

Team Assignment – Designing health messages in different cultural contexts

The assignment is to create a draft campaign material (e.g. poster, pamphlet, radio spot etc) of your choice with a health message in relation to each case.

It's suggested that you set aside some time to collect complimentary information and data. If possible, you could interview someone you know from the context in the case in order to gain some insights.

In your discussion and your short report, you may consider the following:

- Which stage of the change process that your target group may be in: (in pre-contemplative, contemplative, preparation, action or maintenance stage)
- If fear messages or positive messages should be used and why
- If you should use Logos, Ethos and/or Pathos
- Who should be the sender? Who or what organization may be seen as credible?
- What ethical considerations do you need to take?
- Choice of channel – would you like to go broad or do you want to be more specific
- The cultural context
- How the visual design can emphasize the health message
- How can this campaign be culturally centered?

When uploading your assignment (*deadline May 21 @Canvas*) you should hand in the following – apart from what is already listed in the study guide:

- The information material, either as a document or files (such as .jpg, .wav, .mov or .mp3). Google drive and Google docs should be avoided at pretty much any cost!
- A short report, *no more than 1000 words*, with a brief introduction to your campaign and a short description on why you made the choices you made in relation to the above questions.

GROUP 1a1 & 2a1

Target group: University students at University of Arusha in, Tanzania

Your campaign aim: Increasing awareness of health problems deriving STIs and particular those of HIV and creating a behavior change that will contribute to reduce HIV among students at the University of Arusha in Tanzania.

Background:

Tanzania is a low-income country in east Africa, with a population of 36 million. About 33% of the population is between 15 to 25 years old (2002 census). Since the first three cases of AIDS were reported in 1983, HIV infection has spread throughout the country and current estimates for Tanzania are 1.7 million people living with HIV (2020). Tanzania faces a mature, generalized HIV epidemic. Among the 1.7 million people living with HIV/AIDS, 70.5 percent are 25 to 49 years old, and 15 percent are 15-24 years. In young women aged 20 to 24, there is an HIV prevalence rate of 3.4 percent, which is significantly higher than the 0.9 percent prevalence rate among young men in the same age group.

Heterosexual sex accounts for the majority of infections (80 %) on Tanzania mainland. Drivers of the epidemic are: promiscuous sexual behavior, inter-generational sex, concurrent sexual partners and lack of knowledge of HIV transmission.

A social and cultural problem is the stigma that comes with HIV and AIDS. HIV and AIDS are still regarded as taboo. Those who become infected are met with negative attitudes and indifference. The stigma also means shame, denying the infection and keeping it secret. Also religion plays a significant role condemning the use of condoms. In practice, there is no effective peer education or health communication campaign to create awareness among students and young people about safe sex. Parents and teachers feel shy to discuss about sex with the young students. There is no proper sex education in schools; also there is lack of resources in school for sexual health educations. The office of vice president in collaboration with UN organizations like UNAIDS have been conducting campaigns to raise HIV awareness and prevention skills among all youths, through magazines, television shows and seminars.

In Tanzania there is still a great lack of correct knowledge about HIV/AIDS among young people, and there is therefore an urgent need of prevention campaigns targeting young university students, a population where HIV/AIDS remains a health problem.

For more info, e.g., check out: <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/tanzania>

GROUP 1a2 & 2a2

Target group: Alcohol prevention at Arizona State University, USA

Your campaign aim: Inform college students at Arizona State University aged 18-20 on how to consume alcohol responsibly

Background:

Arizona State University (ASU) is a large public US university with 42,000 undergraduate students located in Tempe, Arizona.

Alcohol is the most widely used drug in the US. It's legal to use for anyone 21 years or older. However, a great number of college students are not yet 21, their drinking is therefore by default illegal. Arizona State University is well-known for being a "party school", and they have several programs in place to tackle excessive drinking. However, as the university has a very strict policy regarding drinking for those underaged there are limitations to what is done with this particular, but rather numerous, group of students. The party scene revolves around the so-called Greek societies off campus and in relation to the university football games.

The ASU policy regarding on-campus alcohol use states that any possession and consumption of alcohol by those under the age of 21 is forbidden. The entire policy is found here:

<https://www.asu.edu/aad/manuals/ssm/ssm106-03.html>

According to a survey conducted in 2019 with about 2000 randomly selected respondents 47.2% of ASU students do not drink alcohol (did not drink in the past 30 days). 79.1% of ASU students either did not drink alcohol, or consumed between 1 and 4 alcohol-containing drinks the last time they partied or socialized. Among the ASU students who drink alcoholic beverages 73.1% *always* use a designated driver when they drink. 65.1% *always* stay with the same group of friends the entire time when they drink. 80.8% *usually* eat before and/or while drinking. 69.7% *usually* keep track of the number of drinks they are having.

GROUP 1b1 & 2b1

Target group: University students at the UiT – the Arctic University of Norway

Your campaign aim: Promote good mental health among international students at UiT during the winter months in Northern Norway, with the primary aim to maintain their study performance.

Background:

Seasonal affective disorder (SAD) is a mood disorder subset in which people who have normal mental health throughout most of the year exhibit depressive symptoms at the same time each year, most commonly in winter. Common symptoms include sleeping too much, having little to no energy, and overeating. The condition in the summer can include heightened anxiety. Although experts were initially skeptical, this condition is now recognized as a common disorder. There is no data available on the prevalence of SADs at UiT, and at Norway at large – but it is well-known phenomenon as the below quote indicates.

The student welfare services have the following information on their website:

”Some students may react to these changes in light conditions. In the dark season, common reactions may be a feeling of energy loss or disturbed sleeping patterns. A conscious focus on nutrition, being outdoors for a while around midday, or visiting the Polar Night Café in the morning in front of full spectrum lamps, may help.”

Tromsø is a city in northern Norway, and it is the major cultural hub above the Arctic Circle. It's famed as a viewing point for colorful Northern Lights that sometime light up the nighttime sky. The city's historic center, on the island of Tromsø, is distinguished by its centuries-old wooden houses.

To gain better understanding of the particular challenges that SAD is for international students, the following article describing a Bangladeshi student's experience from Canada could be used as an example:

<https://www.cbc.ca/news/canada/newfoundland-labrador/sad-sunshine-students-1.5161279>

GROUP 1b2 & 2b2

Target group: University students at the Chiang Mai University, Thailand

Your campaign aim: Encourage physical activity among students at Chiang Mai University during time periods with heavy air pollution.

Background:

Metropolitan Chiang Mai is Thailand's 2nd largest metropolitan area with a population of about 1 million and the largest city in Northern Thailand. Air pollution is a great problem in Chiang Mai. During the December–April period, air quality in Chiang Mai often remains below recommended standards, with fine-particle dust levels reaching twice the standard limits. It has been said that smoke pollution has made March the worst month to visit Chiang Mai.

According to the *Bangkok Post*, corporations in the agricultural sector, not farmers, are the biggest contributors to smoke pollution. The main source of the fires is forested area being cleared to make room for new crops. The new crops to be planted after the smoke clears are not rice and vegetables to feed locals.

To get a better grasp of the situation check out this website:

<https://www.legalnomads.com/air-northern-thailand/>

One big challenge during the periods of air pollution in Chiang Mai is to have people maintaining outdoor physical activity. And as the periods of poor air quality can be quite prolonged it is imperative to young people to find other ways of stay physically fit, especially in relation to still existing Covid-19 measures – particularly the use of face masks in indoor environments.

Chiang Mai University is a public research university in northern Thailand founded in 1964. It has a strong emphasis on engineering, science, agriculture, and medicine. Its instructional mission includes undergraduate, graduate, professional and continuing education offered through resident instruction. A large number of the 35,000 students live on campus.