

External Evaluation of the Southern African Regional Social and Behavior Change Communication Program, as Implemented in Namibia

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OVERVIEW AND OBJECTIVES

The Southern African Regional Social and Behavior Change Communication Program, funded by the British Department for International Development (DfID), aimed to reduce HIV infection by increasing health awareness and by facilitating social and behavioral change through the use of both mass media and community-based activities. The Namibia component of the program was implemented by Desert Soul/Soul City and the Southern African HIV and AIDS Dissemination Service (SAfAIDS). This evaluation assesses the net effect of exposure to Desert Soul and SAfAIDS interventions on key indicators of HIV knowledge, attitudes, and behaviors.

DATA AND METHODS

Data for this evaluation come from a nationally representative survey of male and females aged 15-49. A sample of 4,326 men and women was selected through a stratified, three-stage cluster sampling design. A structured, interviewer-administered questionnaire documented respondent's personal experiences with HIV/AIDS, sexual behaviors, HIV testing and treatment and gender-based violence. This study was submitted to and approved by the Office of the Permanent Secretary, Ministry of Health and Social Services, and by the Institutional Review Board of the Tulane Human Research Protection Program.

Multivariate statistical methods were used to test for significant differences in key programmatic outcomes between individuals who self-reported exposure to program interventions relative to those individuals who do not report such exposure, controlling for observable characteristics of those respondents. Two different estimation methods were used to calculate the magnitude of program effects: (1) multivariate regression analyses, and (2) propensity score matching (PSM).

FINDINGS: ONELOVE

The OneLove campaign achieved a high level of reach among the Namibian population. Approximately 40% of the Namibian population had seen OneLove print materials, while an additional 25% and 21% were exposed to OneLove radio and television programming respectively. One in five persons were exposed to OneLove through more than one media channel.

In the multivariate analyses, the effects of the OneLove program were differentiated by type of media, specifically exposure to any OneLove radio program, exposure to any OneLove television program, intensity of exposure to OneLove booklets (one booklet; two to five booklets) and overall exposure to the program by number of media channels (one channel; two or more channels).

The effects of the program on self-reported multiple and concurrent partnerships were mixed and dependent upon the type of media. While exposure to a single OneLove booklet was associated with having fewer sexual partners in the prior 12 months, this effect was reversed for exposure to television. Nonetheless, exposure to OneLove radio and television had positive and significant effects on respondents' perceptions that leaders discourage multiple partnerships. Exposure to multiple media yielded a dose-response relationship; the proportion of respondents that agreed with this statement increased from 33% among the unexposed, to 36% among those exposed to a single OneLove one media channel, and to 44% among exposed to two or more OneLove media channels.

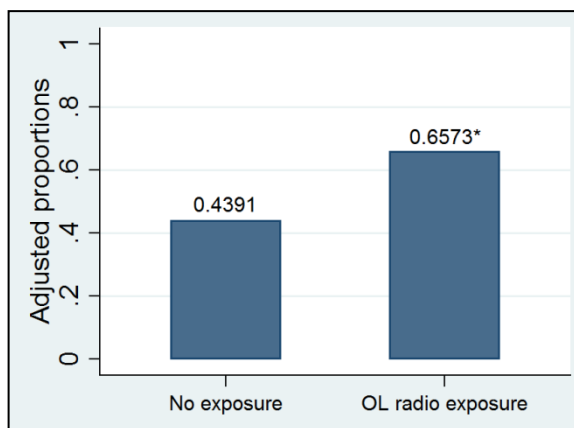
Condom use was also impacted by exposure to the OneLove program. For example, radio exposure had a significant effect on condom use at last sex with a regular partner, while exposure to two or more media channels had a significant effect on condom use at last sex with any partner. Exposure to all forms of media also had effects on agreement that condom use in marriage is becoming more widely accepted within the community.

Exposure to radio, television and two or more media channels had significant and positive effects on the mean number of HIV tests among men (the magnitude of the effect for all exposure measures was approximately 0.4 tests for all channels). Among men, similar effects were observed for the OneLove radio program on the probability of ever having received an HIV test and on receiving an HIV test in the past 12 months.

Program exposure had little effect on variables measuring knowledge and attitudes toward HIV testing.

The OneLove campaign had mixed effects on variables relating to the occurrence of gender-based violence. However, exposure to the campaign was associated with an increase in the reporting of such incidents.

Effects of exposure to OL radio on HIV testing in the last 12 months, males



FINDINGS: SAFAIDS

Nearly one in five persons were reportedly exposed to SAfAIDS activities. While levels of exposure were identical among men and women, exposure was less frequent among border populations than among either rural or urban populations. Nonetheless, for most of the indicators examined, exposure to the SAfAIDS program was much more effective among women than among men.

The effects of SAfAIDS interventions on a key driver of the HIV/AIDS epidemic – multiple and concurrent partnerships – were clearly evident. On average, exposure to SAfAIDS interventions was associated with fewer lifetime sexual partners among women, though this effect was opposite among men. Higher exposure also appeared to affect attitudes and social norms regarding multiple partners. For example, exposed individuals were less likely to agree that people need to have someone to fill the sexual gap in case they break up with their regular partner (77% versus 62% among men; 73% versus 59% among women). Among women, SAfAIDS exposure was associated with an increase in the belief that community leaders discourage men from having much younger sexual partners and with a decreased likelihood of having an intergenerational partner. Importantly, SAfAIDS program exposure was associated with increased levels of condom use at last sex, including among men with casual partners and among women with regular partners. In terms of experiences with HIV/AIDS treatment, exposure to the program was associated with higher probabilities of having ever taken ARVs, willingness to care for someone in ART, and having previously cared for someone on ART.

CONCLUSION

Overall, the mass communication and community-based interventions of OneLove/Desert Soul and SAfAIDS have demonstrated impacts upon many of the key knowledge, attitude and behavioral outcomes that are the targets of their programmatic efforts, although these effects vary in magnitude and statistical significance by type of media (e.g., radio, television or print).