

**A VISUAL ANALYSIS OF HIV/AIDS ANTIRETROVIRAL THERAPY PRINT
CAMPAIGN MATERIALS FOUND IN FOUR WESTERN CAPE COMMUNITY
CLINIC ENVIRONMENTS**

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A research essay submitted in partial fulfilment of the requirements for the degree
Master of Media Theory and Practice by Course Work and Creative Research Project

In the Centre for Film and Media Studies

Faculty of Humanities

UNIVERSITY OF CAPE TOWN

February 2016

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COMPULSORY DECLARATION

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ABSTRACT

Print media campaign material strongly influences people's perceptions of illness and health and the role and purpose of medication (NSMC, 2010: np). Because adherence is critical to the successful management of the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), the introduction of antiretroviral treatment (ART) into the South African health sector presented a major communications challenge, namely how best to communicate awareness and administration of the drugs and how they should be taken. Over the past ten years, the government Department of Health (DoH), the Treatment Action Campaign (TAC), and other prominent non-governmental HIV/AIDS organizations (NGOs) such as Love Life, Soul City and the Bishop Tutu Foundation have defined a number of different objectives aimed at the promotion of prescription generic antiretroviral drugs (Venter, 2014:3). This has led to an increase in the number of campaigns, each having singular visual representations of HIV/AIDS and users' relationships to antiretroviral drugs.

Despite this, stigma and distrust around HIV/AIDS is prominent among the South African public (Rubincam, 2013:13). As a result, there remains a large amount of ambivalence toward the impact of ART on the body and its place within many communities. This has a direct bearing on issues of adherence. For this reason, it is important to study the nature and efficacy of the materials currently being used for social marketing in this context. This qualitative study therefore questions the nature of the current visual language of ART related leaflets and posters found in four Western Cape community clinics and asks whether the content effectively communicates an understanding of antiretroviral therapy, specifically around issues of adherence.

In this study, I aim to identify ART adherence social marketing communication strategies used by leading NGOs and the DoH in South Africa. The nature of the visual and textual representations of antiretroviral print media campaign materials found in four Western Cape community clinic environments is established. The purpose of this research is to provide contemporary and useful information on the style, content, and design of social

marketing materials in the hope that it will add significant value for further research on ART adherence.

This study is a microanalysis focused on quality, not quantity. The investigation is modest. It does not consider a large sample and is intended as a starting point for further research. I hope to identify possible gaps between the combination of messages offered in leaflet and poster print media, and the needs of those infected with the virus, especially at a time when it necessitates they begin ART. The intended impact of this research is to encourage an increased understanding and awareness by government and NGO marketing departments of their campaign material so that it facilitates the transition onto treatment in a way that is empowering, informative, empathetic, and responsible.

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ACKNOWLEDGEMENTS

I would like to express my appreciation to my supervisor, Dr. Liani Maasdorp, who encouraged me with the support I needed on both a personal and academic level. Thank-you to Warren Hickson, who became my mentor and good friend. Thank-you to the staff at the Ivan Toms Men's Clinic, Woodstock Community Clinic, Siseko Men's Clinic, and Site C Clinic for their assistance in gathering sample materials. I would also like to acknowledge the support I received from my family and close friends.

This thesis is dedicated to my late friend, Kate Newman.

CHAPTER 1

BACKGROUND

The topic for this thesis was selected in relation to my own experience as a person living with HIV. My studies on public visual representations of HIV/AIDS in South Africa have helped me interpret my own bodily symptoms in light of clinical construction and facilitated my understanding of public and private perceptions around ART. Experiences and understandings of HIV/AIDS and patients' relationships with ART are complicated. They involve personal preparation, commencement and acceptance of antiretroviral medication: a process that can be extremely daunting. Through this process, I have come to contemplate my own position as a person living with HIV and have become more aware of the necessity of holistic and restorative attitudes.

Antiretroviral medication was introduced into the South African health system in 2004 after a prolonged socio-political struggle. During the 1990s, treatment for HIV/AIDS was exclusively available for patients with medical aid visiting private practices. This happened against the backdrop of then President Thabo Mbeki's AIDS 'policy of denialism'. Mbeki saw no scientific link between HIV and AIDS and under the cloak of an African Renaissance philosophy, attributed the spread of HIV to poverty, a product of colonialism and apartheid (Grebe, 2011:850). The government resisted evidence-based responses such as ART and this had tragic large-scale and long-term consequences. Due, largely to the advocacy of the TAC as well as intra-governmental persons in favour of the provision of antiretroviral drugs, the South African government was compelled to adopt a new policy. By late 2003, Mbeki agreed to a national antiretroviral rollout. This resulted in more access to treatment for HIV in South Africa than for any other chronic disease in Africa (Grebe, 2011:850).

South Africa remains the second worst HIV/AIDS affected nation in the world. The HSRC reports that in 2012 approximately 6.4 million people (13% of the population) were living with HIV in South Africa (HSRC, 2014). The provision of ART for reducing the

spread of HIV in the country is fast gaining momentum and has been successfully expanding (South African National HIV Prevalence, Incidence, and Behaviour Survey 2012). By suppressing a person's viral load, the greatest risk factor for HIV transmission, ART can substantially reduce infectiousness and increase his/her length and quality of life (Williams, 2011:25). To date there are an estimated 2.5 million people (39% of the population) living in South Africa who are on ART (HSRC, 2014:np). This shows that the country is on its way to universal access to treatment.

In April 2013, the government launched the rollout of the new Fixed Dose Combination (FDC) medication, which at the time of this study is set to become the mainstay first-line treatment for HIV infections. This is hailed as a major breakthrough. Its long overdue availability means that patients commencing ART for the first time will have to take only one instead of three tablets per day. One dose is assumed to improve treatment adherence and results in fewer corporeal side effects. Regardless, as with the earlier multi-pill treatments, adherence is of the essence. It is for this reason that this study is focused specifically on a survey and analysis of social marketing materials that encourage adherence and communicate information about ARVs and ART.

While South Africa is on the right track with *providing* ART, *retaining* patients on lifelong ART is a major challenge facing the country's health system (Luque-Fernandez et al., 2013:np). There are many socio-demographic and behaviour factors which influence reduced adherence. These include a lack of social and clinical support, patients being lost to follow-up, limited use of viral load testing, unstable food sources, insufficient drug supply, lack of access and stigma. Habitual commonalities, such as forgetting to take the medication, are also a problem.

Once individuals begin treatment, sustained levels of 95% adherence are required for the maximum benefits of ART to be achieved (Avert, 2013). Adherence refers to taking the drugs consistently, at the right time and exactly as the directions state, e.g. either on an empty or full stomach, depending on the type of antiretroviral medication and ensuring that there will be no interactions with other drugs. Among the implications of non-

adherence is an increase in drug-resistant HIV and the risk of morbidity and mortality (Boulle et al., 2012:570). Monitoring of and support for ART use are thus recognised as extremely important components of HIV care and, together, are arguably the main challenges facing the management of HIV/AIDS in South Africa today.

Social marketing is the main method to promote antiretroviral medication and is defined by the National Social Marketing Centre (NSMC, 2010) as a methodology that creates public materials aimed at changing or maintaining people's behavior for the benefit of individuals and society as a whole. It combines aesthetic notions from commercial marketing with the social sciences and is an established method for influencing conduct in a sustainable and cost-effective way. Social marketing is distinct from advertising in that it is designed for the social good. It takes advertising ideas and re-presents them as a non-consumerist outcome. Its message is 'do this' / 'don't do that' as opposed to advertising messages of 'buy this' / 'consume that'.

The materials selected for this study consist of five sets of leaflets and/or posters that were produced to raise awareness of and promote antiretroviral therapy. Each set was selected from one of the four Western Cape community clinics that form part of this study. Leaflets typically contain visual and textual information that aim to communicate that something is available, something should be done, or something should happen. Similarly, posters exist to serve the purpose of raising awareness in terms of a campaign.



Figure 1.1
Ivan Toms Centre for Men's Health, Cape Town
Photographed by the researcher, May 15, 2014



Figure 1.2
Woodstock Community Health Centre, Cape Town
Photographed by the researcher, May 15, 2014



Figure 1.3
Siseko Men's Clinic, Khayelitsha
Photographed by the researcher, May 16, 2014



Figure 1.4
Site C Clinic, Khayelitsha
Photographed by the researcher, May 16, 2014

The clinics which were used for this study are the Ivan Toms Centre for Men's Health (Figure 1.1), Woodstock Community Health Centre (Figure 1.2), Siseko Men's Clinic (Figure 1.3), and Site C Clinic (Figure 1.4). The Ivan Toms Centre for Men's Health and Woodstock Community Health Centre are based in Cape Town and the Siseko Men's Clinic and Site C Clinic in Khayelitsha. I selected these four sites because each is a core

clinic within its area and is geographically placed in a visible and commutable area accessible either by foot or by local public transport. All sites provide local residents with health information and services. In combination, the sites span a cross section of the local population. The Ivan Toms Centre for Men's Health caters predominantly for homosexual adult men of all races whilst the Woodstock Community Health Centre serves mostly heterosexual clinic users of all ages and races. The Siseko Men's Clinic caters for black adult men, whilst Site C Clinic offers its services to black adult men and women as well as incorporating a youth clinic.

All materials were either collected from or photographed at these four community clinics over a period of two days in May 2014. Each clinic granted permission for their collection. The intent behind this collection procedure was to ascertain what antiretroviral drug print information was readily available should someone want to obtain it by visiting a clinic. The motivation behind this form of collection was because the majority of people living in and around the chosen areas acquire print information by walking into the clinics. I also asked the person staffing each clinic reception desk for related additional materials whilst enquiring whether the samples collected were what was consistently available in that clinic which supports the validity of the sample selection. Data instruments used in this study to gather the materials included an iPhone camera to capture poster literature. All other materials were physically collected from the clinics as hard copies.

The producers of the found materials in this study are Health4Men, Medicines Sans Frontiers (MSF), Cape Town Municipality, Western Cape DoH, Soul City, TAC, and the University of Cape Town (UCT). Each item was selected because it contains information related to ART. There are overlaps in several of the samples and in some cases, the same items were found in different clinics. This will be explained in detail in chapter 3.



Figure 1.5
 Western Cape HCT Campaign's poster: *I have the courage to take the test that keeps me healthy.*
 Collected by the researcher from Cape Town Medi Clinic, May 12, 2014



Figure 1.6
 Soul Buddy's Club poster: *We can all do something to prevent HIV.*
 Collected by the researcher from Grootte Schuur Hospital, May 12, 2014



Figure 1.7
 Department of Health poster: *HIV counselling and testing protocol for pregnant women*.
 Collected by the researcher from Groote Schuur Hospital, May 12, 2014



Figure 1.8
 Soul Buddy's Club poster: *Stay in control*.
 Collected by the researcher from Groote Schuur Hospital, May 12, 2014

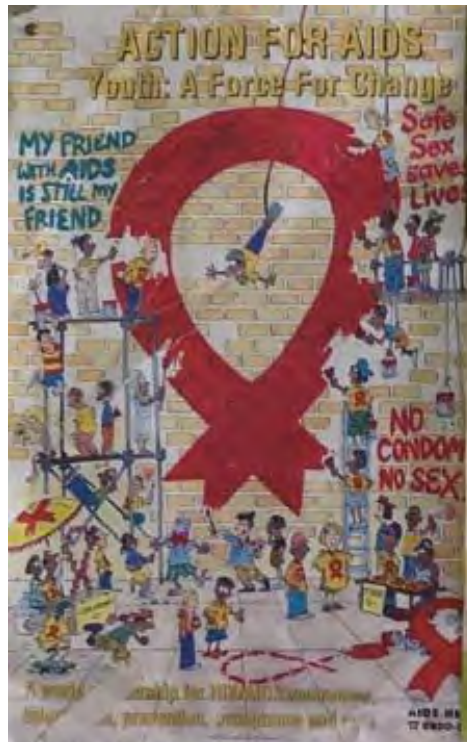


Figure 1.9

Action for AIDS Youth poster: *A force for change.*
 Collected by the researcher from Groote Schuur Hospital, May 12, 2014



Figure 1.10

Department of Health poster: *Make your pledge and help your province.*
 Collected by the researcher from Groote Schuur Hospital, May 12, 2014

Before gathering the materials included in this study I performed a preliminary study during which I went to the Cape Town Medi Clinic (private institution) and the Grootte Schuur Hospital (public institution). The nation's current health care system consists of both private and public sector facilities, which are hugely disparate from each other in terms of national health care expenditure, quality of service and care provision (Coovadia et al., 2009:821). This inequality remains in place due to the continued economic divide between the rich and the poor (Maillacheruvu & McDuff, 2014). Most South Africans use the free public health care services provided by the government because they cannot afford private health care. As a result, care at the public health care level tends to be overburdened. The Cape Town Medi Clinic had only one poster related to HIV/AIDS (Figure 1.5) whilst the Grootte Schuur Hospital had five (Figure 1.6 - Figure 1.10). All of the available posters and flyers in these venues had very scant or no mention of ARV's. I therefore decided to exclude these materials from this study.

Social semiotic visual analysis is used in this study. This approach provides a method for analysing and describing the meanings established by the relations between various elements that make up an image (Bell, 2008). These elements may comprise any visual medium such as photographs, illustration, or graphics in combination with text. There are many methods of visual analysis including exploring the content of visual images, visual anthropology, cultural context, semiotics, and iconography (Van Leeuwen & Jewett, 2008). Visual Communication Science explores how messages and ideas are communicated through the use of images. This can include signs, typography, drawings, or photographs and can be displayed through visual-based media, for example printed materials, videos, and computer graphics. (Hickson, 2012).

In their explanation of the social semiotic visual analysis approach, Jewitt and Rumiko (2001) point out the methodology's reliance on semiotic resources. One such resource is 'point of view' (POV), which places the viewer in relation to whom or what is being viewed. This viewer placement may be at various degrees of angle from above, below, eye-level, behind, front or back. Although seemingly innocuous, POV is significant as it

strongly influences the viewer's perception of representational power, powerlessness or equality in relation to what he or she is looking at. If a person is photographed from a high angle, for example, it can make the viewer feel as if he or she is looking down at that person, signifying that the photographed person is inferior to or less powerful than the viewer. It is therefore conceivable to describe meanings that are offered via POV. It is important to note however, that these meanings are not necessarily absolutes, but rather possibilities. POV is one of the parameters that will be used in this study to analyze social media marketing texts. In addition to POV there are other modes such as gesture, speech, gaze, expression, color, implication of line, size, spacing, framing, perspective and so forth that can be used to ascertain possible meanings (Harrison, 2003:852). Semiotic visual analysis is therefore an attempt to decode meaning as opposed to stating a fact. It is concerned with the overall relationships between those that produce the image, those that view the image and those that are in the image (Bok, 2002).

The social-semiotic approach is a theoretical perspective designed specifically for interpreting meanings of visual and textual modes. This method provides an appropriate framework of questions that can be logically and systematically applied to determine trends in representation across and/or between a number of materials that aim to promote and raise awareness of ART. The study aims to explain the researcher's process so that this method can be replicated in further experiments. It does not offer definitive findings, but rather serves as a departure point for further research.

To decode the visual and verbal meanings of the selected texts, Kress and van Leeuwen's (1996) three systems of visual analysis will be used in the social semiotic framework in this study. The three systems are: 'representational meaning' (the abstract or concrete representation), 'interactive meaning' (the interaction between the viewer and what is in the image) and 'compositional meaning' (the placement of elements within the image). These visual systems are multidimensional structures; they are the result of "the convergence of many different signifying systems" (Kress & van Leeuwen, 1996:265). It is important, therefore, to bear in mind that they assign their meanings concurrently. All three of these 'meanings' employ a sub inquiry, each of which is used in this study to form

a set of three corresponding questions that are applied across the four sets of collected texts. The questions are designed to determine the meta-communication of the texts by assessing *who* and *how* people are represented in them. This in turn will help answer the main research question: does the content cohere to communicate in a way that effectively contributes to an understanding of ART, specifically around issues of adherence? The aim is to develop an understanding of the existing syntax or arrangement of themes and trends in representation by comparing and contrasting the visual communications evident in the texts collected. The three 'meanings' along with the respective sub-questions that have been devised for this study are elaborated on in chapter 2.

The sample questions used from Kress and van Leeuwen's (1996) three systems of visual analysis are:

1. Narrative Structure: What active/reactive roles and trans active/non-trans active engagements exist between a person/people in the image in relation to one another?
2. Social Distance: What form of social distance is assumed between a person/people in the image and the viewer?
3. Salience: Which elements in the design are most noticeable due to their size, color, and/or difference in focal point?

The above three questions are applied to each of the four data sets. A cross-comparison is used to discuss the findings in assessing the nature of the content and how it coheres in combination with the text to communicate relations to antiretroviral therapy.

CHAPTER 2

EXISTING PERSPECTIVES ON SOCIAL MEDIA MARKETING ABOUT HIV AND ITS TREATMENT



Figure 2.1

Treatment Action Campaign poster: *Side effects of medicines and ARV's*.
Sourced by the researcher: photoshelter.com/gallery April 14, 2014



Figure 2.2

Love Life poster: *His & Hers*.
Sourced by the researcher: lovelife.org.za April 14, 2014

Social marketing materials that explain antiretroviral medication are typically split into two categories of visual language: the biomedical and the metaphorical (Winslow, 1994). Biomedical language relies on medical terminology using predominantly scientific terms and acronyms, whilst metaphorical language is driven by narrative using descriptive

accounts around, for example, *soldiers of the body* representing the immune system (the CD4 count) defending the body against *foreign invaders* (the HIV). There is also a third approach, which speaks of the lived experience. This is the anthropological paradigm of embodiment and phenomenology, which takes us to the actual experience of illness and journeys towards health.

Both biomedical and metaphorical forms of visual language are valuable in that they provide useful information, but it is when each is presented in the extreme and in the absence of each other that they fail to act as effective communication devices. Dealing with an overabundance of scientific information about one's ART drug components can be unnerving especially during the early stages of treatment. Similarly, being situated in a dramatic story about soldiers of the body and the foreign invaders can be overwhelming to the decoder of the message. Susan Sontag (1999) refers to the use of such metaphors as disease being the unknown alien force and the body the defensive force. She states that the metaphor "implements the way particularly dreaded diseases are envisaged as an alien 'other' as enemies are in modern war, and the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one, no matter if patients are thought of as victims. Victims suggest innocence. And innocence, by the inexorable logic that governs all relational terms, suggests guilt" (Sontag, 1991:97).

An example of such extreme uses of biomedical and metaphorical language can be seen when comparing the campaigns of the TAC and Love Life. The TAC deliberately rejects metaphorical visual language as patronizing and tending to frame the South African black community as unintelligent, uneducated, and unable to grasp the complexity of biomedical concepts. The TAC therefore provides biomedical literature containing photographic portraits, combined with text, which makes use of an abundance of medical acronyms (Figure 2.1). In contrast, Love Life's youth-targeted campaign materials tend to use abstract emblematic illustrations in combination with short textual messages (Figure 2.2).

The anthropological paradigm assumes the lived body as a quality of experience rather than an object. It places emphasis on the concrete rather than abstract sharing of notions

and feeling. In this regard, ethnographers like Lock and Farquhar (2007) raise pertinent issues such as an ability to speak of one's illness when it has been imbued by abstracts and when it has not been seen.

There are many different responses to and interpretations of what it means to be HIV positive and accordingly dependent on lifelong medication. These highlight contrasting ideas as to what constitutes 'care' and 'cure', both referred to by Douglas as the notion of the "body's margins and its points of vulnerability" wherein "the shredding's of one's body" (Douglas, 1970:145) are akin to one's loss of identity in relation to self and society. She points out that:

The mistake is to treat bodily margins in isolation from all other margins. There is no reason to assume any primacy for the individual's attitude to his own bodily and emotional experience, any more than for his cultural and social experience. This is the clue, which explains the unevenness with which different aspects of the body are treated in the rituals of the world. (Douglas, 1970:145-146).

This reminds us how necessary it is to give consideration to the rights of an individual to understand his/her own medical condition. Sontag (1991) speaks of her own personal experiences as a cancer sufferer and relates how her fellow patients in hospital expressed shame and disgust at themselves. This highlights the importance of clear and impactful social marketing around disease that increases knowledge and combats stigma through providing accurate and useful information.

An overview of existing literature indicates that studies around the impact of social marketing materials that address HIV/AIDS have typically been used in (a) promoting prevention behaviors within the epidemic, (b) raising awareness of the disease and (c) encouraging people to get tested for the disease voluntarily. The majority of writing on social marketing materials has focused on information on counselling tools within clinical practice, patient support, and education for promoting adherence, which is more to do with education, in relation to ART (Hickson, 2012:21).

Hewer et al's study (2005) attests to the success of the marketing strategies employed by the Soweto Township AIDS Project (TAP) in encouraging voluntary testing and counselling. Nevertheless, a more important factor in volunteer awareness was found to be word of mouth by a friend, partner, or relative, with the latter being 12% more effective at encouraging voluntary testing. While Hewer et al's study pertains to an increase in voluntary testing and counselling, it could be argued that the same may apply to ART adherence, although this would depend largely on the visual and textual content of the marketing campaigns and how patients receive and understand these messages.

In his analysis of the design features of the Living Positively campaign (2005), Swanepoel asserts that despite the campaign's claim of using best-practice design principles, very few of them are actually implemented. This leads him to ask how effective media-based campaigns are: although some of them are instrumental in changing attitudes and beliefs, few of them actually change behaviours that fuel the epidemic. This is significant to this study, as ARV adherence behaviour is critical to effective management of the disease.

The SANHPIBC Survey (2008) used a cross-sectional national population visiting point questionnaire to assess the effects of exposure to national HIV communication programmes. The main successes include an increase of condom use and an increased awareness of HIV sero-status across all age groups. Sero-status is defined as "The state of either having or not having detectable antibodies against a specific antigen, as measured by a blood test (serologic test). HIV seropositive means that a person has detectable antibodies to HIV; seronegative means that a person does not have detectable HIV antibodies" (SANAC, 2010). The main challenges identified in the research were a continued rise in HIV prevalence and a decline in HIV prevention knowledge. One of the study's recommendations is to increase the communication programme's reach – a suggestion that would prove pointless unless the actual efficacy of content was assessed and also whether print communication is likely to change behaviour as per Swanepoel's assertion above. The findings of the survey support the notion that despite the improved reach of the awareness campaigns; accurate knowledge about HIV and AIDS is poor and has significantly decreased in recent years (HSRC, 2009).

Kemantha Govender (2011) reports that research into the impact of Soul City's multi-media OneLove campaign, designed to promote safe sex relationships, found it was having a positive effect on the sexual behaviour of adults that had been exposed to the campaign message. Govender establishes that 61% of adults in their sample from Botswana, Lesotho, Malawi, Swaziland, and South Africa are aware of the OneLove message and are altering their behaviour and rethinking issues related to multiple concurrent sexual partnerships. Participants found that they can relate to the materials used in the campaign and that it is both educational and entertaining.

Sara Helen Bok's (2002) textual and multimodal analysis of the Love Life campaign shows that most, if not all, of their campaigns are prevention based. Her study concludes that in most cases the content of the materials is aimed specifically at changing behaviour. The messages are designed only with the educated, middle class, urban youth in mind thereby excluding many South African youth. In addition, they are rendered quite meaningless, as they require further clarification in a large proportion of the audience due to a lack of cohesion between the verbal message and the visuals.

The OneLove and Love Life materials are two distinct campaigns, aimed at different audiences. It seems as if the OneLove campaign is more effective based mainly on the finding that the receivers of the messages could relate to the content presented. Thus, perhaps it is the content and the manner in which it has been designed that is critical to its impact. If the content is an accurate reflection of the target audiences lives and communities, then the messaging has a greater chance of success. Similarly, if the design is uncomplicated, then the communication could possibly be more easily understood. By comparing various campaign materials, we can learn about the efficacy of social marketing. A detailed analysis of this is however outside the scope of this study.

One notable instance of research that compares campaign material is Oyeboade and Unuabonah's (2013) investigation into the generic structure of six purposively selected HIV/AIDS posters obtained from two state hospitals in south western Nigeria, which focus on HIV/AIDS educating and counselling. Their study uses Van Leeuwen's (2008)

multimodal communicative acts, the same theoretical framework used in this paper, to measure *how* people are represented. The study shows that there is heavy reliance on pictures, which signal the intended meaning of the producers of the posters. The use of culturally specific signs and symbols to communicate a message may be a more effective tool than text especially in areas where literacy rates are low. This does not however, necessarily guarantee the intended interpretation since people's interpretations are subjective and based on personal experiences and preconceived ideas.

Patients' knowledge of ART has been shown to influence their motivation and uptake of ARVs. This is supported by Wenger et al (1999), who reveal that a good level of understanding about ART by the patient, a belief that ART is effective and prolongs life and recognition that poor adherence may result in viral resistance and treatment failure, could impact favourably upon his/her ability to adhere. Conversely, a lack of interest in becoming knowledgeable about ART and a belief that ART may cause harm may adversely affect adherence. In their study they found that women with formal education were adequately knowledgeable about ART as compared to those without formal education. The researchers attest that this impacts positively on their capacity to adhere, since they are more able to read and therefore understand strict ART guidelines.

Furthermore, many sensitisation social marketing campaign strategies are conducted in English, which complicates understanding for both literate and illiterate non-English speakers. This demands a redesigning of textual, pictorial, and photographic interventions that target the literate, the illiterate and speakers of different official South African languages.

This literature review suggests that most media strategies employed to encourage use of and adherence to ARV therapy are used predominantly to promote safe sex behaviour and prevention. There are few studies within the literature that show the impact of social marketing on adherence in South Africa. Large-scale government communication campaign strategies include publicising the availability of free testing and counselling in health clinics and are related to raising awareness of HIV and AIDS with the aim of

bringing about general discussion of HIV throughout the country (SANAC, 2010). However, there is scarce indication regards the efficacy of social marketing materials on improved ART adherence. This is particularly worrying given the devastating consequences to individual and public health for non-adherence.

Most research reviewed for this study shows that improving adherence requires a host of factors such as a supportive home environment, motivational group support, access to treatment, the provision of no-cost ART, once daily dosing, frequent communication between clinicians and patients, text message support, clinical pharmacy interventions such as refill reminders and lower monthly direct health care costs . It is clear from this literature review that a lack of awareness of ART regimens is amongst the major factors responsible for non-adherence. Knowledge of the kinds of materials that are generally available is therefore a critical step in addressing this. The following chapter contains descriptions and analyses of the materials gathered as part of the sample for this study.

CHAPTER 3

COMPARATIVE ANALYSIS OF SOCIAL MARKETING MATERIALS

For this study five print materials were selected for analysis from four clinics. Some of the clinics, for example the Ivan Toms Centre for Men's Health, had materials that were only produced by one organisation, for example Health4Men. The Siseko Men's Clinic had a limited amount of materials and some were exact repeats of the materials found in the Ivan Toms Centre for Men's Health. In order to avoid replications throughout the analysis, I condensed repeated leaflets into 'leaflet series' and extended my choice to magazine information, in this case the Equal Treatment Magazine produced by the TAC. My reasoning for this extension of material type is based on finding that the information therein is essentially serving the same purpose as a leaflet or poster. This enabled me to widen the scope of the materials studied, thus providing a better reflection of the social marketing materials available at the selected clinics. It keeps this study's analysis close to the main research enquiry regarding the nature of the visual language currently used to communicate antiretroviral therapy in social marketing materials. Some of the clinics, for example the Woodstock Community Health Clinic, had stand-alone posters whilst other clinics, such as Site C Clinic, had poster series, with very similar design layout and content information.

As outlined in chapter 1, the visual and verbal meanings of the data are decoded using one sample question from each of Kress and van Leeuwen's (1996) three systems of visual analysis : Narrative Structure, Social Distance and Salience. It is important to reiterate that these three systems are not independent modes, but rather reliant on and determined by each other as well as other related factors such as text design, depth, perspective and POV. In this study, they act as measures for analysing conceivable interpretations from what we see in an image and possible conclusions from those interpretations. They therefore include added determining factors, which are useful when scrutinising the images.

Sub-questions in relation to this study include issues of behaviour, medical instruction, and political rhetoric. The analysis therefore also enquires whether the leaflets and posters (a) encourage adherence to antiretroviral therapy, or (b) explain the components of antiretroviral drugs and guide patients on how and when to take them, or (c) simply advertise that the government has made antiretroviral drugs available or (d) a combination of some or all of the above?

Overview of existing approaches used in social media print materials



Figure 3.1
Treatment Action Campaign poster: *HIV/AIDS treatment plan now*.
Sourced by the researcher: photoshelter.com/gallery/ April 8, 2014



Figure 3.2
 Treatment Action Campaign poster: *HIV/AIDS treatment plan*.
 Sourced by the researcher: photoshelter.com/gallery/ April 8, 2014

In South Africa, the DoH, and major non-governmental role players such as the TAC, Love Life, Soul City, and the Bishop Tutu Foundation have all produced ART-related social marketing materials. An overview of these materials reveals that they differ according to their standpoint: typically either political or non-political. The short analysis of a representative sample of such materials below serves to contextualise a more in depth analysis of the materials selected for this study which follows later in this chapter.

The material produced by the TAC has been historically ‘struggle’ oriented due to the organisation’s former mandate for an urgent and countrywide public rollout of antiretroviral drugs. Most of their campaigns were focused directly on placing pressure on the government using iconic political visual references (Figure 3.1). Since the rollout of antiretroviral drugs, the TAC has changed the emphasis of their agenda from political to explanatory by presenting the facts associated with ART (Figure 3.2).



Figure 3.3
 Love Life poster: *The don't want HIV generation*.
 Sourced by the researcher: lovelife.org.za April 14, 2014

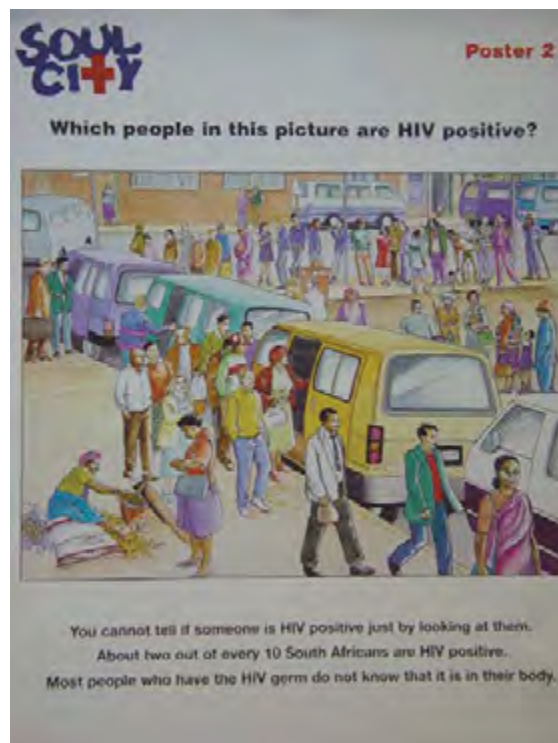


Figure 3.4
 Soul City poster: *Which people in this picture are HIV positive?*
 Sourced by the researcher: soulcity.org.za May 31, 2014

In contrast to the DoH and the TAC, Love Life and Soul City adopt a non-political approach in their visual messaging. Both organisations tend to make use of illustrative visuals, albeit very different from each other. The former promotes healthy, HIV-free living among South African teenagers by using inter-textual references, verbal constructions and abstract images (Figure 3.3), whilst the latter uses out-dated illustrations

combined with child-like text: “Which people in this picture are HIV positive?” (Figure 3.4).

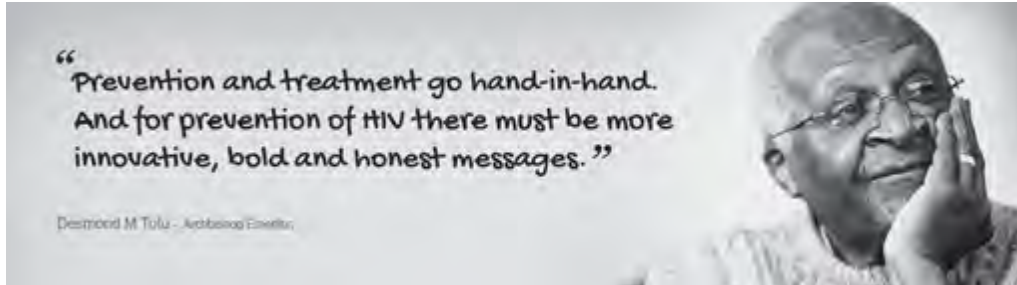


Figure 3.5
The Bishop Tutu Foundation poster: *Prevention and treatment go hand-in-hand.*
Sourced by the researcher: desmondtutuhivfoundation.org.za May 31, 2014

The Bishop Tutu Foundation uses a combination of photographs and illustrations, often including an image of, and quote by, Bishop Tutu (Figure 3.5). The foundation’s campaigns rely on Bishop Tutu’s popularity among South Africans and represent him as the messenger of wisdom, acceptance, unconditional love and a positive attitude. Bishop Tutu acts as the meta-communicator speaking not only about HIV/AIDS per se but about *how* people can and should communicate about HIV/AIDS and ART.

It is against this backdrop that the materials gathered for this study should be viewed. The remainder of this chapter is devoted to their analysis and comparison. It is important to note that all the posters, pamphlets and magazines will be analysed in relation to one another, regardless of the sample site they were selected from.

The data sets for the selected clinics are represented as four tables in the addenda to this document: one table per clinic. Each table includes the following information about the material: producer, thumbnail image, title, and medium. The three sample questions are also included.



Figure 3.6
Treatment Action Campaign Equal Treatment magazine double page spread: *Women should be offered.*
Collected by the researcher from Siseko Clinic, Khayelitsha, May 15, 2014



Figure 3.7
Treatment Action Campaign Equal Treatment magazine single page spread: *ART guidelines.*
Collected by the researcher from Siseko Clinic, Khayelitsha, May 15, 2014

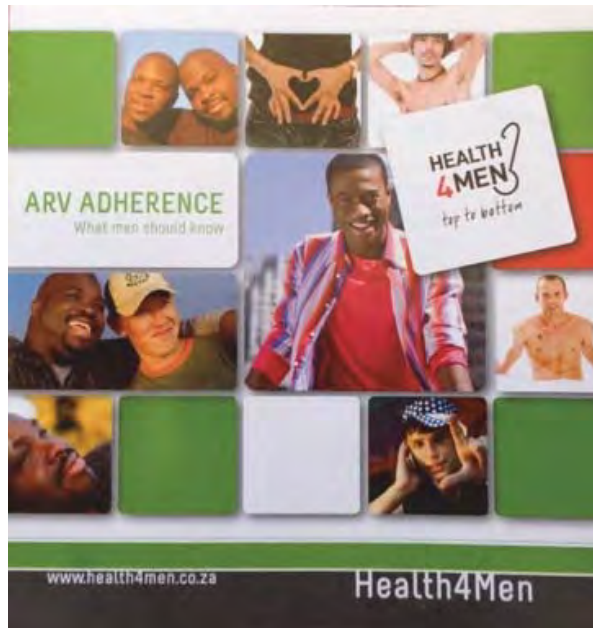


Figure 3.8
 Health4Men leaflet cover: *ARV adherence*.
 Collected by the researcher from Ivan Toms Centre for Men's Health, Cape Town, May 15, 2014 and Siseko Men's Clinic, Khayelitsha, May 16, 2014



Figure 3.9
 Treatment Action Campaign poster: *I was diagnosed*.
 Photographed by the researcher at Site C Clinic, Khayelitsha, May 16, 2014



Figure 3.10

Medicines Sans Frontiers & Cape Town Municipality poster: *I started taking AZT.*
 Photographed by the researcher at Woodstock Community Health Centre, Cape Town, May 15, 2014

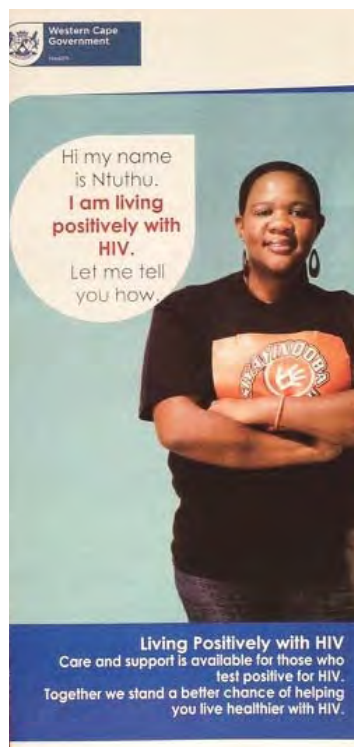


Figure 3.11

Department of Health leaflet cover: *Hi, my name is Ntuthu.*
 Collected by the researcher from Woodstock Community Health Centre, Cape Town, May 15, 2014



Figure 3.12

Department of Health leaflet cover: Molweni, igama lam nguNobuhle.
 Collected by the researcher from Woodstock Community Health Centre, Cape Town, May 15, 2014

Narrative Structure

In all the materials selected for this study that make use of photographs of people, the conventions of portrait photography are used. Except for the Equal Treatment magazine articles, in which the people shown are passive (Figure 3.6 and Figure 3.7), all the people presented are active, taking the role of the ‘doer’ (Figure 3.8 - Figure 3.12). Most people are smiling and looking directly into the camera, addressing the viewer with a direct and assured gaze. This signifies confidence, which implies that HIV positive people can have an optimistic outlook on life. In Figure 3.8, we see a man’s arms folded behind his head whilst two other men create the ‘heart’ and ‘peace’ symbols. In Figure 3.11 the woman has her arms crossed in front of her torso. These body gestures give the impression of people who are casual, loving, and confident. In many of the samples, people’s names are stated (Figure 3.9 and Figure 3.10) or they introduce themselves by name (Figure 3.11 and Figure 3.12), which adds individual character to those people. Relationships between people in the same image are predominantly transactional, meaning that there is some form of exchange or interaction happening between them that signifies the nature of their relationship. In Figure 3.7, for example, we see a child offering his mother her ARV’s. This gesture on the part of the child is significant not only because it is heartfelt but also

because it signifies the role of responsibility that many children in poverty stricken homes assume.

Besides the Equal Treatment magazine articles (Figure 3.6 and Figure 3.7), the DoH leaflet on mother-to-child transmission (Figure 3.12) and the UCT poster (Figure 3.15 below), there are no children shown in the images used in the remainder of the sample. The relative absence of children in the materials is of concern given that all four clinics serve adults who may be parents or guardians of young children. This suggests (1) a lack of open communication between adults and children on the issue of HIV/AIDS and (2) a population of non-existent HIV positive children; an absurd notion given that children are particularly vulnerable to HIV transmission with an estimated 410,000 children aged 0 to 14 living with HIV in South Africa (www.avert.org:nd). This also ignores the important role social support plays in ART adherence found in the previous chapter of this study.

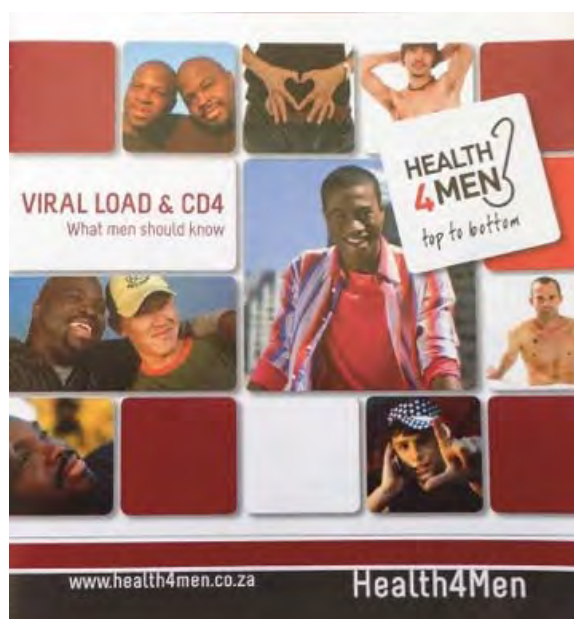


Figure 3.13

Health4Men leaflet cover: *Viral load & CD4*.

Collected by the researcher from Ivan Toms Centre for Men's Health, Cape Town, May 15, 2014 and Siseko Men's Clinic, Khayelitsha, May 16, 2014

Overall there is a sense of vitality portrayed in the materials collected. This is especially so in the Health4Men's leaflet series, which includes full colour photographs of smiling

young males wearing casual clothes. Some men expose lean bare chests, indicating good health and vitality. All of the men seem confident and happy (Figure 3.13).

The overall effect seems to signify a number of things:

1. HIV positive men who know the details of their viral load and CD4 count can be happy despite being infected with the virus.
2. HIV positive men who use antiretrovirals can lead a healthy life.
3. HIV is not a death sentence.
4. HIV positive men can be fit and attractive.

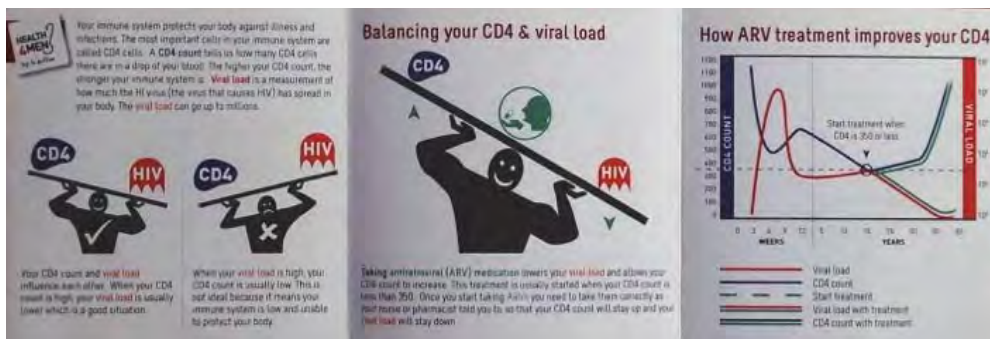


Figure 3.14

Health4Men information leaflet: *Balancing your CD4 & viral load.*

Collected by the researcher from Woodstock Community Health Centre and Site C Clinic, Khayelitsha, May 15, 2014



Figure 3.15
University of Cape Town poster: *ARV adherence clubs*.
Photographed by the researcher at Site C Clinic, Khayelitsha, May 16, 2014

Similarly, the illustrations in the Viral Load and CD4 leaflet fold-out (Figure 3.14) and the ARV Adherence Clubs poster (Figure 3.15) show people as strong and upright. In Figure 3.14, the ‘man’ has muscles and a smiley face when his CD4 count is higher than his viral load, and no muscles and a sad face when his CD4 count is lower than his viral load. The former is signified to be a “good situation” by the “tick” mark on his chest whilst the latter as a “bad situation” by the “cross” mark on his chest. These illustrations represent the relationship between CD4 and viral load counts and the consequences thereof. They use clear and concise western signifiers, which are easily recognisable. My concern with this depiction, however, is how these signifiers are interpreted and the influence they have in terms of generic gender normativity. They perpetuate the notion that a man’s good physical condition is expressed in terms of his body shape, in this case, a muscular build. This association is highly problematic given the pressures placed on men to compete with one another in terms of their physique.

In Figure 3.15, all the figures, except for the parents and child, are standing or sitting separated from one another. The single upright figures are the most visually prominent due to their central placement in the design and their elevated height in relation to the other figures. They all stand with their legs apart and arms either by their sides or in their pockets. This depiction of unconnected figures could be interpreted both negatively and positively. On the one hand, the figures are disconnected from each other thereby signifying a solo existence and lack of communication. On the other hand, they are represented as confident (upright pose) and strong (power pose) individuals who are not physically dependent on others. This gives the impression that HIV positive people are independent and self-sufficient. Despite this notion of independence there is also a sense of intimacy between some of the characters in the images. It is difficult to determine how recipients would interpret this illustration without conducting focus group or other qualitative research, which is outside the scope of this study. It is clear however that there would, by default, be different interpretations due to varied preconceived notions, perceptions, and experiences of self, family, and society and also of living with HIV/AIDS.

Social Distance

All the sampled materials that include photographs of people show them in close-up (head and shoulders) or medium shots (head and torso). All of the people are identifiable as individuals; we can see their facial expressions clearly and read their specific body language. Even the full-body silhouettes in the ARV Adherence Clubs poster (Figure 3.15), although their faces are not shown to the viewer, are represented as individuals through their different postures/stances and the separation between them. They do not overlap to become a crowd, but stand apart as separate characters. The individuals in all the photographic images take on a powerful role in relation to the viewer. They are ‘speaking’ to the viewer and addressing him/her with a confident and self-assured gaze. They are seemingly telling the viewer that they are formidable characters in the face of HIV. The overall message is one of survival against the odds, as an individual and as part of a group. This approach seems vital given how prevalent HIV/AIDS stigma is in South Africa, which has resulted in various forms of discrimination within families and

communities. Discrimination can be extremely destructive because of its detrimental effect on issues of adherence. Being afraid to disclose one's HIV positive status can have a direct bearing on one's ability to comply with the strict regime of antiretroviral medication, so social marketing materials that signify acceptance and societal support can play an important role in encouraging adherence.

It is also important to note that the HIV positive characters shown in the images are not depicted as 'victims'. If they are depicted as 'victims', HIV positive people receiving the images may align themselves with those in the images. This may result in assuming a victim mentality, leaving viewers feeling passive and helpless in the face of misfortune. Conversely, if the viewers are HIV negative they may take a superior or over-sympathetic stance, both of which could result in a classic case of 'othering'.



Figure 3.10 (repeat)
Medicines Sans Frontiers & Cape Town Municipality poster: *I started taking AZT.*
Photographed by the researcher at Woodstock Community Health Centre, Cape Town, May 15, 2014



Figure 3.7 (repeat)

Treatment Action Campaign's Equal Treatment magazine single page spread: *ARV guidelines*.
 Collected by the researcher from Siseko Clinic, Khayelitsha, May 15, 2014

There are very few instances where the person in the image looks serious, except for the “I started taking AZT, 3TC & Efavirenz in January 2003” poster produced by MSF and Cape Town Municipality (Figure 3.10) and the “ART guidelines for HIV-Positive mothers” article produced by the TAC (Figure 3.7). The woman in the poster is slightly stern yet she looks calm. Her gaze is direct and confident. Again, as in the narrative structure, the Equal Treatment magazine article stands out as inconsistent with the other samples. The photograph of a gaunt black mother and her distressed looking children is typical of a traditional NGO documentary photograph, used to elicit sympathy and support for their causes. One child is offering the mother a bottle of antiretroviral drugs. The setting is one of poverty – a simple bed, a bare wall, and a tin cup. This type of image serves to perpetuate a deep-rooted stereotype typical of the NGO fundraising message: “the West needs to save Africa”. This results in an impersonal distance between the person being represented and the person viewing the image.

Saliency

The placement of people and other elements within the frame of the design is relevant as it determines and imposes the boundaries of the image. It separates what the viewer can see from what the viewer cannot see. This visual order gives structure to the viewer's perceptions, which in turn articulates meaning. When looking at the clinic samples, people in the images are generally placed in the centre or at the top of the designs and are in sharp focus, with the backgrounds either out of focus or a neutral colour. This positioning aligns with the traditional 19th century 'rule of thirds' formula, which places the person in the frame in a way that draws attention to them and isolates them from their background. This signifies their importance and may also imply self-confidence.

This impression of assertiveness is further strengthened by the camera angle. Most of the photographic images are shot from a camera eye-level or just below camera eye-level angle. The former makes the person seem unthreatening and approachable, as they are literally 'on the same level' as the viewer. The latter signifies that they are important, powerful, or knowledgeable. This plays an important role in signifying that someone who is HIV positive is 'just like me' or should be respected, rather than rejected or stigmatized.

Textual Information



Figure 3.16
Treatment Action Campaign poster: *When taking ARV's*.
Photographed by the researcher at Site C Clinic, Khayelitsha, May 16, 2014



Figure 3.17
 Western Cape Government leaflet series: *Hi, my name is Lloyd.*
 Collected by the researcher from Woodstock Community Health Centre and Site C Clinic, Khayelitsha, May 15 and May 16, 2014



Figure 3.18
 Western Cape Government leaflet series: *Hi, my name is Ntuthu.*
 Collected by the researcher from Woodstock Community Health Centre and Site C Clinic, Khayelitsha, May 15 and May 16, 2014

Textual information in all four sets of samples varies from biomedical to metaphorical language although there is a predominance of the former. An extreme biomedical form of language appears in the MSF poster series. An example is shown in Figure 3.16 in which the woman in the image tells the viewer that she “started ARV’s in 2005. My regime was D4T, 3TZ, NVP. I experienced severe side effects from D4T in 2008 and was switched to AZT, 3TC, NVP. In 2010 I switched to TDF, 3TC, NVP and have had no problems”. This style of language is typical of MSF and the TAC. It is possible that the purpose of this is to convey concrete information, which may be useful to other ARV users. The text is complex and when deconstructed, signifies a number of things:

- (a) You can use ARVs for a long time.
- (b) You can have a medical professional/team guiding and supporting you.
- (c) You can stick to your ARVs despite complications.
- (d) If you have complications, you can change the ARV ‘cocktail’.
- (e) You shouldn’t give up on ARVs just because you experience complications.
- (f) The way your body responds to medication may change over time.
- (g) You can be informed about your treatment and have agency in managing your condition.
- (h) You can be empowered through knowledge.

Although the messaging is intended to be encouraging, the plethora of acronyms can make the conversation difficult to follow. The antithesis of this language appears in the DoH’s leaflet series. In Figure 3.17 we see a participant who introduces himself by saying “Hi, my name is Lloyd. STIs are easy to treat. Let me tell you how”. Similarly, in Figure 3.18 we see a character who presents herself by announcing, “Hi, my name is Ntuthu. I am living positively with HIV. Let me tell you how”. Whilst this type of language is conversational, it could also be construed as somewhat didactic, addressing the viewer as if he/she were a child.



Figure 3.19
Medicines Sans Frontiers poster: *Possible side effects and management*.
Photographed by the researcher at Site C Clinic, Khayelitsha, May 16, 2014

Most of the samples are text-heavy and veer towards information that is either about behaviour or medical instruction with little evidence of political rhetoric. A few of the samples are excessive in terms of textual information, such as the “Antiretroviral Therapy: Possible side effects and management” poster (Figure 3.19) that lists all components of antiretroviral drugs, their side effects, the symptoms and what to do. This information is beneficial and essential knowledge for anyone on ART but navigating one’s way around the poster is not easy due to the mundane repetition of colour and font size. This could be improved by designing a poster that includes guided graphics and/or pictures to achieve a more comprehensible understanding of the content.

Visual Language

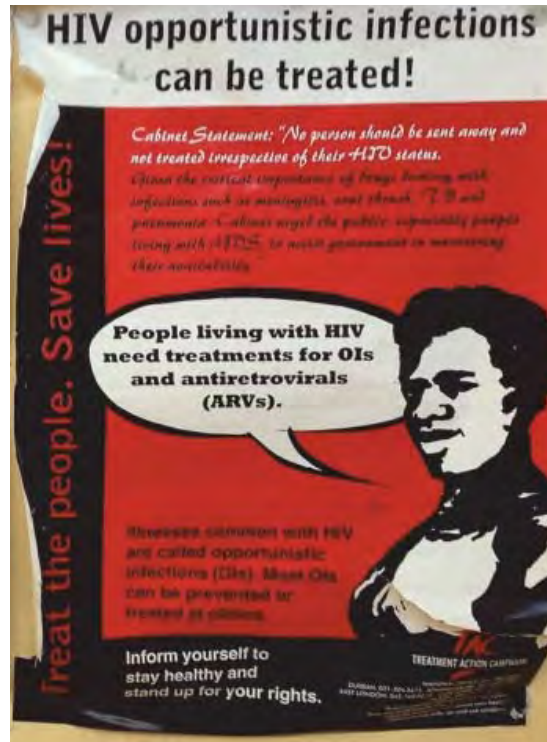


Figure 3.20
Treatment Action Campaign poster: *HIV opportunistic infections*.
Photographed by the researcher at Site C Clinic, Khayelitsha, May 16, 2014

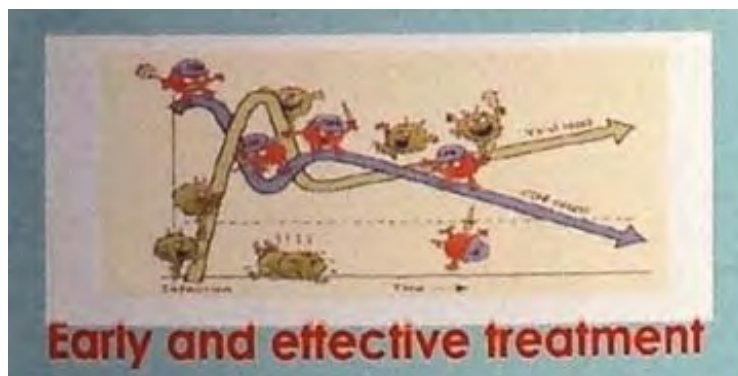


Figure 3.21 (detail)
Department of Health leaflet: *Early and effective treatment*.
Collected by the researcher from Woodstock Community Health Centre and Site C Clinic,
Khayelitsha, May 15 and May 16, 2014

In Figure 3.20, The TAC uses graphic illustrations that tend to be similar in style to iconic revolutionary images, using red and black colours affiliated with this genre. This makes sense given the TAC is the main non-governmental political activist player in the “struggle” for equal and fair treatment regards information, distribution, access, and care of ART. In contrast to the TAC, the DoH’s leaflet: Living Positively with HIV: (Figure 3.21) uses abstract emblematic illustrations in combination with obscure short textual messages comparing the relationship between viral load and CD4 count. This metaphorical approach shows HIV as a green-horned cartoon character reminiscent of a gremlin and the CD4 as a red character (presumably signifying blood and vitality) wearing a construction-site hard hat. The virus is represented as the ‘bad guy’, a notion that could be aligned with the very person carrying the virus. This could lead to the vilification of those infected with the virus, thus inhibiting inclusive and practical solutions.



Figure 3.22
Western Cape Government leaflet: *Hi, my name is Lloyd.*

Collected by the researcher from Woodstock Community Health Centre and Site C Clinic, Khayelitsha, May 15 and May 16, 2014

The DoH’s leaflet series makes a point of addressing all South Africans by using language such as ‘We are all at risk’, yet ironically tends to depict images of predominantly young black South Africans. This is evident in *all* the photographs used in the design of *all* the leaflets found during this study. The tone of the messaging is rhetorically nationalistic, educative and informative: see for example the “Free STI (Sexually Transmitted Infection)

treatment available at your nearest clinic. Together we stand a better chance of stopping the spread of STIs” leaflet (Figure 3.22).

Depictions of demographics in photographs

A through analysis of the various materials found that there are two main categories of visual content in the sample materials: the photographic portrait and illustration. Both are applied in combination with text, but it is the photographic portrait that is by far the most frequently used. It is important to ask what these forms of visual depiction communicate and how they might be interpreted. Whom do they include? Whom do they exclude? What are their positive and negative implications?

When assessing the photographic portrait, the representation of race, gender and age should be considered. There is a predominance of black people portrayed, with very few people of other races represented. When considering the combination of race and gender, it is noteworthy that there are white males but no white, coloured or Indian woman, nor coloured or Indian men shown in the materials. This may be because the materials exist in clinics situated in different locations of the Western Cape, which service communities who differ along racial divides. In saying this, it is only the Siseko Men’s Clinic and Site C Clinic, both in Khayelitsha, who offer their services to an almost exclusively black community. The Ivan Toms Centre for Men’s Health and the Woodstock Community Health Centre, both in Cape Town, serve users of all races. The danger here is that these racial and gender depictions may create or reinforce stereotypes around HIV/AIDS. The message here seems to be that HIV predominantly affects (a) black people in general and (b) gay white males.

In the samples found in the Woodstock Community Health Centre and Site C Clinic, mostly women are portrayed. Both these clinics serve adult men and women from the respective communities. The disproportionate representation of females may be because the HIV/AIDS prevalence rates amongst women in South Africa are higher (Avert.org:nd). Despite these statistics, the problem lies in the interpretation of the visual message resulting in the impression that HIV/AIDS is a female-orientated disease. Given

the extremely high rates of female-targeted abuse and gender inequality in South Africa (Unisef.org:nd), this form of representation is dangerous and irresponsible. A greater effort should be made to balance depictions by selecting a variety of leaflets and posters for each clinic.

In all the samples from the four sites, except the Equal Treatment magazine, the DoH's "Mother to Child Transmission" leaflet and UCT's "ARV Adherence Club" poster, there are no children, teenagers, or elderly people portrayed. All the people depicted appear to be of a similar age group ranging from the mid-twenties to the mid-forties. With all four clinics supplying a broad sector of the population in terms of age, this limited representation of age grouping is a gross misrepresentation of reality. Site C Clinic incorporates a youth clinic and, when taking this into account, the misrepresentation is particularly problematic.



Figure 3.23
Health4Men poster: *Support*
Collected by the researcher from Ivan Toms Centre for Men's Health, Cape Town, May 15, 2014

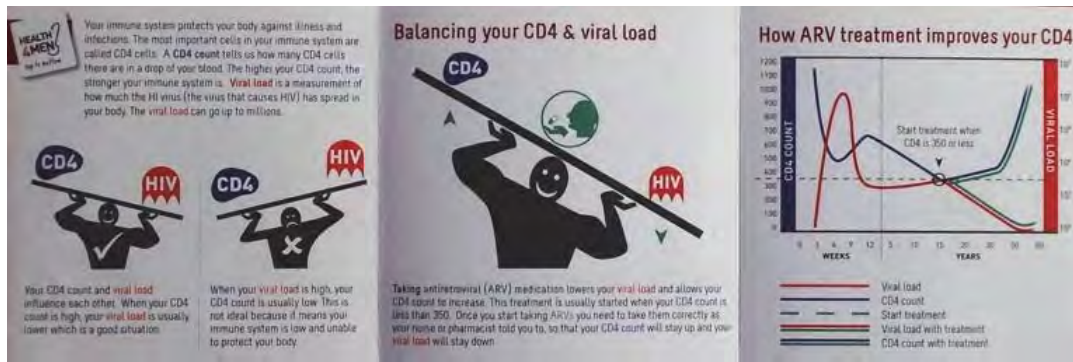


Figure 3.24
 Health4Men information leaflet: *Balancing your CD4 & viral load*.
 Collected by the researcher from Woodstock Community Health Centre and Site C Clinic,
 Khayelitsha, May 15, 2014



Figure 3.15 (repeat)
 University of Cape Town poster: *ARV adherence clubs*.
 Photographed by the researcher at Site C Clinic, Khayelitsha, May 16, 2014

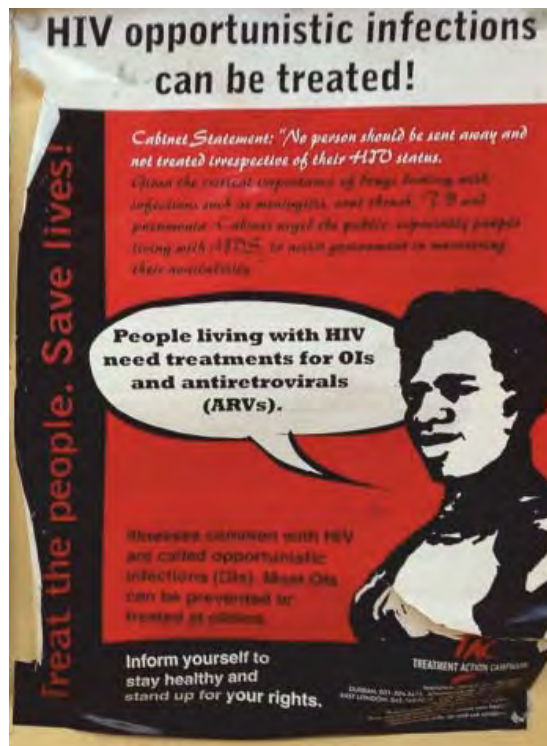


Figure 3.25
 Treatment Action Campaign poster: *People living with HIV*.
 Photographed by the researcher at Site C Clinic, Khayelitsha, May 16, 2014

Use of illustrations

Only four of the items that form part of the sample make use of illustrations, namely: the Health4Men “Free Support Group” poster (Figure 3.23) and “Viral Load and CD4” foldout leaflet (Figure 3.24), UCT’s “ARV Adherence Clubs” poster (Figure 3.15) and the TAC’s “Opportunistic Infections can be Treated!” poster (Figure 3.25). Three of these illustrations indicate people, presumably representing those infected with HIV. In Figure 3.24, the ‘strong man’ image is used to explain a tipping point, which in this case is an attempt to represent the complex biomedical idea of viral suppression.



Figure 3.26
 Medicines Sans Frontier & TAC leaflet foldouts (front/back): Resistance and side effects.
 Collected by the researcher from Siseko Men's Clinic, Khayelitsha, May 16, 2014



Figure 3.19 (repeat)
 Medicines Sans Frontier poster: Possible side effects and management.
 Photographed by the researcher at Site C Clinic, Khayelitsha, May 16, 2014

The interpretation of this and the graphic used in Figure 3.25 is dependent on one's ability to read the textual information, which accompanies them. It is possible that the information is thus rendered useless to the non-English-speaking and illiterate segments of the population. Posters and leaflets, like Figure 3.26 and Figure 3.19 above, contain an extreme amount of textual information, which even to an educated literate person, can be

rather overwhelming. This highlights the importance of careful selection of social marketing materials for specific sites. It is important to include in depth information, but also to include graphic depictions that communicate quickly and clearly even to those who don't stop to read them.

Conclusion

Most of the materials in the sample are text-heavy with a monotonous repetition of colour and typeface. The information is either about behaviour or medical instruction encouraging adherence to antiretroviral therapy by explaining the components of antiretroviral drugs and guiding patients on how and when to take them. The language ranges from the biomedical to the metaphorical although there is a predominance of the former with very little evidence of political rhetoric.

The contemporary visual language of antiretroviral therapy in social marketing materials tends to use photographic portraits, which often depict middle class, black females between 25 and 45 years of age. This uniformity of race, gender and age presupposes a homogenous population of HIV positive South Africans. Overrepresentation of black men and women and gay white males may enforce existing stereotypes about the HIV positive population.

People pictured in the sampled materials are almost universally portrayed as self-assured and independent persons who are able to manage their HIV condition because of their in-depth knowledge and effective administration of their antiretroviral medication. They are smart, clean, healthy, casually dressed, literate and accepting of their status as persons living with HIV. Though this can be seen as aspirational, there is also a danger of discounting a large part of the population through these selective depictions.

The importance of individuals' disclosure of their HIV positive status was clear from the literature reviewed in the previous chapter. The value of disclosure to treatment stems predominantly from being accepted as HIV positive by a group comprising family,

partners, friends, etc. It is important to note that very few images contained in the materials analysed in this chapter overtly depict or celebrate acceptance. Most of the materials are about the individual and show people in isolation from each other. This is of concern given the importance of those living with HIV/AIDS being able to engage with a group to whom they belong. Very few of the images celebrate social support. Since social support has been shown to be paramount to adherence to ART, this is perhaps the greatest failing of the existing social marketing materials available at the clinics that form part of the sample for this study.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

The treatment of HIV/AIDS in South Africa is complex and fraught with social, demographic, and behavioural challenges. All of these challenges strongly influence adherence to ART. Despite the improvements in provision of antiretroviral medication since its rollout to government clinics in 2004, the ability to manage HIV/AIDS effectively requires that patients adhere to their ART regime. The DoH and non-governmental organisations recognise this concern and in response, have employed a number of social marketing communication strategies. These strategies include the distribution of print media campaign materials in clinics and hospitals throughout the country. This study provides some insight into the nature of these materials through a survey of materials found in four Western Cape community clinics. By decoding the visual and verbal meanings in the materials, the study aims to identify tactics used to encourage ART adherence. It uses a social semiotic visual analysis approach by employing Kress and van Leeuwen's (1996) three systems of visual analysis, namely Narrative Structure, Social Distance and Saliency. A comparison of the materials reveals similarities and differences in how the materials communicate issues around ART adherence.

Much of the written content is focused either on behaviour or medical instruction, which fits it squarely into a social marketing category. The messages are to do with education and contain instructions: 'What you should know'; 'What you can do' (Heath4Men leaflet series) and 'Get tested for TB'; 'Get your CD4 count'; 'Get your viral load test'; 'Live a healthy life' (DoH leaflet series).

The literature reviewed for this study shows that improving adherence requires a range of responses beyond those found in the collected materials. Most of the content of the materials focus on behaviour or medical instruction encouraging adherence to antiretroviral therapy by explaining the components of antiretroviral drugs and guiding

patients on how and when to take them. The content fails to mention critical factors such as a supportive home environment, motivational group support, open and frequent communication between clinicians and patients and clinical pharmacy interventions. In addition, the visual language displays a strong uniformity of race, gender, and age, which reinforces many deep-rooted stereotypes and attitudes regarding HIV/AIDS in South Africa.

A comparison of the leaflets and posters found in the four community clinics surveyed shows that there are different biomedical and metaphorical visual languages used. This begs the question whether this lack of consistent visual language causes misunderstandings and how this may adversely affect attempts to clearly communicate complex biomedical ideas about antiretroviral therapy adherence.

When considered collectively, the sampled materials are not representative of all South Africans. If taken literally, the images presuppose that HIV is a predominantly 'black' disease since most people shown in the images are black. On a national campaign level, this is highly problematic in South Africa given that anyone can become infected with HIV, regardless of race. Although I acknowledge that it is impossible to create materials that represent *every* person individually, I would argue that it is possible to portray a more diverse and representative view of South Africans simply by extending the demographic range (class, age, gender and culture) signified through the images used in these flyers and posters. Another form of misrepresentation in the literature emanates from most of the individuals being pictured devoid of everyday context. They are shown against neutral backgrounds, which tend to remove people from everyday reality creating a somewhat sterilized view of the population. This is significant in that it relates to my earlier argument regarding the importance of taking into account the support networks when designing ARV adherence campaign material.

The sample drawn for this study is largely generic in look and feel with not much innovative thinking being brought into the photographic, illustrative, and textual design process. A number of the leaflets and posters are packed with too much written information in relation to visual information and some of them contain *only* written text.

Visuals can be effective at communicating messages, perhaps more memorable than words, especially if they show how the receiver of that message can benefit from what he/she is reading. It would therefore make more sense to include less text, perhaps concentrating on information that is most likely to be forgotten, and combine these with visuals that tell a story, for example of people demonstrating key behaviours related to adherence.

Using culturally recognisable or culturally specific icons may be effective methods in helping patients understand important issues without lengthy explanation. Research has shown that culturally appropriate icons can improve how well patients understand medicine labels and adhere to treatment, but that inappropriate icons can be more confusing than words. I therefore argue that it is critical to (a) use photos and icons, but that (b) they must be very carefully chosen and designed to reflect diversity and communicate their messages clearly.

My main argument in this study is that a culturally sensitive approach should be taken to encouraging adherence to ART. Through my literature review I found that (a) adherence is paramount to effective treatment of HIV and (b) a community of support is critical to adherence. Through my comparative analysis of the sample materials, however, I found that adherence is not a central message and very few of the materials show characters in relation to their family, community or another group. I believe this is the biggest weakness of the materials that formed part of this sample.

To build strong forms of communication, researchers need to engage properly with local and national communities. The print media campaign materials assessed in this study are individualistic, cognitive and exclusive. This approach tends to support health communication behaviour theories, which are proven (especially in sexual prevention campaigns) to be complete failures. These models do not work within the African context, as the communities for which they are designed do not necessarily understand them. I believe that the South African social marketing experts responsible for producing the materials don't understand the social networks and groups their materials are aimed at, nor the risks that are associated with the messaging in those materials. I therefore propose that

it is critical for media creators to first understand the *social*, so that the materials they design can be designed appropriately to have optimal impact on their respective target markets. The solution may be reached through considerably more engagement with *all* those in our society about the kind of messages that would work for *everyone* on an inclusive level. This could be achieved by identifying the target market, conducting qualitative target market research, and designing communication based on the findings of that research.

The main questions that arise from this study are: How do we know that people understand the information they are being presented with? How is it monitored and evaluated within a complex context? With more resources, this research could be enriched by a qualitative study probing the understanding, perceptions and behaviour of the target market, thereby assisting it in developing a lens of analysis in assessing how the visual language of the materials contributes to adherence to antiretroviral medication. This lens would explore the interpretive impact of the visual materials assessed and whether they do what they are designed to do: to encourage understanding of and adherence to antiretroviral medication. This could involve focus group interviews with HIV positive patients from the same clinics the materials are distributed through. The interviews could include questions designed to probe whether the materials fulfil their role by altering and enforcing people's behaviour in relation to ART.

I would also recommend that further research extend the sample size by collecting more leaflets and posters over a longer period of time and on different days of the week so that it is more representative of the clinics' social marketing materials. I am concerned that this study was somewhat restricted by the availability of existing material on the day of collection. It may be that on any other given day, there were more (or less) materials on offer, or that the content of such material differed. A larger sample would establish whether the materials collected are indeed typical of the clinics and so increase confidence in the findings and conclusions.

Although the scope of this study was small, it nevertheless serves as a foundation for further, larger investigations. A multi-pronged, multi-level approach is needed. There is no single quick-fix solution. Problems arise and as they do interventions need to evolve and shift. What is evident from this study, though, is that clear and engaging visual and/or written instructions about ART adherence and regimens tailored to individual patients' lifestyles are essential to increase ART adherence knowledge with the aim of prolonged life for people living with HIV/AIDS.

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ADDENDUM

Ivan Toms Centre for Men's Health

Sample # Material Producer	Title	Medium	Narrative Structure	Social Distance	Saliency
# 1 Poster Health4Men	Free Support Group 	Illustration Text	N/A	Close-up	Calm Blues Lifeline and "SUPPORT" most salient
# 2 Leaflet Cover and Fold-Out Health4Men	Drugs and ARV' 	Text	N/A	N/A	Grey Vivid Red Vivid Green Graphic
# 3 Leaflet Cover and Fold-Out Health4Men	Viral Load and CD4 	Photographic portraits Illustrations Graph Text	Active Transactional	Close-up Medium Direct gaze at viewer	Vivid Red Vivid Green Central man most salient Sharp Focus Neutral background
# 4 Leaflet Cover and Fold-Out Health4Men	ARV Adherence 	Photographic portraits Text	Active Transactional	Close-up Medium Direct gaze at viewer	Vivid Red Vivid Green Central man most salient Sharp Focus Neutral background
# 5 Leaflet Cover and Fold-Out Health4Men	Understanding HIV 	Photographic portraits Text	Active Transactional	Close-up Medium Direct gaze at viewer	Central man most salient Sharp Focus Neutral background

Woodstock Community Health Centre

Sample # Material Producer	Title	Medium	Narrative Structure	Social Distance	Saliency
# 1 Poster Medicines Sans Frontiers & Cape Town Municipality	I started taking AZT, 3TC & Efavirenz in Jnauary 2003 	Photographic portrait Text	Active	Close-up Direct gaze at viewer	Vivid Red Deep Green Woman most salient Sharp Focus Neutral background
# 2 Poster Department of Health & Soul City	Anti-retroviral treatment (ART) for people with AIDS 	Text	N/A	N/A	Vivid Orange
# 3 Leaflet Cover and Fold-Out Department of Health	Living Positively with HIV 	Photographic portrait Illustration Text	Active	Medium Direct gaze at viewer	Muted Blue Woman most salient Sharp Focus Neutral background
# 4 Leaflet Fold-Out Department of Health	Mother to Child Transmission 	Photographic portrait Text	Active Transactional	Medium Direct gaze at viewer	Muted Orange Woman and baby most salient Sharp Focus Neutral background
# 5 Leaflet Fold-Out Department of Health	STI Treatment 	Photographic portrait Text	Active	Medium Long Direct gaze at viewer	Muted Green Man most salient Sharp Focus Neutral background

Siseko Men's Clinic

Sample # Material Producer	Title	Medium	Narrative Structure	Social Distance	Saliency
# 1 Double Page Spread Equal Treatment magazine Treatment Action Campaign	Women should be offered Option B+ 	Photographic portrait Text	Passive Transactional	Close-up Indirect gaze not at viewer	Muted colours Woman's hand and pill most salient Sharp Focus Child in background
# 2 Single Page Spread Equal Treatment magazine Treatment Action Campaign	ART Guidelines for HIV- Positive Mothers 	Photographic portrait Text	Passive Transactional	Medium Indirect gaze not at viewer	Muted colours Mother most salient Sharp Focus Children and bedroom in background
# 3 Leaflet series Covers Health4Men	Drugs and ARV's; Viral Load and CD4; ARV Adherence; Understanding HIV 	Photographic portraits Illustration Graph Text	Active Transactional	Close-up Medium Direct gaze at viewer	Vivid Red Vivid Green Central man most salient Sharp Focus Neutral background
# 4 Leaflet Fold-Out Medicines Sans Frontiers & Treatment Action Campaign	Resistance and side effects 	Text Columns	N/A	N/A	Grey column Green column Purple column
# 5 Leaflet Fold-Out Treatment Action Campaign	Stay healthy, get treatment 	Text Graphic design	N/A	N/A	Vivid Red Vivid Yellow Graphic

Site C Clinic

Sample # Material Producer	Title	Medium	Narrative Structure	Social Distance	Saliency
# 1 Poster University of Cape Town	ARV Adherence Clubs 	Illustration Text Graphic design	Active Transactional	Long Direct gaze at viewer	Vivid Blue Vivid Red Figures & red AIDS ribbon most salient Sharp Focus
# 2 Poster Medicines Sans Frontiers	Antiretroviral Therapy: Possible side effects and management 	Text Table	N/A	N/A	Muted mixed colours Yellow lines most salient
# 3 Leaflet series Fold-Outs Department of Health	Living Positively with HIV; Mother to Child Transmission; STI's are easy to Treat 	Photographic portrait Illustration Text	Active Transactional	Medium Long Direct gaze at viewer	Muted Green Muted Orange Man & woman and baby most salient Sharp Focus Neutral background
# 4 Poster series Medicines Sans Frontiers	I started taking ARV's; I encourage men to be open with their status 	Photographic portrait Text	Active	Close-Up Direct gaze at viewer	Muted mixed colours Man & woman most salient Sharp Focus Background out of focus
# 5 Poster Treatment Action Campaign	HIV opportunistic infections can be treated! 	Illustration Text	Active	Medium Indirect gaze not at viewer	Vivid Red Woman most salient Sharp Focus Graphic