005) code book created to evaluate stereotypes in congressional campaigns (see original code sheet/book for congressional campaigns, Kaid & Johnson, 2001) was used in this study. According to Gordon and Miller (2005), the sampling units, recording units and context units should have clear and concise definitions. There are five ways to achieve clarification of unit definitions which are: physical, syntactical, referential, thematic, and prepositional units (Gordon & Miller, 2005). Existing within the code sheet and code book are the aforementioned units or categories that coders evaluated.

Physical Units

The physical units were all 10, 30 and 60 second PSAs which offer a definite beginning and ending points within which, according to Gordon and Miller (2005), content can then be systematically measured. For example, two HIV/AIDS PSA are identical in verbal and nonverbal contend, except for the actors whereas one actor is female and the other portrays a male actor. The setting is of a hospital emergency room the actor who is speaking to the public about getting tested for HIV. Another detailed example of a PSA used by the U.S. government (see Figure 1.) presents the story Jack and Jill with the message; *keep you body healthy don't use drugs*.

Syntactical Units

Syntactical units are different from other content because grammatical segments like, words, sentences, or paragraphs define them. For example, the use of personal pronouns, such as *I* or inclusive pronouns such as *we,* makes it possible to identify the dominant speaker in HIV/AIDS PSAs. Take for instance the following sentence, I want

you to get tested to help stop HIV, The pronoun *I* identifies the dominant speaker. Another example is syntactical units also offer ways to identify who is sponsoring the PSAs. The following question was incorporated into the code (see Appendix C; Question #76) sheet used by coders: *Which strategies are present in the ad? Use of personal ("I").*

Referential Units

Referential units, according to Gordon and Miller (2005), are defined by putting the focus on the association an event or object has with a know concept (p. 23). In the HIV/AIDS PSAs the associations with an event or object that will illuminant who or what the actor is concerned with. For example, one PSA shows a mother looking at her toddler, sitting in the cradle, who has HIV discussing her husband who unbeknown to her had passed away from AIDS. The concern of the mother was you and your loved ones getting tested for HIV so the disease is not passed on to your child. The following question is an example of questions portraying referential units (see Appendix C; Question #83) used in the code sheet: *Which strategies are present in the ad? Use of personal experience, anecdotes to support position.*

Thematic Units

Thematic units included in the code sheet and code book are defined as multiple verbal or nonverbal symbols in the PSAs that offer the specific nature of things (Gordon & Miller, 2005). For example, the establishing of speaker credibility, as a leader or expert, which establishes why, the viewer of PSAs should listen to their message and act accordingly. The physical unit contains the thematic detailed units offered in HIV/AIDS PSAs. The Jack and Jill PSA (see Figure 1) details the verbal combined with the nonverbal to give credibility to the announcer's voiceover message to the viewer. An

example of the questions (see Appendix C; Questions #18, #21) associated with thematic units in the code sheet are: *Is the dominant speaker usually: smiling/happy, etc. or Does the dominant speaker use gestures?*

Prepositional Units

Prepositional units are identified through the assessment of multiple actors, actions, or objects (Gordon, & Milller, 2005). Through the identification of multiple visual images for instance, the combination of objects, actors and actions suggests the dangers of HIV/AIDS and the need to prevent HIV. For example, a PSA portrays people walking in different scenes, such as a city street, discussing their friends who have died from AIDS, who are represented as ghosts who are gathered in the street or the scene be portrayed. One question (see Appendix C; Question #7) that defines prepositional units that was included in the code sheet is: *Setting of the Ad*.

Coder Training and Reliability

As the researcher I watched all of the PSAs which aided in my interpretation of data. Four coders (two Caucasian males and two Caucasian females), ages ranging from early 20's to late 50's, were recruited to code the data. Due to unforeseen circumstances, only the two females were able to continue with the project. For intercoder reliability, the two remaining coders were trained and analyzed a random sample from all PSAs (20/152). The inter-coder reliability was .89. All categories resulting in >75% agreement where used for analysis (see appendix C). Eighteen categories were deemed irrelevant for the study and were eliminated. The eliminated categories ranged from 30% to 70% reliability and consisted of: non-dominant speaker, staging of the ad, special effects, appeals, strategies used, speaker characteristics and camera angle. The coders assessed

the following variables: intended audiences, content, delivery techniques, dominant speakers, characteristics of dominant speakers, interpersonal and relational communication strategies, and structure of appeals used to promote behavior changes. These variables are relevant for my research questions in the following ways.

To answer RQ1. Are women specifically targeted (e.g., portrayed as dominant figure/actor) in PSAs offering HIV/AIDS education and prevention messages? The PSAs intended audience (e.g., men/women, gays, race/ethnicity) must be determined by understanding the characteristics of the dominant speaker, who the dominant speaker is and the content (e.g., education or prevention message) of the PSA. For instance, is the dominant speaker a women speaking to other women/men or speaking to relational a partner, child, sibling or parent. The structure of appeals will contribute to determining not only the relationship of the dominate speaker, but content offered to the intended audience.

To answer RQ2. How are women more recently (e.g., 2000-2005) represented (e.g., wife, mother, carriers of HIV, and women as vessels) in PSAs compared to older (1987-1999) PSAs contending with issues of HIV/AIDS? The characteristics of the dominant speakers and the structure of appeals directed at the intended audiences will contribute to determining how women are portrayed in PSAs. For instance, are women or/and men portrayed as caregivers, women as mothers, men as fathers or is the content (e.g., education or/and prevention) portraying women as vessels (e.g., women who are pregnant).

To answer RQ3. What interpersonal communication strategies are portrayed to the public/audience in PSAs? The structure of the appeals used (emotion, stories, fear),

the dominate speaker (e.g., showing control in the interpersonal relationship), the content of the message (e.g., education or prevention message for wife/husband/partner) , the delivery techniques (appealing to the audience or relational partner, ways to prevent HIV), such as logos, non-verbal communication (e.g., showing empathy for a partner/child) and the characteristics of the dominate speaker will all contribute to understanding what interpersonal or relational communication (e.g., intimacy, the use of we/us/our in the structure of appeals) strategies are being portrayed in the PSAs.

Chapter 4: Results

Content of PSAs (N=152)

The data (see Table 1) reveal that 63% of the HIV/AIDS PSAs are directed at the general public, indicated by the use of inclusive language and/or references to specific populations. Specific populations, such as people who are at high risk for contracting HIV/AIDS, were the focus of 26% of the ads, and people who have HIV/AIDS were the focus of 10 % of the PSAs. Both male and female populations were named specifically. For example, a female announcer directed the conversation at the only female actor in the frame during the HIV/AIDS PSA. When assessing the biological sex of the targeted audience (see Table 2), 73% of the PSAs identified both males and females in the visual and/or verbal content, whereas, 9% of the PSAs did not include references to either males or females. Interestingly (see Table 3), males speak in 30% of the PSAs, while females speak in 20%. In 10% of the PSAs, both males and females speak. Anonymous announcers are used in 16% of the PSAs. Not unexpectedly, the dominant speakers (see Table 4) were adult males (53%) and a male child (1%) versus 46% consisting of only adult females.

When assessing the eye contact that dominant speakers in PSAs establish with viewers (see Table 5), 33% established eye contact with the viewer, and 16% established eye contact with another person (see Table 6) in the PSA. Concurrently, the visual and/or nonverbal (see Table 7) content revealed that 39% of dominant speakers exhibited attentive/serious postures. For example, the data revealed (see Table 8) that 28% of dominant speakers' exhibited body movement/posture of compact/closed, while 20% were expansive/open and 13% a combination. Concomitantly, 27% (see Table 9) of

dominant speakers used gestures, and 9% (see Table 7) depict smiling/happy people. Surprisingly, when dominant speakers initiated nonverbal interaction, such as touching, intimate partners were not predominant. For example, (see Table 10) 3% of dominant speakers did touch non-related persons or family members (1%).

When assessing the use of language in HIV/AIDS PSAs, 66% of dominant speakers used language intensifiers (see Table 11). The language intensifier strategies by dominant speakers that were present (see Table 12) in the HIV/AIDS PSAs revealed 30% used personal tone ("I"); 39% invited viewer participation; 15% addressed viewers as peers ("we"); 32% used statistics to support positions; 8% used personal experience/anecdotes to support position; 3% identified with experience of others, and 1% emphasized own accomplishments.

The data revealed in HIV/AIDS PSAs directed towards the general public the dominant speaker characteristics emphasized (see Table 13) were: 60% of dominant speakers were knowledgeable/intelligent, 56% trustworthy, 49% qualified, 16% exhibited warmth/compassion; 14% possessed competency; and 1% used their past performance/successes.

Content of Female PSAs (n=30)

The data (see Table 14) revealed, that HIV/AIDS PSAs specifically targeted females through the use of inclusive language and/or referencing specific populations. Assessing the biological sex of the target audience as indicated in the visual and/or verbal content, 90% featured females while 7% specifically targeted intimate relationships, for example, wives only (3%) and/or a female/Lesbian partner (3%).

Interestingly, the data revealed 90% of the females (see Table 15) in the PSAs were dominant speakers with 10% non-dominant speakers.

Further assessment reveals (see Table 16) that, of the 77% of dominant females who speak, 13% were positioned as an expert; whereas, 3% appeared as a non-government celebrity or a combination of both. In a evaluation of dominant speaker characteristics (see Table 17) in HIV/AIDS PSAs, 67% of female dominant speakers were deemed as qualified to address the issues, 63% were judged trustworthy, and 60% were situated as knowledgeable/intelligent on the topic being discussed (i.e., HIV/AIDS). Further analysis revealed that 17% of dominant speakers exhibited warmth/compassion and were competent (7%) to speak on the topic of HIV/AIDS. Finally, 7% used past performances/successes to persuade and/or educate the viewer on HIV/AIDS.

This analysis indicated that 60% of females as dominant speakers made eye contact with the viewer of HIV/AIDS PSAs (See Table 18); whereas, 3% of female non-dominant speakers made eye contact with viewers. Furthermore, 13% of females as dominant speakers made eye contact with another person in the HIV/AIDS PSAs.

When assessing nonverbal and/or visual strategies of females as dominant speakers in HIV/AIDS PSAs 61% depicted dominant female speakers as attentive/serious; whereas, 13% depict dominant female speakers as smiling/happy, and 3% were frowning/glaring (see Table 19). Interestingly, 10% of female dominant speakers were not visually seen, but, instead, only heard speaking in the PSAs. Further analysis (see Table 20) revealed that 30% of female dominant speakers who used gestures only 3% touched a non-related persons in the HIV/AIDS PSAs. Female dominant speakers' body movement and/or posture (see Table 21) exhibit 40% as

compact/closed, followed by 23% expansive/open or 17% using a combination. Continued data analyses revealed (see Table 21) 80% of dominant female speakers used language intensifiers.

The emphasis (see Table 22) of the HIV/AIDS PSAs portraying females primarily on HIV/AIDS awareness (40%), followed by encouragement for testing for HIV/AIDS (13%), whereas, 37% stressed prevention of HIV/AIDS while less than 1% emphasized prevention of STDs. The types of appeals (see Table 22) utilized by females in HIV/AIDS PSAs were logical appeals (60%), and, to a lesser degree, emotional appeals (40%). Of the HIV/AIDS PSAs (see Table 23), 19% spotlighted health care with 7% discussing or mentioning education/schools, drugs/drug use, or race. Of the remaining PSAs 3% mentioned or discussed, ethics/morals, women's issues, or international issues. With regard to the strategies present in HIV/AIDS PSAs (see Table 24), 43 % invited viewer participation/action, such as, getting tested for HIV/AIDS. In terms of verbal strategy(see Table 24), 40% consisted of the speaker's use of personal tone ("I"), with 33% addressing viewers as peers ("we"), 33% presented statistics to support a position; 13% used personal experience/anecdotes to support positions, and 7% used expert authorities to support position. When assessing characteristics (see Table 25) of a dominant speaker in HIV/AIDS PSAs, the data revealed that 67% were presented as qualified to speak on the topic followed closely by 60% as knowledgeable/intelligent, 17% as warmth/compassion, and 7% as competent or referring to past performance/success (7%).

Content of Male PSAs (n=36)

The data (See Table 26) reveal that 92% of HIV/AIDS PSAs specifically targeted males through the use of inclusive language and/or referencing specific populations. Specific populations included in the HIV/AIDS PSAs included husbands or intimate male partners (6%). Males (see Table 27) were presented as experts (14%) who interacted/spoke with 3% of females, as an anonymous announcer (8%), or non-government celebrity (8%). Interestingly, the dominant speakers were adult males (89%), and a male child (3%). Of the 89% of dominant male speakers in HIV/AIDS PSAs, 53% made eye contact with the viewer (see Table 28). Further analysis (see Table 28) of the data revealed that 22% of male dominant speakers made eye contact with another person in the PSA.

When assessing nonverbal and/or visual strategies (see Table 29) of males as dominant speakers in HIV/AIDS PSAs, 75% depicted male dominant speakers as attentive and/or serious, while 11% of male dominant speakers were smiling and/or happy. Finally, 3% of the male dominant speakers frowned and/or glared. Continued analysis of nonverbal movements (see Table 29) revealed that 58% of males as dominate speakers used gestures. Male dominant speakers touched non-related persons in the PSAs (3%). Upon further analysis, 47% of male dominant speakers exhibited body movement and/or posture of compact/closed, and 33% exhibited expansive and/or open body postures as well as 11% used a combination of body postures different times in the PSAs. Finally, in less than 1% of the PSAs, body movement and/or posture was not applicable because the male dominant speaker was not present in the PSA or only his voice was heard.

Continued assessment of the data revealed 80% of males as dominant speakers used language intensifiers (see Table 30); whereas, 11% never or almost never used language intensifiers. Analysis of strategies (see Table 30) that are present in the male HIV/AIDS PSAs revealed that 42% of male only dominant speakers invited viewer participation, and viewer action (i.e., get tested for HIV/AIDS). Continued evaluation of language used by male dominant speaker revealed that 33% made use of personal tone ("I"); 22% addressed viewers as peers ("we"); 19% used statistics to support position such as using protection (i.e., condom usage). Lastly, less than 5% of male dominant speakers identified with experiences of others, 3% emphasized own accomplishments, or used personal experience and/or anecdotes to support position (i.e., reasons for using protection while having sexual relations). When assessing characteristics (see Table 31) of male dominant speakers in HIV/AIDS PSAs, 64% of the ads positioned male dominant speakers as knowledgeable, intelligent, or trustworthy, and 50% emphasized speaker as qualified; whereas, 17% depicted speakers as conveying warmth/compassion, and 8% as competent to speak of HIV/AIDS.

The data revealed that 47% of the HIV/AIDS PSAs are directed primarily at HIV/AIDS awareness, 36% at HIV/AIDS prevention, 14% at HIV/AIDS testing and less than 1% at STDs. Dominant speakers tended to use a logical appeal (61%) or emotional appeals (39%). The HIV/AIDS PSAs mentioned or discussed (see Table 33) health care (19%) with 5% addressing HIV/AIDS education, 9% addressing drugs/drug use, ethics/morals, and/or race issues.

Structure of PSAs (N=152)

The data (See Table 34) revealed that 57% of HIV/AIDS PSAs spotlight issue dramatization, such as, people dying of AIDS or contracting HIV. Further, 16% used an action orientation (i.e., been tested for HIV/AIDS), 14% used documentary (i.e., knowing someone with HIV/AIDS, and 7% used introspection (i.e., if only the speaker would use protection).

The data (see Table 35) revealed that, of the production techniques directed at the general public in the HIV/AIDS PSAs, 42% primarily used speaker head on, with 25% employing slides with print/voice-over, movement and animation (i.e., cartoon depicting Jack & Jill story), and, 11% special production.

The data (see Table 36) revealed 49% of the HIV/AIDS PSAs featured the dominant speaker speaking live; 27% included voice-overs by unknown speakers, and, 13% included talk by other persons-live (i.e., not dominant speaker). The data revealed that 78% of special effects/production techniques (see Table 37) used in the HIV/AIDS PSAs was music; whereas, 13% used computer graphics; 12% integrated slow motion, and 4% included fast motion and/or split screen. Analysis of the dominant type of camera shot (see Table 38) used in the HIV/AIDS PSAs revealed 26% of the shots were from the waist up (i.e., medium); 22% featured a movement combination, with 13% framing the head/shoulders (i.e., tight) and 3% full length (long).

As Table 39 details, 28% of the settings of the HIV/AIDS PSAs were informal Indoors; 28% used a combination of settings (i.e., informal and formal settings); 17% used informal outdoors settings, followed by 13% formal indoors and 1% formal outdoors. Dominant speakers in these HIV/AIDS PSAs directed at the general public

tended to be dressed (see Table 40) casually (46%), 14% wore formal dress, with 4% varied.

In terms of overall content, 98% of the HIV/AIDS PSAs directed at the general public (see Table 41) focused on HIV/AIDS, with 1% directed at STDs, with 70% employed logical appeal and 30% utilized emotional appeals. Further analysis of the data revealed that 30% of the issues mentioned (see Table 42) in the HIV/AIDS PSAs directed at the general public centered on health care; next, 9% place an emphasis on drug/drug use, and 8% spotlighted education/schools, and 4% highlighted international issues about HIV/AIDS. Race (3%) and Women's (1%) issues where mentioned the least in the HIV/AIDS PSAs.

Structure of Female PSAs (N=31)

As Table 43 summarizes, 30% of the HIV/AIDS PSAs directed at females spotlighted issue dramatization, such as contracting HIV from a significant other. Of the remaining ads, 23% resembled documentary, 17% advocated introspection (i.e., what would you do if you contract HIV); 13% were action oriented (i.e., use protection); 10% testimonial, and 3% included questions and answers. An analysis of production techniques (see Table 44) revealed 53% connected with female viewers through the shots of the speaker head-on, followed by 20% with cinema verite, 13% slides with print/voice over or movement.

Analysis of the data (see Table 45) revealed that 27% of the ads with female dominant speakers in HIV/AIDS PSAs took place in informal indoors settings, followed by 23% informal outdoors settings, and 17% in formal indoors settings, and/or combination. In terms of attire (see Table 45), 67% of female dominant speakers in

HIV/AIDS PSAs directed at the female viewers dressed casually, and 17% wore formal attire.

As Table 46 outlines 77% of sound characteristics for HIV/AIDS PSAs portrayed female dominant speakers live, followed by 13% voice-over by unknown speaker, and 7% showed other persons live. Continued analysis of data revealed (see Table 47) that 73% of special effect/production techniques in the HIV/AIDS PSAs used music; whereas, 23% were superimpositions, 10% utilized computer graphics, followed by 7% using slow motion, or split screen (7%), and 3% applied fast motion. In terms of dominant type of camera shot (see Table 48) used in the HIV/AIDS PSAs, 33% focused on the dominant female speaker from the waist up (i.e., medium), followed by 30% head/shoulders (i.e., tight), 13% with movement combination, and 3% used a full length shot of the dominant speaker (i.e., long).

Structure of Male PSAs (N=36)

As Table 49 summarizes, 47% of the HIV/AIDS PSAs directed at males spotlighted issue dramatization, such as contracting HIV from a significant/intimate other, followed by 19% documentary format, 17% calling for action (i.e., action orientation), 5% used testimonial and 3% were question-answers. In terms of production techniques (see Table 48), 64% of the HIV/AIDS PSAs used a speaker head-on technique to connect with male viewers, followed by 11% with cinema verite slides with voice-over (8%) and/or combination (8%).

As Table 50 details, 33% of the HIV/AIDS PSAs with male dominant speakers took place in informal indoors settings, followed by 30% in an informal outdoors setting, 25% used a combination of settings, 19% applied a formal indoor setting, and 5% did not

use a setting due to a voice only PSA. Continued analysis of data (see Table 51) revealed that male dominant speakers in HIV/AIDS PSAs directed at male viewers tended to dress casually (69%), with 19% in formal dress, and 3% in varied dress. As Table 51 indicates, 83% of sound characteristics for HIV/AIDS PSAs presented male dominant speakers as speaking live versus taped or cartoon caricatures, and 11% were voice-over by unknown speaker. For example, the Jack and Jill PSA (see Figure 1) have an unknown speaker telling the story of Jack and Jill and speaking for each character (i.e., Jack or Jill) in the cartoon. Continued data analysis (see Table 52) revealed that 72% of special effect/production techniques used music in male HIV/AIDS PSAs; whereas, 11% computer graphics, followed superimpositions (8%). In terms of dominant type of camera shot (see Table 53) used in the HIV/AIDS PSAs, 44% focused on dominant male speakers from the waist up (i.e., medium), 22% with movement combination, 17% focused on head and shoulders (i.e., tight), and 4% offered the viewer a full length view of speaker (i.e., long) in the PSA.

Content of Combined Male and Female PSAs (1987-1999; N=14)

The data (see Table 54) revealed that 71% of the HIV/AIDS PSAs are directed at the general public, indicated by the use of inclusive language and/or no references to specific populations. Specific populations, such as people who have HIV/AIDS were the focus of 21% of the PSAs, and people who are at high risk for contracting HIV/AIDS were the focus of 7% of the PSAs. Both populations (i.e., male and female populations) where named specifically. For example, a HIV/AIDS PSA presented two people (i.e., male and female) in a store discussing the purchasing of condoms; the female insisted that the male buy a condom or they would not be having sex; the message, practice safe

sex to prevent HIV/AIDS. In the aforementioned example, the PSA specifically focused on individual male or female actors. When assessing the biological sex of the targeted audience (see Table 55), 100% of the PSAs identified both males and females in the visual and/or verbal content. However, 86% targeted non-relationship specific male and females, 21% targeted male and female intimate partners and 7% specifically targeted husbands/wives. For example, 14% of the PSAs in 1988 specifically recognized a husband and/or wife, and 75% of the PSAs in 1999 acknowledged a male/female intimate partner. Intriguingly, there were no references to intimate partners or significant others during the years 1990 and 1992. Both populations (see Table 56) spoke in 43% of the PSAs. Of the populations that spoke in PSAs the verbal content revealed that 21% spoke as experts, and 14% were anonymous announcers. For example, most people accord a medical doctor expert status, thus when PSAs depict a female doctor discussing testing for HIV/AIDS the doctor is depicted as an expert. Of the dominant speakers (see Table 57) in the PSAs 28% were male versus 21% female.

When assessing the eye contact (see Table 58) that dominant speakers in PSAs establish with viewers, 36% established eye contact with the viewer, and 7% established eye contact with another person in the PSA. Interestingly, 57% of speakers of undetermined dominance established eye contact with the viewer of the PSAs. Concurrently, the visual and/or nonverbal content revealed (see Table 59) that 21% of dominant speakers exhibited attentive/serious postures, and 57% of undetermined speakers exhibited attentive/serious postures (i.e., one person is listening to the other) in the PSAs. For example, a PSA has two speakers discussing HIV/AIDS, but both speakers seem to the viewer as neither dominant nor non-dominant in the PSA, thus the speakers

of undetermined dominance exhibited an attentive/serious posture during the discussion. Concurrently, the data revealed that 30% of dominant speakers exhibiting body movement/posture used a combination of expansive/open or compact/closed in the PSAs. Concomitantly, 21% of dominant speakers used gestures, versus gestures of undetermined dominant speakers (50%) in PSAs. Further analysis of data revealed that during nonverbal interactions by dominant or undetermined dominant speakers, zero physical interaction, such as touching another person occurred in the PSAs.

When assessing the use of language (see Table 60) in HIV/AIDS PSAs, 78% of dominant speakers used language intensifiers. Language intensifier strategies by dominant speakers that are present in the HIV/AIDS PSAs revealed 64% addressed viewers as peers (e.g., "we"). For example, the use of “we” invites viewer and speaker communication as peers. Next, 43% of the language intensifiers used were statistics to support position; 50% use personal tone (e.g., “I”); 28% invited viewer participation/action; 28% used personal experience/anecdotes to support position. For instance, the use of personal anecdotes/experience or testimonial and introspection invite viewer empathy and trust. The remaining PSAs that used language intensifiers used nonpolitical expert authorities to support positions (28%).

The data revealed in the visual and/or verbal content specific characteristics of dominant speakers in HIV/AIDS PSAs (see Table 61) 86% of dominant speakers were knowledgeable and/or intelligent; 71% were qualified to speak about HIV/AIDS; 64% were considered trustworthy; 28% possessed competency, and 7% exhibited warmth/compassion towards HIV/AIDS victims.

Analyses of verbal and/or visual content (see Table 62) in HIV/AIDS PSAs revealed 57% of the PSAs emphasized HIV/AIDS prevention, 36% emphasized awareness, and 7% placed emphasis on a combination of prevention, testing, awareness or protecting family members from contracting HIV/AIDS.

Structure of Combined Male and Female PSAs (1987-1999; N=14)

As Table 63 summarizes 57% of HIV/AIDS PSAs spotlighted issue dramatization, indicated in the visual and/or verbal references. For example, being aware that your sexual partner might have HIV/AIDS, hence, make sure to wear a condom during sexual activity. One HIV/AIDS PSA spotlighted the issue by highlighting a young couple engaging in preliminary sexual foreplay while a television in the room keeps turning on and a male announcer keeps interrupting their activities. The male announcer on the television states that the person you are with might have HIV/AIDS; therefore be sure by being tested for HIV/AIDS before engaging in a sexual activity. Of the remaining ads, 21% emphasized introspection, 14% of used testimonial (i.e., personal experience with a family member dying from AIDS), and 7% employed a documentary format. An analysis of production techniques (see Table 64) revealed that 57% primarily connected with the viewer through shots of the speaker head on (i.e., speaker looking straight at viewer), 28% used cinema verite (i.e., viewer is following the speaker as if viewer is part of the scene), and 7% employed slides print/voice-over and animation (7%).

As Table 65 outlined 43% of sound characteristics for HIV/AIDS PSAs included talk by other persons live (i.e., not the dominant speaker), followed by, the dominant speaker speaking live (43%), and 14% were voice-overs by an unknown speaker. Analyses of special effects/production techniques (See Table 66) used in the HIV/AIDS

PSAs revealed 64% of the PSAs used music, and 21% included other special effects (i.e., scene depicts the speaker seeing ghosts of people who have died from AIDS). In terms of the dominant type of camera shots (see Table 67) used in HIV/AIDS PSAs, 36% featured a movement combination, 28% used a medium shot (i.e., waist up), and 14% of the instances focused on the speakers head and shoulders (i.e., tight).

As Table 68 details, 54% of the settings of the HIV/AIDS PSAs were a combination of informal/formal indoors and/or informal/formal outdoor setting; whereas, 28% of the settings occur in a informal outdoor setting, 7% occurred in formal or informal outdoor settings, and in a formal indoor setting. Dominant speakers in these HIV/AIDS PSAs (see Table 69), tended to be dressed casually (36%), such as, wearing jeans and t-shirts. Continued analyses revealed 28% wore formal dress, such as, wearing a suit or dress, wearing a lab coat, and/or doctors coat in the PSAs and 14% used a variety of attire. In terms of the appeals used in HIV/AIDS PSAs, 93% used a logical appeal approach, and 7% used emotional appeals. This analyses summarized issues mentioned (see Table 70) in the HIV/AIDS PSAs were, 28% mentioned drugs and/or drug use causing contraction of HIV/AIDS, and highlighted health care (28%); 14% discussed other issues, such as risking loved ones by having unprotected sex and international issues. The last issues mentioned focused, education or education in schools (7%), race issues (7%), and zero focused on ethics/morals or women's issues.

Content of Combined Male and Female PSAs (2000-2005; N=57)

The data (see Table 71) reveal that 56% of the HIV/AIDS PSAs are directed at the general public, indicated by the use of inclusive language and/or not references to specific populations. Specific populations, such as people who are at high risk for

contracting HIV/AIDS, were the focus of 37% of the ads, and people who have HIV/AIDS were the focus of 5% of the PSAs. Both male and female populations where named specifically. For example, a male announcer spoke directly to a male actor in the HIV/AIDS PSA. Only 2% of the PSAs are directed at African American males (see Table 70) during a nor-race specific campaign which comprised 9% of the PSAs (see Table 72) in the year 2003. When assessing the biological sex of the targeted audience (see Table 73), 100% of the PSAs identified both males and females in the visual and/or verbal content. However, unlike years 1998-1999, only 67% identified non-relationship specific male and females, while 26% identified an intimate partner for which 2% in 2004 portrayed one women as Lesbian intimate partner. Interestingly, anonymous announcers spoke in 24% of the PSAs, and zero speakers spoke as experts (see Table 74). Continued analysis revealed that 16% of males and females spoke in the same PSAs. As Table 75 summarized, the distribution of dominant speakers changed to 31% female and 28% male dominant speakers opposed to the 1900's of 21% female and the status quo of 28% male speakers.

When assessing the eye contact (see Table 76) that dominant speakers in PSAs established with viewers, 10% established eye contact with the viewer, and 14% established eye contact with another person in the PSA, opposed to the 1900's, where dominant speakers with viewers in PSAs established 36% of eye contact. Concomitantly, visual and/or nonverbal content (see Table 77) of the HIV/AIDS PSAs revealed that 14% of dominant speakers exhibited attentive/serious postures, and 7% were smiling/happy in the ads. Concurrently, 10% of dominant speakers used gestures (see Table 77) in the HIV/AIDS PSAs. Interestingly, 3% of dominant speakers in the HIV/AIDS PSAs

touched a non-related person versus zero in the 1900's PSAs. When assigning the biological sex (see Table 77) of targeted nonverbal actions (i.e., touching another person), 17% of female speakers touched another non-related person in HIV/AIDS PSAs versus 10% of male speakers.

Assessing the use of language in HIV/AIDS PSAs the data revealed 49% of dominant speakers used language intensifiers (see Table 78). Specific use of language intensifier strategies (see Table 78) dominant speakers' used in HIV/AIDS PSAs were, 38% of dominant speakers used the strategy of presenting statistics to support their position on HIV/AIDS (e.g., testing, safe sex practices). Concerning the strategies present in HIV/AIDS PSAs, 35% invited viewer participation/action. For example, the dominant speaker in the PSA discusses the importance of being tested for HIV, so viewer does not transmit HIV to other sexual partners. Opposite of the 1900's (see Table 59), were over half the PSAs focused on addressing viewers as peers, and use of personal tone versus 14% of dominant speakers addressed (see Table 78) viewers as peers and 14% of dominant speakers made use of personal tone (e.g., "I") in HIV/AIDS PSAs.

Analyses of verbal and/or visual content of the data (see Table 79) revealed a change in emphasis in HIV/AIDS PSAs, in the 1900's 57% emphasized prevention to 47% that emphasized HIV/AIDS prevention. Continued analysis revealed 35% of the HIV/AIDS PSAs emphasized testing and 12% emphasized awareness versus the 1900's when 36% addressed awareness of HIV/AIDS.

Structure of Combined Male and Female PSAs (2000-2005; N=57)

As Table 80 summarizes, indicated in the visual and/or verbal references, that 70% of HIV/AIDS PSAs spotlighted issue dramatization. Continued analyses revealed

that 23% of the HIV/AIDS PSAs focused on action orientation, such as being educated about HIV/AIDS before having sexual relationships. Interestingly, two changes occurred between the 1900's and 2000's; first, in 2000's the focus of issue dramatization increased to 70%, whereas, in the 1900's 57% spotlighted issue dramatization (see Table 62). Second, action orientation (23%) became a focus of HIV/AIDS PSAs in 2000's versus zero PSAs calling for an action by viewers during the 1900's.

The data (see Table 81) revealed, 31% of production techniques used in HIV/AIDS PSAs are slides print/voice over, 28% used special production techniques, and 21% depicted the speaker head-on. Continued analyses of the data revealed 10% used cinema verite, and 5% used animation with anonymous speakers in the HIV/AIDS PSAs.

The data (see Table 82) revealed 37% of sound characteristics in HIV/AIDS PSAs were voice-over by an unknown speaker, 19% were other persons live (i.e., not the dominant speaker), and 19% showed the dominant speaker live. Analyses of special effects/production techniques (see Table 82) used in the HIV/AIDS PSAs 84% is music; whereas, 24% used slow motion, 21% used a combination of effect, 19% computer graphics, 9% superimpositions, and 7% applied fast motion. In terms of the dominant type of camera shot (see Table 82) used in HIV/AIDS PSAs, 23% were movement combinations, followed by, 14% focusing on the speaker from the waist up (i.e., medium).

As Table 83 outlined, 28% of HIV/AIDS PSAs took place in informal indoor settings, 23% used a combination of settings (i.e., informal/formal and/or outdoor/indoor); 23% of the settings occurred in informal outdoor setting, and 9% took place in formal indoors setting. Continued analyses of the data revealed, 31% of the

speakers dressed casually, and 7% wore formal dress. Of note, in the HIV/AIDS PSAs, during 1900-1999 formal dress (28%) was commonly worn by speakers than in the years 2000-2005.

Assessment of the specific emphasis (see Table 84) of the HIV/AIDS PSAs, 47% spotlighted HIV/AIDS prevention, 35% emphasized HIV/AIDS testing, 12% stressed HIV/AIDS awareness and 5% pointed out STD's (e.g., this is represented under the category other). In terms of overall content, 49% of the HIV/AIDS PSAs used Logical appeals; whereas, 33% used emotional appeals. Continued analyses revealed that 46% of issues mentioned in HIV/AIDS PSAs were health care; 16% mentioned other issues, such as the need for communication about preventing HIV/AIDS or better communication between intimate partners about wearing condoms during sexual intercourse. Analysis of the remaining ads revealed that 10% of the HIV/AIDS PSAs mentioned drugs/drug use, 7% discussed HIV/AIDS education, 5% mentioned international issues, 3% dealt with women's issues, 2% ethics/morals, and zero mentioned race issues. Interestingly, even though the PSAs during the years 2000-2005 specifically were titled African American HIV/AIDS PSA campaign, the PSAs had a non-race specific targeted audience, therefore, there were no PSAs that specifically targeted race issues. It is also during 2000-2005 that women's issues (i.e., not only targeting pregnant women) and dealing with ethical issues were ever mentioned in HIV/AIDS PSAs. Finally, Healthcare was the major focus of HIV/AIDS PSAs during 2000-2005, versus and even split of healthcare and drug/drugs use during 1900's.

Chapter 5: Discussion and Conclusion

My dissertation proposes that relational communication strategies are intrinsic in HIV/AIDS PSAs and should be considered as a viable methodology to be purposely developed and implemented when developing HIV/AIDS PSAs. Therefore, I evaluated government and non-government HIV/AIDS PSAs to determine the primary targeted audience and elements of communication strategies. To answer my research questions, I examined the portrayal of women in HIV/AIDS PSAs and the relational communication strategies proffered in HIV/AIDS PSAs through the use of verbal, nonverbal content and production techniques. In this chapter, I will discuss the conclusions drawn from the data that addresses my research questions. I will discuss relational communication, specifically, identification, identity, facework, dialectic and sexuality. Next, I will discuss the implications of my research for HIV/AIDS PSAs. Finally, I will discuss future research, strengths/limitations, and scholarly significance.

RQ1. Are women specifically targeted (e.g., portrayed as dominant figure/actor) in PSAs offering HIV/AIDS education and prevention messages?

In the 21st century, America has seen many strides toward equality. For example, in 2008, we elected the first African American President, and, in 2009, the president appointed a Latino women judge to the U.S. Supreme Court, but, even before 2008, strides toward equality for different ethnic groups and gender occurred. For instance, we have had three women as secretary of state, and women and men of different race represent us in Congress. However, even though women are portrayed as dominant figures in HIV/AIDS PSAs, they still only comprise 46% of the dominant figures in the PSAs versus the 53% for males. Interestingly, and as observed in Chapter Four, a male

child has been portrayed as a dominant figure in HIV/AIDS PSAs. Scholars have argued (see Dejong et al, 2001) that females are represented in PSAs more, but more messages specifically target males; the result being HIV/AIDS messages are not directed at women (Further discussion of gender representation in commercials, see Bartsch & Burnett, 2000; Ganahl, Prinsen, & Netzley, 2003; Stern & Mastro, 2004). Furthermore, and stated previously, according to Parrott and Condit (1996), prevention programs (e.g., PSAs) do not targeted women specifically. As this dissertation indicates, women and men were specifically targeted almost equally in HIV/AIDS PSAs offering education (women, 7; men, 5) or prevention messages (women, 37; men, 36). Interestingly, when HIV/AIDS PSAs focus messages on testing, females (13%) and males (14%) continue to be relatively equally targeted.

The results illuminate that HIV/AIDS PSAs have changed by portraying women/females as dominant figures, thus, women seem to be more specifically targeted with education and prevention messages.

To conclude, HIV/AIDS PSAs do specifically target and represent women as dominant figures/actors; however, women are underrepresented compared to their male counterparts in total HIV/AIDS PSAs. Furthermore, as I discuss in *RQ2,* most of the changes in representation for women occurs from 2000 - 2005 and the education messages (HIV/AIDS) directed at women address women as caregivers of family or health of unborn children during pregnancy. The same underrepresentation appears in domestic (e.g., males) and nondomestic (e.g., females) commercials. For example, according to Bartsch, Burnett, Diller, and Rankin-Williams (2000), women are underrepresented in commercials of nondomestic products, such as condoms or vehicle

products; while men are underrepresented in commercials of domestic products, for instance, shampoos, window cleaners, vacuums or household products (see gender representation, Ganahl et al., 2003). To underscore this gender gap, one HIV/AIDS PSA had a male child as a dominant speaker; whereas, female children were regulated to non-dominant actors in the PSA. This example is not conclusive, but it hints at the acceptance of males, whether adult or adolescent, as a viable seller of a product versus an adolescent female.

RQ2. How are women currently (e.g., 2000-2005) represented (e.g., wife, mother, carriers of HIV, and women as vessels) in PSAs compared to previous (1987-1999) PSAs contending with issues of HIV/AIDS?

As stated previously, studies (e.g., Nahmias, 1989; Dejong, Wolf, & Austine, 2001) have contended that HIV/AIDS PSAs portrayed women but it was the content of the messages that was an issue; however, other studies (e.g., Reheim, 1996) argued that women were depicted as carriers of HIV/AIDS or vessels (e.g., birthing mothers). Results of this project indicate that HIV/AIDS PSAs created during 2000's portray women as mothers and experts (e.g., doctors/nurses), with portrayals of a intimate partner and a lesbian partner versus previous years (i.e., 1900's) where women were depicted as wife's or carriers of HIV/AIDS and/or STDs or vessels (e.g., pregnant). Interestingly, women have lost ground in some areas. For instance, women as dominant speakers make less eye contact with viewers (44%) versus dominant women speakers (78%) of previous years (e.g., 1900's) of HIV/AIDS PSAs. This result is interesting because the emphasis of the HIV/AIDS PSAs are equal for men and women versus previous years, but the issues discussed have expanded. For instance, from 2000-2005, issues mentioned/discussed

include an increased discussion of health care versus previous years with a overall mention of women's issues, race issues, international issues, a discussion of ethics/morals, education/schools, and a specific mention of waiting to have sex (e.g., abstinence best protection). However, drug issues which were discussed during the 1900's are no longer featured even though drugs are shown with a computer animated HIV/AIDS PSA depicting Jake and Jill storyline shown with both a male and female voice over.

To conclude, women are portrayed to be more knowledgeable/intelligent than in previous PSAs created from 1987-1999, and more issues that pertain to women are discussed. Thus, the answer to RQ2 is that ads with an emphasis on women have expanded discussion of issues and how females are represented. However, women being portrayed as qualified or trustworthy has dropped, possibly explaining women being presented less as experts in HIV/AIDS PSAs than in previous years.

RQ3. What interpersonal communication strategies are portrayed to the public/audience in PSAs?

Interpersonal communication strategies have been acknowledged as critical components of product marketing (see Rogers, 1976, 1995) and HIV/AIDS PSAs market products (i.e., using condoms; practicing safe sex, testing, abstinence). Thus, PSAs contained verbal strategies such as using personal tone of "I" as in "I" have AIDS.

Nonverbal communication strategies used in HIV/AIDS PSAs include music to invoke emotion of sadness, concern, and fear. Music comprises a very powerful strategy that has been incorporated in multiple media. For example, movies utilize music to punctuate feelings of dread and fear, such as Alfred Hitchcock's movie *The Birds or*

Psycho which has been dubbed a classic (see Hitchcock's music, Sullivan, 2006; also see Boyd & Palmer, 2006). Music emphasizes issue dramatization in HIV/AIDS PSAs by evoking fear or to encourage feelings of empathy, and looked for responses. (i.e., get tested; use a condom).

Nonverbal strategies of production techniques, such as the dominant speaker speaking head-on, invites viewers of HIV/AIDS PSAs to be part of the issues being discussed and thus, part of the solutions (see Burgoon & Le Poire, 1999, for further discussion of nonverbal cues and relational communication). Gestures also emphasize the importance of being aware, and encourage action on the part of the viewers in HIV/AIDS PSAs.

The aforementioned interpersonal communication strategies illuminate relational communication embedded and occurring in HIV/AIDS PSAs. Next, I will specifically speak to the relational communication of identification, identity, facework, dialectics and sexuality that influence and define interactions of the actors in HIV/AIDS PSAs.

Relational Communication in HIV/AIDS PSAs

Identification

In chapter 2, premised on Burke's (1950) theory of shared symbols, shared symbols offered ways for individuals to communicate and identify with each other in HIV/AIDS PSAs. Therefore, throughout the HIV/AIDS PSAs, shared symbols indicated, through the actors' display of nonverbal communication (i.e., eye contact with each other, facing each other), the form of identification (i.e., relational partner, significant other, wife, friend) with which audience members might associate. For example, one HIV/AIDS PSA depicts two females (also shown is a male PSA identical to the female PSA) moving

into an apartment together, both females are having a discussion about HIV and the need to be sure that both of them are free of HIV. Relational partners who are viewers observe the nonverbal shared symbols (eye contact) to identify with the actors as girlfriends, lovers or significant others (see Burgoon & Le Poire 1999, for further discussion of creating a rapport between couples). As a result, identification of girlfriend, lovers, or significant other leads the viewer to empathize with the actors and carry the message of being tested for HIV into their (i.e., viewer) real life which is the goal of PSAs.

Identification is not specifically how the viewer of PSAs associate with the actors, but also how identification is portrayed in PSAs which suggests to viewers the need to re-conceptualize a relationship. For example, through the use of nonverbal symbols a PSA portrays a woman as a mother, where the scene is set with a baby crib, and a toddler is sitting in the bed, both are in front of the woman. Next, you hear the woman discussing her husband who had died and to her surprise found out that he had died from AIDS, she discovered his disease because her child had HIV, contracted through her (she was monogamous in the relationship) hence the husband. The conflict of identification suggests that women or children are not safe from contracting HIV because they are a wife or mother, thus they and anyone the woman is sexually active with should be tested.

Identification and identity do not stand alone in interactions but for the ease of illumination, I address them as separate segments of relational communication. Next I will discuss the relational communication variable of identity in the HIV/AIDS PSAs.

Identity

Our identities are an integral part of our lives and influence how we interact with others no matter if they are strangers or intimate partners. Through our identities we

know how to act, or what is appropriate for the interactional situation (Goffman, 1967). These identities are shaped, as previously discussed in Chapter Two, by the social norms and rules of our society and cultures.

Identities, whether male or female, are portrayed in HIV/AIDS PSAs. However, representation of our identities in commercials is not without precedent. According to Ganahl, Prinsen, and Netzley (2003) women in primetime commercials are underrepresented as primary characters and regulated as supportive counterparts to men with a result of perpetuation of traditional stereotypes of male and females (see Stern & Mastro, 2004, for further discussion on gender portrayals in commercials). The same issues are rooted in HIV/AIDS PSAs. For example, results from chapter 4, have shown that males are represented more than females as dominant speakers in HIV/AIDS PSAs. Therefore, females are still rendered in supportive roles and possibly a direct effect of how women's expectations and actions are directly influenced by the identity they associate with in HIV/AIDS PSAs and the portrayal of women. For example, take the previous PSA that show the women with her baby having HIV. Now let us view it from the stereotypical and cultural norms that influence our identities as women. Women are usually in a supportive role, thus, very few women are going to ask their husbands to get tested for HIV. One reason could be the assumption that because they are monogamous their husbands are also. The PSA interrupts the assumptions that are made by the viewer that they and their children are safe from HIV, and they need to be aware of this. As a result, the viewer should be experiencing an identity conflict because the PSA attacks the established stereotypical and cultural norms in which she lives. Another example, one HIV/AIDS PSA portrays a dominant male walking into a club for drinks and fun and sees

a glass with lipstick on it. The PSA then pans to the female sitting where and an anonymous announcer states, could she have HIV/AIDS. The ad suggests that she might be a carrier of HIV/AIDS and the male needs to be aware of and careful of future sexual partners.

Not all of the PSAs show males as dominant, but the traditional stereotypes are portrayed in the identities of the male and female in the next example of an HIV/AIDS PSA. In this HIV/AIDS PSA, both a male and female are at a store, and the male is being coerced into going into the store and buying condoms with the women stating, that if he wants sex, he will buy condoms, thus, no condoms, no sex. At first glance, the female is the dominant character, but traditionally and stereotypically women do not buy condoms which is a stereotypical role of the male. Once again, we are seeing a women's identity not as a strong women who buys her own condoms, but a women who has to force the male to buy a product to have an intimate relationship. Interestingly, women, according to Ganahl et al. (2003), purchase most goods and services, but are continually underrepresented in commercials except for health, not HIV/AIDS, and beauty products. Not one of the HIV/AIDS PSAs portray women buying condoms, instead all focus on the traditional stereotypes of women as care givers, carriers, or as aware of HIV/AIDS. Next, I will be discussing facework as part of the relational communication embedded in HIV/AIDS PSAs.

Facework

From a relational communication perspective, facework (Goffman, 1955) is portrayed in most HIV/AIDS PSAs. First, through, the portrayal of experts, parents, peers, or intimate partners, all characters negotiate their multiple identities. In some cases

males and females respond to the issue of HIV/AIDS as healthcare givers (doctors, nurses, or home care givers) who possess knowledge about the effects of AIDS and/or prevention of HIV. In other ads, music artists who are known to young adults who listen to soul music present information. The musicians speak to the importance of being tested, thus presenting two identities one an icon and a peer. In another PSA dealing with abstinence only being the safest way to prevent HIV, a male and female respond to this message by drawing back and nonverbally looking at each other portraying a hesitation on the male's part and a waiting for the male's decision on female's part. Facework in the aforementioned PSA shows the typical stereotyping of male/female relational communication discussed in the previous sections of identification and identity. The male is typically the dominant speaker, and the female is cast as supporter. Such representations limit the ability of females to make the decisions for their own wellbeing and places the decision with the traditional male role of decision maker. Grey (2007) offered a framework of Burer's theory of I/You and I/It relations in health education narratives, which can be extended to facework. For instance, in the aforementioned PSA, the choices for the female are limited or non-relevant with the decision being regulated to the male partner, which, according to Grey, equates to an I/It relationship where the relationship is not equal and places the relation of the individual to the world as the focus. Thus, when the focus is only the world or object then the actual negotiation of the relationship is lost with a result of the viewer being shown only one perspective available to emulate.

Throughout the discussion of relational communication, the dialectical tensions have been highlighted. For instance, open/closeness, dominant/non-dominant, and the

dialectical tension of I/You or I/It, all of which address to some extent the issue of disclosure (centripetal) versus self (autonomy). Next, I will address dialectical tensions that exist in HIV/AIDS PSAs.

Dialectics

Taboos and stigmas create dialectical tensions when dealing with issues of HIV/AIDS, for instance, the debate of educating the public about abstinence only (e.g., no sexual activity) versus having safe sex (e.g., wearing condoms), or the influence taboos and stigmas have on individuals and communities (Singhal & Rogers, 2003).

Dialectical tensions occur between identification and identity in HIV/AIDS PSAs. For example, when gender expectations and cultural/social expectations differ the dialectical tension of dominant/non-dominant occur. For example, Overall, Fletcher, Simpson, and Sibley (2009) argued that "a direct style of communication produces desired change in targeted [e.g., behavior changes, my words] features across time" (p. 635). Therefore, HIV/AIDS PSAs whose messages are of discussing or disclosing (centripetal) HIV/AIDS with your significant other will lessen your risk of contracting HIV/AIDS should create a positive change in behavior. HIV/AIDS PSAs, such as the previously mentioned women who informed her partner to buy condoms or no sex (autonomy), would fail in obtaining the desire changed behavior of wearing protection. According to Overall et al, this type of communication constitutes a negative-direct form which uses coercion and demands change. Therefore, the identification of equal partners creates a dialectical tension with the identity of unequal partners.

Sexuality

Sex sells, not a statement without viability for commercials and ads exist using sex in almost every aspect of public marketing, from jeans, perfume, birth control to condoms. As previously stated, sexuality needs to be an acknowledged construct of identity that viewers of HIV/AIDS PSAs must contend with. HIV/AIDS campaigns have use sexuality/sex to get messages across to a specific population with some success (see Think Again Campaign, Lombardo & Leger, 2007). Specifically, pictures of two males having sex where used in the Think Again Campaign, which according to Lombardo and Leger, caught the attention of the targeted viewer/audience and promoted a change in behavior.

A change in the "gaze" in commercial public advertisements from only women now includes men to a lesser extent, such as deodorant commercials depicting a man becoming overwhelmingly sexually attractive to women when they use a specific deodorant. Interestingly, a deodorant commercial that depicts a man being mauled by women for the implicit message of having sex does not bring forth the taboo of sexuality as much as a man or even more a women buying a condom for safe sex. The issue of identity is very implicit of the stereotypical view that it is not acceptable for women to engage in sex promiscuously. However, we see shows such as *Sex and the City*, which portrays women who identify with independence, including sexually, and incorporates an entertainment education narrative about breast cancer to reach the target audience (Grey, 2007).

Implications

Yoland LaPorte (personal communication, July 13, 2005) provided a valuable insight into the creation of the earlier PSAs and the corresponding goals, which included reaching as large an audience in the country as possible. Yoland Laporte and SheaVanHorn both expressed the desire to know what strategies reached audiences and contributed to not only education, but also a change in behaviors. Understanding how relational communication is embedded in HIV/AIDS PSAs offers practitioners (e.g., marketing firms) a valuable tool to understanding and implementing the strategies that best reach the intended audiences members. Knowing how identification and identity influence viewers/audience of HIV/AIDS PSAs offers practitioners the tools to knowingly incorporate relational communication strategies into the creation of HIV/AIDS PSAs or educational PSAs produced by government or nongovernment entities. Understanding how facework, dialectics and sexuality are rooted in PSAs will also contribute to practitioner's knowledge of incorporating relational communication strategies to reach intended viewers/audience members.

Future Research

Strengths/Limitations

A strength of this dissertation is having all known HIV/AIDS PSAs (e.g., 1987-2005) created by the U.S. government, confirmed by Yolan LaPorte (2005) who created and is employed by the firm who created the HIV/AIDS PSAs for the government since 1987. On the other hand, not all nongovernmental HIV/AIDS PSAs were, available even though the sample was large enough to be reliable.

When dealing with the amount of PSAs that coders were responsible to code, coder burnout was a very real issue that I contended with during this study. I suspected two major issues that were affecting coders. First, the amount of questions on the code sheet the coders needed to answer and two the very large amount of PSAs they viewed. I discussed with two coders (one male and one female) what they felt contributed to this phenomenon of coder burnout. The coders' response confirmed what I suspected, too many questions with too many PSAs made the coders feel overwhelmed. A saturation point for my coders seemed to occur between two weeks and three weeks of coding. The coder whose code sheet had multiple mistakes did finish all of the questions and PSAs, but once again the mistakes on the code sheet could have been from coder burnout. After questioning this coder about what they thought about the work they performed the coder replied that it was a lot of work and that is all he/she did and many times till late at night. As a result the coders needed more time to finish their work so, instead of one month it took three months for the coders to finish.

Finally, I had to eliminate questions from my results due to non-reliability, such as fear appeals, perceptions of leadership, or the staging of the PSA. Even though coders were trained and discussed different constructs and found agreement on verbal/nonverbal representations during training confusion occurred. For instance, the staging of the was either natural or staged the confusion was knowing that the PSAs are all staged but made to look natural so coders were not sure what to choose.

Methodological Limitations

Even though women are underrepresented in HIV/AIDS PSAs, my analysis and RQ1 only looked at the overall representation of women as dominant, and further evaluation of the years 2005 to present need to be reexamined for progress.

Voiceovers and relational communication HIV/AIDS PSAs should be further evaluated for not only the characteristics of relational communication, but also how the voice over itself influences viewers/audiences perceptions of gender traits such as identification and identity (see Bartsch, Burnett, Diller, & Rankin-Williams, 2000 for discussion on gender and voiceovers).

Dialectical tensions between identification and identity should be explored for the effects these relational communication tensions have on assimilating the behavior changes HIV/AIDS PSAs promote. Sexuality and the role (see Lauzen, & Deiss Jr., 2009, for further discussion on sex roles in primetime television) that it plays influencing viewer/audience members' relational communication and behavior changes encouraged in HIV/AIDS PSAs should be researched further.

Fear appeals has been research for its effect, reliability and validity (see discussion in Chapter Two), but confusion seems to be a problem for viewers/audience members and my coders even though they had complete agreement during training. Therefore, I believe that fear appeals used in HIV/AIDS PSAs, and PSAs in general, should be researched for confusion created by the relational communication occurring (e.g., identification, identity) between actors in PSAs viewed by the viewer/audience members. Another reason for continued evaluations of using fear appeals is that viewer confusion could stem from either a gender, race or age difference, thus the coder might or

might not see the proposed fear appeal as pertaining to them. If the viewer does not see strategies such as fear appeals as pertaining to them, the results suggest that viewers do not pay attention or recognized it as having to do with them so they ignore it.

All of the final coders where female and future research should take into account how identification, identity, facework, dialectical tension of identification and sexuality differences influence male coders perceptions of HIV/AIDS PSAs .

I used college students as coders, but they are not always the targeted audience, as a result, I suggest that future research be with the targeted audience of PSAs for evaluation of message effectiveness.

During the initial training coders where evenly male and female and my observations of the coders when a disagreement arouse suggests that coders where evenly split by gender when a disagreement arose about the meaning of verbal or nonverbal interactions. Therefore, I would propose that further research explore gender perceptions of PSAs for identification or identity influences. I would also propose a future study about gender and how we listen to the verbal interactions that occur in PSAs and the interpretations that ensue by the viewer.

The results suggest that Race and sexual orientation of the actors where not acknowledged by the coders even though a campaign that was created specifically for African Americans was included in the PSAs. The non recognition of Race or homosexuality could be a result that the coders where Caucasian, therefore, the coders did not associate with the actors who portrayed homosexuals, African Americans or Latinos. Future research might look at racial influence on message perception of PSAs.

Business PSAs and training videos created by the government and/or other NGOs should be researched for message assimilation by viewers in regards to gender influence, sexuality, racial influence and the influence that dominant relationships have on business educating employees about HIV/AIDS.

According to Southwell and Yzer (2007), conversation should be considered as an explanatory account of mass media campaigns, because it signals both an intermediate outcome of consequence and a mechanism for overlooked indirect effects. Relational communication places the focus on the relationship for analysis incorporating both the verbal and nonverbal content for analysis. Therefore, relational communication is ideally situated for future research focusing on conversation in mass media campaigns.

Finally, because relational communication is embedded in PSAs, a comparison of radio, billboard versus commercial HIV/AIDS PSAs should be analyzed for comparable results.

Scholarly Significance

Based on Gregory Bateson's (1958, 1972) work of second order cybernetics relational communication puts the center of the interaction in HIV/AIDS PSAs between the actors/speakers. The significance of my research offers the expansion of relational communication, interpersonal, and health communication by illuminating relational communication strategies of identification, identity, face, dialectics and sexuality that are negotiated to affect social change.

Illuminated in this dissertation are the strategies of identification, identity, face, dialectics and sexuality that are embedded in HIV/AIDS PSAs unknowingly by practitioners and many scholars assume. As scholars, we need to be aware how relational

communication contributes to social change in HIV/AIDS PSAS, but also in other venues such as health communication or organizational communication. By offering relational communication strategies of identification, identity, face, dialectics and sexuality, I have expanded areas of dominance, affiliation and involvement occurring in nonverbal and verbal communication.

The significance to gender scholarship expands how scholars need to take into account how relational communication strategies influencing the desired behaviors of women and men in HIV/AIDS PSAs.

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Appendix A: Public Service Announcements

Government Agencies: CDC production of individual PSAs from 1987-2005.

Americas Response to AIDS Campaign

1987-2005: March 1992 Program Perspective: Communication and Education are the best ways to stop HIV and the prevention of AIDS.

1988 August: 28 English (Video)

1988 Fall: 8 English, 5 Spanish (Video)

Summer 1990: 7 English, 2 Spanish (Video). 8 English, 3 Spanish (Radio).

1992: 10 English (Video), 1 Spanish. 6 English (Radio)

KNOW NOW Campaign:

1992: Business & Labor: Policy, Training, Employee Education, Family Education, Volunteerism & Community Service.

1999 Summer: 10 English-African American (Video)

National Institute on Drug Abuse (NIDA): 8 English, 3 Spanish (Video). 2 English, 1 Spanish (Radio). Jack & Jill campaign retooled for 2005 (same message)

National Association People with AIDS (NAPWA): 5 English

Keiser ADS/PSAs 2005

Television Advertisements

Cynthia (:30)

Cynthia (:60)

Ed (:30)

Ed (:60)

Connection (:30)

Mural (:30)

Knowledge (:10)

Community (:10)

Center (:10)

Hub (:10)

Street (:30)

Urban (:30)

Open Eyes (female) (:10)

Open Eyes (male) (:10)

Birthday (:30)

Guy Talk (:30)

Know the Truth (:30)

Get Tested (:30)

No Symptoms (:30)

ADS/PSAS 2004

Televisions Advertisements

Bus (:30)

Messenger (:30)

Stoop (:10)

Loft (:10)

Couch (:30)

RecRoom (:30)

Bean Bag (:30)

Doorway (:10)

Window (:10)

Televisions Advertisements

General Population and Opinion Leaders

Dumpster (:30)

Dumpster (:20)

African-Americans

Statistics (:30)

Pharmacy (:30)

Couples (:30)

Security (:30)

Young People Under 25

Airport Security (:30)

Convenience Store (:30)

ADS/PSAS 2003

Television Advertisements

General Population and Opinion Leaders

SUV Mom (:30)

Little Reminders (:30)

Boy (:30)

Startling Facts (Youth) (:10)

Startling Facts (HIV Infection) (:10)

Startling Facts (Global Prevention) (:10)

African-Americans

Excuses (:30)

Now Available (:30)

Tornado (:30)

Million (:30)

Word on the Street (Sister's Response) (:10)

Word on the Street (Brother's Response) (:10)

Word on the Street (Brother to Brother) (:10)

Young People Under 25

Chain Reaction (:30)

No Excuses (:30)

Bedroom (:10)

Hallway (:10)

Basement (:10)

Men who have Sex with Men (MSM)

Doesn't Have to Happen (:30)

Protection (:30)

Communication (:15)

Safe Sex (:15)

Appendix B: Organizations that provided PSAs

Government Agencies

1. Center for Disease Control (CDC) PSAs from 1987-2005

2. Business & Labor: Policy, Training, Employee Education, Family Education, Volunteerism & Community Service

3. National Institute on Drug Abuse (NIDA)

Non-Government Agencies

1. National Association People with AIDS (NAPWA)

2. Keiser ADS/PSAs 2005, 2004, 2003

Appendix C Code Sheet

Coder Name: _____

Commercial I.D.: _____

Commercial name:

Year of Ad: _____

1. **Who sponsored the ad?**
   (A) CDC (Center for Diseases Control): Government sponsored
   (B) NAPWA (National Association People with AIDS)
   (C) CablePostive
   (D) NIDA (National Institute on Drug Abuse): Government Sponsored
   (E) NIAID (National Institute of Allergy and Infectious Diseases)
   (F) Other (specify) _____

2. **Who created the Ad?**
   (A) Ogilvy Adams & Rinehart, Inc. HIV/AIDS television PSAs produced by the U.S. Federal Government.
   (B) Cable Positive
   (C) Keiser Foundation
   (D) Other (specify)
   _____

3. **Length of commercial:**
   (A) 30 seconds
   (B) 60 seconds
   (C) Other:_____

4. **Are the Ads directed at the?** Collapsed-A,B,C/95%
   (A) General public
   (B) General public at High risk for contracting HIV
   (C) General public who have HIV/AIDS
   (D) Business & Labor
   (E) Other (Specify)
   _____

5. **Format of Commercial:** (code for dominant format) 85%
   (A) Documentary
   (B) Testimonial
   (C) Introspection
   (D) Issue dramatization
   (E) Question and Answer
   (F) Empathy for Others
   (G) Action Orientation (e.g., condom usage, abstinence)
   (H) Other (specify) _____

6. **Production technique:** (code for dominant technique) Collapsed-B/E, B/C, C/D/G/100%
   (A) **Cinema verite**: (filmed live or made to look live)
   (B) **Slides with print and voice-over or slides with movement, print, and voice-over**: not live.
   (C) **Speaker head-on**: speaker talking directly into camera (to viewer).
   (D) **Surrogate head-on**: public official, celebrity, or known surrogate of speaker talking directly into camera (to viewer).
   (E) **Animation**
   (F) **Special production**: Unique camera or video technique
   (G) **Combination/Other** (specify)**:**
   _____

7. **Setting of the Ad:** (code for dominant setting) Collapsed-G/A/80%
   (A) No setting (e.g., graphics only)
   (B) Formal Indoors (e.g., office, business, school)
   (C) Informal Indoors (e.g., home, grocery, deli, party)
   (D) Formal Outdoors (e.g., rally about contracting HIV, testing for HIV, or people living with HIV)
   (E) Informal Outdoors (e.g., party outdoors, people outside of buildings i.e., garages)
   (F) Combination-no one setting dominant (specify).
   (G) Other (specify): some other setting not described above.

8. **Who is pictured in the Ad? Mark all that apply** 85%
   (A) No one
   (B) Male (M) or Female (F) Only/Both, Specify:
   (C) Family
   (D) Child (infant)
   (E) Adolescent
   (F) Husband only
   (G) Wife only
   (H) Husband and Wife
   (I) Male Partner (intimate)
   (J) Female Partner (intimate)
   (K) Male and Female Partners (intimate)
   (L) Male Partner (Gay)
   (M) Female Partner (Lesbian)
   (N) Other people in Ad: (Specify)
   _____

9. **Who is speaking?** Collapsed-E/A/B/95%
   (A) Male/s
   (B) Female/s
   (C) Male/s and Female/s
   (D) Adolescent
   (E) An anonymous announcer
   (F) Spouse/partner or family member
   (G) Expert (e.g., doctor, nurse, government official)
   (H) Non-government celebrity
   (I) Other/Combination (specify)
   _____

10. **The dominant speaker (s) is/are:** 90%
   (A) Male
   (B) Female
   (C) Male adolescent
   (D) Female adolescent
   (E) Male child
   (F) Female child
   (G) Cannot determine

11. **The non-dominate speaker (s) is/are:** Eliminated/70%
   (A) Male
   (B) Female
   (C) Male adolescent
   (D) Female adolescent
   (E) Male child
   (F) Female child
   (G) Cannot determine

12. **Does the dominant speaker make eye contact with the viewer?** 85%
    (A) Almost always
    (B) Sometimes
    (C) Almost never
    (D) Not applicable/ person not present in Ad.

13. **Does the non-dominant speaker make eye contact with the viewer?** 90
    (A) Almost always
    (B) Sometimes
    (C) Almost never
    (D) Not applicable/ person not present in Ad.

14. **Does the speaker (undetermined dominance) make eye contact with the viewer?** Collapsed-A/B/95%
    (A) Almost always
    (B) Sometimes
    (C) Almost never
    (D) Not applicable/ person not present in Ad.

15. **Does the dominant speaker make eye contact with another person in the Ad?** Collapsed-A/B/90%
    (A) Almost always
    (B) Sometimes
    (C) Almost never
    (D) Not applicable/ another person not present in Ad.

16. **Does the non-dominant speaker make eye contact with another person in the Ad?** Collapsed-A/B/80
    (A) Almost always
    (B) Sometimes
    (C) Almost never
    (D) Not applicable/ another person not present in Ad.

17. **Does the speaker (undetermined dominance) make eye contact with another person in the Ad?** Collapsed-A/B/80%
    (A) Almost always
    (B) Sometimes
    (C) Almost never
    (D) Not applicable/ another person not present in Ad.

18. **Is the dominant speaker usually:** 85%
    (A) Smiling/happy
    (B) Attentive/serious
    (C) Frowning/glaring
    (D) Not applicable/ person not in Ad
    (E) Other (specify)
    _____

19. **Is the non-dominant speaker usually:** 90%
    (A) Smiling/happy
    (B) Attentive/serious
    (C) Frowning/glaring
    (D) Not applicable/ person not in Ad
    (E) Other (specify)
    _____

20. **Is the speaker (s) (undetermined dominance) usually:** 90%
    (A) Smiling/happy
    (B) Attentive/serious
    (C) Frowning/glaring
    (D) Not applicable/ person not in Ad
    (E) Other (specify)
    _____

21. **Does the dominant speaker use gestures?** (code for overall use of gestures--pointing, waving hand(s), etc. Collapsed-B/C/80%
    (A) Almost never
    (B) Sometimes
    (C) Almost always
    (D) Cannot Determine/Not applicable/ people not present in the Ad.

22. **Does the non-dominant speaker use gestures?** (code for overall use of gestures--pointing, waving hand(s), etc. Collapsed-B/C/85%
    (A) Almost never
    (B) Sometimes
    (C) Almost always
    (D) Cannot Determine/Not applicable/ people not present in the Ad.

23. **Does the speaker(s) (undetermined dominance) use gestures?** (code for overall use of gestures--pointing, waving hand(s), etc. Collapsed-B/C/95%
    (A) Almost never
    (B) Sometimes
    (C) Almost always
    (D) Cannot Determine/Not applicable/ people not present in the Ad.

Does the dominant speaker touch others in the Ad? Use the corresponding letter to describe frequency of touch. Use for questions 24-44, i.e., dominant, non-dominant and undetermined dominant speakers

(A) **Almost never**
(B) **Sometimes**
(C) **Frequently**
(D) **Not applicable**

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24. Yes- wife/partner: ____ 100%
25. Yes- husband/partner: _____ 100%
26. Yes- family member (child, parent): _____ 100%
27. Yes-non related persons: _____ 100%
28. No 85%
29. Not applicable/people not present in the Ad. _____ 100%
30. Combination (specify) 100%

_____

Does the non-dominant speaker touch others in the Ad?

31. Yes- wife/partner: ____ 95%
32. Yes- husband/partner: _____ 100%
33. Yes- family member (child, parent): _____ 100%
34. Yes-non related persons: _____ 100%
35. No 100%
36. Not applicable/people not present in the Ad. _____ 100%
37. Combination (specify) 100%

_____

Does the speaker (s) (undetermined dominance) touch others in the Ad?

38. Yes- wife/partner: ____ 100%
39. Yes- husband/partner: _____ 100%
40. Yes- family member (child, parent): _____ 100%
41. Yes-non related persons: _____ 100%
42. No 90%
43. Not applicable/people not present in the Ad. _____ 100%
44. Combination (specify): 100%

_____

45. **Body movement/posture of speaker: (code for overall dominant body movement/posture of dominant speaker.)** Collapsed-C/A, C/B/90%
    (A) **Compact/closed**: Arms/hands close in by sides of body when sitting/standing; taking up little space.
    (B) **Expansive/open**: Arms/hands and/or legs often outstretched when sitting or standing; taking up space.
    (C) **Combination**
    (D) **Not applicable**

46. **Use of language intensifiers:** (code for dominant speaker/s only) Collapsed-B/C/75%
(Adjectives and adverbs that intensify noun or verb being described, e.g., so, quite, such, really.)
(A) Almost never
(B) Sometimes
(C) Frequently
(D) Not applicable

47. **Dress:** (code for dominant speaker) 90%
(A) Formal
(B) Casual
(C) Varied
(D) Not applicable

48. **Staging of Ad:** Eliminated/55%
(A) All obviously staged
(B) Natural appearing
(C) Cannot determine
(D) Other (specify)
_____

49. **Sound characteristics:** (code for dominant characteristic) 95%
(A) Dominant speaker live
(B) Other person(s) live
(C) Voice-over (by unknown speaker)
(D) Not applicable (no is one speaking)

What special effects/production techniques are used in the ad? (code A if present, B if not present)

50. Computer graphics _____ 100%

51. Slow motion _____ 90%

52. Fast motion _____ 95%

53. Reversed motion _____ 100%

54. Freeze frame _____ Eliminated/65%

55. Split screen _____ 95%

56. Superimpositions _____ 90%

57. Montage _____ Eliminated/65%

58. Stop motion photography _____ Eliminated/60%

59. Use of stills _____ Eliminated/55%

60. Music _____ 90%

61. Other special effects? (describe)90% _____

62. **Is the emphasis of this commercial primarily on**: Collapsed-A/B/C/95%
    (A) HIV/AIDS prevention (e.g., condoms, abstinence)
    (B) HIV/AIDS testing
    (C) HIV/AIDS awareness
    (D) STDs
    (E) Other (specify)

_____

63. **Type of appeal:** (code for dominant type of appeal used in ad) 95%
    (A) Logical appeal (use of evidence in ad)
    (B) Emotional appeal (to invoke feelings)
    (C) Ethos/source credibility appeal (appealing to qualifications as speaker)

64. **Are fear appeals used in the ad?** Eliminated/50%
    (A) No
    (B) Yes

65. **Structure of appeal:** (code for dominant structure) Eliminated/55%
    (A) Inductive (examples then conclusion)
    (B) Deductive (conclusion then examples)
    (C) Cannot determine

66. **Content of appeal:** (code for dominant content of appeal used) Eliminated/60%
    (A) Emphasis on speaker's partisanship
    (B) Issue-related appeal (speaker's concern)
    (C) Personal characteristics of speaker
    (D) Linking speaker with demographic groups

What issues, if any, are mentioned/discussed?
(code A if present, B if not present)

67. Education/schools _____ 95%

68. Health care _____ 100%

69. Drugs/drug use _____ 90%

70. Ethics/morals _____ 100%

71. Women's issues (choice, equal rights) 100%

72. Race issues (African American, Hispanics) 100%

73. International issues 90%

74. Other issues: (specify) 60%_____

75. Is any one particular issue emphasized? (specify) 95%
_____

Which strategies are present in the ad?
(code A if strategy is present, B if not present)

76. **Use of personal tone ("I")** _____ 85%

77. **Addressing viewers as peers ("we")** _____ 95%

78. **Addressing intimate relationship (e.g., partner, spouse, friend) using ("we")** _____ Eliminated/65%

79. **Inviting viewer participation, action** _____ 80%

80. **Emphasizing optimism/hope for the future** _____ Eliminated/50%

81. **Emphasizing pessimism/negativity for the future** _____ Eliminated/60%

82. **Using endorsements by peers or other important spokespersons (sports idols)** _____ 100%

83. **Use of personal experience, anecdotes to support position** _____ 100%

84. **Use of statistics to support position** _____ 95%

85. **Use of expert authorities to support positions (political)** _____ 100%

86. **Use of expert authorities to support positions (nonpolitical)** _____ 85%

87. **Speaker/s identifies with experience of others** _____ 85%

88. **Emphasizing own accomplishments** _____ 100%

89. **Any other strategies used?** (describe)100%_____

What speaker characteristics are emphasized in the ad?
(code A if present, B if not present)

90. **Honesty/integrity** Eliminated/45%

91. **Toughness/strength** Eliminated/50%

92. **Warmth/compassion** 80%

93. **Competency** 85%

94. **Past performance/success** 100%

95. **Cooperation with others** Eliminated/35%

96. **Leadership** Eliminated/50%

97. **Sensitive/understanding** Eliminated/35%

98. **Knowledgeable/intelligent** 85%

99. **Qualified** 95%

100. **Trustworthy** 100%

101. **Dominant camera angle used in ad:** (code for dominant speaker only)
Eliminated/70%

(A) High
(B) Straight-on
(C) Low
(D) Movement combination (specify)
(E) Not applicable

102. **Dominant type of camera shot used in ad:** (code for dominant speaker only)
Collapsed-D=A/B/C/95%

(A) Tight (head and shoulders)
(B) Medium (waist up)
(C) Long (full length)
(D) Movement combination (specify)
(E) Not applicable

Appendix D Codebook

Coder Name: Your name

Commercial I.D.: Section and Number of commercial given on your list of ads.

Commercial name: Use your list of ads for this category.

Year of Ad: Use your list of ads.

1. **Who sponsored the ad?** Use your list of sponsors

2. **Who created this ad?** Use your list of providers/creators

3. **Length of commercial:** Use your list of ads for this category.

4. **Are the ads directed at the?**

   (A) **General public**: Non-specific towards, race, gender, culture, sexual orientation (gay/lesbian)

   (B) **General public at High risk for contracting HIV**: Non-specific towards race, gender, culture specifically state: needle sharing, gay men, drug users

   (C) **General public who have HIV/AIDS:** Non-specific towards, race, gender, culture, sexual orientation (gay/lesbian)

   (D) **Business & Labor:** Directed at organizations; government or non-government

   (E) **Other (Specify):** Some other agency/public not mentioned

5. **Format of commercial:** (code for dominant format)

   (A) **Documentary**: describes or documents the life of the speaker; supplies background information on the speaker; describes some event in the speakers life.

   (B) **Testimonial**: shows responses of people to the speaker or provides an endorsement of the speaker by groups/individuals talking about the speakers virtues; includes famous person(s).

   (C) **Introspection**: a spot in which the speaker primarily reflects on his/her own issues of dealing with HIV/AIDS, in job/office, his/her mission as an

advocate for prevention of HIV/AIDS. May be just the speaker or the speaker talking to other people about this.

(D) **Issue dramatization**: emphasizes or illustrates some issue or problem; may or may not offer a solution; this is done in a dramatic way--not just speaker talking about it--through use of examples, visuals, etc.

(E) **Question and answer**: in this situation, the speaker is being asked questions (non-hostile, non-confrontational) by either one individual made to look like the average "citizen" off the street or by several people as he/she talks with them; includes interpersonal relationships.

(F) **Empathy for others:** the speaker is clearly empathizing for another individual/s who have HIV/AIDS or relative, friend who has HIV/AIDS.

(G) **Action Orientation:** Speaker is clearly illustrating the need to use condoms, practice abstinence or monogamy in a relationship. Speaker may also illustrate their own use of the aforementioned preventions.

(H) **Other (specify)**: none of the above.

6. **Production technique:** (code for dominant technique)

(A) **Cinema verite**: filmed live or made to look live; viewer has a "window on the world"--feels as if he/she is following the speaker during a trip or following the camera as it is viewing something; (hospitals, visiting people who have HIV/AIDS, viewing graves of individuals who have died of AIDS.

(B) **Slides with print and voice-over or slides with movement, print, and voice-over**: not live. Slides, still photos, newspaper articles may be used to create visual statement(s) and/or movement. Voice-over of speaker, surrogate, or announcer.

(C) **Speaker head-on**: speaker talking directly into camera (to viewer).

(D) **Surrogate head-on**: public official, celebrity, or known surrogate of speaker talking directly into camera (to viewer). (i.e., celebrities speaking of other celebrities deaths).

(E) **Animation**: cartoon-like, non-live or fantasy figures.

(F) **Special production**: Unique camera or video technique-- unusual use of lighting, use of different focuses on camera; use of split-screen or superimposition of one figure on another.

(G) **Combination/Other (specify)**: combination of techniques of the aforementioned choices. List techniques combined using numbers in parentheses, i.e., (A) & (B). Or some other technique not described on previous page.

7. **Setting of the ad:** (code for dominant setting)

(A) **No setting:** graphics only; still photographs, and/or other visuals with voice-over

(B) **Formal Indoors:** dominant setting is in a office, business, or school.

(C) **Informal Indoors:** dominant setting is in a home, grocery, deli, party.

(D) **Formal Outdoors:** dominant setting is at a rally about contracting HIV, testing for HIV, or people living with HIV.

(E) **Informal Outdoors**: dominant setting is at a party outdoors, people outside of buildings, i.e., garages, backyards, parks, picnics.

(F) **Combination-no one setting dominant** (specify): no dominant setting, combination of inside and/or outside settings described above. List settings pictured using numbers in parentheses.

(G) **Other** (specify): some other setting not described above.

8. **Who is pictured in the Ad?**

(A) **No one:** No person/people are pictured in the ad.

(B) **Male (M) or Female (F) Only/Both, Specify:** male or female speaker is pictured in the ad.

(C) **Family:** family members are pictured in the ad; can include family members from spouse/partner.

(D) **Child (infant):** children, i.e., infants/toddlers are pictured in the ad. Can be family or other individuals.

(E) **Adolescent:** adolescent are pictured in the ad. Adolescent described as under 18 years old.

(F) **Husband only:** Only male speaker speaking from a position/identity of husband.

(G) **Wife only:** Only female speaker speaking from a position/identity of wife.

(H) **Husband and Wife:** Speakers are pictured as husband and wife. Must have two people pictured in the ad.

(I) **Male Partner (intimate):** Only male speaker speaking to (viewer/partner not in picture) or about an intimate interpersonal relationship.

(J) **Female Partner (intimate):** Only female speaker speaking to (viewer/partner not in picture) or about an intimate interpersonal relationship.

(K) **Male and Female Partners (intimate):** Speakers are pictured as an intimate couple in an interpersonal relationship. Must have two people pictured in the ad.

(L) **Male Partner (Gay):** Only male in picture who is gay speaking to (viewer/partner not in picture) or about an intimate interpersonal relationship.

(M) **Female Partner (Lesbian):** Only female in picture who is lesbian speaking to (viewer/partner not in picture) or about an intimate interpersonal relationship.

(N) **Other people in Ad:** (Specify)

9. **Who is speaking?**

(A) **Male/s**

(B) **Female/s**

(C) **Male/s and Female/s**

(D) **Adolescent:** Defined as under 18 over 12 years old

(E) **An anonymous announcer:** you do not see or know the announcer as he/she is talking during the ad.

(F) **Spouse/partner or family member:** Can be family members of either spouse/partner and heterosexual, gay or lesbian.

(G) **Expert:** person/s who are pictured as an expert, i.e., doctor, nurse, government official.

(H) **Non-government:** person/s who are pictured as a celebrity actor, singer, football coach.

(I) **Combination/Other (specify):** if the ad is a combination of the above categories; specify combination using numbers in parentheses; Or some other category than those described above.

10. **The dominant speaker (s) is/are:**

(A) **Male**

(B) **Female**

(C) **Male adolescent:** defined as 13 to 18 years old

(D) **Female adolescent**: defined as 13 to 18 years old

(E) **Male child:** Under 12 years old

(F) **Female child:** Under 12 years old

(G) **Cannot determine:** dominant speaker cannot be determined.

11. **The non-dominant speaker (s) is/are:**

(A) **Male**

(B) **Female**

(C) **Male adolescent:** defined as 13 to 18 years old

(D) Female adolescent: defined as 13 to 18 years old

(E) **Male child:** Under 12 years old

(F) **Female child:** Under 12 years old

(G) **Cannot determine:** dominant speaker cannot be determined.

12. **Does the dominant speaker make eye contact with the viewer?**

(A) **Almost always**: looks directly at camera when speaking always or almost always.

(B) **Sometimes**: looks directly at camera when speaking some of the time.

(C) **Almost never**: speaker never looks at camera if head-on or speaker is not head-on.

(D) **Not applicable**: speaker is not shown in the ad.

13. **Does the non-dominant speaker make eye contact with the viewer?**

(A) **Almost always**: looks directly at camera when speaking always or almost always.

(B) **Sometimes**: looks directly at camera when speaking some of the time.

(C) **Almost never**: speaker never looks at camera if head-on or speaker is not head-on.

(D) **Not applicable**: speaker is not shown in the ad.

14. **Does the speaker (undetermined dominance) make eye contact with the viewer?**

(A) **Almost always**: looks directly at camera when speaking always or almost always.

(B) **Sometimes**: looks directly at camera when speaking some of the time.

(C) **Almost never**: speaker never looks at camera if head-on or speaker is not head-on.

(D) **Not applicable**: speaker is not shown in the ad.

15. **Does the dominant speaker make eye contact with another person in the Ad?**

(A) **Almost always**: looks directly at camera when speaking always or almost always.

(B) **Sometimes**: looks directly at camera when speaking some of the time.

(C) **Almost never**: speaker never looks at camera if head-on or speaker is not head-on.

(D) **Not applicable**: another person is not shown in the ad.

16. **Does the non-dominant speaker make eye contact with another person in the Ad?**

(A) **Almost always**: looks directly at camera when speaking always or almost always.

(B) **Sometimes**: looks directly at camera when speaking some of the time.

(C) **Almost never**: speaker never looks at camera if head-on or speaker is not head-on.

(D) **Not applicable**: speaker is not shown in the ad.

17. **Does the speaker (undetermined dominance) make eye contact with another person in the Ad?**

(A) **Almost always**: looks directly at camera when speaking always or almost always.

(B) **Sometimes**: looks directly at camera when speaking some of the time.

(C) **Almost never**: speaker never looks at camera if head-on or speaker is not head-on.

(D) **Not applicable**: speaker is not shown in the ad.

18. **Is the dominant speaker usually:**

(A) **Smiling/happy:** cheerful, happy look.

(B) **Attentive/serious:** concerned

(C) **Frowning/glaring:** angry.

(D) **Not applicable:** person not in Ad

(E) **Other (specify):** expression not described above or a combination of expressions so that dominant one cannot be determined.

19. **Is the non-dominant speaker usually:**

(A) **Smiling/happy:** cheerful, happy look.

(B) **Attentive/serious:** concerned

(C) **Frowning/glaring:** angry.

(D) **Not applicable:** person not in Ad

(E) **Other (specify):** expression not described above or a combination of expressions so that dominant one cannot be determined.

20. **Is the speaker (s) (undetermined dominance) usually:**

(A) **Smiling/happy:** cheerful, happy look.

(B) **Attentive/serious:** concerned

(C) **Frowning/glaring:** angry.

(D) **Not applicable:** person not in Ad

(E) **Other (specify):** expression not described above or a combination of expressions so that dominant one cannot be determined.

21. **Does the dominant speaker use gestures?** (code for overall use of gestures--pointing, waving hand(s), etc.

(A) **Almost never**: speaker keeps hands/arms mostly stationary in ad.

(B) **Sometimes**: speaker sometimes uses hand/arm gestures in ad.

(C) **Almost Always**: speaker often uses hand/arm gestures in ad.

(D) **Cannot determine/not applicable**: can't see arms/hands of speaker in ad to make determination or speaker not shown.

22. **Does the non-dominant speaker use gestures?** (code for overall use of gestures--pointing, waving hand(s), etc.

(A) **Almost never**: speaker keeps hands/arms mostly stationary in ad.

(B) **Sometimes**: speaker sometimes uses hand/arm gestures in ad.

(C) **Almost Always**: speaker often uses hand/arm gestures in ad.

(D) **Cannot determine/not applicable**: can't see arms/hands of speaker in ad to make determination or speaker not shown.

23. **Does the speaker(s) (undetermined dominance) use gestures?** (code for overall use of gestures--pointing, waving hand(s), etc.

(A) **Almost never**: speaker keeps hands/arms mostly stationary in ad.

(B) **Sometimes**: speaker sometimes uses hand/arm gestures in ad.

(C) **Almost Always**: speaker often uses hand/arm gestures in ad.

(D) **Cannot determine/not applicable**: can't see arms/hands of speaker in ad to make determination or speaker not shown.

Does the dominant speaker touch others in the Ad? Use the corresponding letter to describe frequency of touch. Use for questions 24-44, i.e., dominant, non-dominant and undetermined dominant speakers

(A) **Almost never**: speaker never or almost never physically touches other person(s) in ad.

(B) **Sometimes**: speaker sometimes physically touches other person(s) in ad.

(C) **Frequently**: speaker often physically touches other person(s) in ad.

(D) **Not applicable**: speaker is shown alone or not in ad.

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24. **Yes- wife/partner:** touches only wife/partner in ad.

25. **Yes- husband/partner:** touches only husband/partner in ad.

26. **Yes- family member (child, parent):** touches family members, can be from either spouse/partners family

27. **Yes-non related persons:** touches any person in the ad.

28. **No:** does not touch anyone in the ad.

29. **Not applicable/people not present in the Ad:** speaker or other persons are not in the ad.

30. **Combination (specify):** Use corresponding numbers to describe combinations, e.g., wife/partner (A) & (B).

Does the non-dominant speaker touch others in the Ad?

31. **Yes- wife/partner:** touches only wife/partner in ad.

32. **Yes- husband/partner:** touches only husband/partner in ad.

33. **Yes- family member (child, parent):** touches family members, can be from either spouse/partners family

34. **Yes-non related persons:** touches any person in the ad.

35. **No:** does not touch anyone in the ad.

36 **Not applicable/people not present in the Ad:** speaker or other persons are not in the ad.

37. **Combination (specify):** Use corresponding letters to describe combinations, e.g., wife/partner (A) & (B).

Does the speaker (s) (undetermined dominance) touch others in the Ad?

38. **Yes- wife/partner:** touches only wife/partner in ad.

39. **Yes- husband/partner:** touches only husband/partner in ad.

40. **Yes- family member (child, parent):** touches family members, can be from either spouse/partners family

41. **Yes-non related persons:** touches any person in the ad.

42. **No:** does not touch anyone in the ad.

43. **Not applicable/people not present in the Ad:** speaker or other persons are not in the ad.

44. **Combination (specify):** Use corresponding letters to describe combinations, e.g., wife/partner (A) & (B).

55. **Body movement/posture of speaker:** (code for overall dominant body movement/posture of dominant speaker.)

(A) **Compact/closed**: Arms/hands close in by sides of body when sitting/standing; taking up little space.

(B) **Expansive/open**: Arms/hands and/or legs often outstretched when sitting or standing; taking up space.

(C) **Combination**: Speaker equally shown in closed and open body movement and posture in ad.

(D) **Not applicable**: Speaker not shown live in ad.

46. **Use of language intensifiers:** (code for dominant speaker/s only) (Adjectives and adverbs that intensify noun or verb being described, e.g., so, quite, such, really.)

(A) **Almost never**: speaker never or almost never uses language intensifiers when speaking in ad.

(B) **Sometimes**: speaker sometimes uses language intensifiers when speaking in ad.

(C) **Frequently**: speaker often uses language intensifiers when speaking in ad.

(D) **Not applicable**: speaker not present or not speaking or undetermined dominant speaker.

47. **Dress:** (code for dominant speaker)

(A) **Formal**: coat and tie, suit, business/professional dress.

(B) **Casual**: sweaters, shirt sleeves, tie only, athletic wear.

(C) **Varied**: combination of above with neither one dominating.

(D) **Not applicable**: speaker not shown.

48. **Staging of Ad:**

(A) **All obviously staged**: speaker or others shown addressing camera, e.g., in a studio; staged press conference; other video that appears staged.

(B) **Natural appearing**: shot live in natural setting; although these shots often have been staged, they appear natural, e.g., citizen on street interviews; speaker speaking with group or in a home setting speaking to viewers.

(C) **Cannot determine**.

(D) **Other (specify)**: combination of above, no one dominant theme, staging other than that mentioned above, e.g., ad primarily uses graphics, still photos, visuals.

49. **Sound characteristics:** (code for dominant characteristic)

(A) **Dominant speaker live**: speaker is speaking.

(B) **Other person(s) live**: Other person(s) featured in ad is/are speaking.

(C) **Voice-over**: speaker or announcer (not shown in ad) talking over some other pictures or video.

(D) **Not applicable**: no one is speaking in the ad.

What special effects/production techniques are used in the ad? (code A if present, B if not present)

50. **Computer graphics:** letters, words, or pictures growing or shrinking.

51. **Slow motion**: motion is slower than normal.

52. **Fast motion**: movement is speeded up.

53. **Reversed motion**: causing movement to be produced backward.

54. **Freeze frame**: action or motion during ad is stopped and frozen for a time.

55. **Split screen**: two or more sections of screen each showing separate scene.

56. **Superimpositions**: one picture on top of another, one picture may be fading out as another is imposed onto it.

57. **Montage**: either rapid succession of brief shots (usually stills) with a common theme or showing several images on the screen at once.

58. **Stop motion photography**: series of frames shown one frame at a time, put together to show motion.

59. **Use of stills**: still photographs used in the ad.

60. **Music**: Use of song, jingle, or instrumental music as primary sound element or in background when speaker, surrogate, announcer speaks.

61. **Other special effects? (describe):**
(e.g., use of historical footage [AIDS Quilt], talking animals, etc.)

62. **Is the emphasis of this commercial primarily on:**

(A) **HIV/AIDS prevention:** use of condoms, abstinence

(B) **HIV/AIDS testing:** individuals or couples need to be tested

(C) **HIV/AIDS awareness:** the effects of HIV/AIDS, how to become infected.

(D) **STDs:** discussion on other STDs other that HIV/AIDS.

(E) **Other (specify):** what ever is not mentioned above, or a combination of (use corresponding numbers when describing), or none of the above are mentioned.

63. **Type of appeal:** (code for dominant type of appeal used in ad)

(A) **Logical appeal (use of evidence in ads)**: facts are presented in ad to persuade viewer that the evidence is overwhelming in favor of some position. Evidence includes use of statistics, examples, logical arguments, etc.

(B) **Emotional appeal**: appeal designed to invoke particular feelings or emotions in viewers. Could include happiness, sadness, good will, pride, patriotism, anger, fear, etc. (ad reminds you of those Hallmark card ads.)

(C) **Source credibility/ethos appeal**: appeal focusing on qualifications of speaker or designed to enhance the credibility and trustworthiness of speaker by telling all he/she has done, is capable of doing, how reliable he/she is, etc.

64. **Are fear appeals used in the ad?** (code A if yes; B if no)
These are appeals meant to scare viewer about possible consequences of some action.

65. **Structure of appeal:** (code for dominant structure)

(A) **Inductive**: first lists examples to draw generalization or conclusion

(B) **Deductive:** first states generalization or conclusion, then applies it to specific examples

(C) **Cannot determine**: cannot determine whether the appeal is inductive or deductive, may be combination thereof.

(**Note: Focus on first statement(s) made to determine overall structure;** i.e., is the first statement an example or a unifying theme/generalization/conclusion for the ad? If the generalization is in the middle of the ad--with examples given before and after--it is inductive.)

66. **Content of appeal:** (code for dominant content of appeal used)

(A) **Emphasis on speaker's partisanship**: ad focuses on speaker as representative of political party, people living with AIDS or links speaker with these groups, etc.

(B) **Issue-related appeal (speaker's concern)**: by mentioning or listing certain issue(s), ad reveals that speaker cares about these issue(s) and that these issue(s) is/are salient to speaker. Nothing is said--even vaguely--about how speaker would address/solve problem.

(C) **Personal characteristics of speaker**: ad attempts to convince audience that speaker has good personality traits or qualities, such as honesty, leadership, competence, morals.

(D) **Linking of speaker with demographic groups**: speaker is shown as being sympathetic to the problems, goals, needs, of certain demographic groups in U.S.; e.g., people living with AIDS/HIV, caretakers of people living with HIV/AIDS, people with children (e.g., parents), siblings, homosexuals, ethnic/racial minorities. Speaker is portrayed as being a good friend to these groups.

What issues, if any, are mentioned/discussed?
(code A if present, B if not present)

67. **Education/schools**: mentions state's or nation's elementary/secondary schools and/or colleges and universities; need for education about HIV/AIDS, or STDs.

68. **Health care**: mentions health care in general, cost of health care, hospitals, or specific disease(s), e.g., breast cancer, HIV/AIDS.

69. **Drugs/drug abuse**: mentions drug use/abuse, consequences of drug use/abuse, e.g., crack babies, babies with HIV; "war on drugs" etc.

70. **Ethics/morals decline**: mentions decline in ethical and moral values of country and/or its citizens.

71. **Women's issues**: identifies with women's concerns about such issues as choice, equal rights, sexual harassment, etc.

72. **Race issues**: identifies issues of HIV/AIDS and African American or Hispanics, etc.

73. **International issues**: mentions foreign relations with other countries, foreign affairs, dealing with HIV/AIDS internationally, etc.

74. **Other issues (specify)**: please list any other issues mentioned/discussed in the ad not included in the categories above.

75. **Is any one particular issue emphasized? (specify):** If the ad focuses on a particular issue (instead of mentioning several), please note that issue.

Which strategies are present in the ad?
(code A if strategy is present, B if not present)

76. **Use of personal tone ("I"):** presents ideas/views/positions as personal beliefs using the pronoun "I", e.g., "I'm pro-choice", "I believe in using condoms", "I believe in a strong national defense"; presents positions as personal conclusions, not simply facts.

77. **Addressing viewers as peers ("we"):** "we're all in this together"; speaker is "one of us"; "we need to work together."

78. **Addressing intimate relationship (e.g., partner, spouse, friend) using ("we"):** uses "we" when discussing how they (couple) worked together and addressed issues of HIV/AIDS, etc.

79. **Invites viewer participation, action**: asks viewers to be part of the problem-solving process (i.e., prevent HIV) to join speaker taking some other action, e.g., using condoms.

80. **Emphasizing optimism/hope for the future**: emphasizes speaker as hopeful when dealing with the future and HIV/AIDS.

81. **Emphasizing pessimism/negativity for the future:** expresses fear of the future if action is not taken by viewer preventing HIV/AIDS. Much like a fear appeal.

82. **Using endorsements by peers or other important spokespersons: (sports idols)** celebrities and other important political or entertainment leaders used to speak on behalf of speaker about HIV/AIDS

83. **Use of personal experience, anecdotes to support position**: speaker and/or surrogates tell personal stories about the speaker, his/her experiences, and/or the experiences of his/her friends, family, coworkers, etc., to support his/her positions on the issues, e.g., HIV/AIDS message.

84. **Use of statistics to support position:** speaker or surrogate uses statistical evidence--e.g., percentages--to support his/her positions on this issues.

85. **Use of expert authorities to support positions (political):** speaker or surrogate uses political sources--i.e., president's policies here and abroad on HIV/AIDS etc., to support positions.

86. **Use of expert authorities to support positions (nonpolitical):** speaker or surrogate uses non-political sources--i.e., newspapers, scientists, doctors, educators--to support positions.

87. **Speaker/s identifies with experience of others:** speaker and/or surrogates link experiences of others (family, friends, and coworkers) with speaker's personal experiences or his/her personal concerns.

88. **Emphasizing own accomplishments:** stressing the achievements of the speaker.

89. **Any other strategies used? (describe):** any other strategies not included in those listed above.)

What speaker characteristics are emphasized in the ad?
(code A if present, B if not present)

90. **Honesty/integrity:** truthful, honest, has personal integrity.

91. **Toughness/strength:** e.g., favors the use of condoms or abstinence to protect loved ones or/and others.

92. **Warmth/compassion:** focus on human relationships; e.g., showing concern for elderly, children, victims of diseases, such as HIV/AIDS.

93. **Competency:** assertive, confident, will get the job done (e.g., make sure that the preventative message is spread to others, and by leading from example (i.e., using condoms or abstinence).

94. **Past performance/success:** previous accomplishments, achievements. Spreading the word about HIV/AIDS.

95. **Cooperation with others:** speaker will work with others to find solutions to problems.

96. **Leadership:** speaker is a recognized leader, on forefront of the issues; others follow his/her lead.

97. **Sensitive/understanding:** speaker understands, cares about, and is sensitive to needs of others.

98. **Knowledgeable/intelligent:** speaker is smart, knowledgeable on the issues.

99. **Qualified:** gives reasons or makes statements why this speaker is best qualified to give message to viewers.

100. **Trustworthy:** you can trust/believe in this speaker.

101. **Dominant camera angle used in ad:** (code for dominant speaker only)

(A) **High**: camera is looking down on speaker in ad.

(B) **Straight-on**: camera is level with speaker.

(C) **Low**: camera is looking up at speaker.

(D) **Movement combination (specify)**: not one dominant theme, combination of those listed above.

(E) **Not applicable:** dominant speaker is not present in ad.

102. **Dominant type of camera shot used in ad:** (code for dominant speaker only)

(A) **Tight** (head and shoulders, above mid-chest level)

(B) **Medium** (waist up or below mid-chest level and up)

(C) **Long** (full length)

(D) **Movement combination (specify)**: cannot determine dominant camera shot, or is a combination of those listed above.

(E) **Not applicable speaker not present**.

Verbal Content Male announcer tells the story	Visual Content Still Frames only
Male Announcer: The national institute of drug use presents a tale about the dangers of using drugs entitled, Jack & Jill	Book with the title Jack & Jill fades in, and enlarges to fill screen.
Jack & Jill went up the hill	Male (i.e., Jack) and female (i.e., Jill) running up a hill with Jack running ahead of Jill looking back down at her.
Jack said Jill you want a thrill	Only Jack's animated face showing. Jack has a large smile with his head tilting left and right.
Jill said Jack that sounds mag, chill	Only Jill's face is shown. Jill's face animates from a straight face with closed mouth smile to a happy face with a large open mouthed smile, simultaneously eyebrows are raised.
They took some drugs and things got hill	Jack & Jill facing each other looking into each other's eyes. Jack pulls Jill to him for a kiss. A large heart outlines their heads with little hearts appear to be floating over each of their heads as they kiss.
Jill got dizzy and so did he.	Lines spiraling out with Jack & Jill getting smaller and falling away from each other. They are trying to touch and hold on, but pulling away towards the edges of the spiral.
They both got busy and felt so free Never did it occur that the other might be the one infected with HIV When you use drugs there is no happy ending. Keep your body healthy don't use drugs	Both Jack & Jill are looking at each other happily, announcers voice draws out the word *Free* (Drum Roll) when the sentence begins about infected with HIV Jack & Jill pull apart frowning. Jack & Jill look down with sad faces.
Check out drug abuse dot gov for the real story	NIDA National Institute on Drug Abuse www. Drugabuse.gov

Figure 1. *Jack & Jill PSA. NIDA (30 sec).*

Table 1

HIV/AIDS PSA's

	N=152
General Public (GP)	63% (95)
GP High Risk Contracting HIV	26% (40)
GP Have HIV/AIDS	10% (15)
Business & Labor	
Other	1% (2)

Table 2

Audience Pictured in Ad

	N=152
No One	9% (13)
Male(M)/Female(F)/Both	73% (111)
Family	1% (1)
Husband Only	1% (1)
Wife Only	1% (1)
Husband & Wife	1% (1)
Intimate Partner (M)	1% (1)
Intimate Partner (F)	1% (1)
M/F Intimate Partners	11% (16)
Lesbian Partner (F)	1% (1)
Others in Ad	3% (5)

Table 3

Speaking in Ad

	N=152
Male/s	30% (46)
Female/s	20% (31)
M/F	10% (15)
Anonymous Announcer	16% (25)
Spouse/Partner/Family	1% (1)
Expert	8% (12)
Celebrity/non-government	4% (6)

Table 4

Dominant Speaker (DS)	
	N=152
Male	53% (62)
Female	46% (54)
Child (M)	1% (1)

Table 5

DS Eye Contact w/Viewer	
	N=152
Almost Always	33% (50)

Table 6

DS Eye Contact Another Person in Ad	
	N=152
Almost Always	16% (23)

Table 7

DS Visual and/or Nonverbal	
	N=152
Smiling/Happy	9% (13)
Attentive/Serious	39% (60)
Frowning/Glaring	1% (2)

Table 8

Body Movement/Posture DS	
	N=152
Compact/Closed	28% (43)
Expansive/Open	20% (30)
Combination	13% (13)

Table 9

DS use Gestures

	N=152
Sometimes	27% (41)

Table 10

DS Touched Others in Ads

	N=152
Family Member	
Sometimes	1% (1)
Non related persons	
Sometimes	3% (4)

Table 11

Use Language Intensifiers DS

	N=152
Sometimes	66% (99)

Table 12

Strategies Present in Ads

	N=152
Use Personal Tone	30% (45)
Address (A) Viewer (V) as Peers	15% (23)
Invite V participation/Action	39% (60)
Personal Exp./Anecdotes position	8% (12)
Statistics support position	32% (48)
expert support position non-political	4% (6)
S identifies w/exp. Others	3% (4)
Emphasize own accomplishments	1% (1)

Table 13

Speacher Characteristics Emphasized in Ads	N=152
Warmth/Compassion	16% (24)
Competency	14% (21)
Past Performance/Success	1% (2)
Knowledgeable/Intelligent	60% (91)
Qualified	49% (75)
Trustworthy	56% (85)

Table 14

Pictured in Ad (Females Only)	n=30
Male(M)/Female(F)/Both	90%(27)
Wife Only	3%(1)
Intimate Partner (F)	3%(1)
Lesbian Partner (F)	3%(1)

Table 15

Dominant Speaker (Females)	n=30
Male	
Female	90%(27)
Non-Dominant Speaker	
Male	
Female	10%(3)

Table 16

DS Who is Speaking	n=30
Male/s	7%(2)
Female/s	77%(23)
Expert	13%(4)
Celebrity/non-government	3%(1)

Table 17

Speaker Characteristics Emphaized in Ads	n=30
Warmth/Compassion	17%(5)
Competency	7%(2)
Past Performance/Success	7%(2)
Knowledgeable/Intelligent	60%(18)
Qualified	67%(20)
Trustworthy	63%(19)

Table 18

DS Eye Contact w/Viewer	n=30
Almost Always	60%(18)
Non-DS eye contact w/viewer	
Almost Always	3% (1)
DS eye contact w/other in PSA	
Almost Always	13%(4)

Table 19

Nonverbal and/or Visual Strategies	n=30
Smiling/Happy	13%(4)
Attentive/Serious	63%(19)
Frowning/Glaring	3% (1)
DS use Gestures	
Sometimes	30%(9)

Table 20

Touching Non-related Persons in Ad	
	n=30
Sometimes	3%(1)

Table 21

Body Movement/Posture DS	
	n=30
Compact/Closed	40%(12)
Expansive/Open	23%(7)
Combination	17%(5)
Use Language Intensifiers DS	
Sometimes	80%(24)

Table 22

Emphasis of Ad Primarily on:	
	n=30
HIV/AIDS prevention (p)	37%(11)
HIV/AIDS Testing (t)	13%(4)
HIV/AIDS Awareness (a)	40%(12)
Type of Appeal	
Logical	60%(18)
Emotional	40%(12)

Table 23

Issues Spotlighted

	n=30
Education/Schools	7%(2)
Health Care	30%(9)
Drugs/Drug Use	7%(2)
Ethics/Morals	3%(1)
Women's Issues	3%(1)
Race Issues	7%(2)
International Issues	3%(1)

Table 24

Strategies Present in Ad

	n=30
Use Personal Tone	40%(12)
Address (A) Viewer (V) as Peers	33%(10)
Invite V participation/Action	43%(13)
Personal Exp./Anecdotes position	13%(4)
Statistics support position	33%(10)
expert support position non-political	7%(2)
S identifies w/exp. Others	3%(1)
Emphasize own accomplishments	
Other Strategies Used	3%(1)

Table 25
Speaker Characteristics Emphasized

	n=30
Warmth/Compassion	17%(5)
Competency	7%(2)
Past Performance/Success	7%(2)
Knowledgeable/Intelligent	60%(18)
Qualified	67%(20)
Trustworthy	63%(19)

Table 26

Picutred in Ad	
	n=36
No One	
Male(M)/Female(F)/Both	92%(33)
Husband Only	3%(1)
Intimate Partner (M)	3%(1)

Table 27

Who is Speaking	
	n=36
Male/s	64%(23)
Anonymous Announcer	8%(3)
Spouse/Partner/Family	3%(1)
Expert	14%(5)
Celebrity/non-government	8%(3)
Dominant Speaker (DS)	
Male	89%(32)
Adolescent (M)	3%(1)

Table 28

DS Eye Contact w/Viewer	
	n=36
Almost Always	53%(19)
DS eye contact other in Ad	
Almost Always	22%(8)

Table 29

Nonverbal and/or Visual Strategies	
	n=36
Smiling/Happy	11%(4)
Attentive/Serious	75%(27)
Frowning/Glaring	3%(1)
DS use Gestures	
Sometimes	58%(21)
Touching non-related persons in Ad	
Sometimes	3%(1)
Bodymovement/Posture DS	
Compact/Closed	47%(17)
Expansive/Open	33%(12)
Combination	8%(3)

Table 30

Use Language Intensifiers DS	
	n=36
Sometimes	80%(29)
Strategies Present in Ad	
Use Personal Tone	33%(12)
Address (A) Viewer (V) as Peers	22%(8)
Invite V participation/Action	42%(15)
Endorsement-peer/Representative	
Personal Exp./Anecdotes position	8%(3)
Statistics support position	19%(7)
S identifies w/exp. Others	5%(2)
Emphasize own accomplishments	3%(1)

Table 31

Speaker Characteristics Emphasized

	n=36
Warmth/Compassion	17%(6)
Competency	8%(3)
Past Performance/Success	
Knowledgeable/Intelligent	64%(23)
Qualified	50%(18)
Trustworthy	64%(23)

Table 32

Emphasis of Ad

	n=36
HIV/AIDS prevention (p)	33%(12)
HIV/AIDS Testing (t)	14%(5)
HIV/AIDS Awareness (a)	47%(17)
STDs	3%(1)
Type of Appeal	
Logical	61%(22)
Emotional	36%(13)

Table 33

Issues Mentioned or Discussed

	n=36
Education/Schools	5%(2)
Health Care	19%(7)
Drugs/Drug Use	3%(1)
Ethics/Morals	3%(1)
Race Issues	3%(1)

Table 34

Issues Spotlighted

	N=154
Documentary	14% (21)
Introspection	7% (10)
Issue Dramatization	57% (86)
Action Orientation	16% (25)

Table 35

Production Techniques

	N=152
Slides with Voice Over	22% (34)
Speaker Head-on	42% (64)
Animation	3% (5)
Special Production	11% (17)

Table 36

Sound Characteristics

	N=152
DS Live	49% (74)
Other person/s Live	13% (20)
Voice-Over (Unknown)	27% (41)

Table 37

Special Effects

	N=152
Computer Graphics	13% (20)
Slow Motion	12% (18)
Fast Motion	4% (6)
Reversed Motion	
Split Screen	4% (6)
Superimpositions	18% (27)
Music	78% (119)

Table 38

Camera Shot

	N=152
Tight	13% (19)
Medium	26% (40)
Long	3% (5)
Movement Combination	22% (33)

Table 39

Ad Setting

	N=152
No Setting	10% (15)
Formal Indoor	13% (19)
Informal Indoors	28% (42)
Formal Outdoor	1% (2)
Informal Outdoors	17% (26)
Combination	23% (35)

Table 40

DS Dress

	N=152
Formal	14% (21)
Casual	46% (70)
Varied	4% (6)

Table 41

General Public HIV/AIDS

	N=152
General Public (GP)	62% (95)
GP High Risk Contracting HIV	26% (40)
GP Have HIV/AIDS	10% (15)
Buisness & Labor	
Other	1% (2)
Type of Appeal	
Logical	70%(106)
Emotional	30%(46)

Table 42

Issues Mentioned

	N=152
Education/Schools	8% (12)
Health Care	30% (45)
Drugs/Drug Use	9% (13)
Ethics/Morals	
Women's Issues	1% (2)
Race Issues	3% (4)
International Issues	4% (6)

Table 43

Commercial Format

	n=30
Documentary	23%(7)
Testimonial	10%(3)
Introspection	17%(5)
Issue Dramatization	30%(9)
Question & Answer	3%(1)
Action Orientation	13%(4)

Table 44

Production Techniques

	n=30
Cinema Verite	20%(6)
Slides with Voice Over	13%(4)
Speaker Head-on	53%(16)

Table 45

Ad Settign

	n=30
Formal Indoor	17%(5)
Informal Indoors	27%(8)
Informal Outdoors	23%(7)
Combination	17%(5)
DS Attire	
Formal	17%(5)
Casual	67%(20)

Table 46

Sound Characteristics DS

	n=30
DS Live	77%(23)
Other person/s Live	7%(2)
Voice-Over (Unknown)	13%(4)

Table 47

Special Effects

	n=30
Computer Graphics	10%(3)
Slow Motion	7%(2)
Fast Motion	3%(1)
Split Screen	7%(2)
Superimpositions	23%(7)
Music	73%(22)

Table 48

Dominant Camera Shot

	n=30
Tight	30%(9)
Medium	33%(10)
Long	3%(1)
Movement Combination	13%(4)
Not Applicable	17%(5)

Table 49

Commercial Format

	n=36
Documentary	19%(7)
Testimonial	5%(2)
Introspection	
Issue Dramatization	47%(17)
Question & Answer	3%(1)
Action Orientation	17%(6)
Production Techniques	
Cinema Verite	11%(4)
Slides with Voice Over	8%(3)
Speaker Head-on	64%(23)
Surrogate Head-on	
Combination	8%(3)

Table 50

Ad Setting

	n=36
No Setting	5%(2)
Formal Indoor	19%(7)
Informal Indoors	33%(12)
Formal Outdoor	
Informal Outdoors	30%(11)
Combination	25%(9)

Table 51

Dress DS	
	n=36
Formal	19%(7)
Casual	67%(24)
Varied	3%(1)
Not Applicable	
Sound Characteristics DS	
DS Live	83%(30)
Other person/s Live	3%(1)
Voice-Over (Unknown)	11%(4)

Table 52

Special Effects	
	n=36
Computer Graphics	11%(4)
Slow Motion	3%(1)
Split Screen	3%(1)
Superimpositions	8%(3)
Music	72%(26)

Table 53

Dominant Camera Shot	
	n=36
Tight	17%(6)
Medium	44%(16)
Long	5%(2)
Movement Combination	22%(8)

Table 54

Ads Directed At:	
	N=14
General Public (GP)	71% (10)
GP High Risk Contracting HIV	7% (1)
GP Have HIV/AIDS	21% (3)

Table 55

Pictured in Ad	
	N=14
Male(M)/Female(F)/Both	86%(12)
Wife Only	
Husband & Wife	7%(1)
Intimate Partner (M)	
Intimate Partner (F)	
M/F Intimate Partners	21% (3)

Table 56

Who is Speaking?	
	N=14
Male/s	7% (1)
Female/s	7% (1)
M/F	43%(6)
Adolescent	
Anonymous Announcer	14%(2)
Spouse/Partner/Family	
Expert	21%(3)
Celebrity/non-government	
Other/Combination	7% (1)

Table 57

Dominant Speaker	
	N=14
Male	28%(4)
Female	21%(3)
Adolescent (M)	
Adolescent (F)	
Child (M)	
Child (F)	

Table 58

DS Eye Contact w/Viewer	
	N=14
Almost Always	36%(5)
DS eye contact other in Ad	
Almost Always	7% (1)
Undetermined DS eye contact w/viewer	
Almost Always	57%(8)

Table 59

Dominant Speaker Usually	
Attentive/Serious	21%(3)
Undetermined-S Usually	
Attentive/Serious	57%(8)
DS Gestures	
Sometimes	21%(3)
Undetermined -S Gestures	
Sometimes	50%(7)

Table 60

Use Language Intensifiers	
	N=14
Frequently	78%(11)
Strategies Present in PSAs	
Use Personal Tone	50% (7)
Address (A) Viewer (V) as Peers	64%(9)
Invite V participation/Action	28%(4)
Personal Exp./Anecdotes	28%(4)
Statistics support position	43%(6)
expert support -political	
expert support position non-political	28%(4)

Table 61

Speaker Characteristics	
	N=14
Warmth/Compassion	7% (1)
Competency	28%(4)
Past Performance/Success	
Knowledgeable/Intelligent	86%(12)
Qualified	71%(10)
Trustworthy	64%(9)

Table 62

Emphasis of Ad Primarily on:	
	N=14
HIV/AIDS prevention (p)	57%(8)
HIV/AIDS Testing (t)	
HIV/AIDS Awareness (a)	36%(5)
STDs	
Other	7% (1)pta

Table 63

Commercial Format

	N=14
Documentary	7%(1)
Testimonial	14% (2)
Introspection	21% (3)
Issue Dramatization	57% (8)
Question & Answer	
Empathy	
Action Orientation	

Table 64

Production Techniques

	N=14
Cinema Verite	28% (4)
Slides with Voice Over	7%(1)
Speaker Head-on	57% (8)
Surrogate Head-on	
Animation	7%(1)

Table 65

Sound Characteristics DS

	N=14
DS Live	43%(6)
Other person/s Live	43%(6)
Voice-Over (Unknown)	14% (2)

Table 66

Special Effect Techniques

	N=14
Computer Graphics	
Slow Motion	
Fast Motion	
Reversed Motion	
Split Screen	
Superimpositions	
Music	64%(9)
Other Special Effects	21%(3)

Table 67

Dominant Camera Shot

	N=14
Tight	14% (2)
Medium	28%(4)
Long	
Movement Combination	36% (5)

Table 68

Ad Setting

	N=14
No Setting	
Formal Indoor	7%(1)
Informal Indoors	28% (4)
Formal Outdoor	7%(1)
Informal Outdoors	7%(1)
Combination	54% (7)

Table 69

Dress DS	
Formal	28% (4)
Casual	36%(5)
Varied	14%(2)
Type of Appeal	
Logical	93%(13)
Emotional	7% (1)

Table 70

Issues Mentioned	
	N=14
Education/Schools	7% (1)
Health Care	28%(4)
Drugs/Drug Use	28%(4)
Ethics/Morals	
Women's Issues	
Race Issues	7% (1)
International Issues	14% (2)
Other Issues	14% (2)
One particular Issue Emphasis	

Table 71

Ads Directed at:	
	N=57
General Public (GP)	56%(32)
GP High Risk Contracting HIV	37%(21)
GP Have HIV/AIDS	5%(3)
Buisness & Labor	
Other	2%(1)

Table 72

Year 2003	
	n=11
General Public (GP)	73(8)
GP High Risk Contracting HIV	18(2)
GP Have HIV/AIDS	
Buisness & Labor	
Other (African American Male)	9%(1)

Table 73

Pictured in Ad	
	N=57
Male(M)/Female(F)/Both	67%(38)
Family	
Child	
Adolescent	
Husband Only	
Wife Only	
Husband & Wife	
Intimate Partner (M)	
Intimate Partner (F)	
M/F Intimate Partners	26%(15)
Gay Partner (M)	
Lesbian Partner (F)	2%(1)
Others in Ad	5%(3)

Table 74

Who is Speaking?

	N=57
Male/s	21%(12)
Female/s	14%(8)
M/F	16%(9)
Adolescent	
Anonymous Announcer	24%(14)
Spouse/Partner/Family	
Expert	
Celebrity/non-government	3%(2)
Other/Combination	9%(12)

Table 75

Dominant Speaker (DS)

	N=57
Male	28%(16)
Female	31%(18)

Table 76

DS Eye Contact w/Viewer

	N=57
Almost Always	10%(6)
Undetermine DS eye contact-viewer	
Almost Always	9%(5)
DS eye contact other in Ad	
Almost Always	14%(8)
Undetermined DS eye contact w/other in Ad	
Almost Always	10%(6)

Table 77

Dominant Speaker Usually	
	N=57
Smiling/Happy	7%(4)
Attentive/Serious	14%(8)
DS use Gestures	
Almost Always	10%(6)
Touched another person in Ad- Non related persons	
Sometimes	3%(2)

Table 78

Use Language Intensifiers	
	n=57
Frequently	49%(28)
Strategies Present	
Use Personal Tone	12%(7)
Address (A) Viewer (V) as Peers	17%(10)
Invite V participation/Action	35%(20)
Statistics support position	38%(22)

Table 79

Emphasis of Ad Primarily on:	
	N=57
HIV/AIDS prevention	47%(27)
HIV/AIDS Testing	35%(20)
HIV/AIDS Awareness	12%(7)
STDs	
Other: p,t,a	5%(3)

Table 80

Commercial Format

	N=57
Documentary	2%(1)
Testimonial	
Introspection	
Issue Dramatization	70%(40)
Question & Answer	3%(2)
Empathy	
Action Orientation	23%(13)

Table 81

Production Techniques

	N=57
Cinema Verite	10%(6)
Slides with Voice Over	31%(18)
Speaker Head-on	21%(12)
Surrogate Head-on	
Animation	5%(3)
Special Production	28%(16)
Combination	3%(2)

Table 82

Sound Characteristics	
	N=57
DS Live	19%(11)
Other person/s Live	19%(11)
Voice-Over (Unknown)	37%(21)
Special Effects/Production Techniques	
Computer Graphics	19%(11)
Slow Motion	24%(14)
Fast Motion	7%(4)
Superimpositions	9%(5)
Music	84%(48)
Other Special Effects	21%(12)
Dominant Camera Shot	
Tight	2%(1)
Medium	14%(8)
Long	2%(1)
Movement Combination	23%(13)

Table 83

Ad Setting	
	N=57
Formal Indoor	9%(5)
Informal Indoors	28%(16)
Formal Outdoor	
Informal Outdoors	23%(13)
Combination	23%(13)
Dress DS	
Formal	7%(4)
Casual	31%(18)
Varied	2%(1)

Table 84

Emphasis of Ad Primarily on:	**N=57**
HIV/AIDS prevention	47%(27)
HIV/AIDS Testing	35%(20)
HIV/AIDS Awareness	12%(7)
STDs	
Other	5%(3)
Type of Appeal	
Logical	49%(28)
Emotional	33%(19)
Issues Mentioned	
Education/Schools	7%(4)
Health Care	46%(26)
Drugs/Drug Use	10%(6)
Ethics/Morals	2%(1)
Women's Issues	3%(2)
Race Issues	
International Issues	5%(3)
Other Issues	16%(9)
One particular Issue Emphasis	2%(1)