“Pinch, Leave an Inch and Roll:”
Applying the Communication-for-Behavioural-Impact (COMBI) approach to the promotion of proper male condom use in Jamaica.

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Abstract

In this paper, the Communication-for-Behavioural-Impact (COMBI) approach is used as a framework for understanding the planning and implementation of Jamaica’s Ministry of Health (MOH) male condom promotional activities with particular focus on the “Pinch, Leave an Inch, and Roll” (PLR) campaign which was initially implemented during 2009. COMBI’s ten steps are briefly described and each step is exemplified using the experience of the MOH’s National HIV/STI Programme prevention team in promoting proper male condom use in Jamaica. The paper argues that while all tenets of the COMBI are not fully applicable in limited resource settings, the approach nevertheless facilitates focus on specific behavioral objectives and understanding target audiences through detailed marketing analysis and research. The paper ends with a description of lessons learnt and suggestions on how to creatively utilize aspects of the COMBI approach as part of a long term strategy in attempting to achieve behavioural impact.
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Introduction
The promotion of consistent condom use has been a longstanding strategy in the response to the HIV and AIDS epidemic. The generic “Use a condom every time” message has been featured in many health communication campaigns promulgating consistent condom use. This paper recounts the experience of the “Pinch, leave an inch and roll” (PLR) campaign which focused on the specific steps of putting on a male condom properly targeted males 15-24 years. The campaign was planned during 2008 and implemented during 2009 to 2010 by the National HIV/STI Programme (NHP) of Jamaica as one strategic communication activity within their overall behavior change communication which includes a mix of mediated and interpersonal communication-based interventions. Communication for Behavioural Impact (COMBI), a multifaceted approach to communication planning is used as the framework for understanding the process of creating the PLR campaign. It must be noted that while the COMBI was not purposefully used in the entire planning process of the PLR campaign, it is applied here post-implementation as a way to conduct a structured review of what occurred during the evaluation, design, and execution of the PLR campaign. Of the many campaigns done by the NHP, the PLR campaign was chosen as a good example of communication in action (the theme of this special edition of this journal) because summative evaluation of the PLR campaign indicated that it had a relatively high message recall one year after its implementation (White, 2011). The PLR campaign also employed many of the tenets of development communication campaign planning (Snyder, 2003).

Background to the NHP and its condom promotion activities
The NHP of Jamaica was established in 1986 in the Ministry of Health (MOH) as an extension of the former Sexually Transmitted Disease (STD) Control Programme, which was in existence from 1930. The NHP is responsible for coordinating and leading the implementation of Jamaica’s response to HIV and AIDS. In order to fulfill this mandate, the NHP focuses on four main components: (1) Prevention; (2) Treatment, Care and Support; (3) Enabling Environment and Human Rights and (4) Monitoring and Evaluation (NHP, 2011).

Within the HIV prevention component of the NHP, behaviour change communication interventions promoting safer sexual behaviour are created to control the transmission of HIV and AIDS among the wider population and in particular among the most at risk populations (MARPs) which include sex workers, men who have sex with men (MSM), people living with HIV, out-of-school youth, homeless drug users and inmates. The prevention efforts aimed at changing risky sexual activities and sustaining safer sexual practices are done using a multisectoral approach. The HIV prevention team within the MOH collaborates closely with other agencies that offer services that are useful to the various targeted populations. In order to ensure that individuals possess the self-efficacy to adopt and maintain relevant behaviours, the HIV prevention team utilizes a number of strategies including community outreach activities and special events which usually include free HIV testing, distribution of free condoms coupled with
condom use demonstrations undertaken by the client and guided by the intervention officer. These are supported by national media campaigns which not only provide information but also encourage the practice of appropriate safer sex behaviours such as consistent condom use.

Other strategies of the HIV prevention component within the NHP include the use of cultural vehicles such as television shows and party interventions. Through sponsoring various television and party events, the NHP is able to position their efforts in locations which are likely to increase the visibility of key messages and allow for the conduct of condom use demonstrations. In 2009, for example, the NHP sponsored *Magnum Kings and Queens of the Dancehall*, the popular Jamaican dancehall competition aired weekly on the television station, Television Jamaica (TVJ). The sponsorship gave the NHP entitlements that increased the visibility of messages through the branding of the “Weekendz” bar and restaurant venue for the competition; the placement of advertisements about condom use during the show on TVJ and during repeats on the local cable channel, RETV, as well as through an episode dedicated to the contestants performing songs about condom use. The NHP also had a booth to conduct condom demonstrations and distribute free male and female condoms at the venue for the dancehall competition. The party intervention strategy involved NHP partnering with various party events such as the “Redstripe Dream Weekend” which provided access to seven parties over the three-day period in Negril during August 2009. Sponsorship of the parties allowed the NHP to place messages at the events’ location and on all promotional material. The NHP had more bargaining power in deciding where their information booths were located at each event as well as how freely HIV prevention team members could interact with patrons. Outreach officers engaged party-goers in risk reduction conversations and condom use demonstrations. Disc jockeys were also more eager to voice messages throughout the parties in recognition of the NHP as a sponsor.

In addition to collaborating with select parties and television shows, the NHP uses targeted community interventions (TCIs) which target geographic areas with high HIV prevalence. Alongside TCI is the PLACE (Priorities for Local AIDS Control Efforts) strategy initiated in 2005. The purpose of PLACE was to identify locations where high transmission of HIV was likely to occur given that individuals met new sexual partners at these venues which included bars, exotic clubs, sex workers’ street sites, street corners, bus stops, fast food restaurants, shopping malls and other venues. Outreach officers identified influential persons who frequented the sites daily and who could be trained in HIV risk reduction and condom use. PLACE provided a supportive environment for condom use by guaranteeing that condoms were always on site. The PLACE method was eventually improved and has since been integrated into the targeted community interventions (TCIs). Interventions forming a part of the TCIs are implemented based on STI, HIV and AIDS prevalence; and socio-economic indicators such as poverty, crime, and high unemployment, high levels of teenage pregnancy and commercial sex, high number of out-of-school youth or other members of the most at risk populations. The duration of a TCI can either be short term or long term depending on the nature of the situation being targeted. Its success is usually measured by the number of persons reached with risk reduction conversations conducted; peer educators trained, voluntary HIV testing conducted, number of condoms distributed, condom demonstrations conducted, condom access points established, persons referred for social services and positive persons referred for HIV or STI services.
The promotion of correct and consistent condom use is also done at various special events hosted by the NHP. Special events are commemorated each year to assist in establishing HIV testing as a health seeking norm. At these events, Jamaicans are provided with opportunities to test for HIV at a convenient location. These events usually feature HIV and AIDS information, condom demonstrations, risk reduction conversations, empowerment opportunities, entertainment and voluntary counselling and testing for HIV. Three major special events are: Safer Sex Week, celebrated during the week of Valentine’s Day, Regional HIV Testing Day which is a collaborative effort with Scotiabank Jamaica, a major banking institution, and the Caribbean Broadcast Media Partnership on HIV and AIDS (CBMP) observed on June 27 and International World AIDS Day on December 1. In addition to the various activities presented at these events, messages about safer sexual practices such as knowing your HIV status, correct and consistent condom use and sticking to one faithful, uninfected partner, are disseminated.

One key prevention activity that is common throughout all the aforementioned strategies for the prevention component of the NHP is the promotion of correct and consistent condom use. The NHP has consistently promoted the use of condoms since its inception. Several media campaigns bearing catchy taglines created for a specific audience have been implemented. Some early condom use campaigns implemented during 2000 to 2007 included message themes such as “I am a serious woman, I don’t play with my health, no condom, no love” targeting females, “Bring a condom along, don’t play the fool, use a condom every time you have sex” targeting carnival revellers; “Nuh tek nuh chance (translation: Do not take any chances) – use a condom every time” and “One time fling or long term thing, Use a condom every time” encouraging consistent condom use and “Get it, carry it and use it” encouraging preparation to practice condom use behavior among adolescent males.

With higher prevalence in the most at risk groups, Jamaica has features of both a generalized and concentrated HIV epidemic. The prevalence in the general population is estimated at 1.6% (NHP’s Monitoring & Evaluation Unit, 2011). Of the estimated 32,000 persons living HIV and AIDS over 16,000 or 50% are unaware of their HIV status and may continue to indulge in unsafe sexual practices (NHP’s Monitoring & Evaluation Unit, 2011). In the absence of abstinence, one of the methods to avoid transmitting or becoming infected by HIV and other STIs is the correct and consistent use of a condom. While the NHP has consistently promoted the use of condoms, research, such as the 2004 Knowledge, Attitudes, Behaviour and Practices (KABP) study, indicated that the condom use at last sex was reported among 65% of persons surveyed in multiple partnerships and 39% of individuals in monogamous relationships (Hope Enterprises, 2004).

Based on these findings and other observations at condom demonstration sessions, it was recognized that barriers to condom use must be addressed if the level of use is to be increased and maintained. The 2004 KABP study revealed that there are several factors that account for the use of a condom. Among 15 to 24 year olds, the reasons for not using a condom included unplanned sex, not considering the use of a condom and a feeling that condom use was unnecessary because the partner was well known to the individual. For adults, similar reasons were given. Another reason cited by individuals and noted during condom demonstrations was the apparent complexity of using the condom. In 2008, this formed part of the basis for the development of a condom use campaign with the tagline “pinch, leave an inch and roll” (PLR) which was eventually launched in 2009.
Background to COMBI
In order to comprehend the process of development and subsequent implementation and evaluation of the PLR campaign, the Communication for Behavioural Impact (COMBI) approach to social and behaviour change communication will be used as an explanatory framework. Arguably, COMBI represents the most recent thinking in the planning of communication-based interventions aimed at influencing some aspect of behavioural adoption and maintenance. Approaches to development communication campaigns have traditionally included social marketing, participatory campaigns, advocacy and more recently multipronged approaches (Snyder, 2003). COMBI could be deemed an example of the more recent multipronged approach, which as Snyder (2003) describes, involves “coordinating media efforts, interpersonal outreach, services, policies, training and other activities as part of a strategic campaign plan” (p. 177). Indeed, COMBI is a form of strategic communication planning which is yet another way for developing a carefully planned and monitored communication programme to engage individuals to consider action with respect to specific behaviours which could improve the quality of their lives (Hosein, Parks, & Schiavo, 2009).

COMBI is social mobilization process which takes into consideration societal and personal influences with the purpose of inducing individual action. It is an approach to social change and behavioural impact which combines strategically a variety of communication interventions aimed at engaging individuals regarding recommended healthy behaviours and encouraging the adoption and maintenance of those behaviours. COMBI is based on as well as builds on several lessons of the past 50 years of health education and communication in a behaviourally-focused, people-centered strategy. COMBI also stems largely from the knowledge base and experiences of the private sector in consumer communication. Its methodology efficiently incorporates public health education, traditional information-education-communication (IEC) approaches, community mobilization, consumer communication techniques and market research, all of which serve the achievement of specific behavioural outcomes in health (WMC, 2003).

COMBI originated in 1994 at the Summer Institute of New York University with inputs from marketing and communication company, Young and Rubicam and its partner agency Burson Marsteller New York, specializing in public relation; the United Nations Children Fund, (UNICEF), the United Nations Population Fund (UNFPA), and the World Health Organization (WHO). Then the approach was called “Integrated Marketing Communication for Behavioural Impact in Health and Social Development (IMC/COMBI)”. Subsequently, the approach became popularly known as COMBI and even though IMC was taken from its title, given the negative connotations often associated with commercial marketing, the foundation for much of what is now labeled as COMBI emanates from integrated marketing communication strategies (E. Hosein, personal communication, October 4, 2010). This is evident in the way COMBI combines a number of communication planning processes from five major areas which are typically used in commercial marketing efforts. COMBI identifies these as its five integrated communication actions. Each is summarized below:

1. **Public Relations/Advocacy/Administrative Mobilization.** This action area focuses on placing the particular health behaviour on the public and administrative/
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programme management agenda via the mass media: news coverage, talk shows, drama or soap operas, celebrity spokespersons, discussion programmes; meetings or discussions with various categories of government and community leadership, service providers, administrators; official memoranda; and partnership meetings.

2. Community Mobilization. This component includes the use of participatory research, community group meetings, partnership meetings at the community level, traditional media, alternative media such as music, song and dance, road shows, community drama, leaflets, posters, pamphlets, videos, and home visits.

3. Sustained Appropriate Advertising. This area uses advertising done in a massive, repetitive, intense, and persistent manner (M-RIP fashion), via radio, television, newspapers and other available media, engaging people in reviewing the merits of the recommended behaviour vis-à-vis the “cost” of carrying it out. This approach is highly synchronized, strategic, and integrated as every channel is used to disseminate content and messages with a behavioural hook. Advertising wisdom dictates that to truly engage the consumer, one should strive for “six hits” per day for five days per week for three weeks – adhering to this media placement strategy means COMBI is not cheap.

4. Personal Selling/Interpersonal Communication/Counselling. This action area is done at the community level, in homes and particularly at service points, with appropriate informational literature and additional incentives. It allows for careful listening to people’s concerns and addressing them. This approach relies heavily on outreach workers or volunteers to cover specific geographic boundaries in an attempt to reach targeted groups of individuals.

5. Point-of-Service Promotion. This part emphasizes the use of easily accessible and readily available solutions to the health challenge. It is based on creating a supportive environment for the performance of health behaviours, ensuring that persons have access to the resources that they will need to carry out and maintain the recommended actions (WMC, 2003).

From the foregoing descriptions, it is evident that the essence of planning COMBI programmes is to strive for an integrated effort with a thoughtful amalgamation and selection of communication actions relevant to the desired behavioural result, and not to think that one particular type of communication intervention is sufficient in addressing the health issue or problem.

At the outset, it must be stated that Jamaica’s NHP has a structure which already utilizes these five communication action areas. The work of the HIV prevention team is supported by the public relations department of the Ministry of Health which ensures that the work of the NHP receives the necessary public relations attention. The NHP also maintains partnership with various agencies through structures such as the National AIDS Committee and is able to mobilize these bodies to support HIV prevention activities. Community mobilization efforts and
personal selling/interpersonal communication are done through the targeted community interventions which rely on a cadre of trained community outreach workers and peer-to-peer educators. Point-of-service promotion and appropriate advertising are done through various special events as well as the contracting of various creative agencies which collaborate with the HIV prevention team in creating content for use in strategic locations as well as various media channels. With this in mind, the NHP’s HIV prevention team need only coordinate the existing structures whenever it is time to execute a specific communication campaign, that is, “an organized communication activity, directed at a particular audience, for a particular period of time, to achieve a particular goal” (Snyder, 2003, p. 167). The PLR campaign of 2008/2009 can arguably be viewed as an exemplary illustration of how a multipronged approach to communication campaigning, such as COMBI, can be applied to the promotion of a challenging health behaviour.

Applying COMBI to understand the PLR campaign experience

The process of COMBI is clearly outlined in a ten-step procedure. In this section of the paper, each step is briefly described and exemplified using aspects of the PLR campaign. Elaborations on each COMBI step can be accessed in Hosein, Parks, and Schiavo (2009). While the COMBI framework was not applied consistently in the planning of the actual PLR campaign as only some COMBI elements could be feasibly adapted, it is used here as a way to analyze what was done or could have been done to improve the design and implementation of the campaign.

Step 1. The Overall Goal

The PLR campaign was planned and implemented as part of the NHP’s overall aim of reducing the spread of HIV and AIDS in Jamaica. The National HIV and AIDS Strategic Plan (NSP) 2007 to 2012 outlines various tactics for achieving this goal, chief among being a focus on reducing individual vulnerability to HIV transmission through interventions targeting at the most at risk and vulnerable groups (out of school youth, MSM, sex workers, inmates, homeless drug users, and people living with HIV) as well as the general population. The PLR campaign was one of several strategies which helped in the NHP’s progress towards achieving this broad purpose. The campaign aimed to improve condom use primarily among male adolescents and generally among members of the adult population who were sexually active.

Step 2. The Behavioural Results/Objectives

Based on research which is described later in the third step, the objectives of the PLR campaign were to encourage correct and consistent condom use, position condom use as a simple procedure and promote this simple condom use method. In terms of a specific behavioural objective, the campaign promoted three simple steps or behavioural actions regarding correctly putting a male condom on an erect penis. At this stage of planning, NHP observed one of two mantras of COMBI: “Do nothing….make no posters, no t-shirts, no pamphlets, no videos, no caps, no websites, etc…do nothing, until we have set out specific, precise behavioural goals/objectives (SBOs).” The need to promote a simple way of putting on a male condom was arrived at after careful consideration of both formal and informal research on condom use described in step 3. No media production was done until the specific behaviour to be promoted was established.
Given the private nature of the behaviour that was being promoted, the HIV prevention team within the NHP recognized that they could only rely on certain general indicators to be able to measure the behaviour. One common indicator of condom use is a self-report of condom use during last sexual activity. This indicator has limitations because it is based on an individual’s recalling correctly what they did during their last sexual activity and it only tells us if a condom was used, it does not tell us if the condom was used correctly. At best, the NHP could only rely on the MOH’s National HIV and AIDS KABP which provided estimates of condom use. The latest KABP study results revealed consistent condom use at last sex was reported among 65% of persons surveyed in multiple partnerships and 39% of individuals in monogamous relationships (Hope Enterprises, 2004).

Step 3. The Situational Market Analysis vis-a-vis the precise behavioural goal
In order to understand the behaviour of condom use, the HIV prevention team not only used research on condom use at last sexual intercourse, but also relied on observations at condom demonstration sessions to detect if persons were using the proper technique in putting on a male condom. At party interventions, persons were given incentives including free condoms if they were willing to demonstrate how to put on a condom on a penile model. This activity allowed the HIV prevention team to observe persons participating in the specific behaviour being targeted. The observations revealed some common errors from participants. These included not squeezing the tip of the condom to release any air that may be trapped inside, not leaving a space at the tip of the condom to collect the ejaculate and not rolling the condom all the way down to the base of the penile model. Expert advice from medical doctors and other health workers also confirmed that individuals did not perform all the steps necessary when putting on a condom. Doctors, for example, in conversation with their patients, detected that condom use can be a complicated process which may hinder its use. Peer educators also confirmed this challenge of proper condom use observed during community outreach activities. Again, the HIV prevention team, observed the second of two mantras of COMBI: “Do nothing until an appropriate situational market analysis is carried out in relation to the expected behavioural outcomes”. From the analysis, there are many approaches to putting on a condom – some authors (Oberne and McDermott, 2010) cite between 5 to 11 steps in using condom. These steps have been criticized for making the process of using a condom seems technical and clinical. The PLR campaign had to make condom use seem fun. The analysis also made it clear that a campaign promoting proper condom use could not simply be about using a condom but had to focus on the minimum number of specific steps which would result in proper placement of the condom on the erect penis. Opening the condom package and disposing the used condoms were other aspects of condom use behavior which could have been included in the campaign, but within all the actions related to condom use, the specific part of putting on the condom properly was deemed to be the particular action that required the most attention. Not putting on the condom properly could result in breakage or slippage.

Step 4. The overall strategy for achieving the stated behavioural results
The overall strategy relied on using existing communication strategies within the NHP. Community outreach workers and peer-to-peer educators were responsible for promoting the
behaviour at various special events including Safer Sex Week and World AIDS Day, targeted community interventions and party interventions thus utilizing the personal selling and community mobilization action areas. Point-of service promotion involved conducting interactive sessions or group education activities about the behaviour at health centres, hospitals, churches, and in secondary and tertiary level educational institutions where the main target audience of teenagers and young adults could be reached. Public relations efforts for the campaign involved meetings with various partner agencies, non-governmental organizations and community outreach workers to ensure wide distribution of campaign materials. Advertising material included a 45-second video advertisement aired on national television and local cable channels, a mini-brochure and a poster. Condoms bearing the campaign’s main message were also distributed. See appendix A to D for examples of the communication material created for the campaign.

In addition to relying on the existing communication framework that operates within the NHP’s HIV Prevention Unit, other strategic elements utilized for the PLR campaign involved ensuring that the behaviour of putting on a male condom was now seen as fun and not technical. The use of edutainment formats using drama and song also guided the development of the campaign’s main message and material; for example, a dramatic scenario was used in the 45-second television advertisement. Sponsorship of the dancehall competition Magnum Kings and Queens of the Dancehall resulted in safer sexual practices being the theme of the competitors’ songs for one episode of the competition.

Step 5. The COMBI Plan of Action
The development of the content for the campaign included brainstorming on the specific steps of condom use. One team member recalls how the specific tagline was created. It involved a period of weeks when members of the teams suggested possible words that could be used to simply describe the steps of putting on a condom properly. The first words were “pinch” and “roll” and eventually “leave an inch” was added. The resulting tagline, “pinch, leave an inch and roll” was pretested and it revealed that this tagline made condom use seem clear, easy and fun.

Outlines of different creative concepts for the television advertisement were developed by the Prevention team and an independent communications consultant developed the final concept based on the outline. The consultant was instructed to use edutainment and present the issue of using a condom in a light manner. The final concept that was chosen depicted a scenario in which Charlene, a young female and her boyfriend are cuddling and declaring their love for each other. Charlene asks the boyfriend if he has a condom before they engage in any sexual activity. The boyfriend recognizes he does not have a condom and goes to his friend Peter, who is in another room with a girl to ask him for one. Peter gives Charlene’s boyfriend a condom who proceeds to return to the bedroom while Peter returns to his companion. On his way to the bedroom the boyfriend realizes he is unsure of how to use a condom and returns to Peter for assistance with his dilemma. Peter reassures his friend and begins to demonstrate the “pinch, leave an inch and roll” technique. The boyfriend repeats the technique twice to himself and feeling confident in the procedure he returns to the bedroom to Charlene. The advertisement ends with an image conveying the “pinch, leave an inch and roll” technique along with the slogan “use a condom every time”. See appendix B for scenes from this video advertisement.
In addition to the television advertisement, full colour print material using illustrations to convey the three simple steps for putting on a condom properly were also created in the form of a mini brochure and poster. The mini-brochure used a four-panel design which featured the PLR tagline on the cover and close-up of the faces of a male and female couple embracing in bed. When opened, the brochure reveals the young man asking “OK, what’s the right way?” with the female responding “It’s easy”. The brochure folds out further to reveal the three steps of PLR: The first step shows a hand pinching the condom. The second step shows a hand pinching the condom while leaving an inch and the third step portrays the hand pinching the condom and rolling the condom down to the base of an anatomically correct black penile model. Other parts of the brochure include a panel with an image of the young woman smiling while saying “Remember, pinch, leave an inch and roll” as well as a panel with the message “use a condom every time” and the contact information for the AIDS and STI Hotline for the NHP. The poster used some of the same images from the mini-brochure and can be seen in Appendices A and C respectively.

**Step 6. Management and Implementation of COMBI**

The management of the campaign fell within the existing management structure of the NHP. As the HIV prevention team is responsible for behaviour change communication activities, the specific management responsibilities falls within that component of the NHP. The HIV prevention team is headed by a director who has overall responsibilities of the activities regarding HIV prevention. Within the office of HIV prevention, there is a multidisciplinary staff complement who fulfill various roles from technical officers to behaviour change communication officers. This planning team sits within the main office of the NHP and is supported by a network of community outreach workers located across Jamaica in the various health regions of the island. The NHP reports to and is supported by a director for the overall NHP. The other components of the NHP relating to Treatment, Care and Support; Enabling Environment and Human Rights; and Monitoring and Evaluation, all comprise their own staff complement. The four units collaborate on various projects and campaigns.

The development of the key message themes and some concepts is done by the HIV prevention team given their years of experience in addressing condom use practices in Jamaica. In order to design and execute the ideas generated in-house, independent creative consultants are contracted as needed. For the PLR campaign, one consultant was contracted to create the video advertisement while another was contracted to produce the overall brand for the campaign as well as the poster and mini-brochure.

During the design phase, the HIV prevention team worked closely with the creative team to ensure that message ideas and concepts were executed as intended. In terms of depicting the behaviour of pinching, leaving an inch and rolling a condom on an erect penis, there was some concern among the designers about the explicit depiction of the technique, fearing that the images may be offensive to some persons. Initial drafts therefore used a cucumber to represent the penis. Another version used hand gestures to convey the three-step process without showing any representation of a penis. Recognizing that these illustrations may lead to a misinterpretation of the key message, the HIV prevention team insisted on the use of a more anatomically realistic penile model to represent the penis. In its experience, the HIV prevention team knew that some
persons would be offended but felt it had to push the envelope to grab the attention of its target audience.

**Step 7. Monitoring implementation**

Shortly after the campaign aired on television, there was much public discussion on NHP’s bold approach to promoting safer sex. Both positive and negative reactions were voiced during the discussions. Feedback in newspapers suggested that some critics did not understand the MOH/NHP’s focusing of their campaign message on a specific action. Tyson (2009) insisted that the campaign should have promoted a message such as "Value self, value others; self-control and true love waits." Various newspaper columnists and writers of letters-to-the-editor (Dick, 2009; Campbell, 2009; Reid, 2009) acknowledged the importance of condom use but argued that messages about values and attitudes should also be promoted with those about condom use. These critics reacted mainly to the specific media campaign without recognizing it as a part of an overall amalgam of activities and strategies, some of which were geared at empowering adolescents to make proper decisions regarding their reproductive health. The NHP did not respond to the public outcry and was happy that the campaign helped to facilitate an open discussion on topics of sex, sexually active adolescents and condom use, which are often forbidden based on moral judgement and strong social prohibition.

In addition to generating public debate, one unintended outcome of the campaign was the use of the PLR tagline in a popular reggae song. Singer Queen Ifrica (aka Ventrice Morgan) used the phrase in her song titled “No Bwoy” which was released in July 2009:

**Version based on the Cassidy-JLU Writing System (2009):**

Mi badi iz di templ af di Muos Ai  
Plos mi naa go mek yu disrispek mi skuul tai  
Beg yu lou mi mek mi get mi edikieshan  
Kaa z mi u da lo v fi en mi mada sofarieshan  
Mi naa go mek yu mek mi mis mai gradieshan  
**Pinch, liiv a inch an ruol** we yuself  
Sins yu lov seks so moch  
Dwiiit wid yuself

**English Translation:**  
My body is the temple of the Most High  
Plus I’m not going to allow you to disrespect my school tie  
Please leave me alone so I can get an education  
Because I would love to end my mother’s suffering  
I am not going to allow you to cause me to miss my graduation  
**Pinch, leave an inch and roll** away yourself  
Since you love sex so much  
Do it with yourself
In addition to being featured in a song, the tagline was also used in the press in political commentary. Las May, cartoonist for the Jamaican Daily Gleaner, used the tagline in an illustrated commentary on the Jamaican government and its budget planning and management activities on May 15, 2009 (See Appendix E for examples of cartoons).

A recall study (White, 2011) done almost one year after the campaign was implemented and utilizing a quantitative survey and focus group discussion revealed that the campaign has a high level of recall. The results indicated that the majority (97%) of the respondents recalled campaigns about safer sex practices without being prompted. Specifically, 12% of the persons interviewed explicitly recalled the “pinch, leave an inch, and roll” slogan without being prompted. In terms of aided recall, 85% of those responding completed the campaign slogan correctly after being prompted with the first two words “pinch, leave…” of the slogan. In terms of behavioural impact, since receiving the message, 65% of individuals surveyed reported having personally used the PLR technique.

Unsolicited feedback also indicated that the campaign was effective in promoting a memorable tagline. The HIV prevention team noted that other agencies doing outreach work in various communities would return from the field noting that individuals with whom they interacted recalled the phrase “pinch, leave an inch and roll.”

**Step 8. Impact Assessment**
Impact is a long-term phenomenon. The PLR campaign was a short-term communication activity which was executed as part of a larger programme in controlling the transmission HIV and STIs. Assessing the impact of the PLR campaign can therefore be seen at two levels. At one level, the PLR campaign can be assessed for its own merit in promoting the three simple steps in putting on a condom. At another level, the PLR campaign can be assessed for its contribution to the overall goal of the NHP in Jamaica as far as controlling the spread of HIV is concerned.

The PLR campaign promoted a specific behavior of putting on a male condom properly. This behavior is linked to a larger objective of promoting consistent and correct condom use which is in turn related to an even larger goal of reducing and preventing HIV transmission. The impact of the PLR campaign therefore can only be validly assessed by observing data related to the HIV incidence. At the time of this publication, no comprehensive report was available which could speak to the overall impact of the campaign in contributing to increased condom use at last sex among the targeted age group.

The recall study cited earlier which was conducted to test message recall gave an estimation of the immediate outcome of the campaign in the short term but the limitation of the recall study is that it is not able to address long term impact. The Knowledge, Attitudes, Behaviour, Practices (KABP) study which is done by the MOH/NHP at regular intervals should be able to provide estimates of trends in relation to condom use. The latest KABP available before the 2008/2009 PLR campaign was the 2004 Knowledge, Attitudes, Behaviour, and Practices (KABP) study. This study indicated that the consistent condom use at last sex was reported among 65% of persons surveyed in multiple partnerships and 39% of individuals in monogamous relationships.
(Hope Enterprises, 2004). The 2008 KABP study which was conducted shortly before the implementation of the PLR campaign was obviously not useful for impact assessment of the PLR campaign as it would not effectively measure any change in condom use due to time period in which the PLR campaign was implemented. The next KABP scheduled for 2012/2013 should provide useful information which could shed some light on the overall impact of the PLR campaign.

**Step 9. Scheduling (Calendar/Time-line/Implementation Plan)**

It must be noted that the HIV prevention team implements several communication campaigns which sometimes run concurrently. Within the year that PLR was launched, there were two other issues being targeted through campaigns: “Time to Talk” which encouraged parents to talk to their children about sex and “Smart Women” which encouraged females to purchase, carry and use condoms. Scheduling is therefore an important process for the HIV prevention unit to ensure that audience segments do not suffer message fatigue having received a lot of disparate information on the topic of safer sex, condom use and HIV, STI as well as AIDS. As a result of this, for the PLR campaign, the HIV prevention team disseminated messages use advertising flights. COMBI dictates that to truly engage the consumer in serious contemplation of the proposed behaviour, one should ideally strive for “six hits” per day for five days per week for three weeks (Hosein, Parks & Shiavo, 2009). For the PLR campaign there were two major television advertising flights from March to May 2009 and then from November to January 2010. The television advertisement was aired on national television during prime time hours in the late evening. That time period was important given broadcasting regulations established by the Broadcasting Commission of Jamaica which guards against certain types of explicit content being shown at a time when children are likely to be watching. The advertisement was also shown in cinemas and on local cable channels such as RETV and HYPE TV. Other material associated with the campaign such as the poster, mini-brochures and condoms branded with the campaign logo continue to be distributed through various communities, special events, non-governmental organizations, sector ministries, other agencies and tertiary level schools.

**Step 10. Budget**

Funding for the activities of the NHP is sourced from the World Bank/International Bank for Reconstruction and Development), the Global Fund, USAID and other donor agencies. As such the NHP is not as resource-constrained as other government bodies with limited funding opportunities. The funding of the PLR campaign is therefore linked to a programme which sources its funds from international donor agencies so relatively speaking, the NHP has a stronger resource base than other MOH programmes targeting other health issues.

Even though funding is available for the activities of the HIV prevention team, the COMBI method of campaign planning is not cheap (Hosein, Parks & Shiavo, 2009). Budgeting for the campaign was therefore done in a careful manner to maximize the use of available funds. Some strategies which proved useful for the NHP included establishing partnerships with the broadcast media industry to negotiate special rates for placement of advertisements as well as conceptualizing most of the campaign’s key messages and themes within the HIV prevention unit of the NHP and then contracting individual consultants to execute the plans.
Lessons Learnt
From the ten steps outlined, COMBI provides a useful framework for applying a multipronged approach to the planning of health communication campaigns. Although each step is presented in a linear style, several steps are considered at some point during the planning process. Steps 2 and 3 which relate to establishing the specific behavioural objective and conducting a situational marketing analysis may involve repeating and revising the process until an appropriate behavioural objective is arrived at after a clear understanding of the target market. The linearity helps us to give careful consideration to all aspects of the planning process to ensure an effective communication campaign.

Although COMBI is useful in planning campaigns, applying it to the PLR campaign experience revealed a number of issues which should be considered when employing this multipronged approach. Some lessons learnt are listed below.

- Using existing structures which already utilizes aspects all five COMBI communication action areas (public relations, mobilization, advertising, personal selling and point-of-service promotion) leads to campaign success. The extant structure of the prevention programme within the long-standing NHP combined with the experience of the behaviour change team, the use of research and feedback from the field teams provided a context in which the PLR campaign could have been feasibly implemented. If the PLR campaign required the NHP to start establishing these COMBI areas which existed already, then the campaign may not have had the same level of success it had. Having the NHP and its various levels of staff meant that half the work was already done for an intervention that would use elements of COMBI. This approach may not work therefore if a structure is not in place to ensure its successful implementation.

- Persevering for the long term and not being afraid to respond to changing trends revealed in the market research strengthens campaign efforts. The NHP has been promoting condom use for many years. They have been on the receiving end of many criticisms about the behaviours they promote when suggesting the use of condoms to control the spread of HIV and other STIs. Despite these objections, they have managed to disseminate messages about condom use to various audience segments. The criticisms in some cases have helped to encourage public debate on the matter, giving more mileage to campaign messages. The NHP usually does not get involved in reacting to the criticisms; instead they allow members of the public to debate the issues.

- Ensuring that there is strong leadership for the programme and its activities are based on epidemiological data and not governed by moral views on sexual risk behaviours is necessary. The NHP has benefited from fairly strong leadership and management by a team that understands the issues that drive high risk sexual behaviours and has knowledge of the environment in which they are operating. This helps to ensure that campaigns address specific matters with a high degree of success. While NHP’s management team manages all the components of the programme, and the prevention unit’s team worked more closely in implementing not only the PLR campaign but other
campaigns and interventions as well. The experience of handling several campaigns and being led by a strong team helps to keep campaign activities highly focused and responsive.

- **Establishing a good working relationship is essential between campaign planners and the creative team.** Designers may introduce creative approaches which minimize the potential effectiveness of the overall campaign message. As such, campaign managers must monitor the design process and not fear rejecting designs that are not linked to the specific action or behavioral objective. Insisting on what you want in the design phase because you know more about the issue than the person producing the artistic elements of the campaign is sometimes necessary.

- **Spending limited funds wisely makes the whole process manageable.** COMBI may not be cheap but you can spend sensibly and still achieve commendable results. Adhering to all ten steps of the COMBI planning framework may be financially prohibitive. Within an existing structure such as the NHP, COMBI steps 3 and 4 were useful in the planning of the PLR campaign in establishing the specific behavior to be addressed and in creating an overall strategy for achieving the behavioral results. Other steps were realized through using components of the NHP that already did what those COMBI steps advised. In this regard, the planning and implementation of the PLR campaign was relatively cost efficient.

**Conclusion**

Even with short term communication campaigns, one must still appreciate that behavioral impact is a long term phenomenon. COMBI helps to focus on specific actions which can contribute to larger goals such as a reduction in HIV transmission rates. Behaviors such as condom use are complex. The PLR campaign successfully simplified one component of the condom use process – that part related to putting on the condom properly. Complex behaviors require multipronged approaches and COMBI’s combination of various communication and mobilization strategies provides much potential for achieving lasting behavior change.
References

Campbell Sr, S.P. (2009, June 8). Condoms have a place. [Letter to the Editor]. The Jamaica Gleaner. p. A8


APPENDIX A

Figure 1: A 17” X 21” poster used in the "Pinch Leave an Inch and Roll" campaign.

Reproduced with permission from the Jamaica National HIV/STI Control Programme, Ministry of Health, Jamaica
Figure 2: Scenes from the “Pinch, Leave an Inch, and Roll” television advertisement. The first scene shows a girl, Charlene, insisting that her male partner uses condom. The second scene depicts the male partner asking his friend, Peter, for a condom. The last scene portrays Peter demonstrating how to put on the condom properly using the “pinch, leave an inch, and roll” technique.

Used with permission from the National HIV/STI Control Programme, Ministry of Health, Jamaica. The full version of the advertisement can be seen at http://www.nhpjamaica.org/video_clips/pinch-leave-inch-and-roll-2008
APPENDIX C

Figure 3: Four-panel mini-brochure, with each panel measuring 2 ¼” x 3 ¼”, used in the “Pinch, Leave an Inch and Roll” campaign.

APPENDIX D

Figure 4: Condoms branded with the PLR tagline and an illustration of the three-step technique were also distributed as part of the “Pinch, Leave an Inch and Roll” campaign.
APPENDIX E

Figure 5: Cartoon by Las May, appearing in *Daily Gleaner*, May 15, 2009, p.A9

Figure 6: Cartoon by Clovis, appearing in *The Jamaica Observer*, May 24, 2009, p. 37