

**बलबीर  
पाशा** को  
एड्स होगा क्या?

# Will Balbir Pasha get AIDS ?

## CASE STUDY

AN INNOVATIVE APPROACH TO REDUCING HIV/AIDS PREVALENCE  
THROUGH TARGETED MASS MEDIA COMMUNICATIONS IN MUMBAI, INDIA

May 2003





बलबीर  
पाशा को  
एड्स होना क्या?

The "Balbir Pasha" teaser campaign built curiosity and intrigue for messages to come

“मुझे  
बलबीर पाशा  
नहीं बनना.  
क्या करूँ?”

पूछिये  
साधन एड्स  
हेल्पलाइन से

2389 4371

The last phase of the "Balbir Pasha" campaign motivated individuals to call the Saadhan helpline, playing on the 'self-risk' perception that the campaign helped to generate. This outdoor hoarding reads "I don't want to become Balbir Pasha...what do I do?"

बलबीर पाशा सिर्फ  
स्वस्थ दिखनेवालों से  
संबंध रखता है.  
पर देखने से पता नहीं चलता किसे एड्स है.

PSI साधन हेल्पलाइन - 2389 4371

बलबीर  
पाशा को  
एड्स होना क्या?

This outdoor hoarding which reads "Balbir Pasha only has relationships with healthy-looking people...but looks alone can't tell you who has AIDS" includes PSI's confidential HIV/AIDS Saadhan helpline number for the public to get more information.



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# CASE STUDY

*The Balbir Pasha Story: An innovative approach to reducing HIV/AIDS prevalence through targeted mass media communications in Mumbai, India*

## A. Executive Summary

From November 2002 - February 2003, Population Services International (PSI) executed an aggressive, innovative communication campaign in Mumbai, as part of an integrated behaviour change HIV/AIDS prevention program entitled "Operation Lighthouse." The Operation Lighthouse project is being implemented in 12 major port communities across India with the financial support of the United States Agency for International Development (USAID) through the AIDSMark funding mechanism.

The campaign was based on consumer research analysis that suggested daunting HIV infection rates coupled with flawed risk perception as being widely prevalent, especially among the poorest sectors of the bustling Indian metropolis of Mumbai.

The bedrock of the campaign was the principle that people can learn by observing the behavior of others (i.e. the 'Social Learning Theory' of Albert Bandura), on the basis of which PSI and its advertising agency, Lowe, created an 'alter-ego' in the form of a fictional character named "Balbir Pasha". Through a mixture of strategically placed outdoor communications, hard-hitting television and radio messaging, and comprehensive newspaper exposure, this character was quite visibly portrayed in various intriguing scenarios, serving as a behavioral model for consumers of Mumbai mass media to relate to, learn from, and empathize with. By gradually unraveling each of the "Balbir Pasha" scenarios in an approachable and familiar manner, the campaign succeeded in building intrigue, personalizing HIV risk, and bringing the topic of HIV/AIDS 'out of the closet' in a way that that previous didactic HIV/AIDS communication campaigns in India had not done.

In addition to strategic media creation and placement, the successful integration of support services - promotion of an HIV/AIDS Helpline, promotion of voluntary counseling and HIV testing services and on-the-ground interpersonal communications were hallmarks of this campaign. Though faced with some criticism for its cutting-edge frankness, impact studies and other data demonstrated that the campaign achieved phenomenal reach, and that those exposed to its messages exhibited marked knowledge acquisition, attitude change, understanding of risk, and behaviour change with regard to HIV/AIDS.

## B. Situational Analysis: Context of HIV/AIDS in India

India is poised on the precipice of a devastating HIV/AIDS epidemic. Fifteen years after the first case of AIDS was reported in India, it is now home to the second largest number of HIV infected people in the world. Although national HIV prevalence currently hovers at about 1 percent, the sheer volume of cases in this country of one billion people makes India's AIDS problem explosive, particularly in certain states where the epidemic has been localized since the earliest stages of the epidemic. In the states of Maharashtra (where the "Balbir Pasha" campaign was launched), Tamil Nadu, Karnataka, Andhra Pradesh, Manipur, and Nagaland, over 1% of antenatal women tested positive for HIV infection (NACO BSS, 2002). The latest estimates by Indian government and international agencies suggest that there are now 3.5 to 4 million HIV-positive Indians (UNAIDS, 2002; NACO, 2001). Although intensive efforts to promote awareness of HIV/AIDS have been made, the disease remains widely misunderstood in India.

Given the stage of the epidemic, it is clear that HIV/AIDS incidence is escalating in high-risk groups such as commercial sex workers (CSWs) and truckers. Tragically, key bridging populations (for example, clients of CSWs) are rapidly expanding the reach of the epidemic into the general population. In fact, data from sentinel sites in Maharashtra suggests a time lag of just 2 to 3 years for HIV infection to spread from high-risk groups such as commercial sex workers to their clients, who in turn can infect their non-commercial partners such as wives and/or lovers (NACO, 2001). If not addressed immediately, the total number of HIV infected people in India could skyrocket to 35 million over the next 5 years-nearly doubling the total number of HIV infections globally.

Approximately 80% of HIV cases in India have been attributed to heterosexual encounters (UNAIDS, 2000). Mumbai sits at the epicenter of India's HIV/AIDS problem and has been the city ravaged most by the disease. A review of existing research reveals high-risk attitudes and behavior prevail among urban men in the lower socio-economic groups in Mumbai. This city is home to the largest brothel based commercial sex (CSWs) worker area ("Red Light district") in India, and therefore, most HIV/AIDS preventions in Mumbai have focused on educating and empowering the 6,000-10,000 in the Red Light District with varying degrees of success. However, very little work has been done in motivating the clients of sex workers to practice safe sex across the city in a sustained and effective manner.

### **C. Operation Lighthouse**

With funding from USAID, PSI is currently implementing a five-year (2001-2005) HIV/ AIDS/ STI intervention program in India entitled "Operation Lighthouse (OPL)". This national program is being implemented across twelve port communities along the east and west coasts of India, with a core technical team coordinating the activities from Mumbai. This program deploys a set of integrated communication and service provision strategies to decrease the spread of the epidemic among vulnerable groups associated with the port facilities. Supporting this effort is an advocacy component targeted to the senior management of the port, related industries, and the local government and public health facilities. This component is designed to support the institution of supportive HIV/AIDS workplace policies and extension of communication and education programs for employees.

The project has documented notable success, including the inception of targeted communication activities in all port communities, expansion of condom access in areas of high risk behavior, the creation of mobile or conveniently-located voluntary counseling and testing (VCT) facilities for vulnerable populations, and, most notable for the purposes of this case study, the development and dissemination of a ground-breaking mass media campaign targeted to men in Mumbai.

Underlying program success is the PSI/OPL team's ability to conceive, implement, and monitor integrated HIV prevention programs in cities separated by great distances. This allows PSI to target resources effectively in the Indian context, where concentrated epidemics of varying severity are separated by vast geographical, socio-cultural and linguistic divides but connected by vulnerable, migratory populations.

In sum, OPL is a behavior change project designed to promote safer sexual practices among those with multiple partners, particularly those who engage in commercial sex.

#### **Three principles guide the OPL approach :**

- Targeting.** When achieved, targeting allocates scarce resources to activities that promise the highest impact among those likely to contract and transmit the virus. This concept is upheld in designing all of OPL's activities, from communications to counseling.
- Integration.** In an integrated approach, mass media, mid-media, and inter-personal communications are designed to inform, motivate and create demand for services and products, which include phone help-lines, STI and VCT services and condoms
- Information.** Changing behavior is an iterative process, demanding an ever-expanding base of knowledge across a wide range of topics, including beliefs and habits, socio-cultural characteristics affecting gender and empowerment, patterns of migration and sexual behavior. Over time, steady production, analysis and use of good information feeds into continuous program improvement.

## D. The Campaign

### 1. Inherent Communication Challenges: *Breaking the mold*

The design and implementation of a hard-hitting communication campaign tackling a sensitive issue such as HIV/AIDS in the current socio-political context of India poses some key challenges. Until now, health communication campaigns in India, particularly HIV/AIDS communication, were largely informative/educational in nature and rarely addressed the consumer directly ("Lets keep Mumbai AIDS free" or "HIV/AIDS does not spread through touch"). These bland approaches, which were neither engaging nor consumer-oriented, have, perhaps complacently so, set the standard for the limited HIV/AIDS communication work in India.

Further, HIV/AIDS communication campaigns, in general, have perpetually portrayed the disease in a completely morbid and fearful manner. They have used scare tactics to warn the consumer about "the killer disease," rather than offering positive preventive messaging. Such messages tend to further distance the consumer from the messages as it allows people to naturally seek the security of the "it can't happen to me" mindset.

Therefore, it is quite evident that perhaps most debilitating to the goal of HIV/AIDS communication is the fact that despite the fact that the Indian public, particularly urban populations such as that of Mumbai have some basic knowledge regarding HIV/AIDS, communication campaigns have failed to personalize risk for the individual. In other words, there is a significant disconnect between AIDS and the individual consumer, thereby rendering communication messages personally irrelevant and subsequently not being internalized.

### 2. Campaign Objectives: *Filling a need*

On the basis of research pertaining to the HIV/AIDS scenario in Mumbai, program staff determined that young men in Mumbai between the ages of 18-40, who hail from lower socio-economic groups and are among the highest risk for HIV infection, should be the primary targets for prevention messages. An extensive mass media HIV/AIDS campaign was designed, to meet the following key communication objectives :

- ✓ To increase perception of HIV/AIDS risk from unprotected sex with non-regular partners by personalizing the message and creating empathy through identifiable real-life situations. **(ATTITUDINAL CHANGE)**
- ✓ To generate discussion about HIV/AIDS among the target populations and opinion leaders in order to facilitate understanding and knowledge acquisition. **(CHANGING SOCIAL NORMS)**
- ✓ To motivate people to access HIV/AIDS helpline and VCT services. **(BEHAVIORAL CHANGE)**

## E. Execution: Introducing...Balbir Pasha!

### 1. Evolution of a Behavioral Role Model

The bedrock of the campaign was the principle that people can learn by observing the consequences of behaviors of others ('Social Learning Theory' of Albert Bandura). An 'alter ego' in the form of a fictional character named "Balbir Pasha" was created as the centerpiece of the campaign. This character was portrayed across various communications channels in intriguing scenarios, serving as a behavioral model for consumers to relate to and empathize with. Using this character, HIV/AIDS messages were conveyed in an approachable and familiar manner, rather than the didactic approach that previous HIV/AIDS communication campaigns have unsuccessfully tried.

Social psychologists such as Bandura argue that observing can lead to behavior change, especially when a behavior is reinforced by the consequences of the role model's actions. Therefore, if the manufactured symbolic model of "Balbir Pasha" engages in behavior that may put him at probable risk for HIV/AIDS, the consumer will be vicariously motivated to avoid repeating this behavior.

## 2. Key Consumer Insights and Campaign Direction:

Data from studies carried out by the Maharashtra State AIDS Control Society (MSACS) reveals that although men in the general population feel clients of CSWs are vulnerable to AIDS, they fail to recognize themselves to be at risk for HIV infection (NACO BSS, 2002). The data points to a strong link between alcohol consumption and high-risk sexual activity, indicates that young men harbor negative attitudes towards condom use, and reveals a failure to recognize asymptomatic "healthy looking" people as potential carriers of the HIV virus (NACO General Population BSS, 2002; NACO BSS among Bridge Groups & High-risk Groups, 2001-2001; AVERT; MSACS).

In order to meet the campaign's main objectives, three main campaign themes were developed and pre-tested among sexually active males from low socio-economic groups.

- ✓ Alcohol & high-risk behavior: "I often use condoms, but when I get drunk, I sometimes forget."
- ✓ Faith in "regular" partner: "I only have sex with this one person and hence I am safe."
- ✓ Failure to recognize asymptomatic carrier "If a person looks healthy, he/she must be safe from HIV/AIDS"

## 3. Surround and Engage - Effective Media Selection

The campaign achieved incredible visibility and reach through a strategically developed mix of various media. Executions in the form of print ads, television and radio commercials, and, most visibly, outdoor communication (i.e. billboards, posters in trains and on bus shelters) were launched in five phases over a period of four months. As each phase was revealed progressively, intrigue and 'gossip value' of campaign increased, akin to the way plots are revealed in a TV soap opera.

With innovative media developed with the advertising agency Lowe, Mumbai was simultaneously inundated from all possible media angles. The extent to which each type of media was used and the placement/timing for each message was directly related to the location and lifestyle of the target population in mind. Baseline research findings uncovered characteristics of the target group of young men in lower SES, which helped to define the following strategically placed communication media:

**Outdoor communication in the red light area:** As many men in this target group frequent sex workers, placing messages on billboards and bus shelters in this area helped the campaign achieve high reach and visibility

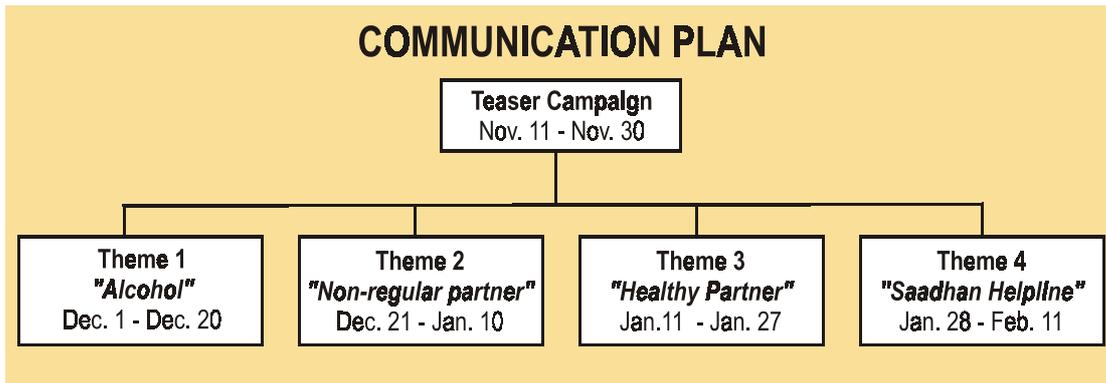
**Outdoor communication & public transport:** With over 4 million people traveling the Mumbai train network daily, many of whom are men practicing high risk sexual behaviors, placing posters in trains and at train stations allowed PSI to geographically target this population while also creating a buzz in the general population

**Outdoor communication at cinema halls:** The high popularity of Hindi and Marathi films provides an opportunity to communicate complex audiences to a captive audience through the use of various outdoor media, especially as many B and C grade cinema halls are located in areas where this population resides and/or frequents often.

**Mix of TV and radio channels:** As the target group profile is quite heterogeneous with regard to ethnic/language groups, religious communities, socio-economic profiles, etc., there was a need to feature messages across a broad mix of television networks and radio stations. This allowed the campaign to reach the various general populations of Mumbai.

**Print media:** Next to television, print media has the highest penetration in the target group, and therefore the "Balbir Pasha" campaign was featured in the major language papers (Hindi/Marathi) available in Mumbai. This promoted high visibility of the campaign's messages via a medium that allows the consumer to engage himself and ponder as he receives information.

## 4. Campaign Roll-out



### Teaser: Building Intrigue (Nov. 11, 2002 - Nov. 30, 2002)

The first phase of the campaign was aimed at building intrigue and cutting through the clutter of advertising in Mumbai through a cleverly crafted "teaser" campaign. This teaser campaign also served to build intrigue, and prepare the campaign for subsequent phases. The "teaser" campaign, which ran all media channels discussed above, depicted typical Mumbai lower and middle income men asking each other the following question "Will Balbir Pasha get AIDS?"

### Main Campaign - Three Themes (Dec. 1, 2002 - Jan. 27, 2003)

The second phase was more strategic, in that it leveraged key insights about a particular target group, specifically young men of lower SES, and comprised of three personalized messages targeted at making these individuals question their own behavior:

#### Theme 1

The indoor and outdoor media produced contained dialogue and/or text that communicated the following line, pictured on the billboard to the right:

*"Balbir Pasha sometimes forgets to use condoms when he is drunk. But by not wearing a condom just one time, it is possible to get AIDS. Will Balbir Pasha get AIDS?"*



#### Theme 2

This message, as with the others, appeared in newspapers as shown to the left, on billboards, on train posters, bus shelters, and via television and radio programming.

*"Balbir Pasha only goes to (has sex with) Manjula. But others go to Manjula too. Will Balbir Pasha get AIDS?"*



#### Theme 3

The execution of this last 'main message' was the first time the Saadhan helpline number was mentioned, almost as a precursor to the final "Connect to Help Line" phase that immediately followed the rollout of this message.

*Balbir Pasha only has "relationships" with healthy-looking people. But you can't tell by looking who has AIDS. Will Balbir Pasha get AIDS?"*



### Connect to Helpline (Jan. 28, 2003 - Feb. 11, 2003)

Following this period of 'self-introspection', the final stage comprised of messaging that directly approached the consumer, and asked them to access available HIV/AIDS services. The final phase of this campaign was motivating consumers to call the state of the art, quality *Saadhan* HIV/AIDS helpline that PSI has established. During this period, the hoardings (billboards) used in this campaign carried messages such as "I don't want to become Balbir Pasha. What should I do? Call the *Saadhan* helpline if you have any questions on HIV/AIDS."

In this manner, through the careful evolution of communication phases, the campaign aimed to increase perception of HIV/AIDS risk through personalized messages, generate discussion about HIV/AIDS and motivate access of HIV/AIDS services.

## F. The Immediate Response : Bouquets and Some Brickbats

The astonishing response to the campaign caught both PSI and Lowe, the advertising agency, quite unprepared. While the individuals involved in the development of the campaign knew that they had a "winner," they were overwhelmed with the volume and quality of discussion that the launch of the campaign generated.

### 1. Creation of an Icon

One of the most celebrated achievements of the campaign is the way in which the "Balbir Pasha" icon became entrenched in popular culture, so much so that numerous outside groups and individuals in Mumbai parodied or 'borrowed' elements of the ads, and continue to do so.

Amul, one of the nation's leading dairy co-operatives, cleverly borrowed the concept of 'regular partner' when advertising their butter, as illustrated in the billboard to the right which could be seen throughout Mumbai.

*"Whom does Balbir Pasha wake up with every morning? Amul Butter. Regular Item."*



As stated in the January 14, 2003 issue of Mumbai's Economic Times, "to qualify for an execution in Amul's long-standing series of satirical topical ads, a campaign must have really made it into the city's everyday talk."

Numerous press and TV articles and reports were generated hailing the sheer audacity and refreshing boldness of the campaign. For the first month of its launch, the campaign dominated the mind-share of the Mumbai audience as no social communication campaign had ever done in the recent past.



The Balbir Pasha icon has truly become an integral part of popular culture in Mumbai. Four months after the last "Balbir Pasha" appeared in the city, the metro's leading English daily featured this cartoon, shown to the left, speaking to the worldwide scare of SARS (Severe Acute Respiratory Syndrome). The cartoon replaces the word "AIDS" from the campaign's well-known tag line, "Will Balbir Pasha get AIDS" with the word "SARS".

The "Balbir Pasha" name has even been used in the promotion of an independent film on sex and AIDS and a website containing basic information and frequently asked questions on HIV/AIDS ([www.balbirpasha.com](http://www.balbirpasha.com)), both done by an individuals unrelated to PSI.

## 2. Criticisms

Though the "Balbir Pasha" campaign achieved phenomenal reach, the attention generated was not all positive. It is important to note that while the "teaser campaign" and first theme of 'alcohol and condom use' were more readily accepted, a few critics strongly voiced their discontent from the time the second theme of "regular partners" was introduced. It was at this time that some individuals criticized the campaign for its cutting-edge frankness ("bringing the bedroom into the living room"). This criticism was more specifically aimed at the television commercials that were produced as part of the "Balbir Pasha" campaign, rather than the outdoor billboards and posters and other communication media. Furthermore, this criticism also speaks to the aforementioned complacency and denial with which HIV/AIDS was spoken about in India prior to the launch of this campaign. Some parents simply did not want to handle the extra burden of having to explain HIV/AIDS to their children, nor did educators want their adolescent students to discuss issues like sex or sexuality among their peer groups, despite the fact that the epidemic has become a devastating mainstay in Mumbai, as was explained by PSI via press releases and quotes to the groups that voiced these concerns.

Another criticism was that the campaign was perceived to be "anti-women" as it depicted that the male character (Balbir Pasha) could be at risk for AIDS since he is having unprotected sex with a woman (Manjula), thereby implying that HIV is passed on from the woman to the man. This concern was particularly voiced after the second theme of the campaign, in which it is suggested that Balbir's "regular" partner Manjula has several "regulars" of her own. In addition to women named Manjula that took personal offense (and called the *Saadhan* helpline to express their outrage), some women's groups made a point to argue that as the name Manjula is a Hindu name, the campaign targeted this specific religious group. PSI staff responded by explaining that rather than trying to stigmatize women working in the commercial sex industry, the campaign aimed to protect them, by motivating their male clients to adopt safer sex practices. This principle follows the UNAIDS approach of 'men make a difference', which places greater responsibility on men to change attitudes and behavior, which in turn would enable the empowerment of women necessary for protection from HIV infection.

Still others felt that the campaign was not "complete" as they felt it only focused on the (hetero)sexual mode of transmission of HIV/AIDS. The Mumbai NGO sector in particular felt the campaign did not address the behavior of men having sex with men, intravenous drug use, or pre-natal HIV testing. These complaints expose an important deficiency among parties that were most vocal on this issue; i.e. lack of a basic health communications understanding, which advises a streamlining of messages within one campaign. PSI staff responded to this criticism during meetings with various NGO members, explaining that future phases of "Balbir Pasha" were planned to address the other modes of transmission, target groups, etc. but that research supported the prioritization of young sexually active men.

**Described below are the main complaints raised and how they were handled :**

**Maharastra State Commission of Women (MSCW):** At a meeting in the January 2003, the MSCW asked PSI to withdraw the campaign after a very superficial discussion with key PSI staff members. PSI representatives were neither given the rationale for this decision nor were they given an adequate opportunity to defend the campaign. PSI requested the MSCW to put down their concerns in writing and clarify what rules/laws had the campaign broken. No response was obtained from the MSCW. However, as a note of respect to the Chairperson of the Commission, PSI agreed to end the theme based campaign four days earlier than planned.

**Ministry of Health (MoH), Government of Maharashtra:** PSI was asked to defend the campaign to a senior MoH representative in early January. The representative had an open and meaningful discussion with the PSI team and concluded that the campaign was appropriate. However, it is learnt that a Member of the Legislative Assembly, Government of Maharashtra had brought up concerns about the campaign to the attention of the Minister of Health. PSI has not heard officially from the Ministry on this matter.

**Advertising Standards Council of India (ASCI):** Upon receipt of a complaint, ASCI asked PSI to defend its campaign. PSI submitted a written defense of the campaign. ASCI subsequently notified PSI that the complaint has NOT been upheld upon review of the material submitted by PSI.

It should be noted that the support to PSI given by all USAID staff when faced with this criticism was excellent. USAID staff (from the PHN team and the Mission Director/Deputy Director) understood and supported the position taken by PSI.

## G. Significant Consumer Impact

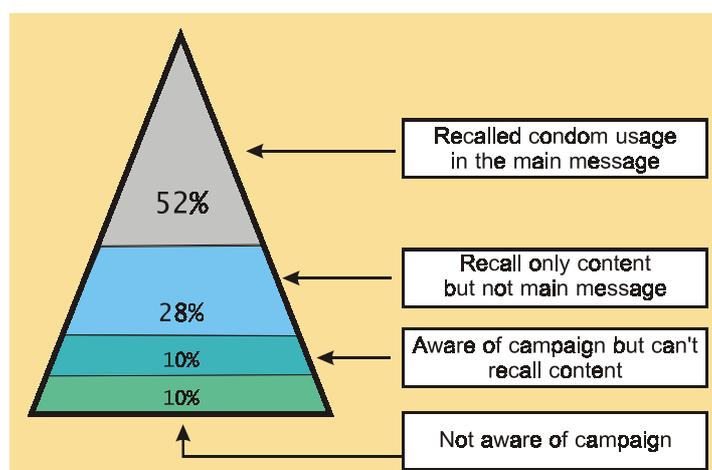
Notwithstanding the criticism, the direct impact of the campaign on the target group with regard to the campaign's objectives has been extremely impressive. PSI commissioned an independent research agency, TNS MODE, to conduct an evaluation of the impact of the campaign, which pointed to the key successes of the "Balbir Pasha" campaign. In order to evaluate the campaign's effectiveness, TNS MODE gathered data from interviews with individuals belonging to the target group at two specific points in time: in November, prior to the launch of the "Balbir Pasha" campaign, and again in mid-February through early March, immediately following the last phase of the campaign.

The sampling method used was street intercepts around the city, particularly in the red-light area to ensure representation of men visiting commercial sex workers. Individuals were interviewed with the purpose in mind of evaluating three specific aspects of the campaign: the messages' noticeability, comprehension of the various executions, and the subsequent attitude/behavior change that may/may not have resulted after being exposed to the campaign:

**Noticeability:** Following the execution of the campaign, one in every four respondents (25%) that were included in the evaluation recalled "Balbir Pasha" spontaneously. This demonstrates incredible brand recall when compared with similar estimates for major commercial brands that have been heavily advertising for decades, such as Pepsi (28% spontaneous recall), Honda (10%) and Colgate (18%). In addition to recognizing the name, respondents also were able to link "Balbir Pasha" with the issue of HIV/AIDS.

After running for just 4 months, the campaign most likely achieved such high noticeability within a relatively short period due to an optimal mix of mass media coupled with the teaser campaign which built intrigue and made the public familiar with the name "Balbir Pasha".

Most respondents identified their source of recall as posters in the trains (85%), while billboards (hoardings), TV, and newspaper also aided in message recall. Further analysis shows that over half of the respondents recalled the main message of the campaign, as is depicted in the graph above.



**Comprehension:** The "Balbir Pasha" campaign was also evaluated on the extent to which the target consumer understood the messages. As one of the objectives of the campaign was to promote condom usage as a preventive method, it is notable that over one third of respondents stated that one should not engage in sexual intercourse with non-regular partners without a condom after being exposed to the campaign's messages. Additionally, the impact evaluation highlighted the fact that a majority of individuals interviewed found the campaign both interesting and useful (74%) as well as recognizing Balbir's story as believable (88%). If individuals reacted so positively to the messages, there is a greater likelihood that they would be better able to personalize HIV risk and internalize the campaign's messages.

**Attitude/Behavior Change** : Perhaps one of the hardest-to-reach expectations for a mass media campaign is behavior change, though "Balbir Pasha" did achieve remarkable successes in this regard. Most notable among the attitudinal changes are the respondents' perceptions about their personal HIV risk with regard to their sex partners. Among those individuals that report visiting commercial sex workers, there were tremendous shifts in risk perception from the baseline data collected in November to corresponding data collected after the campaign ended. At the time of the baseline evaluation, only 39% of men interviewed considered themselves at risk for HIV if they visited only "healthy-looking" commercial sex workers, but this number jumped to 56% following the execution of the Balbir Pasha campaign.

The campaign aimed to bring AIDS into the forefront of public consciousness and provide information about HIV/AIDS resources to consumers. Therefore, an evaluation of the overall effectiveness of the campaign would require an analysis of its progress towards these two ends. It is quite promising that more than half (54%) of the respondent population recalled having discussed "Balbir Pasha" with somebody else, which speaks to the extent to which discussion of HIV/AIDS would have entered the public sphere. Also notable is the fact that more than a fourth of respondents (28%) recalled the name of PSI's confidential *Saadhan* HIV/AIDS helpline that was featured as part of the "Balbir Pasha" campaign, and 60% of respondents stated that they might call in the future. Indeed, calls to the helpline were measured before the start of the mass media campaign, and again when the campaign ended; this comparison uncovered a 250% increase in the number of calls to the *Saadhan* helpline following the execution of the "Balbir Pasha" campaign.

**To summarize, among the most salient indicators of success for the "Balbir Pasha" campaign are:**

- ✓ **Increased risk perception among those exposed to the campaign**
  - o Proportion of target audience who have sex with commercial sex workers that feel they are at high risk for HIV if they have unprotected sex with a non-commercial partner increases from 17% to 43%
  - o Proportion of target audience who feel at risk for HIV if they have sex with 'healthy-looking' commercial sex workers increases from 39% to 56%, while risk associated with 'expensive' commercial sex workers increases from 50% to 72%
- ✓ **Increased tendency to discuss HIV/AIDS with others**
  - o More than half of the target audience report having discussed the "Balbir Pasha" ad campaign with someone else.
- ✓ **Increase in number of people accessing HIV/AIDS prevention products and services**
  - o 250% increase in number of calls to PSI's *Saadhan* HIV/AIDS hotline, and shift in types of queries from superficial to more invasive & informed
  - o Increase in proportion of individuals reporting last-time condom usage with commercial sex workers from 87% to 92%
  - o Retail sales of condoms in the Red Light District, the priority focus area for the campaign, tripled after the launch of the campaign as compared to before it started.

## **H. Why Was Balbir So Successful?**

Although the impact evaluation clearly demonstrates the incredible impact that the "Balbir Pasha" campaign achieved, it is also important to understand the reasons for this success, in order to assist future replications of a similar communications strategy. An analysis of the process PSI believes that six main elements of the campaign contributed to its phenomenal success:

1. **Consumer insight:** The "Balbir Pasha" campaign was built on the basis of an in-depth study of the target consumer, his behaviors, knowledge, and lifestyle. By developing a character that the target consumer could relate to, the campaign was able to personalize HIV risk, which resulted in attitudinal shifts among those exposed to the messages.
2. **Building of intrigue:** Much of the reason the campaign's main messages made such an impact in Mumbai is attributable to the intrigue that was built up by the preceding teaser campaign. This allowed the public to get familiar with the name

"Balbir Pasha" and gave the target consumer the opportunity to form a relationship with this character before the main precautionary HIV/AIDS were introduced.

3. **Optimal media mix:** As mentioned earlier, a variety of communication media were utilized in order to effectively target the consumer in mind. The use of outdoor media, such as train posters, billboards, etc. was especially relevant to achieving the high visibility of the campaign's messages.
4. **Link with on-the-ground activities:** Associating each phase of the "Balbir Pasha" campaign with the promotion of the *Saadhan* helpline, the themes of interpersonal communications activities, and the provision of voluntary counseling and testing services ensured valuable synergies.
5. **Infiltration into popular culture:** The infiltration of "Balbir Pasha" into street-talk, independent art projects, other advertising campaigns, etc. further provided a 'hook' for the target consumer to relate to and personalize HIV risk.
6. **Hard-hitting messages:** Although criticized by some for their relative frankness, PSI managed to deliver HIV/AIDS messages in a way that spoke directly to the target consumer, rather than attempting to passively persuade the consumer as previous HIV/AIDS communication had unsuccessfully attempted to do.

## I. Lessons Learned

Following the execution of this revolutionary communications campaign, several lessons were learned, pertaining to : 1. Better handling of criticism, 2. Implications for replicating such a strategy in other locales, and 3. Developing an implementation plan for the continuation of "Balbir Pasha" messaging.

It is difficult to predict the reception of this mass media campaign in other communities outside of Mumbai, since much of the campaign's replicability depends on prevalent attitudes in that community regarding HIV/AIDS. For example, in other Indian cities not facing such a devastating AIDS epidemic, lethargy and distance from the issue of HIV/AIDS might allow the "Balbir Pasha" campaign to be executed fairly quietly, without much criticism from other NGOs or the public which will not relate to the messages. This may not be altogether a positive development, as often, the level of controversy stirred indicates the extent to which the campaign has permeated the public's attention. However, on the flip side, in a town where there has been very little public information provision or discussion about HIV/AIDS, such a bold campaign could generate criticism and anger, which could ultimately be devastating to its cause.

Therefore, aside from understanding the factors that did allow the campaign to relatively succeed in Mumbai, the most important lesson to learn from the execution of the "Balbir Pasha" campaign would be on how to handle criticism of future campaigns from other NGOs and other organizations. It may serve PSI well to take one or two key stakeholders in a city into confidence prior to reintroducing "Balbir" into Mumbai, in order to build up an ally base that can help protect the full execution of the campaign messages. It is important not to have these individuals dictate the course of the campaign, but rather to help mediate criticism from those who may react negatively on the basis of jealousy, misinformation, or misunderstanding of the campaign's objectives. Having stated this, it is also very important to take into consideration the sentiments of individuals that may be exposed to campaign messages, and control the hype that media campaigns can create by determining appropriate compromises that will ultimately benefit the cause of HIV/AIDS communication. By ending the campaign earlier than initially intended with messaging about the *Saadhan* helpline, PSI communicated that it is concerned about the sentiments of those that were offended. This step also legitimized the objective of the campaign by providing "solutions", services, and resources for a public that had just been encouraged to seek more information about HIV/AIDS.

As PSI is working on the next phase of this campaign, to be launched in Mumbai in the last quarter of 2003, and also planning to take this campaign to other towns, these lessons should be kept in mind.



Some initiatives, such as this independent C-grade film, borrowed the "Balbir Pasha" icon for their own profit & gain



Banners were hung around the city by a leading member of parliament, asking citizens to help "Save Balbir Pasha from AIDS", thereby lending visibility to his own campaign



In August 2003, PSI was awarded a silver Effie for the "Balbir Pasha" campaign. Effies are awarded to campaigns demonstrating effectiveness in advertising and communication, a process regulated by the American Marketing Association.



The Bombay Times was among the many mainstream newspapers carrying the opinions of prominent advertising icons that commended the "Balbir Pasha" campaign for innovative mass media



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