Evaluating Kwatu Knowledge for Life 2002-2007

Impact on HIV indicators in Zambia
Summary evaluation 2009
Acknowledgements

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PHOTOGRAPHS

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Abbreviations

AIDS  Aquired Immune Deficiency Syndrome
ARV  Anti Retroviral Therapy
HIV  Human Immunodeficiency Virus
IHDC  Institute for Health and Development Communication
STIs  Sexually Transmitted Infections
TB  Tuberculosis
VCT  Voluntary Counselling and Testing
Introduction

The Kwatu Programme uses a multimedia “edutainment” strategy to encourage the adoption of healthy behaviours among Zambians through integrating health and development issues into radio and television drama series and full colour, easy-to-read booklets.

Kwatu is implemented by the Zambia Centre for Communication Programmes and is part of Soul City Institute of Health and Development Communication regional programme operating in eight southern African countries. Soul City is an internationally recognised health and development organisation based in Johannesburg in South Africa.

The regional programme commissioned the CIEF Trust, Johannesburg, to conduct the evaluation of the programme in each of the eight countries. This report summarises the results of the findings from Zambia. The aim of the evaluation was to investigate the impact of Kwatu’s intervention on individuals and communities.

A baseline survey was performed in 2002. In 2007 an impact evaluation survey was done in the same communities as the baseline survey. Both surveys measured demographics. The evaluation survey also measured reach and reception of Kwatu materials, and impact of exposure to Kwatu on knowledge, attitudes and practices.

The youth sample included 5,572 respondents in the age range of eight to 17 years sampled through schools. The adult sample included 3,578 adults sampled through a nationally representative household survey.

Stratified, cluster sampling was used to ensure rural and urban representation.

Results

Recognition and reach of Kwatu

In 2007, 80% of in-school youth, 67% of adult males and 54% of adult females had heard of Kwatu. Reach amongst men was good in all geographic areas: rural, urban and the capital.

For women, there was lower reach in the rural areas (45%). A high proportion of youth had read the Choose Life booklet (68%) and 55% had watched Kwatu TV. Although Family Care for Mother and Child was targeted at adults, it also had wide reach amongst the youth (55%).

The reach of Kwatu is likely to be amplified by high levels of discussion about the issues raised in the programming amongst those exposed.

Discussing HIV and AIDS

Exposure to Kwatu was found to be associated with increased discussion about HIV and AIDS among adults; some 73% of those who had heard of Kwatu said they discussed HIV/AIDS as compared with 60% who had not. Among youth, 83% of those who were exposed to Kwatu said they discussed HIV and AIDS with anyone as compared with 65% who had not heard about Kwatu.

Knowledge about HIV and AIDS

For young people, there was a positive shift in knowledge that can be attributed to Kwatu, particularly in respect of knowledge that consistent condom use can prevent HIV. Amongst adults, those who were exposed to Kwatu had better knowledge than the unexposed. However for adults, associations did not remain significant in multivariate analysis, indicating that this improvement in knowledge may be related to factors other than Kwatu exposure for adults.

Stigma

Kwatu was associated with improved attitudes to people living with HIV/AIDS on a number of items used to measure stigma. Some 93% of people who had been exposed to Kwatu disagreed that people with HIV should live apart from others, compared to 81% of those who had not been exposed.

Testing for HIV

Kwatu was successful in getting people to get tested for HIV (42% tested amongst the exposed compared to 32% amongst the unexposed) and also in getting people to ask their partners to go for an HIV test (49% exposed versus 38% unexposed).

Condom use

Kwatu had some impact in increasing condom use amongst adults but not amongst youth and there is still scope for further increase. Exposure to Kwatu was significantly associated with increased consistent condom use with a non-regular partner. Amongst adults, 41% of those exposed to Kwatu compared with 24% of those unexposed, said they always used a condom with a non-regular partner.

Conclusion

Kwatu’s reach was good, particularly amongst young people. Print and television media had higher reach among youth than adults. Innovative ways to reach rural women are still needed. The impact of Kwatu amongst those exposed is seen to be related to knowledge, stigma reduction and HIV testing as well as in increased condom use with non-regular partners.
1 Background and methods

1.1 Introduction

Zambia is a poor country, its economic situation worsened by the collapse of world copper prices in the 1990s. The country is currently going through a generalised HIV pandemic not only considered a health disaster but also a humanitarian and developmental crisis due to its social and economic impact. With a population estimated at 11 million people, 14.3% of Zambia’s adult population is estimated to be HIV positive according to the Zambia Demographic Health Survey (2007). Although not as high as in some of its neighbours, the impacts of HIV and AIDS pose a further threat to development. For instance, about 75% of orphans in Zambia are HIV orphans and vulnerability to HIV among youth is also high.

1.2 About Kwatu

The Kwatu Programme, run by the Zambia Centre for Communication Programmes uses multimedia communications, in the form of radio, television and print, and advocacy to effect social change and promote healthy behaviours. Kwatu is a partner of Soul City Institute of Health and Development Communications Regional Programme that involves partner organisations in eight Southern African countries.

Kwatu shared the overall regional programme objectives for the period 2002 to 2007 which were to:

1. Reach 40% of the total population.
2. Effect positive behaviour change amongst 15% of exposed people.
3. Improve knowledge amongst 20% of the population.
4. Improve attitudes towards people living with AIDS amongst 15% of exposed people.

The Kwatu intervention 2002-2007, primarily aimed at adults 15-49 years of age, comprises the following materials, which were developed under the Kwatu brand; some of these were adapted from pre-existing Soul City materials and from 2006, the Kwatu programme began developing its own original social change materials. Print materials were produced in English, with translation of key and difficult words in seven official local languages. The following materials comprised the Kwatu intervention during the period 2002-2007:

- Kwatu booklet: Family Care for Mother and Child targeted those aged 18 years or above and covered maternal health including HIV and AIDS. It was distributed to adults through health centres and clinics.
- Kwatu booklet: Choose Life targeted 12-20 year olds and covered HIV and sexuality among youth. It was distributed to secondary and senior primary pupils.
- Kwatu Radio drama series comprised 45 episodes of radio drama that targeted audience aged 16 years and older. Broadcasts were in three local languages: Nyanja, Tonga and Lunda. The series was broadcast during prime time on national and language-specific community radio stations. The radio drama content covered HIV and AIDS prevention and treatment, and smoking.
- Kwatu Television consisted of two 13-episode TV series broadcast side-by-side with Soul City TV drama series on Zambia National Broadcasting Corporation (ZNBC) Television and on MUVI Television in Lusaka. The documentaries content consisted of HIV prevention, HIV and AIDS treatment, HIV and AIDS and stigma, living with HIV, dangers of smoking, as well as TB symptoms and treatment. The target audience for the TV series was those aged 16 years or older.

1.3 Evaluation methods

The evaluation used quantitative data analysis methods which enabled the impact of Kwatu to be measured. Evaluation activities for the national adult population included a baseline survey conducted in 2002, a mid-term qualitative evaluation conducted in 2006 and a follow up nationally representative survey conducted in 2007. A stratified random cluster sampling strategy was used. Of the sample sites, 21 represented the rural area, five represented the urban area, and four represented the capital. Distribution of the sample sites across the country reflected the distribution of the population with the concentration of the population being around Lusaka and the Copperbelt provinces. The same sites were selected for the 2007 and 2002 baseline surveys, although not the same individuals. For young people, a schools-based survey was conducted including young people aged 8-17 years.

This report focuses on analyses of the 2007 national adult population survey and 2007 school survey and assesses the HIV/AIDS impacts of Kwatu.

In this survey, randomly selected adults were interviewed and asked about their values and behaviours, regardless of whether or not they had been exposed to Kwatu interventions. Through comparing attitudes and behaviours between those who were exposed to Kwatu with those who were not exposed, changes attributable to Kwatu could be measured. A similar approach was used for youth in school, aged 8-17 years, although youth self-completed interview forms, in a classroom situation under the guidance of a teacher. Multivariate analytic methods were used in order to ensure that any changes reported were due to the intervention and not change that may have happened despite the intervention, or because of some other interventions.

Through comparing attitudes and behaviours between those who were exposed to Kwatu with those who were not exposed, changes attributable to Kwatu could be measured.
Key features of the evaluation survey 2007 (adults aged 16-60 years and young people aged 8-17 years)

- Households were selected using stratified cluster sampling methods and personal face-to-face interviews were conducted with approximately 2,578 adults aged 16-60 years from these households.
- 53 schools were randomly selected from 29 sites across Zambia and all children in these schools in the relevant grades (grades 6-9 and grades 3-5) self-completed questionnaires that were specifically designed for children of that grade/year. A total of 5,572 in-school youth provided data for the survey.
- Data were collected from people across all provinces and language groups in Zambia during July 2007.
- For adults, personal at-home interviews were conducted using structured pre-tested interview schedules.
- Interviews were conducted in the home language of the respondent.
- For the adult sample, data were weighted up to the national population of Zambia.

Methods of analysis

Key frequencies and percentages were calculated for 2002 and 2007. Where estimates are provided, these are weighted up to the national population of Zambia. Frequencies of key outcome variables were compared between the 2002 and 2007 surveys. Using the 2007 data only, frequencies of key outcomes were compared between those who had been exposed to Kwatu and those who had not been exposed. In some instances, comparisons were also made by intensity of exposure – that is, how many of the materials or interventions respondents had been exposed to. Where statistically significant associations were observed, multivariate analysis was undertaken that adjusted for effects of age, gender, educational level and exposure to other AIDS programming. This report focuses on the findings that remained significant in the multivariate analysis as this gives the best available indication of the impact of Kwatu.

Ethical approval

CIET obtained ethical approval from the CIETAfrica Ethical Review Board as well as from Ethics Review Boards in Zambia. Approvals were also obtained from the Ministries of Health and Education and community leaders in each community.

The report has the following objectives:

- To determine levels of exposure to the Kwatu interventions.
- To describe the patterns of exposure and the audience.
- To determine the impact of Kwatu on the intended HIV and AIDS-related attitude and behavioural outcomes.
2. Reach and audience reception

2.1 Overall levels of exposure to Kwatu

Since its inception in Zambia in 2002, Kwatu has attracted considerable interest from the target audience of 16-60 year olds, and is also popular amongst age groups outside this range.

Figure 1 shows the percentage of the total population of adults and in-school youth in Zambia who said that they had heard of Kwatu. Well over three quarters of youth; 80% of male and 82% of female youth had heard of Kwatu. Over half of adults had heard of Kwatu. Whilst more men than women had heard of Kwatu (67% of male and 54% of female adults), both boys and girls were equally likely to have heard of Kwatu.

The reach of Kwatu radio, television and print was fairly similar for adults, with slightly higher reach of radio (38% overall) compared to television (30%) and print (27%).

Reach of Kwatu materials amongst the youth target audience was higher than amongst adults. Over half of all in school youth in the target age ranges had been exposed to Kwatu radio, television or print. There were over two thirds of youth who had read the Choose Life booklet.

Figure 2. Percentage of adult men and women exposed to various Kwatu interventions

Figure 3. Percentage of youth exposed to various Kwatu interventions
It is often a challenge to reach people living in rural areas with health promotion campaigns and rural dwellers are often most in need of the information and potential impacts of such campaigns. Figure 4 shows the percentage of adults living in the capital, in urban areas and in rural areas who had heard of Kwatu. Reach in the capital was excellent with over 80% of both men and women having heard of Kwatu. As expected, reach was lower in rural areas, particularly amongst women. However there were still almost half (45%) of rural women who had heard of Kwatu.

Figure 4. Percentage of adults in rural areas, urban areas and capital who had heard of Kwatu

<table>
<thead>
<tr>
<th></th>
<th>Capital</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>82</td>
<td>69</td>
<td>64</td>
</tr>
<tr>
<td>Females</td>
<td>84</td>
<td>62</td>
<td>45</td>
</tr>
</tbody>
</table>

2.2 What people thought of Kwatu

Those who had heard of Kwatu were asked what they thought of it. Audience reception was also explored in the mid-term evaluation. Among those who had heard about Kwatu, 91% of adults said they liked Kwatu materials while 78% felt that Kwatu materials were what people in the country needed. Kwatu materials were said to be helpful in life by 92% of males and 89% of females.

For adults who had heard of Kwatu, some 95% felt that the materials helped with things in their lives; 97% of males and 95% of females. Among the youth who had heard of Kwatu, 90% of female and 91% of male youth said the materials helped with real issues in their lives. This is illustrated by the quotations below.

"Like in my case, I found it very educative, and it was addressing almost real life issues … we were able to identify ourselves with what was taking place." (Urban male adults, 26-55 years; mid-term evaluation 2006)

"I liked that part where a girl broke up with her partner because he always wanted to have sex with her. So she decided to break up." (Rural female youth, 16-20 years)

Further, for some people, Kwatu had a positive impact on perceptions and feelings towards HIV, laying the foundation for behaviour change.

"When I started watching that program, I just thought it was one of those (ordinary) plays. But after I had watched some of the episodes I could see that it touched part of my heart. Just watching, I realized a thing just touched part of my heart and I could really sense that this disease which has come, was really doing us bad. And when somebody watches and follows I think it changes somebody's heart and their feeling towards that disease." (Urban male youth, 16-25 years)

2.3 Dialogue about issues raised by Kwatu

One goal of Kwatu was to promote dialogue about issues of relevance to HIV and AIDS as such dialogue is an important part of achieving social change.

Kwatu was particularly successful in promoting dialogue amongst young people, with around two thirds of young men and young women who had been exposed to the programming, saying that they sometimes discussed the issues in the Kwatu materials with other people (67% of male youth and 76% of female youth). Around 90% of both boys and girls said the Kwatu materials were helpful in their lives.

Lower proportions of adults discussed the materials with others, but there were still some 32% of exposed adults (42% male and 28% female) who reported that they had talked to others often about the things they saw, heard or read from Kwatu materials. It is interesting that dialogue about the issues raised in the programming was higher amongst men than women, as this is not usually the case.

Some people found it helpful to relate the content of Kwatu to their own values and worldview, as this assisted household level discussion about the issues raised, as illustrated by the quotation below.

"Sometimes it is important that when you are watching it (Kwatu TV) with kids, the older ones, I call them senior members of my family, they need to know some of these things. In case they don't completely understand, then I help them understand the things more and sometimes, you involve the Bible. Connect that story; relate the story to something that would have happened in the Bible, to what they have seen on the screen. And then, you know, you get the message and it settles; the message really sinks." (Urban male adults, 26-55 years) (2006 mid-term evaluation)
The Kwatu intervention was designed to address multiple issues related to HIV/AIDS knowledge, attitudes and behaviours, including attitudes to gender-based violence. Data collection for the evaluation survey was conducted between June and October 2007. Therefore, the impact reported reflects the situation approximately four to five years after the launch of the intervention.

3.1 Impact on dialogue about HIV and AIDS

Several models of behaviour change suggest that dialogue is one of the critical intermediate outcomes, leading towards behaviour change or action.

Discussing HIV/AIDS was fairly common overall, with over two thirds of the adult sample, and slightly more of the youth sample having done so. Kwatu materials were associated with an increase in discussing AIDS among both youth and adults. Figure 5 below shows the percentage of adults and youth who discussed AIDS, by whether or not they had heard of Kwatu. Those who had been exposed to Kwatu were more likely than the unexposed to have discussed HIV/AIDS.

Figure 5. Percentage discussing HIV/AIDS with others by exposure to Kwatu

“...I found it very educative, and it was addressing almost real life issues... we were able to identify ourselves with what was taking place.” (Urban male adults, 26-55 years)

“When I started watching that program, I just thought it was one of those (ordinary) plays. But after I had watched some of the episodes I could see that it touched part of my heart. Just watching, I realised a thing just touched part of my heart and I could really sense that this disease which has come, was really doing us bad. And when somebody watches and follows I think it changes somebody’s heart and their feeling towards that disease.” (Urban male youth, 16-25 years)

2.4 Summary of reach and audience reception

- Kwatu is becoming established as a leading health promotion intervention for adults in Zambia indicated by good levels of reach and positive reception in the target age groups, amongst both adults and youth in Zambia. Kwatu also reaches people outside the target ages. The booklet Choose Life was particularly successful in reaching young people, with over two thirds of the youth sample having read this book.
- Adult women living in rural areas were least likely to have heard of Kwatu (45%). Greater use of alternative channels to reach rural women may need to be considered in future.
- Most people who are exposed feel that Kwatu is relevant to their lives, and they say that they like the programming.
- More importantly around two thirds of young people who have been exposed to Kwatu say they talk to others about what they have seen or heard on Kwatu, thus potentially increasing the reach and impact of the intervention. Although a lower proportion of adults speak to others about Kwatu, there are still around one in three of those exposed to Kwatu who talk to others about it. Kwatu seems to be particularly successful in promoting dialogue amongst men.

“I found it very educative, and it was addressing almost real life issues... we were able to identify ourselves with what was taking place.” (Urban male adults, 26-55 years)
For adults, less than two thirds of those not exposed to Kwatu knew that consistent condom use can prevent HIV, compared to 71% of those who were exposed. This difference was not statistically significant. 76% of adults who were exposed to Kwatu and 69% of those who were not exposed reported correct knowledge about the causes of HIV/AIDS.

Some 77% of those who were exposed to Kwatu and 73% of those who were not exposed correctly reported that there is no cure for AIDS (not shown).

Figure 6. Percentage of in-school youth who know various facts about HIV by exposure to Kwatu - 2007

Exposure to Kwatu on television was associated with improved correct knowledge amongst youth that consistent condom use can prevent HIV.

3.2 Impact on knowledge of HIV prevention and transmission

Part of empowering people against HIV infection is about making them knowledgeable about modes of HIV transmission which is crucial for promoting safe sexual behaviour.

Knowledge of the following basic facts about HIV prevention and transmission are highlighted here:

- That consistent condom use can prevent HIV.
- That HIV cannot be spread by sharing food and cups with someone who has HIV.
- That abstaining from sex is one way to prevent HIV.

Overall, knowledge of these basic facts about HIV was fairly low but for both adults and youth. For young people, overall around two thirds knew that abstinence can prevent HIV, however less than one half knew that always using a condom can prevent HIV and over one in four wrongly believed that sharing food with someone with HIV may lead to infection.

Exposure to Kwatu on television was associated with improved correct knowledge amongst youth that consistent condom use can prevent HIV (54% of the exposed versus 49% of the unexposed).

This association remained statistically significant in the multivariate analysis, indicating that differences can be attributable to the impact of Kwatu. However no significant associations between exposure to Kwatu materials and increased knowledge were found amongst adults on these measures.

“Another issue that came out was the issue of growing up; these changes which are kind of confusing when you reach that stage. But it was it was kind of helpful when the magazine brought this out so that we know that these changes are not like abnormal on our part; that it is just the body changing as we are growing up.” (Urban mixed youth, 16-20 years)

“Stories concerning HIV/AIDS and teenage parents has taught me and other girls a lot. It is like bringing something nearer to somebody and tell them what they would do if that happened to them – so it really helped me a lot because it may make a very good foundation for my better future. It is very important for us to be reading such information from the magazine so as to build a good foundation for our future.” (Rural male youth, 12-15 years)
3.3 Impact on decreasing stigma towards people living with HIV/AIDS

Stigma towards People Living with HIV and AIDS is a cross-cutting issue that affects the quality of life of those infected and affected by the disease. The Kwatu intervention addresses issues of stigma by providing factually correct information about HIV prevention and transmission and treatment. This is achieved through realistically portrayed characters in media who are able to challenge conventional perceptions about the disease by leading a positive life despite their status and demonstrating caring and supportive behaviours towards people infected and affected with HIV.

A number of statements were used to measure stigma in this survey. Statements are usually found to be highly correlated in that people who answer negatively on one question also tend to answer negatively on many of the others. In this survey, adults were asked if they thought that HIV positive people should live apart from others; if they thought HIV was a punishment for sin; if they would provide care for someone with HIV and if they would tell someone if they were HIV positive. In-school youth were asked if they would befriend someone with HIV; if they would befriend someone whose parents had HIV and if they would help other youth care for someone with HIV.

Most adults in the sample did not hold stigmatising attitudes according to these measures; for example, over 80% of people did not think that HIV positive people should live apart from others; more than half disagreed that AIDS was a punishment for sinning and almost 90% said that they would tell someone if they were HIV positive.

Some 61% of those who had been exposed to Kwatu disagreed that HIV and AIDS was a punishment for sinning as compared to 50% who had not watched. This association was not statistically significant in the multivariate analysis, indicating that other factors, such as other media, may have had responsible for the observed differences between those exposed to Kwatu and those not exposed.

Some 93% of those exposed to Kwatu and 88% of the unexposed said that they would tell someone if they were HIV positive. This association remained statistically significant in the multivariate analysis (for exposure to Kwatu radio), indicating a change that could be attributed to Kwatu.

"My attitude towards those who have HIV has changed…At least we should greet them so that they also feel comfortable…We should even be closer to them." (Rural male youth, 12-15 years)

"It has absolutely changed me. What I was thinking was wrong. I used to think that a condom was very safe but now I know that it is not fool proof. It is not 100% protective." (Rural male youth, 12-15 years)

"It has changed me because I avoid being with boys. For me, if someone were to come to me to have sex with me; I would say ‘no’ with my heart saying NO!" (Urban female youth, 12-15 years)

"My attitude towards those who have HIV has changed…At least we should greet them so that they also feel comfortable…We should even be closer to them." (Rural male youth, 12-15 years)

Mass media interventions can assist community-based and face-to-face interventions in achieving common goals around stigma reduction, as illustrated in the following quotation:

“When we met as Peer Educators; we referred to what we had seen in the previous Kwatu episode on ‘stigma’. I remember I spoke with my boss (manager); trying to sell the idea to him to see what we can do for the people that come out in the open about their HIV positive status … When we started our campaign against stigma; it was as a result of the (Kwatu) programme on stigmatisation that was aired from Solwezi.” (Workplace HIV/AIDS Coordinator, Kitwe).

3.4 Impact on HIV testing

Through knowing their HIV status, people can be motivated to remain HIV negative, or to care for themselves and access appropriate treatment and other services if HIV positive. VCT services have long been regarded as a critical bridge between HIV prevention, and care and support services. Through its positive role modelling of testing situations, Kwatu aims to encourage Zambians to go for HIV testing, and also aims to encourage people to ask their sexual partners to go for testing.

"It has absolutely changed me. What I was thinking was wrong. I used to think that a condom was very safe but now I know that it is not fool proof. It is not 100% protective." (Rural male youth, 12-15 years)

"It has changed me because I avoid being with boys. For me, if someone were to come to me to have sex with me; I would say ‘no’ with my heart saying NO!" (Urban female youth, 12-15 years)

"My attitude towards those who have HIV has changed…At least we should greet them so that they also feel comfortable…We should even be closer to them." (Rural male youth, 12-15 years)
3.5 Impact on condom use

Using condoms at every act of penetrative sexual intercourse is one of the most reliable and well-known forms of preventing transmission of HIV between sexual partners. Condom use with non-regular partners is thought to be particularly important as such partnerships are often not monogamous, increasing the chances of contact with an infected person.

Overall, people tended to use condoms more with non-regular partners than with regular sex partners. Exposure to Kwatu was associated with increases in consistent condom use with both types of partners. The impacts were strongest for condom use with non-regular partners; 41% who were exposed to Kwatu said they always used a condom with a non-regular partner, compared with 24% who had not.

Findings from the multivariate analysis indicate that increases in HIV testing amongst respondents could be attributed to exposure to Kwatu; associations here remained significant after adjusting for potential confounders, including other AIDS programming. Impacts were particularly strong for better educated men and women.

“I passed it (Choose Life Magazine) on to my teenage son… It is about making good decisions as a youth and … he went for his first HIV test.” (Parent, Living with HIV/AIDS)

Amongst the youth, there was no association between exposure to Kwatu and consistent condom use. Condom use amongst youth was low; at less than one third of sexually active youth reporting that they always used condoms.

“I never used to like condoms but now with my girlfriend we buy and use.” (Urban mixed youth, 16-20 years)
3.6 Summary of impact of Kwatu

1. The Kwatu interventions have been associated with overall positive impact across all measures related to HIV and AIDS.

2. There were significant associations between exposure to Kwatu and increases in discussing HIV and AIDS and discussing death and dying.

3. Kwatu was effective in improving knowledge of HIV prevention and transmission amongst in-school youth in Zambia but not amongst adults. Although indications were that exposed adults had better knowledge than the unexposed, the differences for adults were not statistically significant.

4. Kwatu decreased levels of stigma (increased levels of positive attitudes towards people living with AIDS).

5. The Kwatu intervention was successful in achieving desired behaviours on a number of measures. In particular, Kwatu was successful in getting people to get tested for HIV and also in getting people to ask their partners to go for an HIV test. Kwatu was also found to increase condom use with a non-regular partner amongst adults, but not amongst youth.

Kwatu’s reach was good, particularly for young people and also very high for those in the capital city.

Print and television media had higher reach among youth than adults.

Innovative ways to increase reach to rural women are needed. Indications were that the intervention was well liked amongst the target audience.

The impact of Kwatu is seen in relation to increased knowledge about HIV transmission and prevention amongst youth, stigma reduction, increased HIV testing and increased condom use amongst adults.
Impact on HIV and AIDS indicators in Zambia