

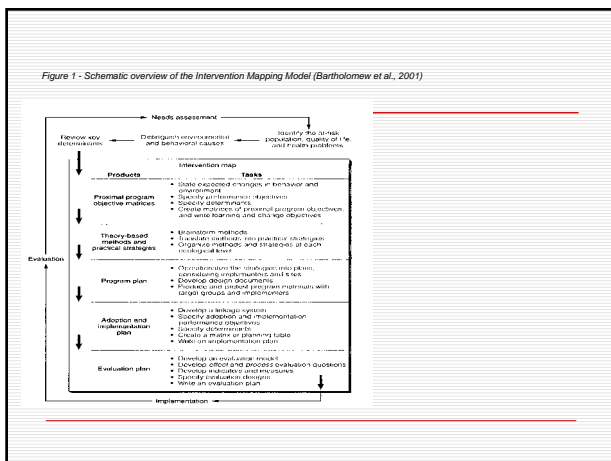
EPIDASA Subproject: The design and efficacy of South African VCT campaigns

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- ## Overview
- Research outputs
 - Design and evaluation of HIV/AIDS campaigns (2 articles)
 - Redressing fear of HIV/AIDS-related stigma as barrier to VCT (3 MA)
 - General heuristics for the design and evaluation of VCT campaign messaging (5 MA, 2 articles, 2 preliminary studies)
 - Achievements
 - Areas for research

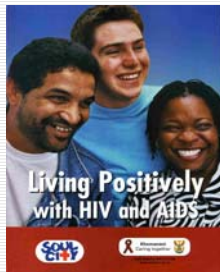
- ## Publications and theses
- Design and evaluation of campaigns
 - Swanepoel, P. (2003). *Die (on)effektiwiteit van MIV/vigs-voorligtingsveldtogte en -voorligtingstekste in Suid-Afrika: normatiewe raamwerke, probleme en riglyne vir oplossings*, Tydskrif vir Nederlands & Afrikaans, 10(1), 5-51.
 - Swanepoel, P. (2005). *'Stemming the HIV/AIDS epidemic in South Africa: Are our HIV/AIDS campaigns failing us?'*, Department of Afrikaans and Theory of Literature, University of South Africa, Communicatio, 13.1:61-93

- ## A. Design and evaluation of HIV/AIDS campaigns
- General assumption underlying the EPIDASA project: Current HIV/AIDS campaigns/communication programmes are not optimally effective
 - 2 studies on campaign design, both utilizing the Intervention Mapping Protocol to conduct (i) a literature study on current problems experienced with SA campaigns (Swanepoel 2003) and (ii) a process evaluation of the design of a brochure of the Living Positively Campaign (Swanepoel 2005)



- ## General conclusions
- Lack of comprehensive, theory driven empirical research on (personal and contextual) determinants of the problematic HIV/AIDS target behaviours of different audiences
 - No clear short- and long-term goals for campaigns
 - Lack of audience segmentation
 - No or inadequate pretesting of campaign messaging
 - No impact evaluations

Case study: The Living positively campaign (Swanepoel 2005)



Positive Living campaign (2002)
 Goals: decrease HIV-transmission; increase uptake of VCT; decrease stigma
 No increase in HIV-testing rates (Dept. of Health 2004)
 Claim: Designed according to normative design models
 Implication: Using normative models no guarantee for effective messaging

Process problems

- ❑ Method: Process evaluation using IMP/"digging up" resources:
- ❑ Johnic + a consortium of partners – mostly unrecoverable
- ❑ CASE report: VCT component not planned initially –added on later–given roll-out of VCT sites
- ❑ No-baseline measurement (Case report)
- ❑ : awareness ads and omnibus-brochure

Process problems

- ❑ No branding to separate VCT from Anti-stigma component of campaign – no accurate measuring: behavior or change in determinants
- ❑ No formative research: small working group on stigma: AIDS fatalism as key behavioral barrier- carry over to VCT: makes no sense to test if there is no cure or nothing can done if one' is infected
- ❑ Message strategy: Lots can be done: PL, home-based care as strategy (cf. however baseline: PLWHA can do a number of things to avert/control neg. consequences)
- ❑ Channels/media

Message design problems

- ❑ Message realization:
- ❑ Omnibus brochure: prevention, VCT and care and support
- ❑ Pragmatic argumentation: convince audience VCT necessary/gives access to measures to cope with negative outcomes of testing pos.
- ❑ Strategy: List all possible problems one would encounter: provide a viable/feasible solution to avert neg consequence

You can live a longer, healthier life with HIV

Remember that these feelings are normal

There are many ways of trying to deal with your feelings.

- Learn to be helpful. Being angry can't change your feelings.
- It also helps you to live a normal and healthy life.
- AIDS is about a person to help. It means that you can live longer and healthier with HIV.

The health workers in charge of your care

Most health workers want to provide a good service to their patients, but they need everyone's support.

The community can be organized to help the health workers with some of the services. This will help to improve the quality of care that the patients receive. For example:

- Neighbours can care for the sick at home.
- Neighbours can also offer counselling to people before and after they take an HIV test.
- They can help clean the hospital or provide security.
- Neighbours can also help people understand about HIV.

Community Information

Think together to fight for your health rights.

HIV positive and sick

How to care for a person who is HIV positive and sick

People who are HIV positive get sick very easily. Most of these sicknesses can be cured. Once they are cured the person will still be HIV positive, but will feel well again.

How to cope if you are HIV positive and sick

- Continue to eat healthy food, even if you do not feel like eating.
- Learn to treat some of the sicknesses at home. Read pages 36 to 41 for tips on how to treat diarrhoea, coughs, thrush and skin problems.
- Go to the clinic as soon as you feel sick.
- If you are not getting better, go back to the clinic for more medicine.

Message design

- List major problems from VCT and pos. test result – death and dying:
- Receiving HIV-pos test result- emotional turmoil- accept as "normal"
- Disclosure while in asymptomatic stage – seeking counseling; lengthy preparation sequence:
- Coping with physical and mental consequences: PL, healthy life-style; hope and optimism; home-based care
- Coping with dying
- No real solutions (measures and their response efficacy) to problems and no attempt to boost self-efficacy (in using measures/overcoming problems)

Further research

- Kramer, A. (2004), 'EK HET DIE STORIE NET UIT MY DUIM GESUIG...' A study into the relation of a designer's profile with the design characteristics and design process of public information documents on HIV/AIDS in South Africa, Radboud University Nijmegen
- Parker 2006: loveLife evaluation tactics
- Parker, W, Rau, A & Peppas, P. 2007. HIV/AIDS Communication in selected African countries. Interventions, responses and possibilities.

B Research on VCT campaigns

- Numerous national and regional campaigns for HIV-testing however uptake of VCT is low in South Africa despite high prevalence of HIV and high levels of unsafe sexual behaviour
- Ever-tested and received results
 - F 26.4% M 30.9
- Population-based prevalence of HIV 11.5%
- Objective risk
 - Condom used at last sex (15-19)
 - F 57.0% M 55%
 - Condom used at last sex (20-24)
 - F 57,0% M 44,0
- Conclusion: HIV/AIDS Programmes/ communication interventions (CI's) are failing us
- Source: Parker, Rau & Peppas 2007

Overall prevalence + ever-tested and collected

Country	Population-based prevalence	Testing rates
Botswana	15,3	32,9
Ethiopia	1,1	1,1
Kenya	3,8	13,7
Malawi	7,2	14,05
Mozambique	9,1	3,0
Namibia	11,3	24,2
South Africa	11,5	28,7
Tanzania	3,7	12,3
Uganda	3,5	11,8
Source: Parker, Rau & Peppas 2007.		11,69
Zimbabwe	13,1	-

Advantages of testing

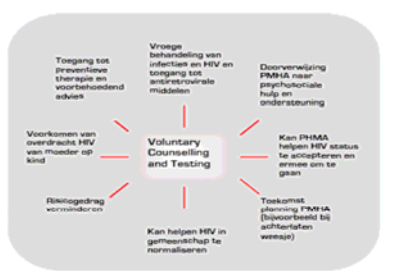
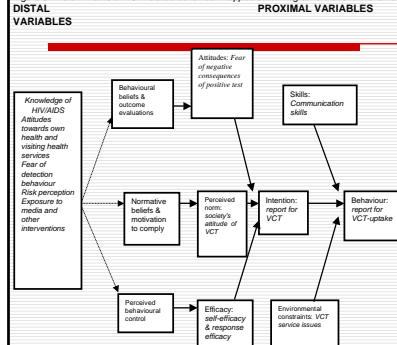


Figure 3 - Determinants of VCT-related behaviour mapped onto Integrative Model of Behavioural Prediction



Theories

- EPPM to understand the effect of fear (not create fear messaging)

Threat [severity, susceptibility] ----- fear control
X

Coping response [measures, response-efficacy, self-efficacy] ----- danger control

Two levels: Threat & coping with HIV-test procedure

Threat & Coping with consequences of testing HIV-positive

Link to IBM: adds response efficacy to attitudinal beliefs

Determinants of uptake of VCT

- Low risk perception (unrealistic optimism)
- Attitudinal beliefs: Inability to cope with physical, emotional, social and financial consequences of a positive HIV-test
- Normative beliefs: uncertain – mostly negative
- Strong feelings of inefficacy to cope with VCT procedure & health care staff and with consequences of illness
- Distal variables/variance: , gender, age, race/ethnicity, levels of knowledge exposure to media

Research

- Low risk perception (Tessa van Charldorp in progress)
- Attitudinal and self-efficacy beliefs
 - Inability to cope with physical consequences (M Burger in progress)
 - Fear of HIV-related stigma (Anne Loohuis)

Fear of stigma

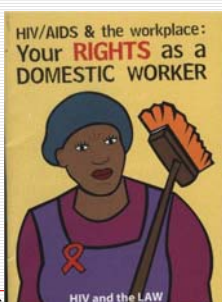
- Lodder, M. (2004). *'HIV/AIDS related stigma and the persuasion of at-risk individuals to go for voluntary counselling, testing, and referral'*, Radboud Universiteit Nijmegen, Nijmegen
- Groot, L. de (2005). *Wat ligt er aan de basis van angst voor HIV/AIDS stigma? "Kwalitatief onderzoek naar het mentaal construct van zwarte Zuid-Afrikaanse jongeren, dat bepalend kan zijn voor VCT gedrag"*, Radboud Universiteit, Nijmegen
- **Anne Loohuis (2007) (In progress)**
- (Subproject 5)
- Plaat, M. (2005). *"Wees niet bang, laat je testen! Een experimenteel onderzoek naar de overtuigingskracht van een VCT-voorlichtingstekst waarin geprobeerd wordt angst voor stigma te verminderen onder zwarte Zuid-Afrikanen uit verschillende sociale klassen*, Radboud Universiteit, Nijmegen

Addressing HIV/AIDS-related stigma

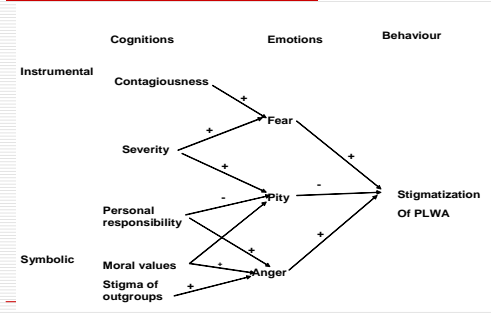
Stigmatizers Stigmatised (using law)



PT-
restigmatic
fear



Interventions addressing stigmatizers at the non-institutional level: The Cognitive-Emotional model of Dijker and Koomen



Theory driven Interventions addressing stigmatizers at the non-institutional level

- Use of the model
- Analysis (Nyblade et al 2003):
 - Knowledge and fears
 - Lack of basic knowledge of HIV
 - Lack of in-depth knowledge
 - Fears of casual transmission
 - Fear of death
 - Sex morality and shame
 - Norms about sexuality
 - Shame and blame
 - Sex and sin
 - Limited recognition of stigma
- Change strategy: Create awareness of stigmatization: change knowledge by interactive learning experiences; create safe environments to address sensitive cultural values, norms and practices on sex morality and shame

Stigmatized –coping responses

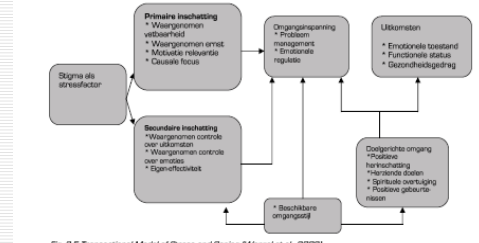


Fig. 3.5 Transactional Model of Stress and Coping (Wierwille et al., 2002)

Lodder (2004): General heuristics for addressing institutional and non-institutional forms of stigma

THE TEXT EVALUATION SCHEMA AIMED AT ADDRESSING HIV/AIDS STIGMA IN WRITTEN MATERIAL THAT AIMS TO PERSUADE PEOPLE TO REPORT FOR V CTR

- General (section 1.1)
- Is any explanation provided on what HIV/AIDS stigma exactly is?
 - Are the benefits of reporting for V CTR clearly stated?
 - Is HIV/AIDS stigma mentioned as a possible negative consequence of reporting for V CTR?
- Risk of infection (sections 4.1.1)
- Is sufficient and clear information provided about when an individual has been at risk of contracting HIV?
 - Are the ways that do not carry the risk of infection, but are often thought to be risky, clearly indicated?
 - Are myths and cultural beliefs regarding sexual behaviour refuted?
- Clarity about the testing procedure (4.2.2)

- Is any explanation about the actual, medical routine of testing provided?
 - Is the issue of informed consent clearly explained?
 - Is any mention made of pre- and post test counselling, and is the purpose and content of these counselling sessions outlined?
 - Are the rights of the PT during the total procedure stated?
 - Is any attention given to the strict confidentiality regulations surrounding the test?
 - Is any mention made of the coping skills that are offered should the PT test positive?
- Drug therapy (section 4.2.1)
- Are the helpful options, and benefits that drug therapies provide mentioned?
 - Is any information given on the easy access to treatment?
 - Is explicitly mentioned that these therapies are meant for everyone and that they are free of charge?
- Confidentiality (section 4.2.1)
- Is any mention made of the strict confidentiality regulations concerning CTR?
 - Is any relation stated between these strict regulations and the options they provide to go for V CTR without anyone knowing about it?
- The Law (section 4.2.1 & 4.2.2)
- Is any explanation given to the fact that HIV/AIDS related discrimination is prohibited by law?
 - Is any legislation concerning confidentiality issues mentioned?
 - Are the ways of access to the law clearly stated?
 - Is it indicated that anyone can call on the law free of charge?
 - Is it clearly indicated that the law is there to help PLHIV, and not those that are behaving in discriminatory ways (such as employers for example)?
 - Are any unreported cases mentioned?
- Coping (section 4.2.1 & 4.2.2)
- Is it clearly stated that persons who test positive will not be on their own in fighting the disease and its related stigma, but that there are many organisations and individuals that will help them?
 - Is the option of help in partner notification mentioned?
 - Are peer group counselling sessions mentioned?
 - Is any mention made of the close medical care that the PLHIV will receive?
 - Is it clearly explained that the PLHIV will have easy and free access to judicial assistance?
- Facilities (section 4.2.1)
- Is any attention made of the fact that hospital and clinic facilities have been conveniently set up?
 - Is any information given on the discrete procedures and strict confidentiality regulations in hospitals and clinics?
 - Is any information provided on how to best cover long distances to clinics?
- As some suggestions for further research, we would like to underline the need for the empirical testing of the evaluation schema presented in this thesis. Future studies could focus on testing the evaluation schema in an experimental research. And as our evaluation schema is strictly content focused, further studies could also attempt to identify the most attractive ways of presenting the written material for which the evaluation schema was designed. Further studies could investigate structure, wording and format which is considered most appealing by the target audience.

Groot, L. de (2005), Wat ligt er aan de basis van angst voor HIV/AIDS stigma?

"Wat is bij zwarte Zuid-Afrikaanse jongeren het mentaal construct van gedrag ten opzichte van PMHAs?"

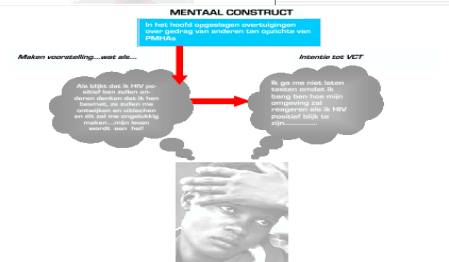


Fig. 1.2 Illustratie ter verduidelijking van de invloed die het mentaal construct kan hebben op het gedrag van personen die denken een risico te vormen.

Groot, L. de (2005), Wat ligt er aan de basis van angst voor HIV/AIDS stigma?

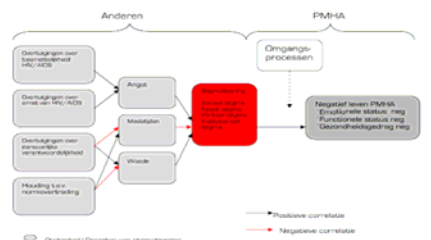


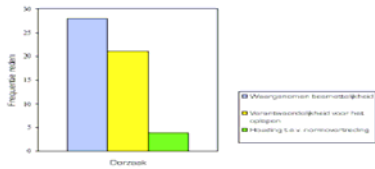
Fig. 3.6 Het conceptueel model van het mentaal construct van HIV/AIDS gerelateerde stigmatisering (aangepast uit Ollier en Kloos, 1998; Opden 6-Nyblade, 2003; Wierwille et al., 2002)

Prestigmatic fear

5.2 Oorzaken van stigmatisering

In de grafiek van figuur 5.2 valt af te lezen wat volgens dit corpus de meest voorkomende oorzaken van stigmatisering zijn waar jongeren over schrijven.

Oorzaken van stigmatisering van PMHAs



Figuur 5.2 Oorzaken van stigmatisering van PMHAs die naar voren komen in de opstellen

Prestigmatic fear

Leven PMHA

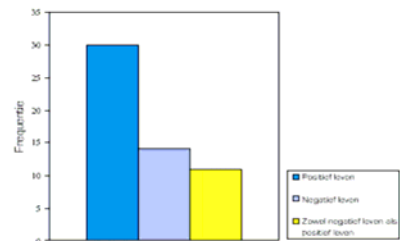


Fig. 5.5 Het leven van een PMHA zoals dit beschreven wordt in de opstellen

Prestigmatic fear

PMHAs: Op basis van dit onderzoek kan een model geschetst worden van het mentaal construct van stigmatisering ten opzichte van PMHAs, dat specifiek betrekking heeft op jongeren waarna de angst voor stigma hoog is. De PMHA is volgens deze jongeren een passief slachtoffer.

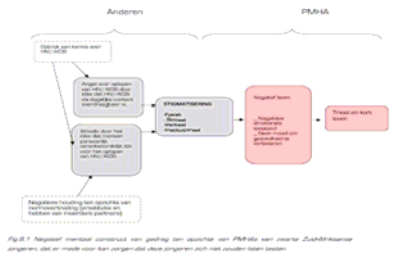


Fig. 5.7 Negatief mentaal construct van angst ten opzichte van PMHAs van meeste Zuid-Afrikaanse jongeren die er mede voor het angst dat deze jongeren zich niet zouden laten testen

Loohuis (2007): text manipulation: coping with fear of stigmatization

- Students major determinant: fear of stigma
- HEAIDS brochure: Disadvantages of testing: " In many families and communities it is difficult to disclose your status because of stigma and discrimination (Verlies van vrienden en familie) However, research has shown that nowadays the number of people who suffer from discrimination and stigma has decreased and remember that the advantages of knowing your status greatly outweigh the disadvantages! Many people live happy and normal lives without experiencing much stigma and discrimination. In, Josephine, Thandi and Mopu describe how.
- Loohuis: (i) content analysis , (ii)testimonial addressing these issues x factual representation of info, (iii)empirical testing.
- Result: Fortcoming (No effect on intention to test)

Disadvantages of knowing that you are HIV positive.

People may become depressed and think about committing suicide, once they find out that they are HIV positive. In many families and communities it is difficult to disclose your status because of stigma and discrimination (Verlies van vrienden en familie), but remember that the advantages of knowing your status greatly outweigh the disadvantages! Many people live happy and normal lives without experiencing much stigma and discrimination. In, Josephine, Thandi and Mopu describe how.

In (student, 20 years):

"When I found out I was HIV positive my world fell apart and my future collapsed. My only escape was to get support. I joined a support group with other HIV patients (Zoek steun). During these sessions we listened to each other's stories and in that way we learned a lot from one other. Last month I told my family and my best friend that I was infected with HIV (Zoek steun). Their support helps me to cope with my illness and it gives me the opportunity to live a normal and happy life as possible."

Josephine (student, 24 years):

"I know I am infected with HIV for one year now. The first eight months I felt terrible but now I gradually begin to accept that I am it (Accepteer zaken). I try to think positive about my life and my future (Denk positief). I set future goals for myself and I try to reach these goals (Stel doelen op). Furthermore I join activities (Woon sociale activiteiten bij) to make sure that I am still a member of society (Verlies van positie in de samenleving). I feel better now, I try to behave and live like a normal, healthy person, without experiencing much stigma and discrimination."

Thandi (student, 22 years):

"When I became infected with HIV, my first thought was to stay and look healthy. In the beginning I was really afraid that within 5 years I would look like an ill and ugly person. My counsellor advised me to eat a lot of fruit and vegetables, to do a lot of exercises, to avoid alcohol and tobacco and to take medicines to prevent sickness and to prolong and improve my quality of life (Leef gezond). I was unable to provide myself for nutritional needs. I received a monthly supply of nutritional meals from the government's HIV service point. Because of my lifestyle I feel fit and I still look as healthy as any other person in my environment!"

Mopu (student, 22 years):

"When you are infected with HIV, like me, it is important to teach other people about this illness. I educate people about how HIV is transmitted and I stress that a HIV patient is just as normal as any other human being (Leer andere mensen over HIV). In this way, I hope that attitudes and perceptions of HIV will be normalised. Furthermore, I give HIV patients information about their legal rights, when it comes to loss of privacy, health care, housing and employment (Schending van recht op privacy, en verlies van gezondheidszorg, huisvesting en baan). The law gives HIV patients the opportunity to live a normal life without stigma and discrimination. If you need legal support call the AIDS Law Project. (011) 717-8600. (Schending van recht op privacy, en verlies van gezondheidszorg, huisvesting en baan).

Disadvantages of knowing that you are HIV positive.

People may become depressed and think about committing suicide, once they find out that they are HIV positive. In many families and communities it is difficult to disclose your status because of stigma and discrimination (Verlies van vrienden en familie) However, research has shown that nowadays the number of people who suffer from discrimination and stigma has decreased and remember that the advantages of knowing your status greatly outweigh the disadvantages! Many people live happy and normal lives without experiencing much stigma and discrimination, but it is does mean that you have to:

- Accept you are infected with HIV
- Think positive about life.
- Believe in the future by means of setting goals for yourself and taking control of your own destiny.

- Build up a good support system. Get support from family, friends, a counsellor or other people living with AIDS, by means of joining a support group. This helps you to cope with your illness or to cope with the negative responses you may experience from other people in your environment.

- Join activities to make sure that you are still a member of society (Verlies van positie in de samenleving)

- Live a healthy life. To look and stay healthy eat a lot of fresh fruit and vegetables, don't use tobacco or alcohol, exercise regularly and take medicines to prevent sicknesses and to prolong and improve the quality of life. If you are unable to provide yourself for nutritional needs you can receive a monthly supply of nutritional meals from the government's HIV service points. At this point you can also get medicines.
- Teach other people about HIV. If people know the facts about HIV and the transmission of HIV, attitudes and perceptions of HIV will hopefully be normalised.

- Use the law to live a normal life without stigma and discrimination. You will be given information about your rights as someone living with HIV when it comes to loss of privacy, health care, housing and employment (Schending van recht op privacy en verlies van gezondheidszorg, huisvesting en baan). Call the AIDS Law Project if you need legal support: (011) 717-8600.

Other studies: **General heuristics for the design of VCT-messaging**

- Duin, M. (2007) Heuristics for the design of effective VCT intervention campaigns. Testing the effectiveness of the brochure "Knowledge is power", MA-thesis, Radboud University.
 - Nieuwboer, I., Maes, A., & Swanepoel, P. (2005). *'The persuasive power of peer guides in websites that promote HIV/AIDS voluntary counselling and testing'*, International Professional Communication Conference (IPCC), p. 829-839, Limerick, Ireland
 - Nieuwboer, I. (2003). *'Once you know you can never not know again' The effect of a digital guide in persuading students to go for VCT*, MA-thesis, Tilburg University, Tilburg
 - Schumm, M. (2004). *VCT-uptake in South Africa via Web sites: An evaluation checklist*, MA, Radboud Universiteit Nijmegen, Nijmegen
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General heuristics for the design of VCT-messaging

- Swanepoel, P. (2006) Message strategies in a corpus Dutch Voluntary Counselling and Testing (VCT) campaign texts. *Journal for Language Teaching*, 40 (1): 240-262.
 - Zandvoort, A. van (2004), *'Being positive about VCT & HIV' Experimental research into the effect of metaphors in a web site on Voluntary Counseling and Testing in South Africa and the Netherlands.*, Tilburg University, Tilburg
 - Burger, M. Thesis (2007) In progress. Access to ARV's and intention to go for an HIV test
 - Van Charldorp, T. (article) (2007) In progress. Risk perception and intention to go for an HIV test
-

Achievements

- Understanding the complexity of the decision whether or not to go for VCT; major determinants however, still undertheorised
 - Practice in using a behavioural theories and a variety of research methodologies to approach design problems
 - Experimental manipulations disappointing – "process" evaluations of where we go wrong/assessment of research skills, etc.
 - Established with studies a major basis for further research on VCT
-

Future research

- Risk perception: determinants, interaction of risk and fear, message strategies, text manipulations
 - Role of normative beliefs: Current problems: discrepancy: pro-attitudes vs. intention vs. behaviours
 - Design of messaging: Methods for determining and targeting beliefs OK; general strategies and text manipulations need much more attention
-