



INTRODUCTION

OneLove was launched in South Africa in January 2009 as part of a regional campaign focused on reducing **Multiple and Concurrent Partnerships (MCP)**.

OneLove regional campaign objectives are:

- to create an enabling environment for social change, in which individual behaviour change becomes a positive choice
- to stimulate debate on issues such as culture and gender in the context of the HIV epidemic
- to empower communities to take positive, organised action to prevent HIV and AIDS.

OneLove South Africa messages are:

- Having concurrent partners (more than one sexual partner in the same time period) hugely increases the risk of getting HIV and puts loved ones at risk.
- Sex is an important part of life and can be rewarding and fulfilling. It can also be harmful to an individual and their loved ones.
- Every time a couple starts a new sexual relationship both partners should be sure of their HIV status.
- Always or consistently use condoms with all partners. This means a new condom with each partner every time and every round.
- Transactional and intergenerational sex are very risky. The difference in power in these relationships means people are not able to negotiate safe sex.
- Individuals are more at risk of contracting HIV when they drink alcohol. Alcohol stimulates libido and prompts loss of control.

OneLove Interventions

OneLove uses mass media, social mobilisation, and advocacy to communicate health messages about the risks of MCP to the general population and to influence opinion leaders.

OneLove activities:

- Soul City series 9: a popular 13-episode, prime-time television drama series that started in January 2009 (one episode per week).
- Soul City radio drama series: 30 episodes in nine languages that started in July 2009.
- Community radio station talk shows: running on 12 community radios in seven provinces.
- Relationships' booklet: a total of about 945 000 booklets distributed nationally in Afrikaans, English, Sotho and Zulu.
- 'OneLove – Preventing HIV in South Africa' booklet: a total of about 1.2 million booklets distributed nationally so far in Afrikaans, English, Sotho and Zulu.
- **OneLove** promotional material: 312 80 t-shirts, 2660 branded pens and 438 20 bracelets, 551 0 bandannas, 261 0 lanyards and 400 shopping bags distributed nationally.
- **OneLove** toolkits: a total of 1 062 distributed to campaign partners and at outreach events to develop and maintain a network of organisational partners working in the area of HIV prevention to promote the **OneLove** message.

Evaluation objectives

A midway evaluation of **OneLove** South Africa was conducted with the objectives to:

- explore the audience's overall impression of the Soul City **OneLove** Campaign materials.
- assess the relevance and appropriateness of the campaign materials, interventions and the messages communicated.
- explore the messages that the audience received from **OneLove**.
- explore whether the **OneLove** Campaign sparked debate among peers, families, and community members; and the nature of the debates.
- understand further barriers to social change around MCP.
- source audience suggestions for improving the **OneLove** Campaign.
- determine the reach of **OneLove**.
- describe the patterns of exposure to **OneLove**.
- determine the impact of **OneLove** on HIV and AIDS-related knowledge, attitudes and behavioural outcomes that the campaign intended to address.

METHODOLOGY

Two independent evaluation studies were conducted. One **qualitative study** used convenient and purposive sampling to recruit participants, and focus group discussions to gather data. There were ten focus groups with 9–12 participants in each. Males and females were in separate groups – further segmented into three age categories 18–25 years, 26–40 years and 41–55 years. Respondents were recruited from three provinces: Gauteng, KwaZulu-Natal and Limpopo.

The **quantitative study** used questionnaires which were administered through an interview to gather data. A sample size of 9 728 in 398 small enumeration areas (SEA) consisted of males and females aged 16 to 55 years old. All nine provinces were sampled.

The evaluations did not include the community level components of **OneLove** such as training and community dialogues.

OneLove South Africa Interim Evaluation

FACT SHEET

JUNE 2010

DATA ANALYSIS

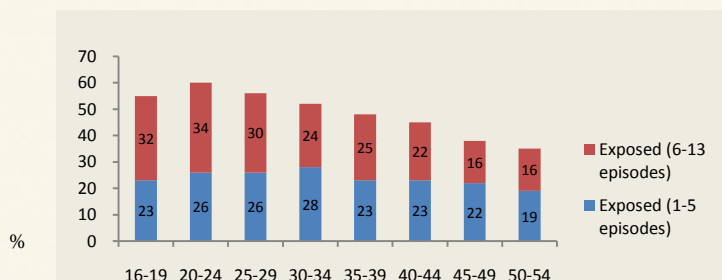
Data was analyzed using quantitative and qualitative methods. For the qualitative component, interviews – transcribed verbatim – were thematically analyzed using *ATLAS.ti* computer software. *Stata 11* software was used to analyze the quantitative data. In particular, chi-square tests of association, logistic regression and propensity score analysis were used to assess the overall impact of the campaign and to ensure that the impact measured is attributable to **OneLove** and not to related confounding variables such as age, sex, socio-economic status, education level, etc.

RESULTS

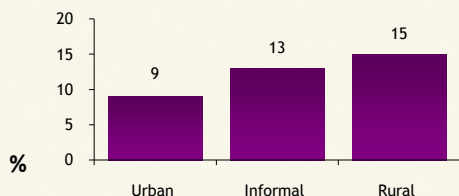
Reach of OneLove and Soul City 9

Soul City 9 TV, radio and booklets reached 61% of the South African population.

Reach of Soul City 9 TV

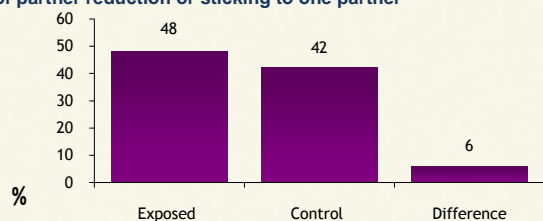


Radio reach



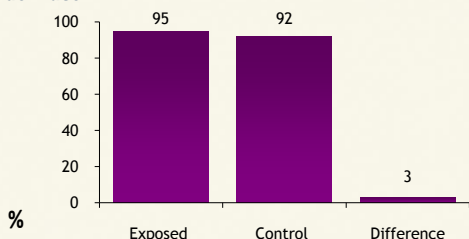
Impact of OneLove

Knowledge of partner reduction or sticking to one partner



OneLove was responsible for a 6% (1 644 600 people) increase in knowledge of partner reduction or sticking to one partner.

Knowledge of condom use



OneLove was responsible for a 3% (822 319 people) increase in knowledge of condom use as a method of HIV prevention.

Quotations from the qualitative evaluation regarding “knowledge of sticking to one partner”

The other programme that ... talks about the fact that one should have ... one partner is the Soul City programme, that is on TV ... also a Soul City magazine ... the message is that one should have one partner; if you can't then you can use the condom, ... so that you do not get sexually transmitted diseases... [Male 41–55 years, rural, Limpopo]

As you can see (Referring to OneLove logo)...it's showing us two people, a man and a woman. It means that we should restrain ourselves and only keep one partner. I think if people kept one partner there would be a lot of difference. [Male 26–40 years, informal settlement, Gauteng]

It teaches youth and adults that you should be honest to your partner. Again that you should have one partner. [Female 18–25 years, township, KwaZulu-Natal]

Quotations from the qualitative evaluation regarding “knowledge of condom use”

It tells us as a girl or even as a boy you should protect yourself and use a condom when you have sex and you should have one partner, that's the best. Otherwise you will be exposing yourself to HIV and STIs. If you can't do that (use a condom) you should abstain. [Female 18–25 years, informal settlement, Gauteng]

I have learnt that you should have a condom with you when you go drinking. [Female 18–25 years, township, KwaZulu-Natal]

JUNE 2010

Quotation from the qualitative evaluation regarding “condom use behaviour”

Jaa, because us girls were not keen on using condoms because we felt that we did not feel the man when he is wearing a condom – but now I use it because I know I can also use it for contraception as well as protection. So we have changed.

[Female 18–25 years, informal settlement, Gauteng]

Quotation from the qualitative evaluation regarding “not having transactional sexual relations”

Just like I said earlier, I have decided not to have a sugar daddy. I will wait until I get someone who is right for me. If someone proposes to me I cannot just say 'yes' there and then just because he has done something for me...

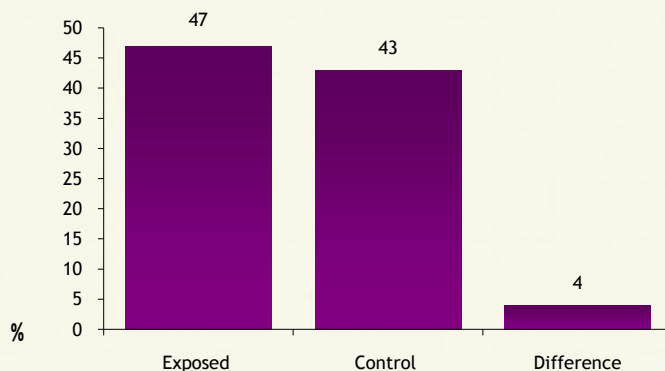
[Female 18–25 years, township, Gauteng]

Quotation from the qualitative evaluation regarding “communication with children”

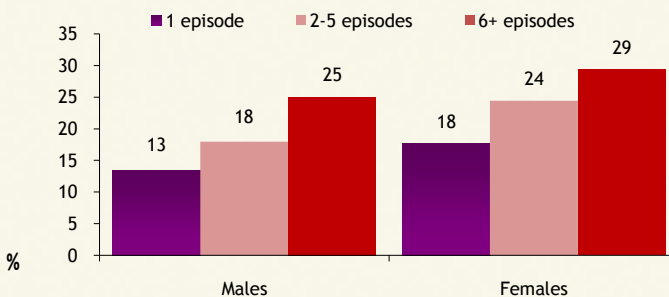
I have noticed that since OneLove our parents are now open with us because they too now have information. They no longer throw you out of the house when you have made a mistake and say: 'Go away'. They are now able to sit you down and give you advice and say: 'Did you see on TV what happens to people who behave like you?' (It could be that you are pregnant). In some cases you would be thrown out of the home and they say they are tired of your behaviour. These days parents are able to sit you down and say: 'After getting the baby what would you like to do? Are you aware of the consequences of your behaviour?' So you are able to say: 'Mama, I can see where I went wrong and I'd like to go back to school.' Parents now understand and are supportive.

[Female 18–25 years, informal settlement, Gauteng]

Condom use behaviour



Parents who talked to children about what was seen on Soul City



DISCUSSION

Reach

These surveys, notably conducted in the early days of the campaign, make it clear that elements of *Soul City 9* and **OneLove** achieved high levels of reach amongst adult South Africans. Reach was particularly high among young, more educated, unmarried people and people of African descent. Research has shown that these groups tend to engage in higher risk behaviours, including multiple sexual partners, and they have the highest HIV prevalence. However, research also showed a need to target older men engaging in intergenerational sex.

Other overall findings include:

- *Soul City* radio messaging is reaching the least-resourced populations in the rural areas of South Africa.
- The audience had a good impression of the campaign, found it to be relevant, and generally liked it.
- Overall, the reach of the **OneLove** campaign and its components is extensive given the short period between the launch and field work (~5 months).

OneLove Interim Evaluation

Impact

The campaign sparked debate amongst youth, parents and couples in sexual relationships.

It also resulted in knowledge gains and attitude changes around HIV prevention in the form of condom use, HIV testing, partner reduction and avoiding risky behaviours amongst the target group.

Behaviour change associated with **OneLove** was observed in condom use and the decision to avoid intergenerational and transactional sexual relations.

The findings of the evaluation will aid in the improvement of the implementation of **OneLove**.

The evaluation surveys were conducted when **OneLove** was very new. Behaviour change impacts typically take years to take effect, and the most important outcomes of the campaign – such as MCP – are complex and it will likely take many years before significant impact can be seen.

CONCLUSION

In conclusion, the outcomes of the evaluation are promising and form the basis of positive behavior change that will likely be shown in the final evaluation to be conducted between 2012 and 2013 at the end of the campaign.

FACT SHEET

JUNE 2010

**Soul City: Institute for Health and
Development Communication**

| 1st Floor Dunkeld West Centre |

| 281 Jan Smuts Ave, Corner Bompas Road |

| Dunkeld West |

| Johannesburg |

| Office number: +27 11 341 0360 |

| Fax number: +27 11 341 0370 |

| Visit us @: www.soulcity.org.za |

| www.onelovesouthernafrica.org |

ACKNOWLEDGEMENTS: We would like to acknowledge and extend our gratitude to all local and international funders of the **Soul City South African Programmes** including this campaign; all the partners involved in the **OneLove Campaign**, **Health Development Africa** for conducting the quantitative evaluation, the research unit of **Soul City Institute** for conducting the qualitative evaluation, and the participants of the study.

