

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

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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 Lesotho component of the program was implemented by Phela Health and Development Communications, the Community Media Trust (CMT) and the Southern African HIV and AIDS Dissemination Service (SAfAIDS). This evaluation assesses the net effect of exposure to the partners' 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 3,972 men and women was selected with assistance from the Lesotho Bureau of Statistics 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 Research and Ethics Committee of the Lesotho Ministry of Health and Social Welfare 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 population in Lesotho, particularly the radio component, which reached 341,603 people with the phone-in program and 176,404 with the radio drama. Approximately 57% were exposed to at least one radio show, followed by 37.5% who were exposed to OneLove print materials, and 11.2% to any of the television programs. About 67% of respondents were exposed to OneLove through at least one media channel.

In the multivariate analyses, the effects of the OneLove program were differentiated by type of media, specifically exposure to OneLove radio program (one or both of the programs), exposure to any OneLove television program, and exposure to any of the OneLove booklets. An exposure measure for overall exposure to the program by number of media channels (one channel; two or more channels) is also examined.

The effects of exposure to the OneLove program varied by gender and by medium of exposure. Both exposure to the radio programs and to print media had significant effects on HIV testing. Relative to those unexposed, respondents, those exposed to one radio show were 8.6 percentage points more likely to have ever been tested for HIV (76.7% versus 68.1%) and those exposed to any print materials were 7.1 percentage points more likely (69.4% versus 76.5%). The effects of radio exposure on HIV testing were significant for both men and women when examining results by gender, however, print materials remained significant only for women in the disaggregated analysis. Similarly, exposure to the radio programs had large and significant effects on key measures of condom use among women—exposure to two radio programs yielded a 15.9 percentage point difference for condom use at last

sex; 13.5 percentage points for condom use at last sex with the most recent partner; and 11.8 percentage points for consistent condom use with the most recent partner. No such significant effects were found among men.

Exposure to print material, however, had a significant effect on variables measuring multiple partnerships among men, but not women. Men exposed to print materials were nearly 9 percentage points less likely to have had multiple partners in the past year (42.4% versus 51.3%) and approximately 7 percentage points less likely to have multiple partners in the past 3 months (13.8% versus 21.2%). While all other exposure measures showed no effects on behavioral outcomes relating to multiple partners, the results suggest that the program may be influencing perceived community norms. Significant and positive effects about the perception that that leaders in the community discourage multiple sexual partners and that leaders discourage men from having younger sexual partners were seen among those exposed to the OneLove radio programs. As seen in Figure 1, there is evidence of a dose response to radio shows on whether respondents perceive that leaders discourage men from having younger sexual partners.

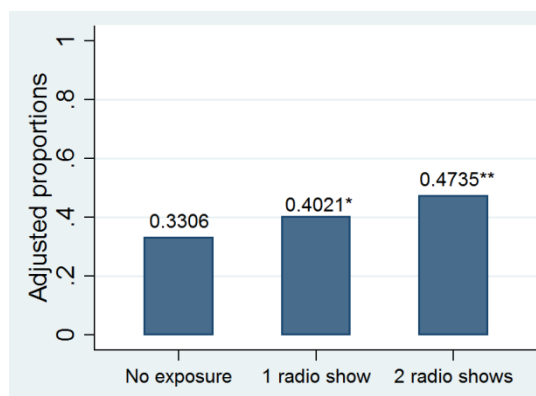


Figure 1: Effects of exposure to radio shows on the perception that leaders discourage men from having younger partners (%very often/sometimes), total population

FINDINGS: SAFaIDS

Nearly one in five persons were reportedly exposed to SAFaIDS activities. The SAFaIDS intervention with the widest reach was the community-based volunteers: 116,913 individuals (54,858 men and 62,055 women) received information from a community-based volunteer. SAFaIDS programs had impacts on norms and attitudes but had few statistically significant effects on behaviours, such as condom use and HIV testing. Those exposed to SAFaIDS were more likely to agree that: leaders in the community speak out about the heightened HIV risk and having multiple sexual partners (69.7% versus 63.0%); leaders discourage men from having younger partners (44.0% versus 37.5%); and to agree that leaders encourage HIV testing (73.3% versus 66.4%). Although those exposed to SAFaIDS were no more likely to have experienced physical or sexual violence or to have reported it, those exposed to the programs were more likely to perceive that leaders speak out against gender-based violence. Among young women aged 15-24, there is a large effect of exposure to the program on this indicator (58% of unexposed young women agree with this statement, as compared with 71% of those exposed).

FINDINGS: CMT

Exposure to CMT activities is limited: only 7.8% of respondents reported exposure to CMT interventions, as measured by a composite variable that includes awareness of the *Rea-e-hlola* logo (3.2%), exposure to the CMT/ADRA audiovisual kit (2.8%), and knowledge of the *Rea-e-hlola* program (2.1%). Effects of exposure to the program on key behavioural outcomes were modest. A significant effect was found on the likelihood of HIV testing tested in the past year among men – 53.7% versus 40.4%. On average, exposed males had an estimated 1.3 more tests in their lifetime than unexposed males. Among women aged 15-24 years, exposure to CMT activities had a significant effect on the acceptability of condom use with regular partners (76.9% versus 56.7%).

CONCLUSION

The effects of the Regional Program interventions varied greatly depending on the nature of the intervention and behavioural outcome examined. The analysis demonstrates that some forms of media may be more appropriate to address specific outcomes or may be more successful with men or women.