



SOUL CITY 4

THEORY AND IMPACT (synopsis)

August 2001

The dissemination of the Soul City 4 Evaluation results takes place through two processes: the first represents a purely descriptive account of research findings, demonstrating impact where it has been observed. In line with this dissemination objective, a series of summary reports are disseminated. Titles are as follows:

- ❑ Soul City – Theory and Impact (synopsis) – August 2001
- ❑ Soul City 4 Evaluation Results – Integrated Summary Report, July 2001
- ❑ Soul City – Audience Reception, October 2000
- ❑ Soul City 4 Impact Evaluation – AIDS, October 2000
- ❑ Soul City 4 Impact Evaluation – Violence Against Women Vol I, July 2001
- ❑ Soul City 4 Impact Evaluation – Violence Against Women Vol II, August 2001
- ❑ Soul City 4 Impact Evaluation – Hypertension, Small Business Development & Personal Savings, July 2001
- ❑ Soul City 4 – Cost Effectiveness, September 2001

The second dissemination strategy represents a more reflective, analytical process, and will take place through publication of a series of articles in peer reviewed academic journals.

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This report represents a descriptive synopsis of the reach, audience reception and impact of Soul City 4, documented against the background of the Soul City model of social change . Research findings presented here are based on evaluation research contracted by Soul City to independent research agencies.

Soul City 4 Evaluation sources are:

1. An Evaluation of Soul City 4, researched for Soul City by Community Agency for Social Enquiry (CASE), T Samuels, J Mollentz, R Olusanya, M Claassens, S Braehmenr and Z Kimmie.
 - An Evaluation of Soul City 4: Assessing the Effectiveness of a South African Entertainment-Education Intervention Based on National Survey Data. Field Report (subsumed under the national survey analysis) by Dhaval S. Patel, Department of Communication, Michigan State University.
2. Soul City Series 4 – Sentinel Site Study, data collection and data processing by Social Surveys, under supervision of K Hall. Data analysis by Z Kimmie, Community Agency for Social Enquiry (CASE).
3. Soul City Series 4 - Qualitative Impact Assessment, data collection and data processing by Social Surveys, under supervision of K Hall and K Daniels, data analysis done by E Scheepers, K Daniels and K Hall.
4. Impact Evaluation of Soul City in partnership with the National Network on Violence Against Women (NNVAW), by Women’s Health Project, Nicola Christofides.
 - Impact of the Soul City / NNVAW partnership on Policy Implementation at a Provincial Government level, by Strategy and Tactics, Matthew J. Smith - subsumed under the Partnership Evaluation Study.
 - Media monitoring and analysis, subsumed under the Partnership Evaluation Study. Coding co-ordinated by Mweru Mwingi and Irene Muriuki, Rhodes University and data processing by Janey See (independent contractor).
 - Interviews with Journalists for the Partnership Evaluation Study by Khosi Xaba.
5. The cost effectiveness of Soul City entertainment education initiative in preventing HIV and Violence Against Women, by the Centre for Health Policy, Debbie Muirhead, and London School of Hygiene and Tropical Medicine, Lilani Kumaranayake and Charlotte Watts.
6. Data Base of organizations / institutions reached, by Strategy and Tactics, Matthew J. Smith.

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APPENDIX A:

A comparison between well-known edutainment interventions in Africa

Evaluation of Soul City 4 - Key Impact Results:

- The Soul City 4 evaluation empirically shows that Soul City has succeeded in creating a popular and effective vehicle. It succeeds in fostering audience identification with characters and scenarios, and facilitates self-reflection. It competes favourably in the South African media environment, and is overtly highly valued by its target audience as a credible and entertaining educational vehicle.
- A consistent quantitative association between exposure to Soul City 4 and the following key behavioural processes have been observed:
 - increase in knowledge and awareness of violence against women, hypertension and HIV/AIDS / youth sexuality;
 - improvement in personal attitudes and beliefs around domestic violence and maintenance of positive attitudes in the area of HIV/AIDS and youth sexuality¹;
 - stimulating interpersonal communication around domestic violence and HIV/AIDS²
 - perception of the social norm becoming more positive around domestic violence and HIV/AIDS / youth sexuality³
 - improvement in intention towards positive behaviour for hypertension, domestic violence, sexual harassment and HIV/AIDS / youth sexuality.
- Evaluation results suggest that the Soul City 4 edutainment vehicle was largely not successful in reaching its objectives with regards to the following: increasing knowledge around institutional support for financing small business; increasing an understanding of what constitutes sexual harassment; *changing* personal attitudes pertaining to sexual behaviour; *changing* attitudes and perceptions of social norms around sexual harassment; and *changing* behavioural intention in the area of small business development and personal savings.
- As a rule, qualitative evidence supports and further illustrates quantitative associations observed. In some areas mentioned above where there is no quantitative evidence of an association between change and exposure to Soul City, there is qualitative evidence of such an association. For example, qualitative evidence suggests that change in personal attitudes around HIV/AIDS and sexual behaviour as well as change in awareness and intention around small business development and personal savings (which were not measured or observed quantitatively) can be attributed to the Soul City edutainment vehicle.
- In addition to individual and interpersonal change mentioned earlier, there is qualitative evidence of Soul City's positive impact on self-efficacy – especially amongst women.
- There is no quantitative indication that exposure to Soul City 4 directly increased perception of personal risk in the area of hypertension or HIV/ AIDS. There is

¹ hypertension and personal savings attitudes were not measured

² hypertension, personal savings and sexual harassment interpersonal communication was not measured

³ hypertension and personal savings subjective social norms were not measured

qualitative evidence that exposure to Soul City at least indirectly increased perception of risk in the sense that Soul City contributes to knowledge and awareness that monogamy is not a safeguard against contracting HIV, that HIV/AIDS is very real, and that hypertension can affect anyone.

- In the areas of Hypertension and Small Business Development & Personal Savings, exposure to Soul City 4 is quantitatively associated with positive behaviour change. For HIV/AIDS, exposure to Soul City is primarily associated with maintaining positive behaviour. Soul City 4 is consistently associated with positive intermediate behaviour (support-giving and support-seeking behaviour) for HIV/AIDS and Domestic Violence.
- Although there is qualitative evidence of behaviour change in the areas of HIV/AIDS and Domestic Violence, there is no compelling evidence of quantitatively measurable behaviour change in these areas. It must be noted that in the case of Domestic Violence, the association between behavioural responses and exposure to Soul City 4 could not be reliably investigated due to technical constraints in analysis (the number of responses were too small to allow reliable analysis⁴). Alternative methods of analysis employed suggest that there may be an association between exposure to Soul City and positive behaviour for violence against women amongst respondents with primary education. Thus, other than in more general terms (referring to “doing something to stop domestic violence”), Soul City’s quantitative association with positive behaviour in the area of domestic violence remains largely unanswered.
- The Soul City 4 intervention impacted on the national policy implementation environment through a successful advocacy strategy (including direct lobbying, media advocacy and community mobilisation) which contributed to raising public debate around domestic violence and facilitated the speedy implementation of the Domestic Violence Act (DVA). In the longer term, sustained advocacy for successful implementation of the Domestic Violence Act (i.e. improved service delivery, including more sensitive service delivery) is crucial in order to follow-through on immediate or short term gains made by the Soul City / National Network on Violence Against Women Partnership.
- There are indications that Soul City impacts on local organisational / institutional policies and practices (particularly with reference to HIV/AIDS and youth sexuality). It influences people in leadership positions in the community, shapes, enhances and supplements communication between community leadership and their constituencies, and begins to impact on reorientation of services.
- Soul City is reported to shift community norms, and to stimulate community dialogue and debate: through media advocacy and community mobilization mentioned earlier (with reference to Domestic Violence), as well as through the edutainment vehicle (with reference to Domestic Violence, HIV/AIDS & Youth Sexuality) Soul City raised public debate nationally (domestic violence) and within communities (Domestic Violence, HIV/AIDS & Youth Sexuality).
- Soul City 4 increased access to services (in the areas of Hypertension, HIV/AIDS, and Domestic Violence). Given the limitations in resources, the Stop Women Abuse Helpline addressed a substantial need in the South African society, and

⁴ using binary logistic regression analysis

increased access to crisis counselling and referral services for people affected by violence against women. The impact of the Partnership on connecting people affected by violence against women to services must be interpreted in relation to the broader context in which services function in South Africa: barriers such as access to, and poor quality of services in some areas of the country limit the Soul City 4 intervention's effective and sustainable impact in creating a supportive environment for change.

- The holistic impact of Soul City on one community in particular (with reference to Soul City 4 and previous series) is well illustrated in the powerful account of community empowerment and collective efficacy documented in detail in a case study that formed part of the National Qualitative Impact Assessment: Soul City fostered a sense of co-operation and togetherness in problem-solving within the community. It increased collective health consciousness; facilitated a sense of collective empowerment to effect change in the community; facilitated collective action and the formalization of community structures; and reinforced social networks. Soul City further facilitated a positive vision and hope for a better future for the community.
- In conclusion, data consistently support the overall assessment that holistically seen, as a comprehensive health communication intervention aiming to impact on individual as well as environmental determinants of health and development, Soul City 4 was effective (and cost-effective at face value) in bringing about observable social and behavioural change (including the factors that form part of the broader behaviour change process), and in contributing to maintaining positive behaviour – notably so in the areas of Domestic Violence and HIV /AIDS & Youth Sexuality.

Introduction:

The Soul City Institute for Health and Development Communication is a South African non-governmental organization which uses the power of mass media for social change.

Soul City is a national multi-media “edutainment” project. It aims to impact positively on people’s quality of life through integrating health and development issues into prime time television and radio dramas, backed up by full colour easy-to-read booklets. Soul City has developed and aired three previous series of Soul City which have dealt with a variety of topics including AIDS, Tobacco, Tuberculosis and Interpersonal Violence. Soul City also has a number of offshoot projects including youth life skills materials (for grades 8 & 9) and a children’s edutainment vehicle called “Soul Buddyz”.

The aim of this report is to document or describe the impact of Soul City 4 on key constructs and processes which explain social and behavioural change, as proposed by Soul City and other practitioners and theorists in the health and development communication sector.

This report briefly introduces a key trend in health and development communication, and continues to describe the impact of Soul City 4 in the context of theoretical constructs and processes as operationalised through the Soul City 4 intervention.

Focusing on social change – a key trend in health and development communication:

Health and development communication draws on, amongst others, both behaviour change theory as well as health promotion theory. In its understanding of change, both these sources of influence shifted the emphasis away from a focus on the individual only, towards a focus on social systems:

In a discussion paper on effective behaviour change intervention Martin Fishbein¹ draws attention to the fact that development priorities necessitate that, in order to be successful, health and development communication interventions build on the established approach to communication for behaviour change, towards more inclusive, holistic and complex interventions.

The established approach referred to here (known as the KAP model due to the primary emphasis on increasing knowledge and shifting attitudes in an attempt to positively impact on practice) is theoretically simplistic. Expansion of the theoretical base for health and development communication entailed the inclusion of a more interpersonal approach, and evolved towards the inclusion of broader social determinants of health. The shift away from only focusing on individual behaviour towards a more interpersonal and social

approach emphasizes mechanisms and determinants of change such as private and public dialogue and debate, social norms and cultural values, and aims to facilitate the development of a supportive environment - including support at a grassroots, community level as well as impacting at the level of national political will.

The shift in discourse away from an emphasis on “behaviour” change (only) towards an emphasis on “social” change instead, is a further manifestation of this key trend in health and development communication.

Similarly, health promotion theory and models emphasize the importance of impacting on factors primarily outside of individual control in addition to impacting on determinants of health within individual control in order to have a positive impact on health and social outcomes.²

In line with the trend as described above, the Soul City 4 intervention set out to impact positively on health and social outcomes by addressing the broader social and community environment and the immediate interpersonal environment in addition to impacting on individual determinants of health and social change.

The Soul City 4 health and development communication intervention:

The Soul City 4 core multi-media edutainment vehicle comprised of:

- a 13 part prime time television drama,
- a 45 part radio drama in 9 languages
- three full colour information booklets; one million of each were distributed nationally.

The vehicle dealt with the following topics:

- violence against women (domestic violence and sexual harassment),
- AIDS (including youth sexuality and date rape),
- small business development and personal savings
- hypertension.

Soul City 4 extended the core Soul City vehicle to include a partnership with the National Network on Violence Against Women as part of the series 4 initiative to address violence against women, with an emphasis on domestic violence.

The NNVAW brought together many sectors, including government, non-governmental organizations and civil society at large: the Network is a

coalition of over 1 500 activists and community organizations from rural and urban areas.

The Partnership combined efforts in order to increase the effectiveness of both partners and to establish key mechanisms for facilitating an environment supportive of change. It aimed to connect people affected by domestic violence with support services and to establish mechanisms through which individuals and communities can take action around domestic violence and engage in advocacy for the speedy implementation of the Domestic Violence Act.³

Thus through the integration and synergy between the two main components of the Soul City 4 intervention (the edutainment component and the Partnership component) Soul City 4 embodied the shift in the debate around health and development communication as outlined in the previous section.

Soul City 4 Evaluation:

The Soul City 4 evaluation objectives, methodology (study design, sampling, data collection and analysis) and limitations are described in detail in *Soul City 4 Evaluation Methodology Volume I*, and *Soul City 4 Evaluation Methodology Volume II*⁵. A broad overview of the processes and principles underlying the evaluation of Soul City 4, as well as a schematic outline of discrete studies undertaken are presented here. For further detail, please refer to the documents mentioned above.

The Soul City 4 evaluation design built on the cumulative experience of the previous 3 evaluations of Soul City, as well as on the international expertise of a number of practitioners and academics in the areas of Health Communication, Change Theory and Evaluation Research. Soul City (in consultation with an international advisory panel) started planning the evaluation of its 4th series towards the end of 1998.

The evaluation research design for Soul City 4 was comprehensive, complex and multi-faceted: it consisted of a number of discrete and interlinked components and sub-components, deliberately constructed in a way that resembled a jigsaw puzzle. The evaluation as a whole investigated Soul City's impact on individuals in interaction with their communities, in the context of the broader social and political environment.

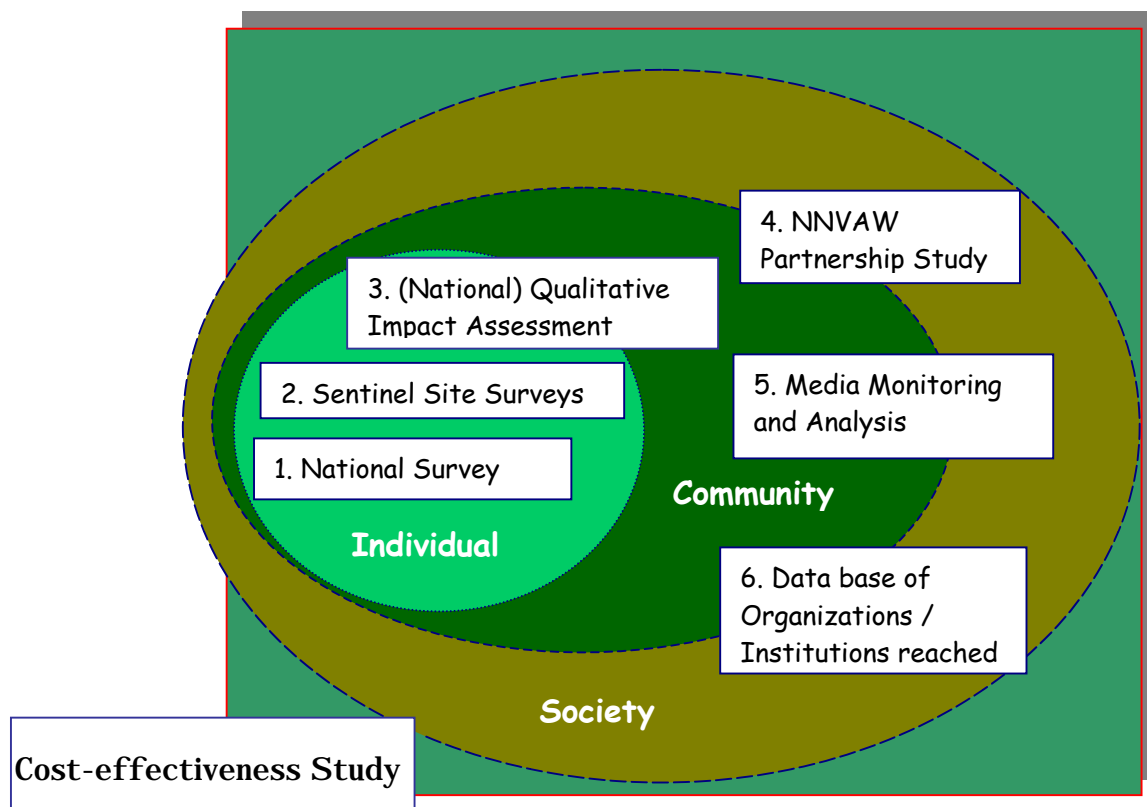
The quality of the evaluation process (and consequently the validity and reliability of findings) was enhanced by the multi-methodology strategy and by multiple triangulation (data triangulation, researcher triangulation, method triangulation and theoretical triangulation). Compared to previous evaluations, the theory driven nature of the evaluation has deliberately been intensified so

⁵ Copies are available upon request (suegold@soulcity.org.za) or can be downloaded from the Soul City website: www.soulcity.org.za

that results can contribute to an understanding of how communication for social change functions.

The overall management of the Soul City 4 evaluation capitalized on the strengths of an external evaluation, as well as the strengths of evaluation based on a linkage model – i.e. evaluation where there is a co-operative, medium term relationship between the larger evaluation team and the evaluated institution or programme. The evaluation was managed by an independent evaluation methodologist, with strategic input from an international advisory panel, and intervention-specific input from Soul City.

Figure 1: Schematic Outline of the Soul City 4 Evaluation Design



Limitations of the evaluation are addressed in the methodology reports. Some aspects are briefly referred to here:

1. As a rule, from an academic or theoretical perspective, data (both qualitative and quantitative) are currently under-analysed. As a matter of priority, initial analysis consisted of investigating the association between exposure to Soul and change observed – hence the purely descriptive nature of the reports currently disseminated. The data, however, lends itself to more in-depth analysis of, for example, interaction effects and various other hypothesis-testing analyses.
2. Not all the theoretical constructs underlying the Soul City 4 intervention have been operationalised equally in the evaluation design: for some there

is quantitative and qualitative data, for others only qualitative data and so forth. This makes quantitative model testing difficult, and will inevitably result in gaps when it comes to the contribution that analysis of the Soul City 4 data set can make to theory building / theory testing.

3. Furthermore, in interpreting the impact observed, the relatively short evaluation period needs to be taken into account. Eight to nine months elapsed between pre-intervention and post-intervention data collection. The short evaluation period is sometimes used in the summary reports as a possible explanation for *not* observing impact. However, the converse must also be kept in mind: additional research is necessary to investigate the longer term impact of Soul City, and the sustainability or durability of observed impact.

The evaluation design of Soul City 4 was ambitious in its operationalisation. Notwithstanding the limitations mentioned above and those discussed in more detail in the Methodology volumes, the evaluation met its primary objective: the methodologically rigorous, systematic and comprehensive investigation of the impact of Soul City 4.

Evaluation results

In the area of health and development communication, creating a *popular* communication vehicle that effectively reaches its target audience is a prerequisite for behaviour / social change to take place. Thus, despite the fact that this report focuses on theory and impact, the evaluation results section is structured around two main components: a section describing the reach and audience reception of Soul City 4, and a section documenting the impact of Soul City 4. Under each of the headings, a short introduction will sketch the theoretical background against which the intervention took place, leading into the specific objectives of the Soul City 4 intervention, after which the research results will be presented.

Soul City 4 – Popularity, Reach and Audience Reception:

Theoretical background: the use of edutainment media in bringing about social change:

The role of media (and edutainment in particular) in facilitating social and behaviour change is recognized by a number of the social and behaviour change theories and models. Theories of social influence have for decades debated and recognized that by depicting the process of change, media vicariously influence audiences⁴. According to Social Learning Theory, mass media affords audiences the opportunity to model and adopt new behaviour through vicarious reinforcement, emotional engagement, identification with characters and mental rehearsal.⁵ This phenomenon, known as “parasocial

interaction”, has audiences adopting and relating to characters as real people, with whom they identify or aspire to.⁶ Reliance on cognitive processing (communicating accurate knowledge and information) needs to be accompanied by an appeal to emotions and human interest; this increases audience involvement in the health and development issue.⁷

Thus, combining education and entertainment in health and development communication, is largely recognized as (potentially) an effective strategy in bringing about social change. Singhal and Rogers⁸ identify, amongst others, the importance of the media environment, audience research and programme specific factors in determining the effectiveness of edutainment media.

- The broader media environment impact on the effectiveness of edutainment media: important factors include the degree of media saturation in the context of competition for audience attention, audience perceptions around media credibility, and effectively reaching the target audience.
- From a programmatic perspective, the effectiveness of edutainment programmes is increased by depicting real-life characters in realistic situations, as well as by balancing the mix of entertainment and educational messages.⁹

Soul City objectives:

Since its inception in 1992, the Soul City Institute for Health and Development Communication has endeavoured to create a popular, credible vehicle that communicates health and development messages and models healthy behaviour in a setting and through characters that its South African target audiences can identify with⁶.

Evaluation results:

The Soul City 4 evaluation investigated the extent to which Soul City has succeeded in accomplishing the above-mentioned objective. Only key results are presented here; more detail is presented in *Soul City – Audience Reception*.⁷

Reach and audience reception results show that Soul City is a popular edutainment vehicle which competes well in the South African media environment. While Soul City 4 was on air, it was consistently rated amongst the top 3 television programmes – for both adult and children’s audiences.¹⁰

⁶ The Soul City adult series targets “African” and “Coloured” previously disadvantaged South Africans. Although the series is suitable for all populations, theory of communication suggests that specific targeting and testing of materials makes it more effective. Soul City is however committed to the health and development of all South Africans irrespective of colour, race or any other characteristic.

⁷ Copies are available upon request (suegold@soulcity.org.za) or can be downloaded from the Soul City website: www.soulcity.org.za

Soul City 4 reached 79% of its target audience – including the “difficult-to-reach” rural audience segment - through radio and / or television alone. The fourth series reached more than 16,2 million youth and adult South Africans:

- The Soul City television series reached 75% of its urban target population and 60% of its rural target population;
- Soul City radio reached 52% of its urban target population and 68% of its rural target population;
- Soul City print reached 69% of its urban target population and 58% of its rural target population.

Reach amongst the youth audience is of particular importance for HIV / AIDS interventions. More than 2 out of 3 Soul City audience members are youth, between the ages of 16 and 24:

- 70% of South African youth watch Soul City on TV;
- 60% of South African youth listen to Soul City on the radio;
- 63% of South African youth have been exposed to Soul City print material or print coverage.

Soul City appeals to diverse audience segments with reference to education, age, sex and geographical location¹¹. On average, 45% of Soul City’s television and radio audiences watched or listened to Soul City 4 regularly¹².

Soul City’s prominence as a health and development communication vehicle is further illustrated by the following results, quoted from an independent study¹³: 47% of the national population in South Africa spontaneously mentioned Soul City on television as a programme from which they feel that they have obtained useful information about HIV/AIDS. This statistic increases to 54% amongst Soul City’s target audience, African and Coloured viewers. For radio, 9% of the national population (15% of African listeners⁸) spontaneously mentioned Soul City as a source of useful information on HIV/AIDS. Two percent of the national population (4.1% in the African sub-sample, and 4.8% in the Coloured sub-sample) mentioned Soul City print material as a useful source of information on HIV/AIDS.

<p>Soul City is valued an entertaining and engaging educational programme, as illustrated in the following quotations¹⁴:</p>	<p><i>“Soul City is not like any other drama because it touches crucial subjects that are being experienced by people in the community and at the same time we get to see them. And again when they deal with a subject they don’t let it end on the television. They educate the viewers about that particular subject that they could be dealing with.”</i></p> <p style="text-align: right;">[Rural male]</p>
	<p><i>“If you had missed Soul City you! - You didn’t want to miss a Soul City episode, you always wanted to watch all the time on the day it played... ...when you miss it you even go to someone else to ask what was happening yesterday, what was so and so saying today.”</i></p> <p style="text-align: right;">[Urban female]</p>

⁸ The radio series is broadcast on African language radio stations only.

Soul City reaches a wide variety of South African organizations and institutions. The database of organizations / institutions reached (constructed in 1999¹⁵) consists of 4321 entries – i.e. records of organizations and institutions reached⁹. The range of institutions and organizations reached is quite broad - it includes schools, Adult Basic Education and Training (ABET) centres, clinics, NGOs and CBOs, government departments, church groups, para-statal, private sector institutions, and universities (both local and international). Soul City reaches institutions and organizations beyond the development sector only. Sectors reached include formal and informal education, health & development, business, management, media / communication and service delivery – in the areas of health, youth, gender, land and labour.

Audience reception results further show that Soul City is a relevant, credible vehicle with understandable messages, that models positive behaviour in a way that fosters self-identification and self-reflection, and leaves its audience with a sense of having choices in bringing about change in their lives. Soul City's audience explicitly attach value to the following aspects of the vehicle¹⁶:

- its educational impact
- the fact that it is set in (and depicts) local, familiar settings that have personal relevance for people, and that they can identify with
- its constructive, pro-social depiction of events
- its continuity from series to series
- its clear, understandable and “complete” construction of messages and scenarios
- its depiction of alternatives and nuances
- it leaves the audience with a sense of having choices
- the dramatic format
- its credibility
- positive role modeling

Qualitative data show that Soul City's impact is related to its constructive, pro-social role modeling, and its modeling of plausible alternatives or coping strategies, in a setting that is real and familiar to its audience. Soul City models a range of nuanced, understandable and relevant behavioural scenarios—in a setting or context that the audience can relate to and identify with. Soul City enables (in an entertaining and non-didactic manner) its audience to critically reflect on their own attitudes and behaviour, and leaves them with a sense that they have a choice in determining their behaviour, and in impacting on, or changing their lives. In this way the edutainment media contributes to shifts in the various phases and components of the complex process of behaviour change¹⁷.

⁹ This estimate is likely to be an undercount due to difficulties in constructing the data base - such as low response rate, incomplete record keeping, difficulty in tracing organizations reached etc.

Impact Analysis:

This section of the report is broadly structured under the headings “impact on facilitating an enabling environment”, and “impact on individuals in their immediate interpersonal environment”. The distinction between these levels of influence is primarily conceptual: firstly, in experiential terms, factors from all conceptual levels of influence converge in a complex reality which, to varying degrees, enables or hinders positive change. Secondly, a number of constructs (such as advocacy, social influence, dialogue and debate, efficacy etc.) discussed below operate across both these contexts.

Again, the theoretical background precedes a short section on the Soul City 4 intervention objectives. A synopsis of positive impact as empirically observed through the Soul City 4 evaluation follows. Only key results are presented here; illustrative detail is presented in *Soul City 4 Evaluation Results – Integrated Summary Report*; *Soul City 4 Impact Evaluation – AIDS*; *Soul City 4 Impact Evaluation – Violence Against Women Vol I*; *Soul City 4 Impact Evaluation – Violence Against Women Vol II*; and *Soul City 4 Impact Evaluation – Hypertension, Small Business Development & Personal Savings*¹⁰.

Facilitating an enabling environment supportive of change:

Theoretical background:

The Soul City model of social change represents an eclectic integration of existing models of social and behaviour change – such as Social Learning Theory (mentioned earlier), the Theory of Reasoned Action, the Johns Hopkins Steps to Behaviour Change model, Social Network Theory, the Diffusion of Innovation Model, the Stages of Change Model, and the BASNEF Model. Soul City further bases its intervention on the Ottawa Charter of Health Promotion. A human rights focus is maintained.

Key components of Soul City’s integration of, and engagement with these theories and constructs are presented here as an introduction to impact observed:

With the **Ottawa Charter of Health Promotion** (1986) understanding of health promotion began to shift away from seeing health as the responsibility of individuals alone, and incorporated an emphasis on creating an enabling environment that would support individuals in making healthy choices. Hence the health promotion movement’s shift towards creating a supportive environment, strengthening community action, building healthy public policy,

¹⁰ Copies are available upon request (suegold@soulcity.org.za) or can be downloaded from the Soul City website: www.soulcity.org.za

developing personal skills and reorientation of health services as ways of ensuring an environment that is more conducive and helpful to individuals wanting to engage in healthy behaviour.

Similarly, Behaviour Change Theory embraced the notion that environmental forces beyond the control of individuals impact positively or negatively on the behaviour change process¹⁸. Hence the emphasis on what became known as **community / society level models** that embody an ecological perspective to health and behaviour change. These models emphasize change in societal structures and processes supportive of healthy lifestyles, and include advocacy and policy development as part of the intervention strategy to complement individual education.¹⁹

Soul City views **advocacy** as a key process in social and behaviour change. Advocacy refers to “*a set of behaviours that enable / facilitate / catalyze / encourage the direct promotion of health*”. Advocacy can take place in different contexts:

- between individuals - e.g. support-giving behaviour and individuals speaking out in favour of healthy behaviour (discussed in a subsequent section),
- within communities (e.g. community groups and structures taking action or promoting healthy behaviour) ,
- and finally, at a broader societal level which entails advocacy for policy and legislative change²⁰.

Advocacy is both an outcome of change and a mechanism through which change is facilitated socially and interpersonally.

Soul City’s advocacy component (i.e. advocacy for policy and legislative change) is further informed by the work of Charlotte Ryan and Lawrence Wallack: media advocacy (the use of editorial media specifically) and community mobilization are key mechanisms to influence public debate and impact on policy and legislation. Advocacy focuses on helping communities to access media, thereby putting their issues on the national agenda, and shaping public debate. Community mobilization is an important tool of media advocacy in that it helps access media coverage and influences policy makers in this way. It also empowers communities to be their own spokespeople and have their own voice heard, thus shifting the “power gap” as opposed to the “knowledge gap”. (Traditional health communication projects usually focus on getting the public to know more about a health issue and to change the way they think or behave – thus impacting on the knowledge gap.)²¹.

Several social scientists¹¹ propose “**social influence**” as a key mechanism of change. Social influence, social comparison, and convergence theories specify that the perceptions and behaviour of peers or other types of reference groups (e.g. personal networks, groups to which one belongs etc.)

¹¹ Social Learning Theory (Bandura); Theory of Reasoned Action (Fishbein); the Theory of Subjective Culture and Interpersonal Relations (Triandis); Diffusion of Innovation Theory (Ryan and Gross); Diffusion of Ideas Model (Rogers); Social Network Theory (Kincaid) etc

influence one's perception and behaviour. Especially in uncertain or ambiguous situations, people rely on the opinions of others.²²

Thus theories of “Social Influence” look at the importance of informal social networks in behaviour change. It proposes that the degree of “social interconnectedness” determines the likelihood of exposure to new ideas and behaviour, and determines the degree of “social comparison and influence”. Kincaid (2000) states that the Social Network Structure accelerates the diffusion of innovation in various ways: 1) those “inside”, where the innovation is normative, are protected from opposing outside influence where the innovation is not normative; and 2) the network provides support to maintain the change.²³

The Diffusion of Ideas Model²⁴ describes the process of behaviour change on a macro-level (in communities and society) as an S-shaped curve: initially, adoption of particular behaviour is slow. This is followed by the majority rapidly accepting the behaviour, and then slower acceptance of the behaviour by the minority. Rogers distinguishes between innovators, early adopters, early majority, late majority and late adopters²⁵.

Public dialogue and debate are key mechanisms through which advocacy and social influence take place.

A further expansion on traditional KAP models of behaviour change (mentioned earlier – see “key trends in health and development communication) is the introduction of **efficacy** as a key determinant of health and social outcomes. The concept applies to individuals as well as collectives. **Collective efficacy** has been defined as a group’s judgment of their ability to perform a particular task, or as mutual trust and willingness to intervene in the particular task or action²⁶.

Soul City 4 objectives:

Soul City 4 broadly aimed to facilitate an environment (within communities and within society) supportive of change - thus empowering or supporting people to make healthy choices by decreasing environmental barriers to change. Soul City 4 specifically most comprehensively operationalised this aim on the topic of Domestic Violence, and to a certain degree on the HIV/AIDS & Youth Sexuality topic.

Specific Soul City 4 objectives, (primarily but not exclusively operationalised through the partnership with the NNVAW) were as follows²⁷:

- To convey information on women’s rights, raise societal discussion, and shift social norms on gender-based violence;
- To connect audiences to help through a toll free helpline, providing crisis counseling and referral to community-based support structures;
- To promote collective efficacy and community action;

- To advocate for the implementation of enabling legislation to create a supportive environment for change, through media advocacy, community mobilization and lobbying of Government;
- To develop training material on gender-based violence for policy implementers - counselors, police, judiciary and health workers.

Key impact observed:

Soul City's impact on communities and society¹² was primarily investigated qualitatively. Qualitative evidence (supported by quantitative data) consistently illustrate that Soul City (in partnership with the National Network on Violence Against Women) contributed to creating a supportive environment for facilitating and maintaining behaviour change in the area of Domestic Violence and HIV/AIDS in particular.

Key results are as follows:

Impact on community leaders, opinion-makers, service providers and community structures in interaction with their communities, attributed to Soul City by respondents in the National Qualitative Impact Assessment²⁸

Soul City influences people in leadership positions in the community. It is perceived as, and used as an extension of community work; it shapes, supplements and reinforces various forms of messages to, and interaction between community leadership and their communities.

Furthermore, Soul City is reported to shift community norms, and to stimulate community dialogue and debate: through media advocacy and community mobilization (with reference to Domestic Violence), as well as through the edutainment vehicle Soul City raised public debate within communities (with reference to Domestic Violence, HIV/AIDS & Youth Sexuality).

These observations illustrate Soul City's impact on key mechanisms of social influence and advocacy. Social barriers to change are partially addressed in this way.

- Positive impact on community leaders, opinion-makers and service providers in interaction with their communities speaks to one of the forms of advocacy (as an “outcome” as well as a “mechanism of change”) as used in the Soul City model of social change. It demonstrates “social influence” (discussed above) as a mechanism of change. Theory suggests that this level of impact assists diffusion of Soul City health and development communication within communities, and helps to shape community dialogue and debate, as well as community norms and values.
- Health and Development practitioners view dialogue and debate as key indicators of social change. It signifies collective processing of issues and

¹² Detailed reports are available upon request or on www.soulcity.org.za, *Soul City 4 Impact Evaluation – Violence Against Women Vol II* and *Soul City 4 Evaluation Results – Integrated Summary Report*.

represent the mechanism through which sensitive or taboo topics are brought into the open, thereby reducing “collective silence” or collective negation of issues as a barriers to change.

Impact on local organisational / institutional policies and practices attributed to Soul City by respondents in the National Qualitative Impact Assessment²⁹

The Qualitative Impact Assessment further documents Soul City’s impact on local organisational / institutional policies and practices (particularly with reference to HIV/AIDS and youth sexuality): e.g.

- Police officers report that they used Soul City material as a point of reference to brief their staff and to prepare them for what to expect in interaction with the community.
- Clinic nurses in rural Kwa-Zulu Natal were struck by Soul City’s open display and advocacy around condom usage. Thus influenced, the clinic now has condoms permanently available as opposed to once a week only.
- Some religious leaders had amended their message about premarital abstinence, and were now promoting condoms. They attributed this to Soul City.

Furthermore, there are indications that Soul City begins to contribute towards more caring service delivery and facilitates better understanding of issues – amongst health workers and, occasionally, amongst police officers. (It must be noted that there is also evidence of persistent negative attitudes amongst police officers regarding the implementation of the Domestic Violence Act.)

The impact demonstrated above documents the association between Soul City and facilitating change in community structures and policies towards those supporting healthy lifestyles, thereby reducing barriers in social and physical environments. Theory argues that such positive impact enhances collective well-being of communities, and makes it easier for individuals to act on and maintain healthy choices.

Impact on connecting people to services, associated with Soul City in partnership with the NNVAW³⁰

Soul City 4 increased access to services (in the areas of Hypertension, HIV/AIDS, and Domestic Violence). The intervention raised awareness of, and increased contact with local violence against women services: e.g.

- Eight months after it was established, 41% of respondents had heard about Stop Women Abuse Helpline
- Approximately 180 000 calls were answered on 4 lines over 5 months. More than 1 in 5 calls answered were from non-urban areas.
- Given the limitations in resources, the Stop Women Abuse Helpline* addressed a substantial need in the South African society, and increased access to crisis counselling and referral services for people affected by violence against women (VAW). Sixteen percent of respondents with no access to Soul City had heard about the Stop Women Abuse Helpline (SWAH), and none of them had written down or kept the number, whereas 37%, 45% and 61% of respondents with

exposure to 1, 2 and 3 sources of SC respectively had heard about the SWAH and 12%, 15% and 25% of respondents accessing 1, 2 and 3 sources of Soul City respectively had written down or kept the number. (* *The Stop Women Abuse Helpline was initiated by the partnership between Soul City and the NNVAW, and is therefore, like pot-banging, a marker that is directly and exclusively associated with the Soul City 4 intervention.*)

- Eight percent of respondents in the post-intervention survey reported experience of domestic violence; 1% of respondents with no exposure to Soul City TV reported that they had made contact with an organization working in VAW whilst Soul City was on air, whereas 4% of those with low and medium exposure to Soul City TV, and 5% of those with high exposure to Soul City TV did.

The impact of the Partnership on connecting women to services must be interpreted in relation to the broader context in which services function in South Africa. Such a contextualised interpretation introduces a number of factors that fall outside of the scope of the Soul City 4 intervention, but that nevertheless impact on the intervention's ability to fulfill its objective of connecting people affected by violence against women to services: barriers such as access to and poor quality of services in some areas of the country inevitably limit the Soul City 4 intervention's positive and sustainable impact on creating an enabling environment for change in the area of service delivery.³¹

Impact on collective efficacy associated with Soul City: (Case Study in Urban Site as part of National Qualitative Impact Assessment)³²

The holistic impact of Soul City at a community level of analysis (with reference to Soul City 4 and previous series) is well illustrated in the powerful account of community empowerment and collective efficacy documented in *Soul City 4 Evaluation Results – Integrated Summary Report*. Soul City fostered a sense of co-operation and togetherness in problem-solving within the community. It increased collective health consciousness; facilitated a sense of collective empowerment to effect change in the community; facilitated collective action and the formalization of community structures; and reinforced social networks. Soul City further facilitated a positive vision and hope for a better future for the community.

Theory of social and behaviour change views “efficacy” as a catalyst in the change process. Impacting positively on efficacy is a key factor in empowering of people to take action: belief that (in this case) a community can effect change, and can overcome barriers to change or act on awareness and knowledge is part of the complex process of actually effecting such change.

The partnership operationalised their advocacy objectives through direct lobbying of government (national and provincial), through media advocacy and through community mobilization. With the exception of direct impact on the implementation of the Domestic Violence Act at a provincial level of

government, the advocacy initiative was successful in reaching its short term objectives:

Impact on community action / community events associated with Soul City in partnership with the NNVAW:³³

Both the edutainment vehicle as well as the NNVAW's direct organizing in communities contributed to heightened community action or community involvement around domestic violence over the evaluation period.

- The intervention increased respondents' participation in community action, as well as increased respondents' intention to participate in community action. Three percent of respondents reported that they had participated in public protest around VAW over the evaluation period; 1% of respondents with no exposure to Soul City reported that they had participated in public protest against violence against women, whereas 3% of respondents with exposure to 1 source of Soul City, 3% of respondents with exposure to 2 sources, and 5% of respondents with exposure to 3 sources of Soul City did.
- Anecdotal reports of pot or bottle banging¹³ have been gathered; for example, patrons at a local pub in Thembisa collectively banged bottles upon witnessing a man physically abusing his girlfriend. Similarly, there are unconfirmed reports of pot-banging taking place in Khayelitsha over the evaluation period.

Impact on national debate as reflected in editorial media nationally, associated with Soul City in partnership with the NNVAW:³⁴

- Media analysis over the intervention period suggests that the partnership succeeded in increasing public debate in the media, and in giving more prominence to domestic violence through increasing coverage of domestic violence. Forty-nine percent of print media monitored dealt with / referred to domestic violence. Based on quantitative comparative analysis of media coverage and media releases domestic violence-related coverage can be attributed to the Soul City / NNVAW partnership; approximately 1 in 5 articles directly referred to Soul City and/or the NNVAW (excluding mention of member organizations).

Impact on policy implementation, associated with Soul City in partnership with the NNVAW:³⁵

- Immediate, short term Partnership gains were as follows: the intervention contributed to the changing discourse on, and prioritization of domestic violence within National Government; it succeeded in putting pressure on National Government to speed up the implementation of the Domestic Violence Act; and succeeded in playing a facilitating role in the implementation of the Domestic Violence Act.

"The Domestic Violence Act was implemented on 15 December 1999. While this was not

¹³ The Soul City story depicted the community's shift from "silent collusion" with domestic violence to active opposition, at one point, community members banged pots outside the abuser's home to make him stop. This activity was introduced in the story and has not been heard of in South Africa previously. Thus, pot-banging was used as a marker associated only with the Soul City series and the partnership with the NNVAW.

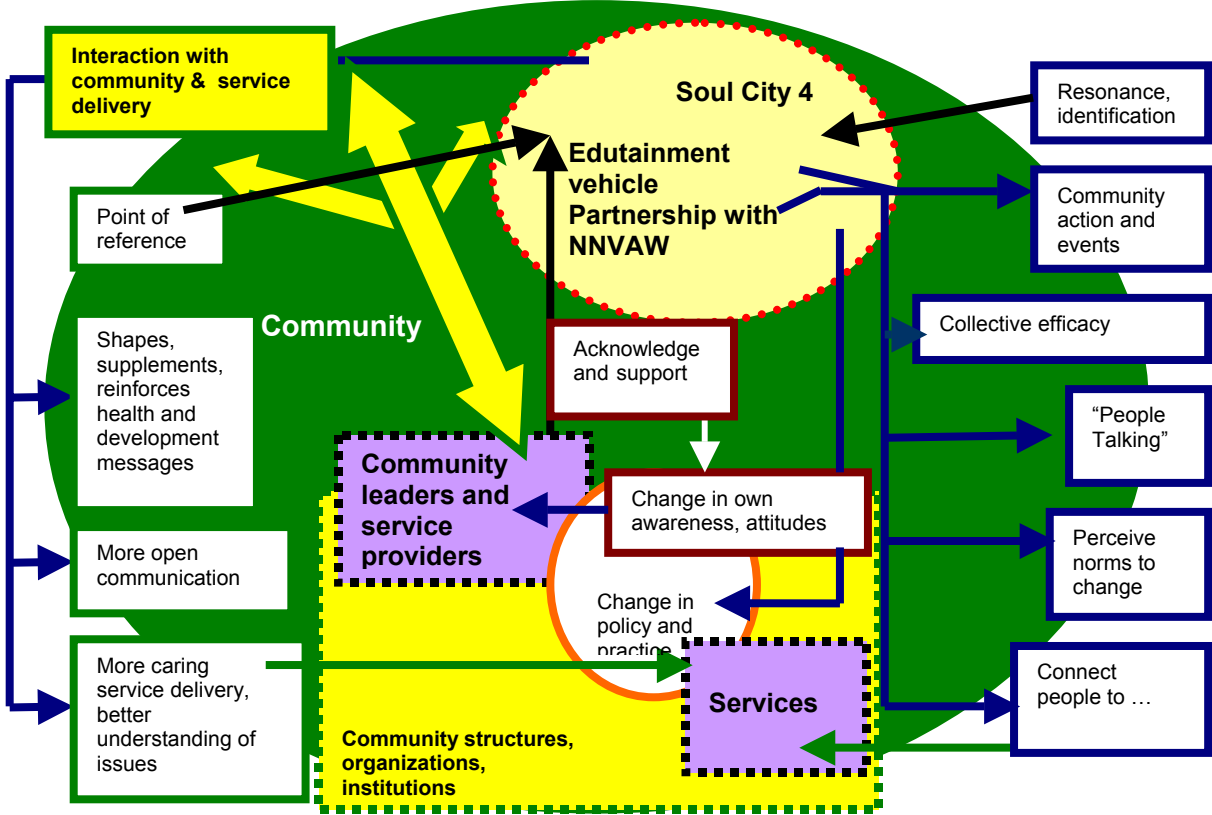
the date specified in the advocacy campaign objectives (1st November 1999), the Partnership Evaluation found that implementation of the Act in 1999 was an achievement that can largely be attributed to the advocacy initiative of the partnership between Soul City and the NNVAW, and the multi-media component of the Soul City 4 intervention.”
 (Partnership Evaluation Study, Women’s Health Project)

Thus, in the health promotion framework, the Partnership, in the short term, achieved their key objective, and was instrumental in creating an enabling environment as far as implementation of legislation goes. In the longer term and against the background of poor service delivery mentioned earlier, sustained advocacy for successful operationalization of the Domestic Violence Act (i.e. improved service delivery, including *more sensitive* service delivery) is crucial.³⁶

Theory states that positively impacting on the processes and structures investigated in this section is crucial for reducing barriers to change that fall outside of the immediate control of individuals. Reducing these barriers creates an enabling environment in which individuals can potentially act on increased knowledge, changes in attitudes etc., and can adopt and maintain healthy behaviour.

Figure 2 represents a summary of Soul City’s impact on communities:

Figure 2 : Summarized model of the impact of Soul City 4 at a community level of analysis³⁷



Impact on individuals in their immediate interpersonal environment:

Theoretical background:

The shift away from interventions based on KAP models has been mentioned earlier. This shift does not mean that accurate knowledge and positive attitudes are of no importance in behaviour change theory: behavioural studies find that accurate knowledge is “necessary, but insufficient” to facilitate behaviour change³⁸. Thus theory on health and development communication still retain a component which emphasizes the importance of raising awareness, increasing accurate **knowledge** – of course in a theoretical context which adds an interpersonal and social dimension. In addition to providing accurate health information, *providing other types of information* (such as how to overcome barriers to behavioural change, where and how to find support etc.) remain important intervention strategies³⁹.

Similarly, although it is well documented that positive **attitudes** in themselves do not predict healthy behaviour, behaviour change theories and models retain positive shifts in attitudes and beliefs amongst their explanatory variables¹⁴.

Soul City’s model of social / behaviour change has been influenced by the **Steps to Behaviour Change model**. The Steps to Behavior Change (SBC) model outlines the basic impact indicators of individual behavior change through each step with sub-indicators specific for each intervention. The basic steps are changes in knowledge, approval, intention, practice, and advocacy⁴⁰.

As mentioned previously, the expansion of traditional KAP (Knowledge, Attitudes, Practice) models of behaviour change saw health communication practitioners increasingly emphasizing the immediate social context in which individuals find themselves – the family and social networks. Like the larger community and societal environments, this *immediate* social / interpersonal environment is also more or less supportive of desired change. The central role of the social context in which individuals find themselves is elaborated upon in the **Theory of Reasoned Action**. It states that adopting behaviour is a function of intent. Intent is determined by a person’s attitude (based on beliefs about the consequences – cost and benefits - of performing the behaviour). Intent is further determined by **subjective social norms** - the person’s perception of the social (or normative) pressure to perform the behavior.⁴¹

¹⁴ for example the theory of reasoned action, the health belief model, social cognitive theory, the Stanford process, the steps to behaviour change model (“approval”), the BASNEF model etc.

Emphasis on interpersonal and social processes as mechanisms of change is further illustrated by the prominence that health communication practitioners attribute to **personal dialogue**. Soul City emphasizes that this dialogue and debate need to be directed – i.e. what is important is not only *that* people talk about an issue, but also *what* they say about the issue. Health messages play an important role in giving direction to this dialogue and debate⁴².

Positive personal dialogue together with **support giving behaviour** are examples of advocacy between individuals (mentioned earlier).

The importance of efficacy has been mentioned earlier in the context of the community; efficacy is also a key construct in the behaviour change process when it comes to individuals: Bandura (Social Learning Theory / Social Cognitive Theory) stressed the importance of a sense of personal agency in behaviour change. He defines **self-efficacy** as “the belief in one’s capabilities to organize and execute the sources of action required to manage a prospective situation”. It refers to an individual’s judgment or confidence in the ability to take action or perform a particular task, and to persist in this task in order to manage a prospective situation.⁴³

Soul City’s understanding of the process of behavioural change is further influenced by the **Stages of Change model**. Five stages (pre-contemplation, contemplation, decision / determination, action and maintenance) describe the process of individual behaviour change from lack of awareness of the problem or issue, through thinking about change, making a plan to change, implementing the plan, and continuing the desired action. Progression through the stages is not necessarily linearly progressive⁴⁴.

A general comment across “stage / phase” theories of social and behaviour change is that theorists and practitioners (including Soul City) often acknowledge that different people find themselves in (and enter the process of change at) different stages of the particular model under discussion. Furthermore, change is a process that does not necessarily immediately culminate in actual behaviour change. “Small shifts” of increased knowledge, positive shifts in attitudes etc. within the larger change process are important. Furthermore, the change process is often characterized by stops and starts, “backward” and “forward” movement is possible, and certain phases or stages may be skipped altogether.

Soul City further hypothesizes that different components (or combination of components) of a comprehensive health communication intervention (e.g. the multi-media edutainment component, the advocacy component etc.) may have a differential impact on different audience segments, depending on the particular issue that is addressed by the intervention (such as AIDS, domestic violence or hypertension for argument’s sake) and the stage of change that individuals or communities find themselves in: sometimes mass-media may be enough to bring about observable change; often it may not be enough.

The **BASNEF model** encapsulates many of the principles and processes discussed above. It emphasizes the role of beliefs about the consequences of performing behaviour, attitudes, social influence and subjective social norms, intention and enabling factors in the behaviour change process⁴⁵.

Soul City 4 objectives:

Against the background of the theoretical underpinnings outlined in the previous section, and in the context of all the Soul City 4 topics, Soul City 4 aimed to decrease individual barriers to change and to empower people to make healthy choices by:

- increasing awareness
- increasing accurate knowledge and access to information
- shifting beliefs / attitudes towards those that would sustain healthy behaviour
- increasing self-efficacy
- increasing intention to change behaviour and to take individual action
- increasing interpersonal dialogue and debate at a personal level (within social networks)
- shifting social norms towards those that would sustain healthy behaviour
- increasing support-giving behaviour
- increasing positive / healthy intermediate behaviour (i.e. support-seeking behaviour)
- increasing positive / healthy action and actual behaviour change

Key impact observed:

With reference to Soul City's impact on individuals in their immediate interpersonal environment¹⁵, both quantitative and qualitative evidence across all themes covered in Soul City 4 suggest that exposure to Soul City is associated with increasing awareness and accurate knowledge, stimulating interpersonal dialogue within families and other social networks, increasing self-efficacy and a sense of empowerment (particularly amongst women), decreasing experiences of negative social- or peer pressure, and with shifting people's attitudes, intentions and intermediate practice (health-seeking / support-seeking behaviour as well as support-giving behaviour) towards sustaining healthier behaviour.

There is a degree of variation in the consistency of *quantitative associations* observed across topics covered in Soul City 4 and impact investigated in the evaluation: for example, evaluation results suggest that the Soul City 4 edutainment vehicle was largely not successful in reaching its objectives with regards to the following: increasing knowledge around institutional support for financing small business; increasing an understanding of what constitutes

¹⁵ Detailed summary reports are available upon request or on www.soulcity.org.za, *Soul City 4 Impact Evaluation – AIDS*; *Soul City 4 Impact Evaluation – Violence Against Women Vol I*, *Soul City 4 Impact Evaluation – Hypertension*, *Small Business Development & Personal Savings* and *Soul City 4 Evaluation Results – Integrated Summary Report*.

sexual harassment; *changing* personal attitudes pertaining to sexual behaviour; changing attitudes and perceptions of social norms around sexual harassment; and changing behavioural intention in the area of small business development and personal savings.

However, a consistent quantitative association between exposure to Soul City 4 and the following key behavioural processes have been observed:

- increase in knowledge and awareness of violence against women, hypertension and HIV/AIDS / youth sexuality;
- improvement in personal attitudes and beliefs around domestic violence and maintenance of positive attitudes in the area of HIV/AIDS and youth sexuality¹⁶;
- stimulating interpersonal communication around domestic violence and HIV/AIDS¹⁷
- perception of the social norm becoming more positive around domestic violence and HIV/AIDS / youth sexuality¹⁸
- improvement in intention towards positive behaviour for hypertension, domestic violence, sexual harassment and HIV/AIDS / youth sexuality.

Increases in knowledge and awareness of all topics covered, associated with exposure to Soul City 4⁴⁶.

Soul City 4 is quantitatively and qualitatively associated with increase in knowledge and awareness of violence against women, hypertension and HIV/AIDS / youth sexuality.

- 1) There was an improvement of 6 percentage-points between pre- and post-intervention measurement (from 88% to 94%) on awareness to check blood pressure regularly, with a difference of 11 percentage-points between respondents with no exposure to Soul City and respondents with any exposure to Soul City (84% vs 95%, $p \leq 0.05$).
- 2) There was an improvement of 8 percentage-points between pre-and post-intervention measurements of men recognizing emotional battering as a form of domestic violence (from 81% to 89%). The likelihood of recognizing emotional battering as a form of domestic violence is 7 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to Soul City TV than amongst those with no exposure to Soul City TV.
- 3) There was a difference of 45 percentage-points (16% vs 61%) between respondents with no exposure to Soul City and respondents with exposure to all 3 Soul City media types on knowledge of the Stop Women Abuse Helpline ($p \leq 0.05$).
- 4) In the rural sentinel site, high access to Soul City TV associated with faster acquisition of awareness that HIV/AIDS can be prevented ($p \leq 0.05$). Knowledge that there is no cure for AIDS improved by 10 percentage-points (from 79% to 89%) between the pre-intervention and post-intervention measurement. There was a difference of 9 percentage-points (85% vs 94%) between respondents with no exposure to Soul City TV and respondents with medium exposure to Soul City TV on this item ($p \leq 0.05$).

¹⁶ hypertension and personal savings attitudes were not measured

¹⁷ hypertension, personal savings and sexual harassment interpersonal communication was not measured

¹⁸ hypertension and personal savings subjective social norms were not measured

The knowledge component of health and development communication cannot be underplayed - especially in societies such as South Africa where the majority of the population grew up in an environment characterized by institutionalized inequity and information deprivation, and where access to information remains central to many forms of inequality.

Perception of risk associated with Soul City 4⁴⁷:

There is no clear indication that exposure to Soul City 4 directly increased perception of personal risk in the area of hypertension or HIV/ AIDS. There is qualitative evidence that exposure to Soul City at least indirectly increased perception of risk in the sense that Soul City contributes to knowledge and awareness that monogamy is not a safeguard against contracting HIV (supported by quantitative data), that HIV/AIDS is very real, and that hypertension can affect anyone.

Perception of risk or the severity of a phenomenon can play a role in behaviour change. In the Soul City 4 evaluation, perception of risk generally decreased from baseline to evaluation measurement. Interpretation of such decreases is difficult: it may be related to increased knowledge and positive behaviour which can be associated with exposure to Soul City 4; it may also be related to persistent personal denial despite health communication efforts.

Improvement in personal attitudes and beliefs around domestic violence, and maintenance of positive attitudes in HIV/AIDS and youth sexuality, associated with exposure to Soul City 4⁴⁸.

Exposure to Soul City is associated with improvement in personal attitudes and beliefs around domestic violence and maintenance of positive attitudes in the area of HIV/AIDS and youth sexuality¹⁹.

- 1) The likelihood of holding positive attitudes and beliefs around domestic violence* is 4.5 times higher ($p \leq 0.01$) amongst respondents with exposure to Soul City multi-media (i.e. exposure to multiple Soul City media types) than amongst respondents with no exposure to Soul City. (**E.g. whether domestic violence is a private matter, whether if a man beats his wife he has a good reason for it, whether women are expected to put up with abuse, whether it is culturally acceptable for a man to beat his wife, whether a man has the right to beat his wife, and whether women ever deserve to be beaten.*) Attitudes around domestic violence as a private affair improved with 10 percentage-points (from 56% to 66%) from pre-intervention to post-intervention measurement, with a 21percentage-point difference (56% vs 77%) between respondents with no exposure to Soul City and those with exposure to 3 media types ($p \leq 0.05$).
- 2) Attitudes around rape in marriage improved with 4 percentage-points from pre-intervention to post-intervention measurement (86% to 90%), with a 17 percentage-point difference (80% vs 97%) between respondents with no exposure to Soul City and those with exposure to 3 media types ($p \leq 0.05$).

¹⁹ hypertension and personal savings attitudes were not measured

3) Although the pre- and post-intervention measurement did not change significantly, respondents exposed to any Soul City media type were more likely to hold positive attitudes around women's dependence on men for a better life, with a difference of 14 percentage-points (63% vs 77%), 15 percentage-points (63% vs 75%) and 23 percentage-points (63% vs 86%) between those with no exposure to Soul City and those with exposure to 1, 2 and 3 media types respectively ($p < 0.05$).

Improvement in interpersonal communication across Soul City themes, on HIV/AIDS and on domestic violence, associated with Soul City 4⁴⁹.

Soul City is associated with stimulating interpersonal communication around domestic violence and HIV/AIDS²⁰, and with perception of the social norm becoming more positive around domestic violence and HIV/AIDS / youth sexuality²¹

1) Seventy-four percent of respondents with exposure to Soul City 4 reported that they had talked about issues dealt with on Soul City;
2) More than 1 in 3 respondents had talked about domestic violence while Soul City was on air, with a difference of 19 percentage-points (17% vs 36%), 22 percentage-points (17% vs 39%) and 34 percentage-points (17% vs 51%) between those with no exposure to Soul City and those with exposure to 1, 2 and 3 media types respectively ($p \leq 0.05$). "Occasional" interpersonal communication around HIV/AIDS improved with 6 percentage-points (from 37% to 43%) from pre-intervention to post-intervention measurement, whilst "never" talking about HIV/AIDS decreased by 9 percentage-points (from 34% to 25%) between pre- and post-intervention measurement. There is a difference of 9 percentage-points between respondents with no exposure to Soul City who talk about AIDS occasionally (38%) and those with exposure to 3 Soul City media types who talk about AIDS occasionally (47%). 40% of respondents with no exposure to Soul City said they never talk about HIV/AIDS, whereas 14% of those with exposure to 3 Soul City media types said they never discussed HIV/AIDS – a difference of 26 percentage-points ($p \leq 0.05$).

Improvement on subjective social norms in domestic violence and HIV/AIDS, associated with Soul City 4⁵⁰.

1) The likelihood of believing that one's family, friends or community held positive views on domestic violence is 3.7 times higher ($p \leq 0.01$) amongst respondents with exposure to multiple sources of Soul City than amongst respondents with no exposure to Soul City. (Issues are similar to attitudes reported on above). In the pre-intervention measurement, 8% of respondents experienced their community to have a more negative attitude than they do on whether domestic violence is a problem. This decreased to 3% in the post-intervention measurement, signifying a 63% decrease in negative social pressure.

The likelihood of believing one's family, friends or community held positive views on AIDS and Youth Sexuality* is 2.8 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to Soul City TV than amongst respondents with no exposure to Soul City TV. (**Issues include whether people with HIV/AIDS should be moved away, whether a man is right in expecting a woman to have sex with him without using a condom, whether boys/men have the right to have sex with their girlfriends if*

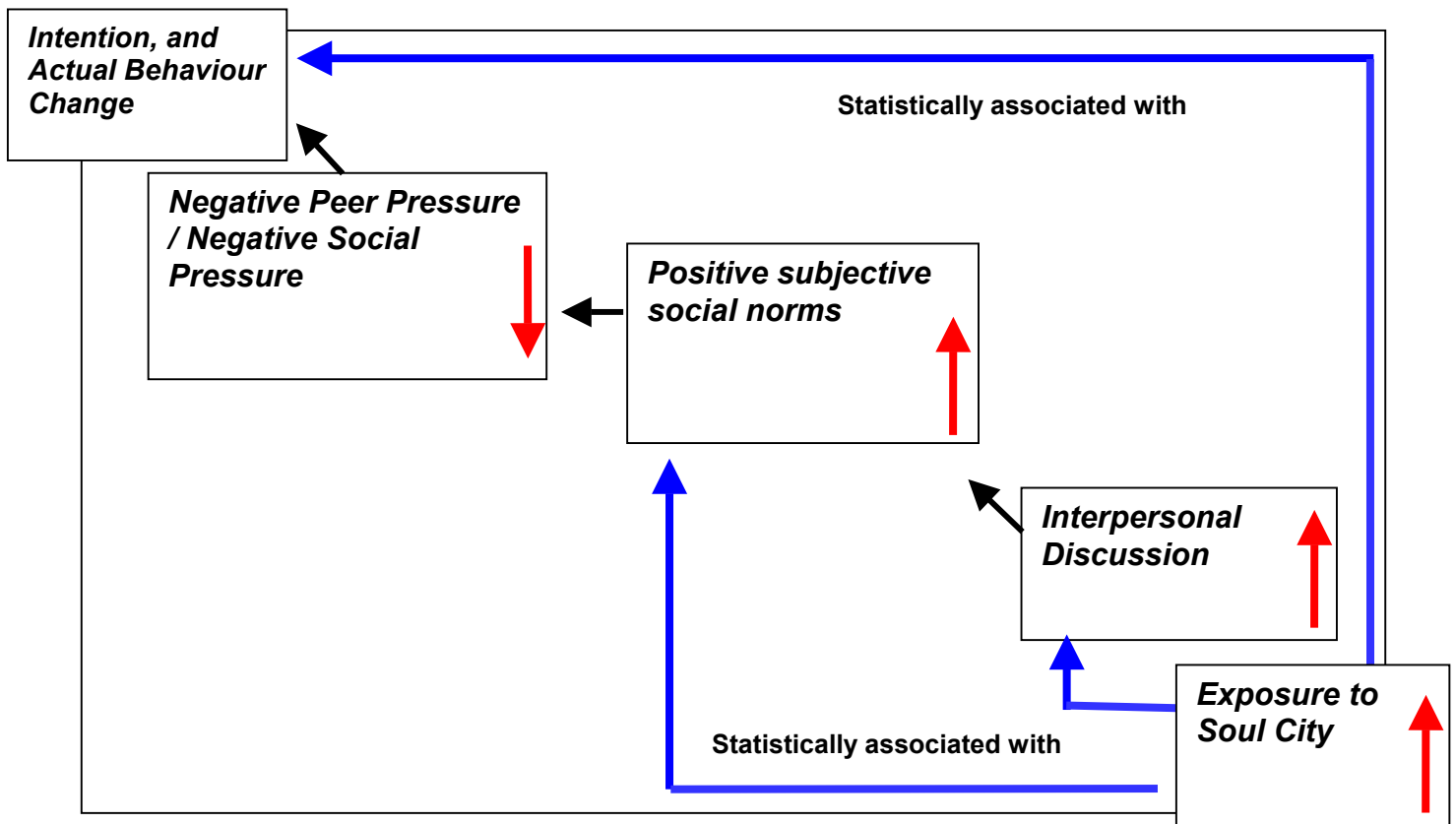
²⁰ hypertension, personal savings and sexual harassment interpersonal communication was not measured

²¹ hypertension and personal savings subjective social norms were not measured

they buy them gifts, whether girls/women need to depend on their boyfriends/husbands for better life, and whether if a person really loves their boyfriend / girlfriend, they will have sex with them.) In the pre-intervention measurement, 19% of respondents experienced their friends to have a more negative attitude than they do on whether a man is right in expecting a woman to have sex with him without using a condom. This decreased to 7% in the post-intervention measurement, signifying a 63% decrease in negative peer pressure.

Soul City hypothesizes that increased positive interpersonal communication brings about an increase in positive subjective social norms and a decrease in negative peer pressure. These changes in social norms in turn facilitate an enabling environment for interpersonal communication on previously taboo topics. Together, these shifts result in conditions conducive to attitudinal and behaviour change through the removal of key barriers⁵¹. Further analysis of Soul City 4 evaluation data is necessary to empirically investigate this hypothesis.

Figure 3: Hypothesized outline of mechanism of change - interpersonal discussion, subjective norms, decreased negative social pressure and behaviour change in relation to exposure to Soul City



The association between exposure to Soul City and self-efficacy has primarily been observed qualitatively.

Impact of self-efficacy, qualitatively associated with Soul City⁵²:

Thematic analysis of qualitative data (in rural and urban sites), suggests that Soul City 4 played a role in enabling women to more effectively make decisions around their own health and well-being. Soul City 4 seems to have sensitized women of all ages to their rights, facilitated access to services, and raised knowledge and awareness (for both men and women) around general and specific issues related to gender roles and gender equality. Women interviewed report that Soul City 4 encouraged them to act on this (new) awareness of their rights, and enabled them to stand up for their rights in oppressive or abusive contexts, or in contexts traditionally associated with unequal gender power relations. The qualitative data suggests that exposure to Soul City 4 impacted positively on women's awareness of their self-worth and their sense of identity. It raised their awareness with reference to new options regarding their (financial) independence and access to services and support, and empowered them to negotiate relationships and (safer) sex.

Sentinel Site analysis suggests that positive change in the sense that one can do something to prevent contracting HIV/AIDS is associated with exposure to Soul City. There is also qualitative evidence suggesting that Soul City contributes to increased self efficacy to negotiate safer sex and to resist negative peer pressure – especially amongst youth respondents.

Without the belief that one can effect change or adopt positive behaviour, accurate knowledge and positive attitudes may not lead to observable behaviour change.

Improvement on 'intention' in the areas of hypertension, HIV/AIDS and violence against women, associated with exposure to Soul City 4⁵³.

Exposure to Soul City 4 is associated with improvement in intention towards positive behaviour for hypertension, domestic violence, sexual harassment and HIV/AIDS / youth sexuality - measured by respondents' willingness to engage in positive behaviour in future.

- 1) The likelihood to consider checking one's blood pressure and / or finding out more about hypertension is 3.5 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to Soul City TV than amongst respondents with no exposure to Soul City TV.
- 2) The likelihood of positive intention around domestic violence* is 6.4 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to Soul City TV than amongst respondents with no exposure to Soul City TV. (**This includes considering talking about it, reporting it, referring people affected to the Stop Women Abuse Helpline, doing something to stop it, and / or confronting the perpetrator.*) Willingness to talk about the abuse increased with 6 percentage-points (from 71% to 77%) between pre- and post-intervention measurement, with a difference of 9 percentage-

points (75% vs 84%) between respondents with no exposure to Soul City TV, and those with high levels of exposure to Soul City TV ($p \leq 0.05$).

3) The likelihood of positive intention around HIV/AIDS behaviour* is 6.8 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to Soul City TV than amongst respondents with no exposure to Soul City TV. (*This includes willingness to ask a partner to use a condom and / or go for an HIV test, to go for an HIV test oneself, to help someone who is HIV positive, and / or to phone the AIDS Helpline.) Intention to ask one's partner to use a condom improved by 18 percentage-points amongst African respondents (from 61% to 79%), with a difference of 18 percentage-points (64% vs 82%) between respondents with no exposure to Soul City TV, and those with high levels of exposure to Soul City TV ($p \leq 0.05$).

Intention often precedes actual behaviour change. It also indicates a positive attitude to the behaviour, and, possibility, signify the realization that the particular behaviour is important.

The overview presented thus far illustrates that change observed in association with exposure to Soul City 4 is applicable within the general target audience, as well as specifically amongst harder-to-reach audiences (such as rural audiences) in most instances. Furthermore, some key messages seemed to have successfully reached particular audience segments at risk, or audience segments integral to sustainable change in the particular area / topic: for example, women in particular showed positive change in intention around HIV testing for themselves and their partners; men's awareness of emotional abuse increased, their attitudes regarding whether women deserve to be beaten changed positively, and their intention to do something to stop domestic violence improved. A further illustration is the growing perception amongst youth of a positive social norm around women's independence and self-sufficiency⁵⁴.

Positive intermediate behaviour (support-seeking and support-giving behaviour) over the broadcast period, associated with Soul City 4.⁵⁵

Soul City 4 is consistently associated with positive *intermediate behaviour* (support-giving and support-seeking behaviour) for HIV/AIDS and Domestic Violence.

1) In the post-intervention survey, 15% of respondents reported that they had sought advice about saving money while Soul City was on air (62% of those who had ever received advice about saving money). The percentage of people who sought advice about saving money increases with increased exposure to Soul City multi-media: 51% (valid responses) of respondents with no exposure to Soul City reported that they got advice about saving during the broadcast period, whilst 53%, 67% and 72% of respondents with exposure to 1, 2 and 3 sources of Soul City respectively report that they got advice about saving money whilst Soul City was on air ($p \leq 0.05$).

2) In the post-intervention survey, 8% of respondents reported experience of domestic violence; none of the respondents with no exposure to Soul City contacted a support organization, whereas 2%, 4% and 5% of respondents with exposure to 1, 2 and 3 sources of Soul City respectively made contact with a support organization over the broadcasting period ($p \leq 0.05$).

Behaviour change in hypertension and personal finance, and maintenance of positive behaviour in HIV/AIDS and domestic violence associated with exposure to Soul City 4⁵⁶.

In the areas of Hypertension and Small Business Development & Personal Savings, exposure to Soul City 4 is quantitatively associated with positive behaviour *change* as well as maintenance of positive behaviour.

1) Hypertension: there was significant improvement in safer hypertension behaviour between the baseline and final panel surveys in the urban sentinel site ($p \leq 0.05$). Nationally, the likelihood of positive hypertension behaviour* is 3.3 times ($p \leq 0.01$) higher amongst respondents with high levels of exposure to Soul City print material than amongst those with no exposure to Soul City Print. (**Having one's blood pressure checked; and/or adopting a healthier lifestyle by changing one's diet, exercising more, consuming less alcohol and/or smoking less; and/or suggesting that someone else should have their blood pressure checked.*) The difference between respondents with no exposure to Soul City who had their blood pressure checked while Soul City was on air (70% of valid responses) and those with exposure to 1, 2 or 3 sources of Soul City who had their blood pressure checked while Soul City was on air, is 3, 12 and 19 percentage-points respectively; i.e. 73% of respondents (valid responses) exposed to 1 source of Soul City 4 had their blood pressure checked while Soul City was on air, whereas 82% with exposure to 2 sources of Soul City and 89% with exposure to 3 sources of Soul City did ($p \leq 0.05$).

2) Small Business Development and Personal Finance: high exposure to Soul City 4 TV was associated with significant improvement in personal finance behaviour in the sentinel sites ($p \leq 0.05$). Nationally, the likelihood of positive personal finance behaviour is 1.6 times higher ($p \leq 0.05$) amongst respondents with high exposure to Soul City multi-media than amongst respondents with no exposure to Soul City. The difference between respondents with no exposure to Soul City who tried to save money over the broadcast period and those with exposure to 3 sources of Soul City who tried to save money over the broadcast period is 22 percentage-points (52% vs 74%).

Although there is qualitative evidence of behaviour *change* in the areas of HIV/AIDS and Domestic Violence, there is no compelling evidence of quantitatively measurable behaviour change in these areas. For VAW, exposure to Soul City is primarily associated with *maintaining* positive behaviour:

3) Violence Against Women: there is an association between exposure to Soul City and positive behaviour* over the evaluation period for violence against women amongst respondents with primary education ($p \leq 0.05$). (**This includes helping the abused person, involving family, friends or the community, reporting the incident (to the police), confronting the abuser, or [not] doing nothing.*) Nine percent of respondents with no exposure to Soul City reported that they did something to stop domestic violence over the broadcast period, whereas 12%, 14% and 16% of respondents with exposure to 1, 2 and 3 sources of Soul City respectively reported that they did something to stop domestic violence over the broadcast period ($p \leq 0.05$). Eight percent of respondents in the post-intervention survey reported experience of sexual harassment; 1% of respondents with no exposure to Soul City TV said that they had reported the incident, whereas 5% of those with high exposure to Soul City TV said that they had reported the incident ($p \leq 0.05$).

Similarly, for HIV/AIDS, exposure to Soul City is primarily associated with maintaining positive behaviour:

4) HIV/AIDS: the likelihood of positive HIV/AIDS behaviour* is 3.9 times higher

($p \leq 0.01$) amongst respondents with high exposure to Soul City TV than amongst respondents with no exposure to Soul City TV. (**This includes using a condom, asking one's partner to use a condom, asking one's partner to go for an HIV test, going for an HIV test oneself, and helping someone who is HIV positive.*) Respondents exposed to more than one source of Soul City were significantly more likely to say they had asked a partner to use a condom to prevent getting HIV/AIDS during the broadcast period, with a difference of 28 percentage-points (57% vs 85%) between those with no exposure to Soul City and those with exposure to 2 sources of Soul City ($p \leq 0.05$). Exposure to Soul City 4 radio was associated with HIV testing: 34% of respondents (valid responses) with no exposure to Soul City radio had asked their partner to go for an HIV test over the broadcast period compared to 77% of respondents (valid responses) with medium exposure to Soul City radio; 33% (valid responses) of respondents with no exposure to Soul City radio had gone for an HIV test themselves, compared to 72% (valid responses) of respondents with medium exposure to Soul City radio ($p \leq 0.05$). Reports of "always" using condoms increased with increased exposure to Soul City: 6% of respondents with no exposure to Soul City reported "always" using condoms, whereas 16%, 30% and 38% of respondents with exposure to 1, 2 and 3 sources of Soul City respectively reported that the "always" used condoms ($p \leq 0.05$). Respondents aged 16 to 24 with high exposure to Soul City TV were more likely to report that they always use a condom than respondents with no exposure to Soul City TV (38% vs 26%, $p \leq 0.05$), a difference of 12 percentage-points.

These observations (the fact that exposure to Soul City 4 is demonstrably associated with maintaining positive behaviour more so than with *changing* domestic violence and AIDS behaviour) need to be interpreted against the following background: the evaluation period was relatively short, with only eight to nine months between baseline and evaluation measurement. In the case of Domestic Violence, where the Soul City 4 intervention was the first attempt of this nature and scale to address domestic violence in South Africa, expecting measurable behaviour change over a nine-month period may be unrealistic given the complexity of the issues involved in domestic violence. Soul City has covered HIV/AIDS for a much longer period of time (since 1994); this may account for the more easily detectable association between Soul City and positive behaviour in HIV/AIDS. Again (with reference to HIV/AIDS behaviour), expecting to see "new" behaviour change over a nine-month period may also be unrealistic, and may support non-linear theories of behaviour change.

In the areas where behaviour is less complex and more under the control of the individual (Hypertension and Personal Savings), exposure to Soul City is associated with behaviour change despite the short period of time between baseline and evaluation measurement.

In conclusion, data consistently support the overall assessment that holistically seen, as a comprehensive health communication intervention aiming to impact on individual as well as environmental determinants of health and development, Soul City 4 was effective in bringing about observable social and behavioural change (including the factors that form part of the broader behaviour change process), and in contributing to maintaining

positive behaviour – notably so in the areas of Domestic Violence and HIV /AIDS & Youth Sexuality.

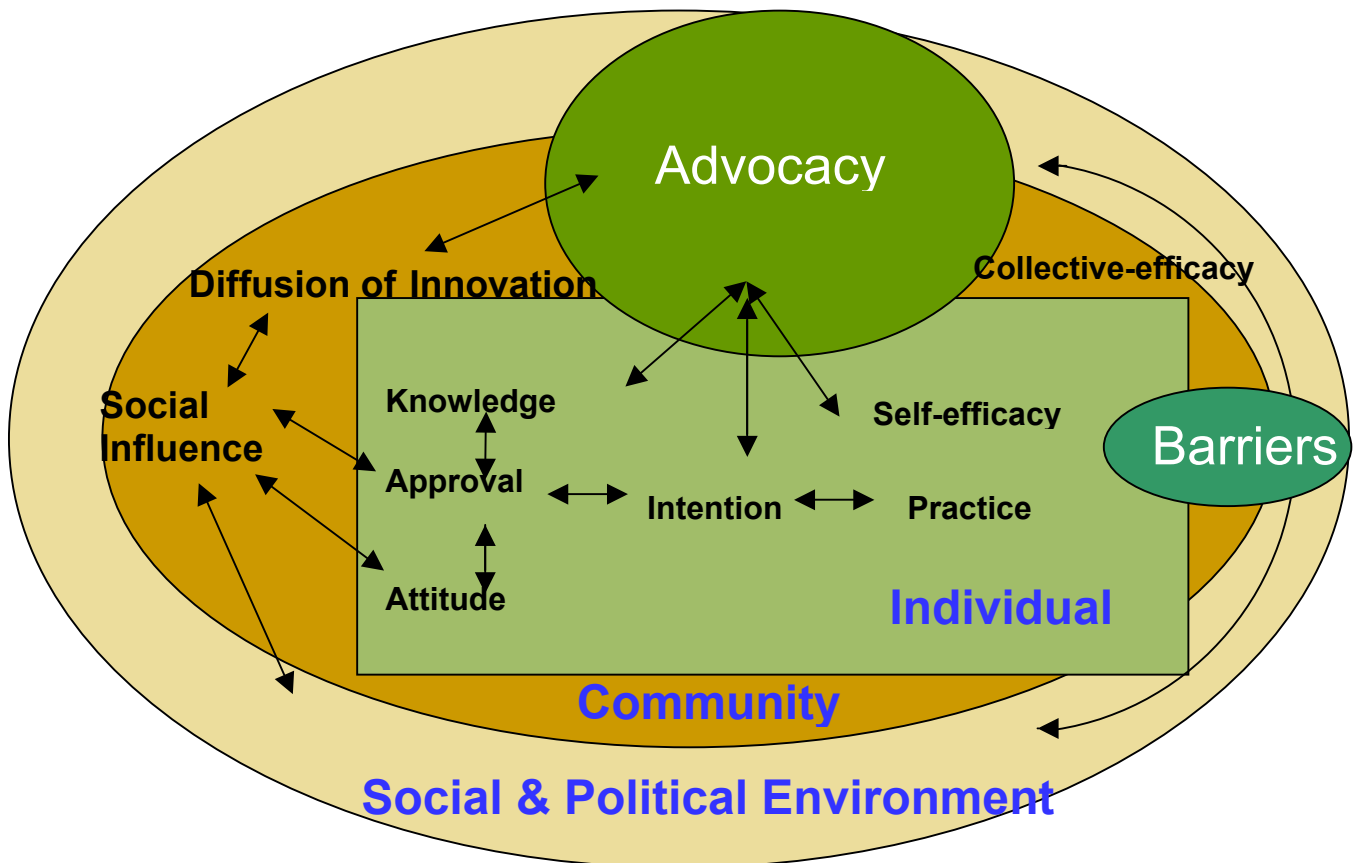
Discussion

Soul City's theory of social / behavioural change:

Health Communication specialists agree that effective communication interventions are based on sound theory that grounds a strategic framework which is flexible enough to allow for implementation in different contexts⁵⁷.

Figure 4 presents a schematic version of the model of social change which guides the Soul City intervention, and which guided the evaluation objectives - within the framework of conducting a comprehensive goal-based evaluation of Soul City 4:

Figure 4: the Soul City model of social change



The following are recognized as key factors in the theoretical underpinnings of successful social / behaviour change interventions:

- Taking into account the policy / legislative, social and service delivery environment (discussed earlier in the report);
- Taking into account cultural contexts in developing and implementing interventions. Culture is an important factor in determining health behaviour. ⁵⁸ Rogers defines culture as “the total way of life of a people, composed of their learned and shared behaviour patterns, values, norms and material objects.”⁵⁹ Airhihenbuwa and Obregon argue that the current understanding of the role of culture (often seen as a barrier to change) should be deconstructed and reconceptualised as a positive. ⁶⁰
- Taking account collectivism as opposed to the classical western notion of individualism.⁶¹ Collectivism acknowledges that individuals are often not solely in control of health decisions, and emphasize that collective norms mediate decisions and influence healthy behaviour.⁶²
- Acknowledging that an understanding of healthy choices and healthy behaviour as an informational, rational, linear process often does not hold true. Rather, it is more useful to conceptualise healthy behaviour as a motivational, emotional process which does not follow a pre-established pattern.⁶³

Through its integration of both contextual as well as individual theories of behaviour change, the Soul City model of social change represents a comprehensive understanding of social / behavioural change, which contributes to its effectiveness as a health and development communication vehicle:

With reference to the key factors mentioned above:

- Soul City overtly recognizes of the importance of the social and political environment, and in Soul City 4 operationalised this through 1) a national advocacy component (including community mobilization and media advocacy) and 2) an intervention component that connected people to relevant services. The Soul City 4 intervention components worked in synergy to facilitate social and behavioural change in an integrated and mutually reinforcing way⁶⁴. The reinforcing influences of the different intervention components as documented in the Soul City 4 Evaluation Summary Reports demonstrate the rationale behind the necessity to simultaneously impact on broader community and societal process as well as on individual and interpersonal processes.
- Although “culture” as a construct is not mentioned overtly in the Soul City model, “cultural context” as a theoretical construct is subsumed under the “community” heading, and operationalised through a thorough process of locally contextualised formative research when it comes to development of key intervention strategies and messages.
- Soul City’s emphasis on impacting on social norms and interpersonal processes as well as on communities or other collectives, and its focus on broader empowerment of women and gender equality (amongst others) in the process of facilitating behaviour change, all operationalise an

understanding of the importance of “collectivism” as opposed to an intervention based on “individualism”.

- And lastly, its use of popular drama and parasocial role modeling supplements the informational component, adds to the vehicle’s emotional appeal and appeal to human interest, and enhances audience involvement.

Soul City’s impact:

Evaluation research conducted in the health and development communication field demonstrates that edutainment can be effective as a health communication strategy. In the area of HIV/AIDS specifically, edutainment has been demonstrated to have measurable effects on changing HIV prevention behaviour⁶⁵.

A number of evaluations of mass media edutainment interventions addressing a variety of health issues show that edutainment is effective in reaching the audience, and in impacting positively on aspects of the broader behaviour change process. Although comparison between edutainment interventions is difficult (the intervention components, time frames, target audiences, areas of intervention, and evaluation designs differ), reach and impact data of a selection of well-known edutainment interventions in Africa²² are summarised in detail in *Appendix A* for the purposes of providing some frame of reference vis a vis the interpretation of Soul City 4 evaluation results.

The following edutainment interventions have been reviewed: *Twenda na Wakati* (“Let’s go with the Times”), a Tanzanian radio drama⁶⁶; the *Nshilakamona* (“I have not seen it”) radio drama in Zambia⁶⁷; *Zinduka!* (Wake up!), a Tanzanian radio serial drama⁶⁸; *Kuelewana Ni Kuzungumza* (“Understanding through Discussion”), a Kenyan radio drama⁶⁹; and *Ushikwapo Shikimana* (“When given advice, take it”), television and radio drama production in Kenya⁷⁰.

Some observations based on a comparison between Soul City 4 and these relatively comparable edutainment interventions in Africa are as follows:

- The reach of Soul City 4 (in terms of the percentage of the target population exposed) is amongst the highest - if not the highest²³ – both in terms of “any exposure” and regularity of exposure. This observation also holds true when radio exposure alone is compared (since some of these edutainment interventions relied primarily on radio as a medium of communication).
- In terms of intervention objectives and components, the Soul City 4 intervention is the most comprehensive - both in terms of the scope of the intervention components as well as in terms of the range of health and

²² Descriptions for interventions other than Soul City are limited to the scope and depth of data presented in summaries on the internet. Sources are referenced in the endnotes.

²³ Accurate comparison is difficult without more detail of comparative sampling designs.

development issues covered. Consequently, Soul City 4 demonstrates impact on a larger range of indicators for social and behavioural change:

- Soul City demonstrably impacted on policy implementation, on national editorial media coverage, on community action and collective efficacy, and on community leadership, services and structures where other interventions reviewed did not overtly set out to do so, and / or did not investigate impact in these areas.
- Most of the interventions (including Soul City) documented impact on connecting respondents to services.
- Where available data regarding impact on individuals is more directly comparable (e.g. attitudinal change and interpersonal communication) the degree of change associated with Soul City compares very well with (or is often higher than) the degree of change in interventions reviewed – granted that it is problematic to compare impact across topics covered and different measurement instruments used.
- Soul City is one of 2 interventions that have documented impact on social norms / subjective social norms. (*Twenda na Wakati* is the other one.)
- Since Soul City deals with a variety of health and development topics, it demonstrates a greater variety of “action taken”. On topics that are relatively comparable, and where relatively comparable data exist, Soul City, again, compares very well (often better) when it comes to an association between the intervention and action taken – both in terms of the range of action taken within topics, as well as in terms of the variance associated with exposure to Soul City. (“Action taken” referred to here include seeking support or services, as well as desired behaviour associated with exposure to the intervention.)
- Cost-effectiveness data for Soul City only is available.

Other than the edutainment format, the following factors contribute to the effectiveness of Soul City 4 as a health and development communication intervention: the long term nature of the Soul City intervention, the multi-media format combined with advocacy and deliberate attempts to connect people to services in Soul City 4, the relevance, credibility and authenticity of the intervention, and the multiple topics covered.

In conclusion, Soul City is internationally recognised as an exemplary edutainment intervention and a leader in the field. The Soul City 4 evaluation results give empirical substance to the credit that Soul City has elicited from peers over the years.

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⁷⁰ Brown, Singhal & Rogers (1989), Kazungu (1990), Ochilo & Odallo (n.d), Ryerson (1994), Singhal & Rogers (1989), Singhal, Rogers & Brown (1993), Poindexter & Ryerson (personal communication), Westoff & Rodriguez (1993). In: *The Use of Mainstream Media to Encourage Social Responsibility: The International Experience – Inventory of Projects*. Henry J Kaiser Foundation prepared by Jennifer Daves and Liza Nickerson – The Media Project On: www.comminit.com

APPENDIX A Edutainment intervention	Twende na Wakati (Let's go with the times)	Nshilakamona (I have not seen it)	Zinduka! (Wake up!)	Kuelewana Ni Kuzungumza (Understanding through Discussion)	Ushikwapo Shikimana (When given advice, take it)	Soul City 4					
<ul style="list-style-type: none"> * Intervention components * Location * Time frame * Key area of intervention 	<ul style="list-style-type: none"> * Radio drama; * Tanzania, targeting the national population; * July 1993 – Dec 1999; * family planning and health messages, including HIV AIDS 	<ul style="list-style-type: none"> * Radio drama; * Zambia, targeting Bemba speakers in northern Zambia; * Aug 1991-May 1992; * Youth sexuality and AIDS 	<ul style="list-style-type: none"> * Radio drama, plus radio spots, audio cassettes, print material (posters, leaflets, newspapers). Seven media sources. * Tanzania, targeting women of reproductive age; * 1991-1994; * Family planning, reproductive health and women's empowerment; 	<ul style="list-style-type: none"> * Radio drama; plus: TV & Radio spots; print material (leaflets; newspaper ads; flip chart) * Kenya, targeting the national adult population; * 1992; * Family planning; 	<ul style="list-style-type: none"> * Radio drama; comic strip * Kenya, targeting the national population; * 1987-1989; 1998 - * Family planning; women's rights, sexual & reproductive health, family equity, community action, teen pregnancy, female circumcision. 	<ul style="list-style-type: none"> * Television and radio dramas with supportive print material (booklets, lifeskills packages in schools, serialization in newspapers); Partnership with a South African NGO – National Network on Violence Against Women: advocacy initiative for speedy implementation of the Domestic Violence Act (direct lobbying, media advocacy and community mobilization); establishment of the toll free Stop Woman Abuse Helpline. * South Africa, targeting African and Coloured youth and adult population in South Africa²⁴ * Soul City (SC): 1994 – current; SC 4: July - Dec 1999 * SC: Health and Development issues; SC 4: Hypertension; Small Business Development; Violence Against Women (emphasis on Domestic Violence) and HIV/AIDS & youth sexuality 					
Cost-effectiveness					1999/00 South African Rand (SAR), HIV/AIDS and VAW:						
									TV Radio Print		
	Cost per person reached								1.87SAR 0.26US\$	0.23SAR 0.03US\$	1.52SAR 0.21US\$
	Cost per person reached								0.44SAR 0.06US\$	0.05SAR 0.01US\$	0.05SAR 0.01US\$
	1) HIV/AIDS								0.86SAR 0.12US\$	0.07SAR 0.01US\$	0.52SAR 0.07US\$
	2) VAW										
	Cost-effectiveness per: additional HIV/AIDS knowledge gained*								1.06SAR 0.15US\$	* Comparison between group with <u>no exposure</u> to SC, and group exposed to <u>any SC</u> media type; items weighted for "importance" as assessed by expert panel. ** Comparison between group with <u>no exposure</u> to SC, and group exposed to <u>any SC</u> media type; items <i>not</i> weighted for "importance".	
	... additional HIV/AIDS action gained*								1.93SAR 0.27US\$		
... additional VAW knowledge gained**								1.16SAR 0.16US\$			
... additional VAW attitude gained**								1.59SAR 0.22 US\$			
... additional VAW action gained**								49.12SAR 6.92US\$			

²⁴ The Soul City adult series targets "African" and "Coloured" previously disadvantaged South Africans. Although the series is suitable for all populations, theory of communication suggests that specific targeting and testing of materials makes it more effective. Soul City is however committed to the health and development of all South Africans irrespective of colour, race or any other characteristic.

Reach	58% (1997);	40% regular exposure, of 15 – 45 year olds listening to radio once or more a week	23% of all respondents (roughly half of radio listeners) recalled hearing Zinduka! (25% men; 23% women listened at least once)	1993: 76% (adult population) exposure to at least 1 campaign material; 1994: 56% heard radio drama	Each broadcast reached on average 40 – 50% of Kenyan population. 84% listened (based on sample of <u>radio owners</u>).	<p>SC 4, July – December 1999:</p> <ul style="list-style-type: none"> Television and/or Radio reached 79% of the SC target population²⁵; Television reached 68% (with 3 out of 4 viewers watching more than a third of the 13 episodes); Radio reached 65% (with 3 out of 4 listeners listening “sometimes” to “almost all episodes”); Any SC booklets (previous series included) reached 46%; Any print media (booklets and / or editorial coverage and / or serialization in newspapers) reached 64%; TV <u>and</u> Radio reached 46%; TV, Radio <u>and</u> booklets reached 32%; <u>All</u> media types (including editorial coverage and serialization in newspapers) reached 24%; <u>Any</u> SC exposure (TV, Radio or Print, including editorial coverage or serialization in newspapers) reached 82%. <p>SC, 1999 - current: Reached more than 4300 South African organizations and institutions: schools, Adult Basic Education and Training (ABET) centres, clinics, NGOs and CBOs, government departments, church groups, para-statal, private sector institutions, and universities.</p>
Impact on society: advocacy / policy / legislation						<p>Impact on policy implementation, associated with SC in partnership with the NNVAW: Immediate, short term gains: the intervention contributed to the changing discourse on, and prioritization of domestic violence within National Government; ... succeeded in putting pressure on National Government to speed up the implementation of the Domestic Violence Act; ... succeeded in playing a facilitating role in the implementation of the Domestic Violence Act. “The Domestic Violence Act was implemented on 15 December 1999. While this was not the date specified in the advocacy campaign objectives (1st November 1999), the Partnership Evaluation found that implementation of the Act in 1999 was an achievement that can largely be attributed to the advocacy initiative of the partnership between Soul City and the NNVAW, and the multi-media component of the Soul City 4 intervention.” (Partnership Evaluation Study, Women’s Health Project)</p>
Impact on national debate / national editorial media						<p>Impact on national debate as reflected in editorial media nationally, associated with SC in partnership with the NNVAW: Over the evaluation period: the intervention succeeded in placing domestic violence on the national media agenda; ... increased editorial coverage of domestic violence in mainstream media. 49% of print media monitored dealt with / referred to domestic violence. Domestic violence-related coverage attributable to the SC / NNVAW partnership, based on quantitative comparative analysis of media coverage and media releases; approximately 1 in 5 articles directly referred to SC and/or the NNVAW (excluding mention of member organizations).</p>

²⁵ The Soul City adult series targets “African” and “Coloured” previously disadvantaged South Africans. Although the series is suitable for all populations, theory of communication suggests that specific targeting and testing of materials makes it more effective. Soul City is however committed to the health and development of all South Africans irrespective of colour, race or any other characteristic.

<p>Impact on communities: community action</p>						<p>Impact on community action / community events associated with SC in partnership with the NNVAW: The intervention increased respondents' participation in community action, as well as increased respondents' intention to participate in community action. 3% of respondents reported that they had participated in public protest around VAW over the evaluation period. 1% of respondents with no exposure to SC reported that they had participated in public protest against violence against women, whereas 3% of respondents with exposure to 1 source of SC, 3% of respondents with exposure to 2 sources, and 5% of respondents with exposure to 3 sources of SC did. Anecdotal reports of pot or bottle banging* have been gathered; for example, patrons at a local pub in Thembisa collectively banged bottles upon witnessing a man physically abusing his girlfriend. Similarly, there are unconfirmed reports of pot-banging taking place in Khayelitsha over the evaluation period. <i>* The Soul City story depicted the community's shift from "silent collusion" with domestic violence to active opposition, at one point, community members banged pots outside the abuser's home to make him stop. This activity was introduced in the story and has not been heard of in South Africa previously. Thus, pot-banging was used as a marker associated only with the Soul City series and the partnership with the NNVAW.</i></p>
<p>Impact on community leaders, services, structures, communication</p>						<p>Impact on community leaders, opinion-makers, service providers in interaction with their communities, attributed to SC by respondents in the National Qualitative Impact Assessment: 1) SC is reported to ease the difficulty of discussing sensitive issues (such as HIV/AIDS, youth sexuality and domestic violence); respondents report that SC provides an opening / opportunity on which to build discussion; SC is perceived as, and used as an extension of community work; it shapes, supplements and reinforces various forms of messages to, and interaction with the community. Stimulation of various forms of community dialogue and debate and opening-up of taboo subjects have directly / overtly been attributed to SC. 2) Examples of SC impact on policy and practice within community structures and services have been documented: e.g. a change in policy around condom distribution in a rural community was overtly attributed to SC.</p>
<p>Impact on collective efficacy</p>						<p>Collective efficacy: (Case Study in Urban Site as part of National Qualitative Impact Assessment) Documentation of SC's impact in a small community in an urban township: SC fosters a sense of co-operation and togetherness in problem-solving within the community; it increases collective health consciousness, facilitates a sense of collective empowerment to effect change in the community, facilitates collective action and the formalization of community structure; SC further reinforces social networks and facilitates a positive vision and hope for a better future for the community.</p>

<p>Impact on connecting people to services / service delivery</p>	<p>Number of new family planning adopters at clinics in the treatment area increased 50% in first six months of broadcasts of the drama in 1993 - from 30% to 45% new adopters per month, with continuing growth in ensuing months. Number of new family planning adopters at clinics in the comparison area remained more-or-less constant from mid-1993 through late 1994.</p>		<p>Women exposed to Family Planning messages more likely to visit health facilities</p>	<p>New family planning clients listened to the radio soap opera at twice the rate of the general adult population</p> <p>When asked what influenced them to seek family planning services, new clients listed the radio drama more often than any other media. 38% of new family planning clients said the radio drama influenced their decision to visit a clinic.</p> <p>The numbers of new clients per month seen at 11 sentinel family planning delivery sites increased during the campaign</p>	<p>Many women cited the influence of the radio program as the reason that their husbands finally permitted them to seek family planning services</p>	<p>Impact on connecting people to services, associated with SC in partnership with the NNVAW:</p> <p>1) The intervention raised awareness of, and increased contact with local violence against women services: e.g. 16% of respondents with no access to SC had heard about the Stop Women Abuse Helpline (SWAH), and none of them had written down or kept the number, whereas 37%, 45% and 61% of respondents with exposure to 1, 2 and 3 sources of SC respectively had heard about the SWAH and 12%, 15% and 25% of respondents accessing 1, 2 and 3 sources of SC respectively had written down or kept the number.</p> <p>2) The intervention increased access to referral services and crisis counselling through the Stop Women Abuse Helpline (SWAH), and promotion of the AIDS Helpline. Approximately 180 000 calls were answered on 4 lines over 5 months. More than 1 in 5 calls answered were from non-urban areas.</p> <p>3) 8% of respondents in the post-intervention survey reported experience of domestic violence. 1% of respondents with no exposure to SC TV reported that they had made contact with an organization working in VAW whilst SC was on air, whereas 4% of those with low and medium exposure to SC TV, and 5% of those with high exposure to SC TV did.</p>
<p>Impact on individuals: self-efficacy</p>	<p>Between 1993 and 1995: 11% increase in self-efficacy (belief in ability to determine family size) in treatment area, and 6% increase in comparison area (p<0.05)</p>				<p>72 % of respondents felt the programme helped listeners to adopt family planning</p>	<p>Impact of self-efficacy, qualitatively associated with SC:</p> <p>1) SC impacted positively on women's self-worth and sense of identity, in the context of rights-awareness, and "new" options.</p> <p>2) SC empowered women to negotiate relationships and (safer) sex:</p> <p>"Women interviewed (speaking from different contexts and perspectives), report that Soul City 4 encouraged them to act on this (new) awareness of their rights, and enabled them to stand up for their rights in oppressive or abusive contexts, or in contexts traditionally associated with unequal gender power relations." (National Qualitative Impact Assessment, summarized in <i>Soul City 4 Evaluation Results – Integrated Summary Report</i>)</p>

<p style="text-align: center;">Impact on attitudes and beliefs</p>	<p>Attitudes:1993-1995: Favourable attitudes to Family Planning increased with 5 percentage-points (69%-74%) in treatment area; decreased with 6 percentage-points in control area.</p>	<p>Intervention associated with women's belief that they were more vulnerable to AIDS</p>	<p>1) Positive impact on attitudes towards women practicing Family Planning: 11 percentage-point difference (positive direction) between exposed and non-exposed (29% vs 40% agreed with a negative statement: "Women who practice family planning tend to be more promiscuous than those who don't,"); 2) positive impact on attitudes around Family Planning as method to prevent unwanted pregnancies: 10 percentage-point difference (positive direction) between exposed and non-exposed (32% vs 22% agreed with a positive statement: "school girls at all levels should be encouraged to practice family planning in order to prevent unwanted pregnancies")</p>		<p>Over 75% of listenership accepted the concept of smaller families</p>	<p>Improvement in personal attitudes and beliefs around domestic violence, and maintenance of positive attitudes in HIV/AIDS and youth sexuality, associated with exposure to SC 4. E.g.:</p> <p>1) The likelihood of holding positive attitudes and beliefs around domestic violence* is 4.5 times higher ($p \leq 0.01$) amongst respondents with exposure to SC multi-media (i.e. exposure to multiple SC media types) than amongst respondents with no exposure to SC. (<i>*E.g. whether domestic violence is a private matter, whether if a man beats his wife he has a good reason for it, whether women are expected to put up with abuse, whether it is culturally acceptable for a man to beat his wife, whether a man has the right to beat his wife, and whether women ever deserve to be beaten.</i>) Attitudes around domestic violence as a private affair improved with 10 percentage-points (from 56% to 66%) from pre-intervention to post-intervention measurement, with a 21 percentage-point difference (56% vs 77%) between respondents with no exposure to SC and those with exposure to 3 media types ($p \leq 0.05$).</p> <p>2) Attitudes around rape in marriage improved with 4 percentage-points from pre-intervention to post-intervention measurement (86% to 90%), with a 17 percentage-point difference (80% vs 97%) between respondents with no exposure to SC and those with exposure to 3 media types ($p \leq 0.05$).</p> <p>3) Although the pre- and post-intervention measurement did not change significantly, respondents exposed to any SC media type were more likely to hold positive attitudes around women's dependence on men for a better life, with a difference of 14 percentage-points (63% vs 77%), 15 percentage-points (63% vs 75%) and 23 percentage-points (63% vs 86%) between those with no exposure to SC and those with exposure to 1, 2 and 3 media types respectively ($p \leq 0.05$).</p>
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<p>Impact on interpersonal communication</p>	<p>55% of listeners talked to a friend [about issues raised in the radio programme].</p> <p>The percentage of married respondents in the treatment area who talked with their spouse about family planning increased from 42% in 1993 to 51% (9 percentage-point increase) in 1995; compared with 62% to 57% in the control area over the same period (5 percentage-point decrease).</p>		<p>Women exposed to Family Planning messages were more likely to discuss Family Planning with their spouses</p>	<p>Couple communication about family planning increased with 4 percentage-points, from 38% to 42%.</p>		<p>Improvement in interpersonal communication across SC themes, on HIV/AIDS and on domestic violence, associated with SC4. E.g.:</p> <ol style="list-style-type: none"> 1) 74% of respondents with exposure to SC 4 reported that they had talked about issues dealt with on SC; 2) More than 1 in 3 respondents had talked about domestic violence while Soul City was on air, with a difference of 19 percentage-points (17% vs 36%), 22 percentage-points (17% vs 39%) and 34 percentage-points (17% vs 51%) between those with no exposure to SC and those with exposure to 1, 2 and 3 media types respectively ($p \leq 0.05$). 3) "Occasional" interpersonal communication around HIV/AIDS improved with 6 percentage-points (from 37% to 43%) from pre-intervention to post-intervention measurement, whilst "never" talking about HIV/AIDS decreased by 9 percentage-points (from 34% to 25%) between pre- and post-intervention measurement. There is a difference of 9 percentage-points between respondents with no exposure to SC who talk about AIDS occasionally (38%) and those with exposure to 3 SC media types who talk about AIDS occasionally (47%). 40% of respondents with no exposure to SC said they never talk about HIV/AIDS, whereas 14% of those with exposure to 3 SC media types said they never discussed HIV/AIDS – a difference of 26 percentage-points ($p \leq 0.05$).
<p>Impact on (subjective) social norms</p>	<p>Strong correlation between exposure to 'Twende' and positive norms about crucial family planning values – e.g. ideal age of marriage; ideal age for of first birth for women; approval of couples using a family planning method; ideal number of children [comparing 1993 to 1995].</p>					<p>Improvement on subjective social norms in domestic violence and HIV/AIDS, associated with SC 4. E.g.:</p> <ol style="list-style-type: none"> 1) The likelihood of believing that one's family, friends or community held positive views on domestic violence is 3.7 times higher ($p \leq 0.01$) amongst respondents with exposure to multiple sources of SC than amongst respondents with no exposure to SC. (Issues are similar to attitudes reported on above). In the pre-intervention measurement, 8% of respondents experienced their community to have a more negative attitude than they do on whether domestic violence is a problem. This decreased to 3% in the post-intervention measurement, signifying a 63% decrease in negative social pressure. 2) The likelihood of believing one's family, friends or community held positive views on AIDS and Youth Sexuality* is 2.8 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst respondents with no exposure to SC TV. (*Issues include whether people with HIV/AIDS should be moved away, whether a man is right in expecting a woman to have sex with him without using a condom, whether boys/men have the right to have sex with their girlfriends if they buy them gifts, whether girls/women need to depend on their boyfriends/husbands for better life, and whether if a person really loves their boyfriend / girlfriend, they will have sex with them.) In the pre-intervention measurement, 19% of respondents experienced their friends to have a more negative attitude than they do on whether a man is right in expecting a woman to have sex with him without using a condom. This decreased to 7% in the post-intervention measurement, signifying a 63% decrease in negative peer pressure.

<p style="text-align: center;">Impact on knowledge and awareness</p>	<p>88% of people listening reported that they learned about family planning; 86 % said they learned about HIV/AIDS prevention; and 76% said they learned about spousal communication.</p>	<p>Knowledge of AIDS and importance to take measures to prevent infection increased ($p \leq 0.001$) between 1991 and 1992.</p> <p>Change in knowledge of the extended period of infection.</p>			<p>Over 45% of respondents say they learned about family planning from programmes like Ushikwapo Shikimana</p>	<p>Increases in knowledge and awareness of all topics covered, associated with exposure to SC 4. E.g.:</p> <ol style="list-style-type: none"> 1) There was an improvement of 6 percentage-points between pre- and post-intervention measurement (from 88% to 94%) on awareness to check blood pressure regularly, with a difference of 11 percentage-points between respondents with no exposure to SC and respondents with any exposure to SC (84% vs 95%, $p < 0.05$). 2) There was an improvement of 8 percentage-points between pre- and post-intervention measurements of men recognizing emotional battering as a form of domestic violence (from 81% to 89%). The likelihood of recognizing emotional battering as a form of domestic violence is 7 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst those with no exposure to SC TV. 3) There was a difference of 45 percentage-points (16% vs 61%) between respondents with no exposure to SC and respondents with exposure to all 3 SC media types on knowledge of the Stop Women Abuse Helpline ($p < 0.05$). (The Stop Women Abuse Helpline was initiated by the partnership between SC and the NNVAW, and is therefore, like pot-banging, a marker that is directly and exclusively associated with the SC 4 intervention.) 4) Rural Sentinel Site: high access to SC TV associated with faster acquisition of awareness that HIV/AIDS can be prevented ($p \leq 0.05$). 5) Knowledge that there is no cure for AIDS improved by 10 percentage-points (from 79% to 89%) between the pre-intervention and post-intervention measurement. There was a difference of 9 percentage-points (85% vs 94%) between respondents with no exposure to SC TV and respondents with medium exposure to SC TV on this item ($p \leq 0.05$).
<p style="text-align: center;">Impact on intermediate behaviour</p>						<p>Positive intermediate behaviour (support-seeking and support-giving behaviour) over the broadcast period, associated with SC4. E.g.:</p> <ol style="list-style-type: none"> 1) In the post-intervention survey, 15% of respondents reported that they had sought advice about saving money while SC was on air (62% of those who had ever received advice about saving money). The percentage of people who sought advice about saving money increases with increased exposure to SC multi-media: 51% (valid responses) of respondents with no exposure to SC reported that they got advice about saving during the broadcast period, whilst 53%, 67% and 72% of respondents with exposure to 1, 2 and 3 sources of SC respectively report that they got advice about saving money whilst SC was on air ($p \leq 0.05$). 2) In the post-intervention survey, 8% of respondents reported experience of domestic violence; None of the respondents with no exposure to SC contacted a support organization, whereas 2%, 4% and 5% of respondents with exposure to 1, 2 and 3 sources of SC respectively made contact with a support organization over the broadcasting period ($p \leq 0.05$).

<p>Impact on intention</p>		<p>Increased willingness to talk to spouse or children about AIDS.</p>				<p>Improvement on ‘intention’ in the areas of hypertension, HIV/AIDS and violence against women, associated with exposure to SC 4. E.g.:</p> <p>1) The likelihood to consider checking one’s blood pressure and / or finding out more about hypertension is 3.5 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst respondents with no exposure to SC TV.</p> <p>2) The likelihood of positive intention around domestic violence* is 6.4 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst respondents with no exposure to SC TV. (*This includes considering talking about it, reporting it, referring people affected to the Stop Women Abuse Helpline, doing something to stop it, and / or confronting the perpetrator.) Willingness to talk about the abuse increased with 6 percentage-points (from 71% to 77%) between pre- and post-intervention measurement, with a difference of 9 percentage-points (75% vs 84%) between respondents with no exposure to SC TV, and those with high levels of exposure to SC TV ($p \leq 0.05$).</p> <p>3) The likelihood of positive intention around HIV/AIDS behaviour* is 6.8 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst respondents with no exposure to SC TV. (*This includes willingness to ask a partner to use a condom and / or go for an HIV test, to go for an HIV test oneself, to help someone who is HIV positive, and / or to phone the AIDS Helpline.) Intention to ask one’s partner to use a condom improved by 18 percentage-points amongst African respondents (from 61% to 79%), with a difference of 18 percentage-points (64% vs 82%) between respondents with no exposure to SC TV, and those with high levels of exposure to SC TV ($p \leq 0.05$).</p>
<p>Impact on behaviour</p>	<p>Behaviour:1993-1995: 1) Reported adoption of HIV / AIDS prevention behaviour as result of the programme – 16% (1996) and 12% (1997): * reported reduction in sexual partners (77% - valid responses) * reported adopting condom use (15%) Greater decrease in reported number of sexual partners for men and women ($p \leq 0.01$) in intervention area than comparison area. 2) Reported use of Family Planning methods (married females) increased by 8 percentage-points (from 25% to 33%) in treatment area; decreased by 5 percentage-points in control area 3) Reported use of Family</p>	<p>Women reported reduced number of partners</p>	<p>1) Current use of modern methods were far greater among women who recall family planning messages than among those who did not (18% vs 3%): 9% of women exposed to 1 media source were using a modern method; 15% for exposure to 2 media sources; 19% for 3 sources; 45% for women exposed to 6 media sources. 2) Likelihood of</p>	<p>Nearly half of those exposed in 1993 took some action: talked with a partner or friend; visited a family planning service site; adopted a family planning method.</p> <p>Increase of 4 percentage-points (from 67% to 71%) in the population that continued using a modern family planning method for at least one year.</p>	<p>DHS analysis: decline in desired family size (from 6.3 to 4.8 children) and the 58% increase in contraceptive usage are due in substantial part to mass media family planning messages such as those contained in the radio (and Television) serials.</p>	<p>Behaviour change in hypertension and personal finance, and maintenance of positive behaviour in HIV/AIDS and domestic violence associated with exposure to SC 4. E.g.:</p> <p>1) Hypertension: there was significant improvement in safer hypertension behaviour between the baseline and final panel surveys in the urban sentinel site ($p \leq 0.05$). Nationally, the likelihood of positive hypertension behaviour* is 3.3 times ($p \leq 0.01$) higher amongst respondents with high levels of exposure to SC print material than amongst those with no exposure to SC Print. (*Having one’s blood pressure checked; and/or adopting a healthier lifestyle by changing one’s diet, exercising more, consuming less alcohol and/or smoking less; and/or suggesting that someone else should have their blood pressure checked.) The difference between respondents with no exposure to SC who had their blood pressure checked while SC was on air (70% of valid responses) and those with exposure to 1, 2 or 3 sources of SC who had their blood pressure checked while SC was on air, is 3, 12 and 19 percentage-points respectively; i.e. 73% of respondents (valid responses) exposed to 1 source of SC 4 had their blood pressure checked while SC was on air, whereas 82% with exposure to 2 sources of SC and 89% with exposure to 3 sources of SC did ($p \leq 0.05$).</p> <p>2) Small Business Development and Personal Finance: high exposure to SC 4 TV was associated with significant improvement</p>

<p style="text-align: center;">Impact on behaviour (continued)</p>	<p>Planning methods (sexually active men) increased by 7 percentage-points (from 14% to 21%) in treatment area; decreased by 10 percentage-points in control area. 4) Correlation between exposure to 'Twende' and one reported behaviour (male respondents currently using Family Planning methods) and one observable factor: percentage of married women currently pregnant.</p> <p>* Between 1994 and 1998, 25% of new family planning adopters reported (unaided recall) that Twende na Wakata was a source of referral in adopting a method. * 82% of listeners in 1995 said that they adopted an HIV/AIDS prevention behaviour because of; listening to "Twende". This was a 10 point rise from 72% in 1994.</p>		<p>practicing contraception (women): 1 media source ▶ 1.5 (p≤ 0.001) 6 media sources ▶ 9.2 (p≤ 0.001)</p>			<p>in personal finance behaviour in the sentinel sites (p≤ 0.05). Nationally, the likelihood of positive personal finance behaviour is 1.6 times higher (p≤ 0.05) amongst respondents with high exposure to SC multi-media than amongst respondents with no exposure to SC. The difference between respondents with no exposure to SC who tried to save money over the broadcast period and those with exposure to 3 sources of SC who tried to save money over the broadcast period is 22 percentage-points (52% vs 74%).</p> <p>3) Violence Against Women: there is an association between exposure to Soul City and positive behaviour* over the evaluation period for violence against women amongst respondents with primary education (p≤ 0.05). (*This includes helping the abused person, involving family, friends or the community, reporting the incident (to the police), confronting the abuser, or [not] doing nothing.) 9% of respondents with no exposure to SC reported that they did something to stop domestic violence over the broadcast period, whereas 12%, 14% and 16% of respondents with exposure to 1, 2 and 3 sources of SC respectively reported that they did something to stop domestic violence over the broadcast period (p≤ 0.05). 8% of respondents in the post-intervention survey reported experience of sexual harassment. 1% of respondents with no exposure to SC TV said that they had reported the incident, whereas 5% of those with high exposure to SC TV said that they had reported the incident (p≤ 0.05).</p> <p>4) HIV/AIDS: the likelihood of positive HIV/AIDS behaviour* is 3.9 times higher (p≤ 0.01) amongst respondents with high exposure to SC TV than amongst respondents with no exposure to SC TV. (*This includes using a condom, asking one's partner to use a condom, asking one's partner to go for an HIV test, going for an HIV test oneself, and helping someone who is HIV positive.) Respondents exposed to more than one source of SC were significantly more likely to say they had asked a partner to use a condom to prevent getting HIV/AIDS during the broadcast period, with a difference of 28 percentage-points (57% vs 85%) between those with no exposure to SC and those with exposure to 2 sources of SC (p≤ 0.05). Exposure to SC 4 radio was associated with HIV testing: 34% of respondents (valid responses) with no exposure to SC radio had asked their partner to go for an HIV test over the broadcast period compared to 77% of respondents (valid responses) with medium exposure to SC radio; 33% (valid responses) of respondents with no exposure to SC radio had gone for an HIV test themselves, compared to 72% (valid responses) of respondents with medium exposure to SC radio (p≤ 0.05). Reports of "always" using condoms increased with increased exposure to SC: 6% of respondents with no exposure to SC reported "always" using condoms, whereas 16%, 30% and 38% of respondents with exposure to 1, 2 and 3 sources of SC respectively reported that the "always" used condoms (p< 0.05). Respondents aged 16 to 24 with high exposure to Soul City TV were more likely to report that they always use a condom than respondents with no exposure to SC TV (38% vs 26%, p≤ 0.05), a difference of 12 percentage-points.</p>
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