



IMPACT EVALUATION SUMMARY

2002-2007



DFID Department for
International
Development

**SOUL
CITY**
INSTITUTE
HEALTH & DEVELOPMENT
COMMUNICATION

ACKNOWLEDGEMENTS

This report was compiled by Rosa Kahembe and Julia Shipena from Desert Soul HDC: Research Department with editorial and strategic input from Soul City, Johannesburg and Dr Gill Schierhout, Independent Consultant in Public Health. It is based on the independent research and analysis conducted by the CIET Trust, Johannesburg for the Soul City Regional Programme between 2002 and 2007.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
ART	Anti-Retroviral Therapy/Treatment
CIET	Central Institute of Education Technology
HIV	Human Immunodeficiency Virus
NBC	Namibian Broadcasting Corporation
PLWHA	People Living with HIV and AIDS
STIs	Sexually Transmitted Infections
TB	Tuberculosis

1. EXECUTIVE SUMMARY

1.1 Introduction

Desert Soul is a local Namibian communication organisation that uses radio, television and print to effect social change and promote healthy behaviours. The intervention deals with HIV and AIDS prevention and treatment, other sexually transmitted diseases and domestic violence. Desert Soul is part of the Soul City Institute of Health and Development Communication regional programme operating in 8 Southern African countries. Soul City is an internationally recognized health and development organization based in Johannesburg, South Africa. Between 2004 and 2007, Desert Soul produced 2 booklets and a radio drama aimed at the general population of Namibia 16 years and older, and two television series aimed at young people aged 8-12 years.

The regional programme commissioned the CIET Trust, Johannesburg to conduct the evaluation of the programme in each of the 8 countries. This report summarizes the results of the findings from Namibia. The aim of the evaluation was to investigate the impact of Desert Soul on individuals and communities. A baseline survey was performed in 2002/3. In 2007, an impact evaluation survey was conducted. Both surveys measured demographics. The evaluation survey also measured reach and reception of Desert Soul materials, and impact of exposure to Desert Soul on knowledge, attitudes and practices. The surveys included two distinct samples – a nationally representative household sample, which included adults 16-60 years old residing in selected households and a youth sample of the age range 8-17 years sampled through schools across Namibia. The 2007 data were analysed using bivariate and multivariate methods to establish the impact of Desert Soul on key health-related knowledge, attitudes and behaviours.



1.2 Results

Recognition and Reach of Desert Soul

Desert Soul had good reach to both adults and youth. In 2007, 70% of in-school youth aged 8-17+ years and 72% of adults had heard of Desert Soul. Radio and print materials, which were targeted at adults over 16 years reached 47% of youth and 36% of adults respectively. Although not targeted at them, there was extensive reach of these materials into the younger age groups, with approximately 60% of youth having listened to Desert Soul on the radio and having read each of the booklets. Desert Soul television, designed for 8-12 year olds, reached 63% of youth, and 35% of adults. There were no marked differences between exposure to the brand by gender, or by urban, rural and capital location.

Knowledge about HIV and AIDS

Increases in HIV knowledge amongst both adults and youth can be attributed to Desert Soul. For adults, Desert Soul was associated with increases in knowledge of the correct causes of AIDS (87% exposed and 72% unexposed); knowledge that AIDS has no cure (85% exposed compared to 70% unexposed); knowledge that you cannot tell whether or not someone has HIV by looking at them (80% exposed compared to 73% unexposed) and knowledge that consistent condom use prevents HIV (89% exposed compared to 85% unexposed). These changes were primarily attributable to Desert Soul print materials, and to a lesser extent, radio.

Amongst young people, improved knowledge of HIV was seen in relation to exposure to Desert Soul television. Changes attributed to this exposure for in-school youth included increased knowledge that people with HIV can look healthy (61% exposed compared to 49% unexposed) and that always using a condom can prevent HIV (71% exposed compared to 64% unexposed).

Knowledge about ART

Around two thirds of adults and one third of young people in 2007 had heard of antiretroviral treatment. Desert Soul television and radio had a positive impact on increasing knowledge of ARVs in both age groups. For example, more people exposed to Desert Soul had heard of ARVs than the unexposed (85% exposed adults compared to 63% unexposed adults and 35% exposed in-school youth compared to 25% unexposed) and better knowledge that an

HIV infected person can live longer while taking ARVs (70% exposed in-school youth versus 56% unexposed).

Stigma

Desert Soul was associated with improved attitudes to people living with HIV/AIDS. For youth, impacts were seen in relation to intention to befriend a person affected by HIV/AIDS (54% exposed compared to 41% unexposed) and for adults, disagreeing that HIV/AIDS is a punishment for sinning (54% exposed compared to 42% unexposed). Desert Soul television programming was particularly important in achieving these outcomes.

Testing for HIV

Desert Soul was successful in getting people to get tested for HIV (52% tested amongst the exposed compared to 43% amongst the unexposed) and also in getting people to ask their partners to go for an HIV test (51% exposed versus 45% unexposed).

Condom use

Exposure to Desert Soul radio, and to a lesser extent television, was significantly associated with consistent condom use with both regular and non-regular partners (45% exposed and 36% unexposed for condom use with regular partners, and 73% exposed and 61% unexposed for condom use with non-regular partners).

Attitudes, Beliefs and Intention to Act Against Forced Sex and Domestic Violence

The booklet "Stop the Abuse Against Women" was successful in promoting dialogue about domestic violence (50% of those who had read the book had these discussions compared to 42% of the unexposed). No impacts were found in relation to the belief that violence in the home is a private matter (39% agreed with this in 2007), or on the attitude that a woman has the right to refuse sex with her partner (20% of adults disagreed that a woman had this right in 2007). For children, Desert Soul was associated with increased levels of intention to act positively in the case of sexual molestation, for example, telling the perpetrator to stop, screaming and telling a parent or teacher.

Conclusion

Desert Soul achieved good reach in Namibia, particularly amongst in-school youth. Radio reached almost one half of adults in Namibia and was a particularly important contributor to exposure to Desert Soul in rural areas. The impact of Desert Soul is seen in relation to knowledge, stigma reduction, condom use and HIV testing. Indications are that the intervention was successful in promoting dialogue about issues of domestic violence, and possibly sexual molestation for children.



2 BACKGROUND AND METHODS

Namibia is a large sparsely populated country in Southern Africa. It is bordered by the Atlantic Ocean, Angola to the north and Botswana and Zambia to the east, as well as South Africa to the South. Namibia's population is estimated to be at 2,089,000 million in mid-2008¹. Namibia's population is considered poor, but literacy (percentage of population aged 15 or over that can read and write) is fairly high at 84%. The languages used in Namibia include English, Afrikaans, German, Oshiwambo, Otjiherero, Khoekhoegowab, Rukwangali, Setswana and Silozi. An estimated 15.1% of the general population aged 15-49 years were HIV positive in 2007².

2.1 About Desert Soul

Desert Soul is a multi-media community-driven communication project in Namibia. It includes health promotion messages related to HIV/AIDS, tuberculosis, malaria, gender-based violence, and alcohol and substance abuse. The intervention aims to achieve social and behavioural change through use of media such as television, radio, and print materials. Desert Soul is a partner to The Soul City Institute of Health and Development Communications Regional Programme that involves partner organizations in 8 Southern African countries. The Regional Programme expands the reach of Soul City out into other countries, working with existing non-government organisations (NGOs) in those countries to develop Soul-City-and Soul-Buddyz-like programmes. These new projects however, have their own branding and are based on local contexts.

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

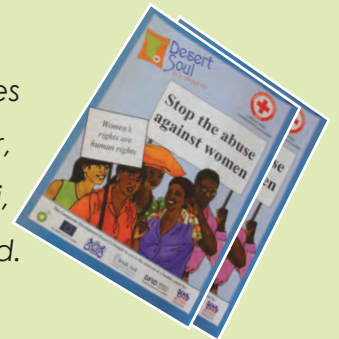
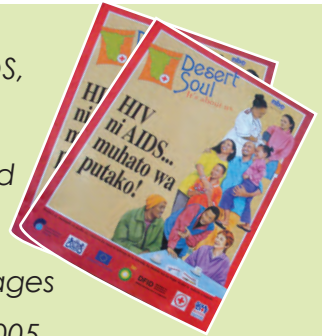
1. Reach 40% of the total population
2. Effect positive behaviour change amongst 15% of exposed people
3. Improve knowledge amongst 20% of the population
4. Improve attitudes towards people living with AIDS amongst 15% of exposed people.

1. *Population Reference Bureau, 2008.*

2. *2008 Report on the global AIDS epidemic, UNAIDS, Geneva 2008.*

The Desert Soul intervention 2004-2007, comprised two booklets and a radio series targeting adults and a television programme targeting children. These materials were:

- **Booklet: HIV and AIDS Action Now.** This booklet focused on HIV and AIDS, including HIV transmission, care and support, starting Antiretroviral Treatment, Orphans and Vulnerable Children grants, HIV and nutrition, and referrals. It targeted the general population of Namibia, aged 16 years and older. It was produced in English and translated into four local languages (Oshiwambo, Rukwangali, Silozi, and Afrikaans). This was published in 2005 and 1 100 000 copies were distributed.
- **Booklet: Stop the Abuse Against Women.** This booklet deals with issues of violence against women. It targets people aged 16 and older, and was produced in five languages: Oshiwambo, Otjiherero, Silozi, English and Afrikaans. The amount of 600 000 booklets were distributed. This was published in 2007.
- **Desert Soul Radio:** Desert Soul radio drama targeted people aged 16 and older and dealt with issues of HIV and AIDS and the dangers of smoking. It was aired on Namibia Broadcasting Corporation (NBC) in two languages – English and Oshiwambo between 2005 and 2007.



- **Desert Soul Television.** This was a locally produced children's magazine programme. There were two series dealing with HIV and AIDS, children rights and safety, sexuality, child-headed households, xenophobia, malaria, disability and peer pressure. The target audience was children aged 8–12 years with parents and teachers as the secondary audience. The series were aired in 2005 and 2007 respectively.



2.2 Evaluation Methods

The evaluation used quantitative data analysis methods to measure the impact of Desert Soul on key target groups. Evaluation activities for the national adult population included a baseline survey conducted in 2002, a mid-term qualitative evaluation conducted in 2006 and a follow up nationally representative survey conducted in 2007. A stratified random cluster sampling strategy was used. At least 25 sites were randomly selected. The same sites were selected for the 2007 and 2002 baseline surveys, although not the same individuals. For young people, a schools-based survey was conducted including young people aged 8-17 years.

Table 1. Number of Household Respondents, School Respondents, Households and Communities Participating in the 2002 and 2007 Surveys

	Household Respondents aged 16-60 years	School respondents aged 8-17	Households	Communities
2002/3	2649	6764	1819	28
2007	2167	6623	1842	28

This report focuses on analyses of the 2007 national adult population survey and 2007 school survey and assesses the HIV/AIDS impacts of Desert Soul. Key features of this survey are shown in the box next page.

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

Key features of the evaluation are summarised in the box below.

Key Features of the Evaluation Survey 2007 (Adults aged 16-60 years and Young People aged 8-17 years)

- Households were selected using stratified cluster sampling methods and personal face-to-face interviews were conducted with approximately 2167 adults aged 16-60 years from these households.
- 48 schools were randomly selected from 28 sites across Namibia and all children in these schools in the relevant grades (grades 3-5 and grades 6-9) self-completed questionnaires that were specifically designed for children of that grade/year. Data were collected from a total of 6623 children in this way.
- Data were collected from people across all regions and language groups in Namibia during July and August 2007.
- For adults, personal at-home interviews were conducted using a structured pre-tested interview schedules.
- Interviews were conducted in the home language of the respondent.
- For the adult sample, data were weighted up to the National population of Namibia.

Methods of Analysis

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

EVALUATING DESERT SOUL

Ethical approval

CIET obtained ethical approval from the CIET Africa Ethical Review Board as well as from ethics review boards in Namibia. Approvals were also obtained from the ministries of Health and Education as well as community leaders in each community.

The report has the following objectives:

- To determine levels of exposure to Desert Soul
- To describe the patterns of exposure and the audience
- To determine the impact of Desert Soul on the intended HIV and AIDS-related attitude and behavioural outcomes that the Desert Soul media series intended to address



3. REACH AND AUDIENCE RECEPTION

3.1 Overall Levels of Exposure to Desert Soul

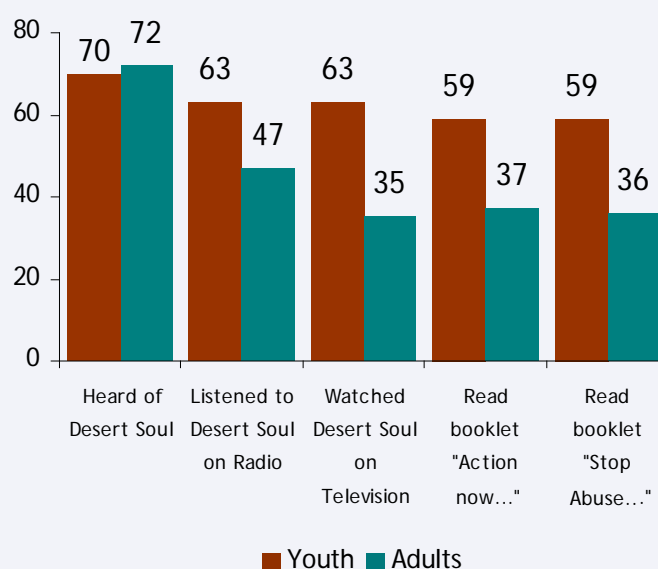
Since its inception in Namibia in 2002, Desert Soul has become established as a leading health promotion media intervention in Namibia. Data show that all media channels used in the intervention attracted considerable interest from their target audiences, and were also popular amongst age groups outside this range.

Figure 1 shows the percentage of in-school youth and adults of Namibia who were exposed to various elements of Desert Soul. Some 70% of young people and 72% of adults had heard of Desert Soul. Though Desert Soul radio and print materials were targeted at people aged 16 years and older, there was some spill-over to younger age group as well. In fact, exposure was higher among the youth than among adults for both radio and print. The youth watched the television programming more than adults did. This is not surprising as the television intervention was targeted at children.

Reach of the booklets was also high, with almost 60% of young people having read each of the booklets, and around 36% of adults having done so. Reach of almost all of the materials was similar for both males and females, with the exception of the booklet Stop the Abuse against Women, which had a slightly higher reach amongst girls (not shown).



Figure 1. Percent of in-school Youth and Adults who were Exposed to Various Elements of Desert Soul - 2007



EVALUATING DESERT SOUL

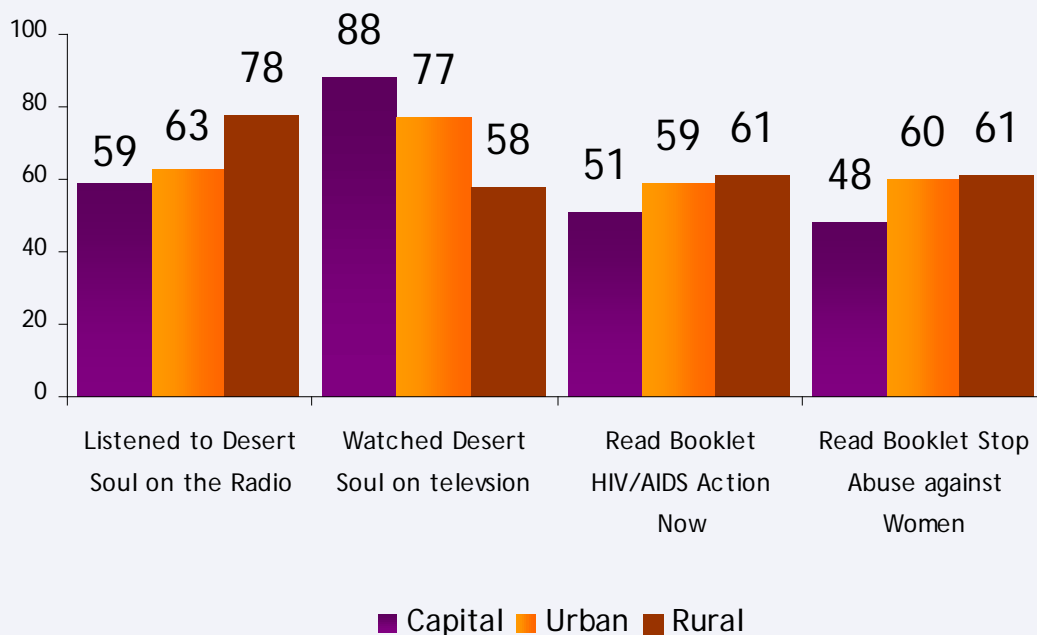
"I have read the Desert Soul booklets because they are interesting." (Female: 18-25 years rural; FGD 10)

"Yes I have read and seen the Booklet and my colleagues saw and read the book, as it is good to us. We can find information in this booklet on how we should take care of HIV/AIDS at home, towns and cities." (Female: 18 – 25 years Urban FGD 8)



Brand awareness did not differ markedly overall by the capital, urban and rural areas. The highest reach of Desert Soul was amongst women in the capital (81% had heard of Desert Soul) and lowest amongst males in other urban areas (67%). However when looking at the different media channels by area, some differences were observed. Television was the most common source of Desert Soul exposure in the capital city, with 88% of youth in the capital who had heard of the brand, having watched Desert Soul on television. In the rural areas, some 58% of those who had heard of the brand had watched Desert Soul on television. Radio had particularly good reach in rural areas, with 78% of who had heard of Desert Soul in rural areas, having listened to the radio programming. Figure 2 next page summarizes this variation.

Figure 2. Percent of Youth Exposed to Various Elements of Desert Soul 2007 Survey by Urban, Rural and Capital Area (Amongst those who had heard of Desert Soul)



3.2 What People Thought of Desert Soul

One indicator of audience reception is the extent to which people say that they like or dislike the programming that they have been exposed to. Those who had heard of Desert Soul were asked what they thought of it. Amongst those adults who had heard of Desert Soul, 93% said they liked or very much liked Desert Soul (90% of males and 94% of females). 93% of those with above primary education, and 91% of those with primary education or less liked Desert Soul.



Desert Soul aims to be relevant to the lives of its target audience. Among youths who said they had heard of Desert Soul in 2007, 79% of female and 75% of male said they sometimes talked to their parents or friends about things covered by Desert Soul. 88% of female and 87% of male youth said the materials helped their lives.

"I also speak to my cousin. Sometimes we put ourselves in their (characters) position and ask; if it was you, what would you do, or something like that." (Boy child 11-12 years urban)

"The information I read in the booklet is really educating and forced me to talk to my children. I told them to stay away from sex until they get married or if it was not possible to wait they must make sure they use a condom always when having sex in order to protect themselves against HIV and AIDS, the incurable disease in the world." (Rural female 26-35 years FGD 8)

3.3 Summary of Reach and Audience Reception

- Desert Soul is well established as a leading health promotion intervention for adults in Namibia indicated by good levels of reach and positive reception in the target age groups. Amongst both adults and youth in Namibia. Desert Soul also reaches people outside the target ages. Although radio and print materials primarily targeted people over 16 years of age, these materials had higher reach amongst in-school youth than amongst adults.
- Desert Soul met the regional programme objective of reaching 40% of the total population. Over 70% of adults and a similar proportion of in-school youth had heard of Desert Soul in 2007. Desert Soul's radio reach was lower than expected amongst adults at 47%. Each of the print materials was read by almost 60% of in-school youth 11-17+ years and 36-37% of adults.
- Reach remained fairly high in areas outside the capital, but there were different patterns of exposure observed in rural, urban and capital sites. Reach of television was highest in the capital, particularly amongst females and reach of radio was highest in rural areas.
- Importantly, more than 75% of young people say they talk to others about what they have seen or heard on Desert Soul, thus potentially increasing the reach and impact of the intervention.
- Most people who are exposed feel that Desert Soul is relevant to their lives, and they say that they like the programming.

4 . IMPACT OF DESERT SOUL

Desert Soul was designed to address multiple issues related to HIV and AIDS knowledge, attitudes and behaviours, and attitudes and beliefs against gender-based violence. Data collection for the evaluation survey was conducted in July and August 2007. Therefore, the impact reported reflects the situation approximately 4-5 years after the launch of the intervention.



4.1 Impact on Knowledge of HIV Prevention and Transmission

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

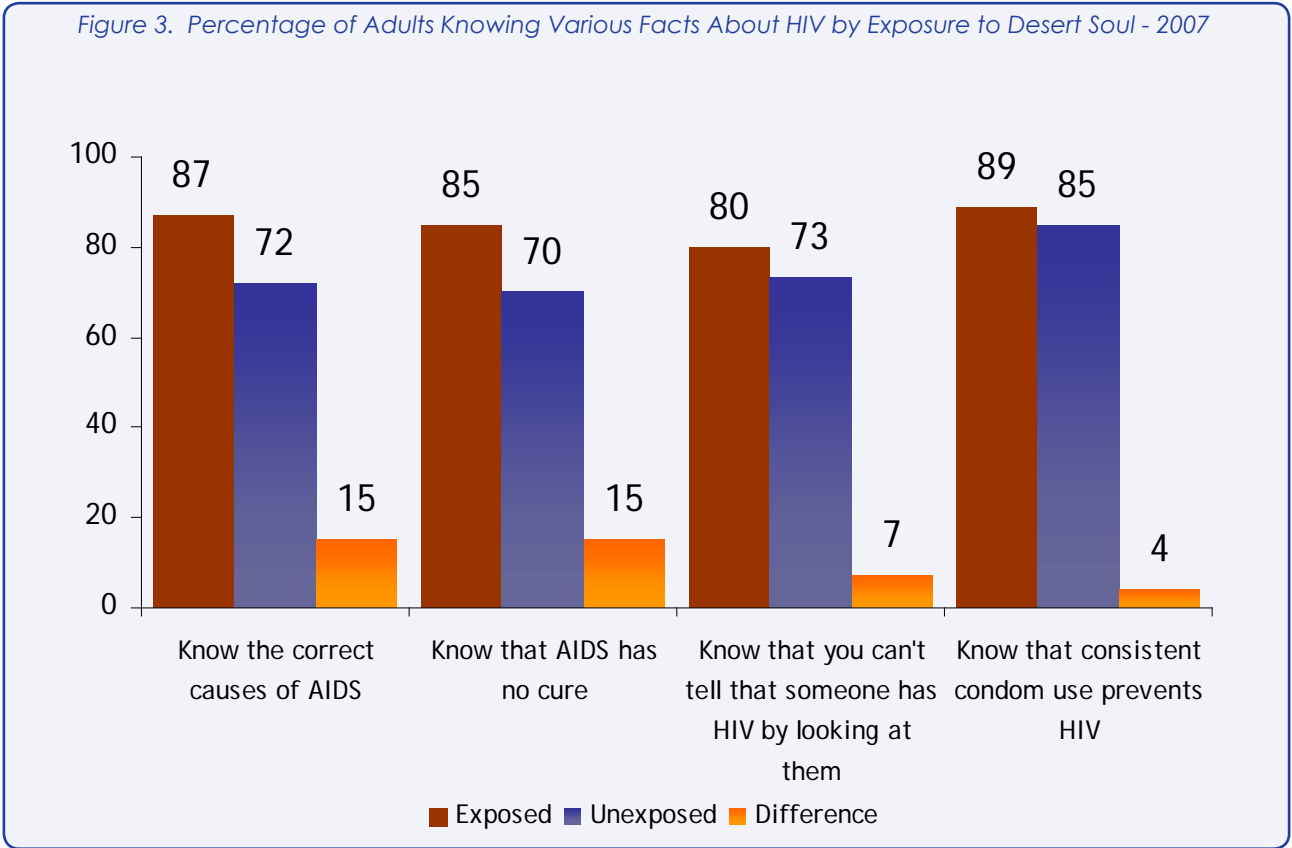
Knowledge of the following basic facts about HIV is reported below:

- Knowledge of the causes of AIDS
- That there is no cure for AIDS
- That you cannot tell if someone has HIV just from looking at them
- HIV can be prevented by always using condoms.

EVALUATING DESERT SOUL

The Desert Soul **HIV and AIDS Action Now** booklet aimed to provide relevant information on how HIV is transmitted and how it can be prevented. The booklet was designed to be read by adults. The Desert Soul radio intervention, also targeting adults, included content related to facts about transmission and prevention.

Overall, knowledge of these basic facts was fairly high amongst the adults and young people surveyed (around 67% having correct knowledge per item). Desert Soul was successful in increasing levels of knowledge amongst adults. This is shown in Figure 3. Some 87% of exposed adults could correctly name the causes of AIDS, compared to 72% of unexposed adults.



"We learn about HIV/AIDS as a killer disease, which cannot be cured and this booklet helps us to know how we should live in this world of HIV/AIDS..." (Rural male, 18-25; FGD 6)

"I like the information given in the booklet saying that you can't tell by looking at someone if she/he is HIV positive, but the way you can know is by being tested. I like this information because it is correcting us because nowadays if we look at a person coughing or losing weight, we always say she/he is HIV positive. And I think from now on we've got the information." (Rural female, 36-59; FGD 9)

These associations remained statistically significant in the multivariate analysis, indicating that improvements in knowledge on these measures can be attributed to exposure to Desert Soul. Further, the analysis indicated that improvements on these measures were primarily attributable to print and radio exposure, rather than television exposure. This would be expected, given that the content of print and radio explicitly addressed these issues.

Perhaps because the print materials were not designed for young people, exposure to print and radio did not have the same positive effects on HIV knowledge amongst the youth as observed for adults. For example, similar proportions of exposed and unexposed young people knew that an HIV person could look healthy (56% exposed and 57% unexposed).

Television programming, which was designed for young people, was found to have the following positive impacts on knowledge.

- 61% of youth who had watched Desert Soul television knew that people with HIV can look healthy, compared to 49% who had not watched Desert Soul.
- 71% of those who had watched Desert Soul television knew that always using a condom can prevent HIV compared to 64% who had not watched Desert Soul.

These associations with exposure to Desert Soul television remained statistically significant in multivariate analysis.

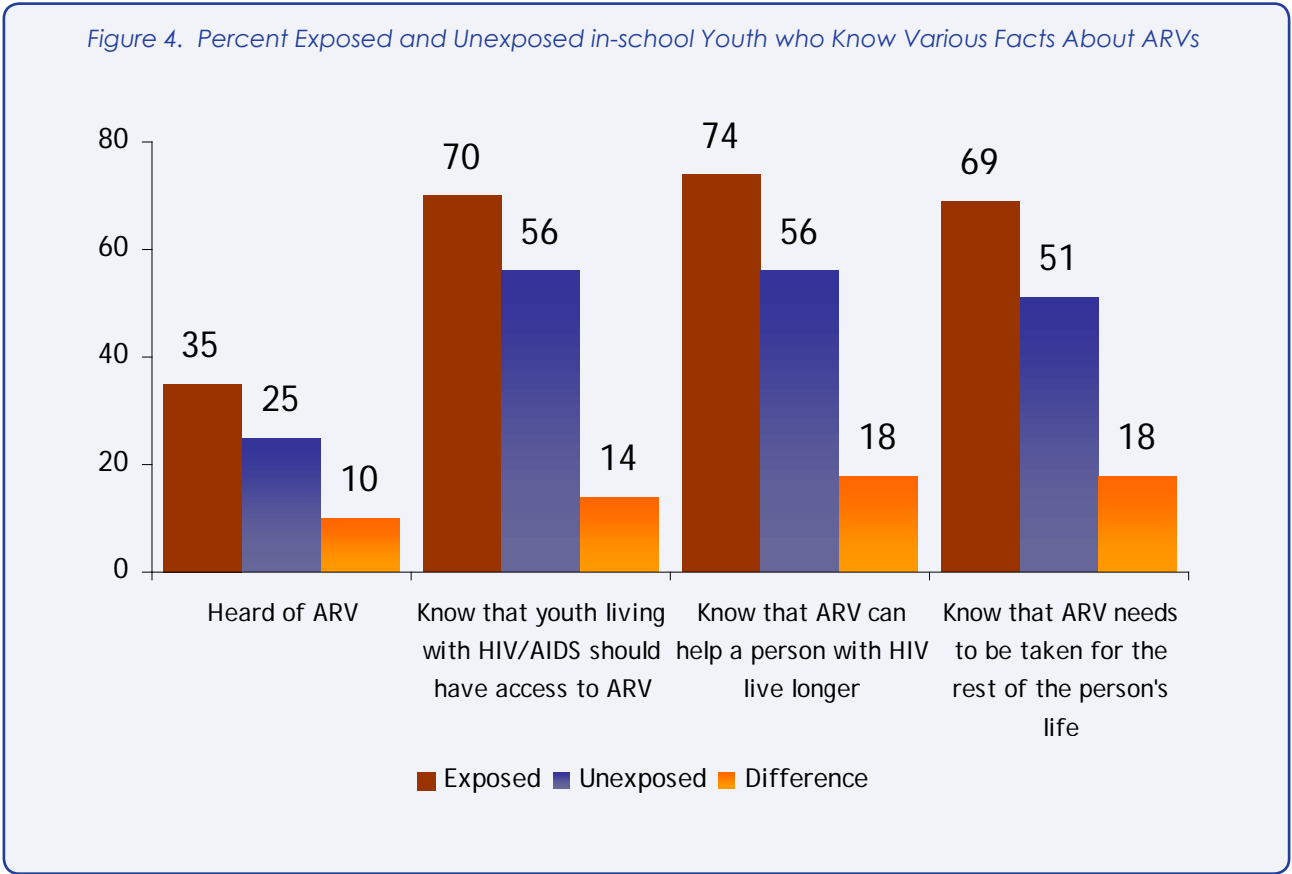
4.2 Impact on Knowledge of Treatment

As more affected families and households have access to ARV treatment, it is helpful for people to understand basic facts about ARVs, both to give them realistic expectations about treatment and to allay unnecessary fears about the drugs. Desert Soul television, targeting children and young people, had a particular focus on increasing knowledge of care and support for people living with AIDS. The booklet Action Now also contained messaging related to care and support for PLWA and starting ART. In the surveys, both in-school youth and adults were asked a range of questions to measure their awareness of ARV and knowledge of various aspects of treatment.

EVALUATING DESERT SOUL

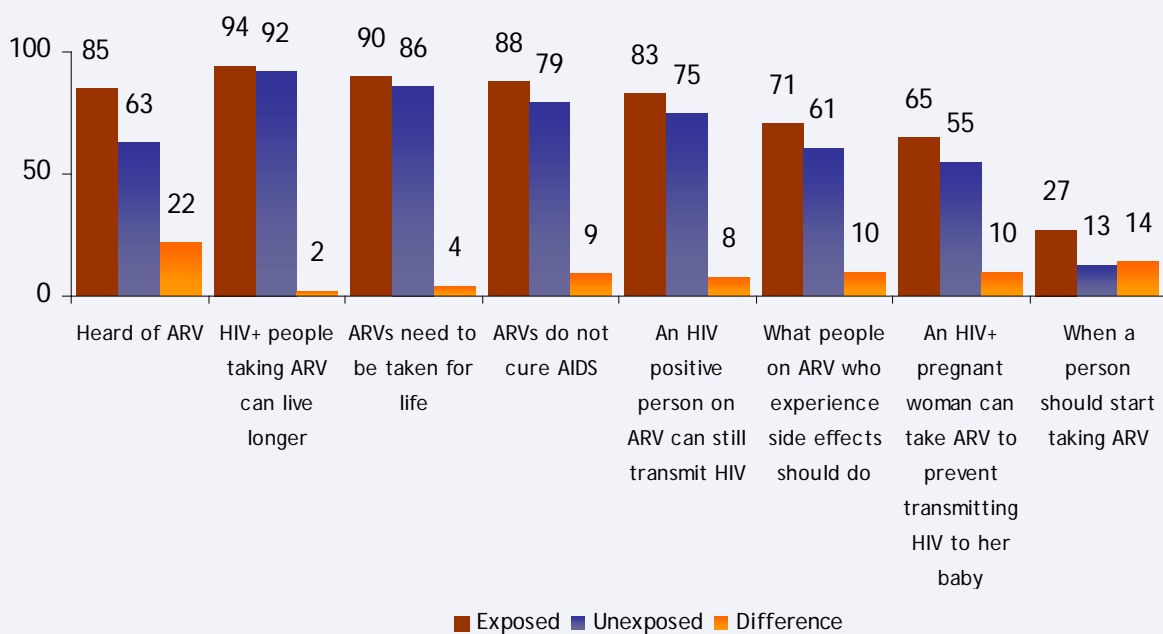
"To me the most interesting part of the booklet is on the page which talks about the CD4 count. It is explained clearly that if your CD4 is below 200 your immune system cannot fight against diseases so you need to go to hospital to get ART treatment." (Urban male, 26-35; FGD 7)

In the 2007 survey, around 1 in 3 young people aged 8 -17+ years had heard of ARV. Of those who had heard of ARVs, around 70% knew that HIV positive people taking ARVs could live longer. Desert Soul was highly successful in increasing knowledge of ARV amongst those children exposed to the interventions. This is shown in Figure 4 below.



These improvements in knowledge were associated with all of the Desert Soul interventions. However exposure to the television programming had the strongest impacts. Although adults had higher baseline levels of knowledge of ARV than youth did, Desert Soul was also successful in improving levels of knowledge of ARV amongst adults (Figure 5).

Figure 5. Percent Exposed and Unexposed Adults who Know Various Facts About ARVs



As indicated in the Figure 5, most adults in Namibia had heard of ARVs and almost all of the adults who had heard of ARVs, knew that HIV positive people taking ARVs can live longer. There were lower levels of knowledge regarding use of ARV to prevent mother to child transmission of HIV and knowledge of when to start treatment. Amongst adults, Desert Soul radio and print interventions had the strongest impacts on knowledge of ARV.

"I learn about anti-retroviral medicine that it can help to make your immune system stronger so that you can be healthier and to live longer with HIV. Anti-retroviral treatment is not a cure for AIDS and you will need to take ART for life. When I heard about anti-retroviral treatment I thought it can cure AIDS but is not so." (Rural female, 36-59; FGD 9)

4.3 Impact on Decreasing Stigma towards People Living with HIV/AIDS

Stigma towards People Living with HIV and AIDS (PLWHA) is a cross cutting issue that affects the quality of life of those infected and affected by the disease. The Desert Soul intervention addresses issues of stigma by providing factually correct information about HIV prevention, transmission and treatment. For young people, the television series in particular aimed to assist children to challenge stigmatising attitudes towards those affected by HIV/AIDS.

EVALUATING DESERT SOUL

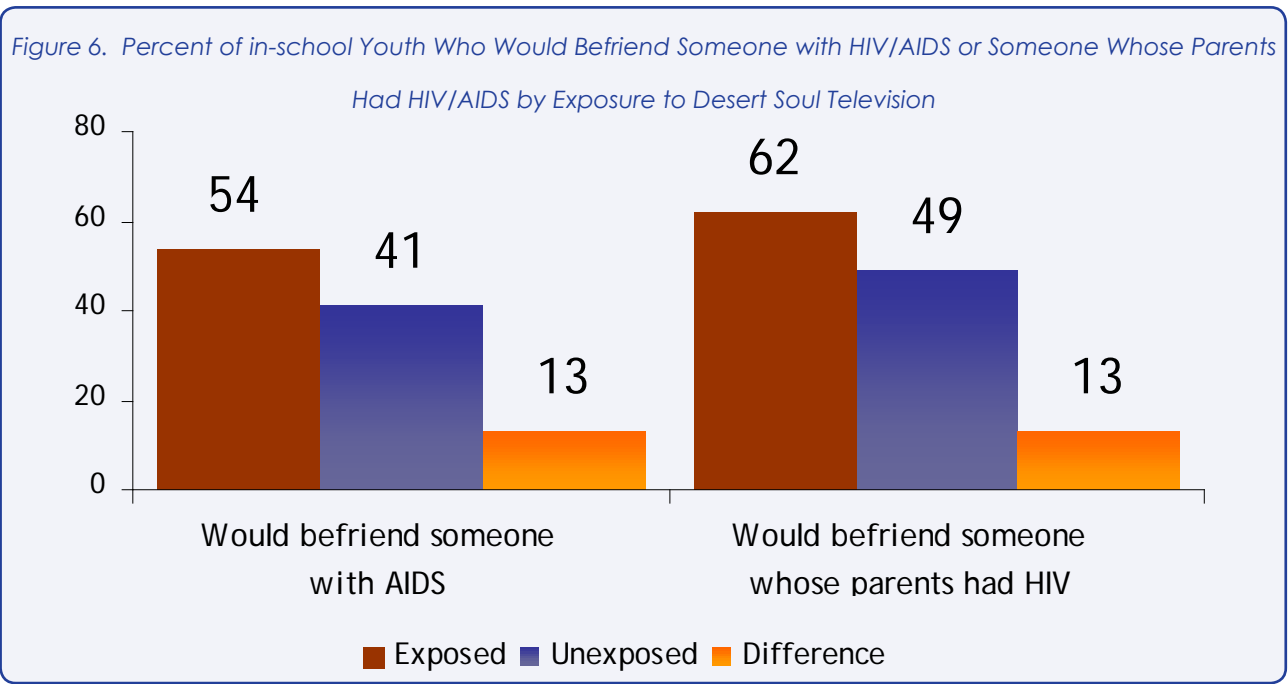
"....Maybe my mother has got AIDS, then I do not have to keep it to myself, I have to share it with my friends and they (my friends) have to help me." (Girl child: 8-12 years urban)

"It does not mean that if someone has AIDS you must chase them away." (Girl child 11-12 years; urban)

A number of questions were asked to measure stigma in this survey. For example, in-school youth were asked if they would befriend someone living with HIV, and if they would befriend a child whose parents were living with HIV. In 2007, around one half of children said they would befriend someone living



with HIV and a slightly higher proportion said they would befriend someone whose parents were living with HIV. Desert Soul television was effective in increasing positive attitudes towards PLWHA amongst the target audience of young people (Figure 6). Some 54% of those who had watched Desert Soul on television compared to 41%, who had not watched, said that they would befriend with a person who is living with HIV or whose parent is living with HIV.



Amongst adults, who were not the intended audience of Desert Soul television, there were nonetheless positive spill over effects of the programming on stigma. Adults who had watched Desert Soul were significantly more likely to disagree with the statement that AIDS is a punishment for sinning (54% exposed compared to 42% unexposed). The Desert Soul radio intervention was also effective in increasing positive attitudes towards PLWHA.

"I dislike the boss of Simson (in the radio drama) who fired him because of his HIV status. It is not good to discriminate people living with HIV because they are also normal people like us." (Female participant: rural 21-35 FGD3)

4.4 Impact on HIV Testing

Through knowing their HIV status, people can be motivated to remain HIV negative, or to care for themselves and access appropriate treatment and other services if HIV positive. VCT services have long been regarded as a critical bridge between HIV prevention and care

and support services. Through its positive role modelling of testing situations, Desert Soul aims to encourage Namibians to go for HIV testing.



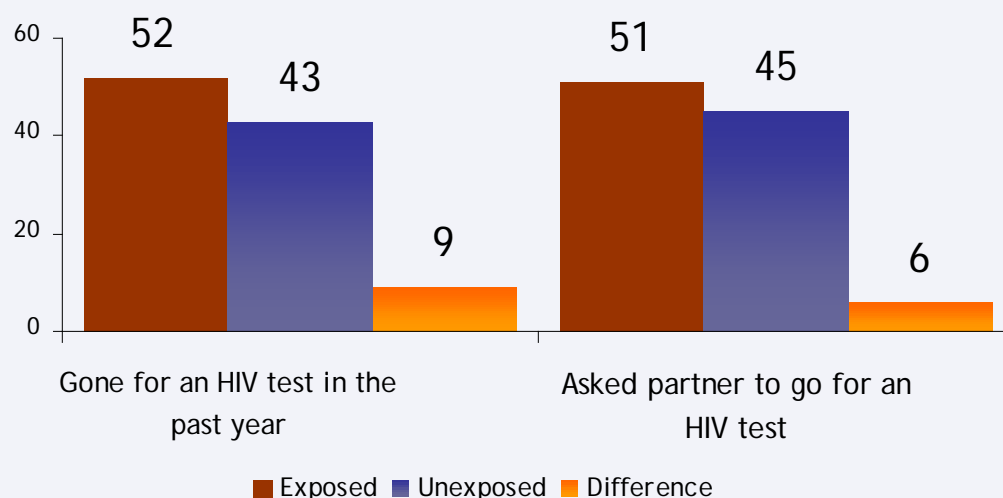
"I have learnt the message from the drama that we must go for HIV test so that we can know our status and follow what nurses are telling us to do". (Female participant: rural 21-30)

"With me the most interesting part (in the radio drama) is that of the other lady who went for HIV test. It motivates and encourages people to go for HIV test and come out to tell the public openly about their status". (Female participant: urban 21-30 FGD4)

In 2007 nearly all respondents reported knowing where to get tested for HIV (96%) compared to 87% in 2002. In 2002, 31% of males and 32% of females had been for an HIV test in the previous year. In 2007 this had increased to 40% of males and 54% of females.

Figure 7 shows the percent of people who had been for an HIV test in the past 12 months and the percent who had asked a partner to go for HIV testing by exposure to Desert Soul. Desert Soul was effective in increasing testing rates. Some 52% of those exposed had tested in the past year, compared to 43% of the unexposed.

Figure 7. Percentage of Adults Having Been for an HIV Test and Having Asked Partner to go for an HIV test by Exposure to Desert Soul



Further analysis indicated that exposure to all Desert Soul interventions were associated with an increased uptake of testing. In a multivariate analysis, associations remained significant after adjusting for potential confounders, including other AIDS programming. Similarly, associations between Desert Soul and asking a partner to go for a test remained significant in the multivariate analysis, particularly for women respondents.

"Yes, when I read Desert Soul booklet I have discussed about the importance of HIV testing. What made me to have the discussion with my wife is that I have many sexual partners. Now I'm worried that it might be that I have the HIV virus. Two weeks ago we had our HIV test with my wife, but the results are not back yet. I think this booklet will change by life." (Rural male, 36-59; FGD 9)

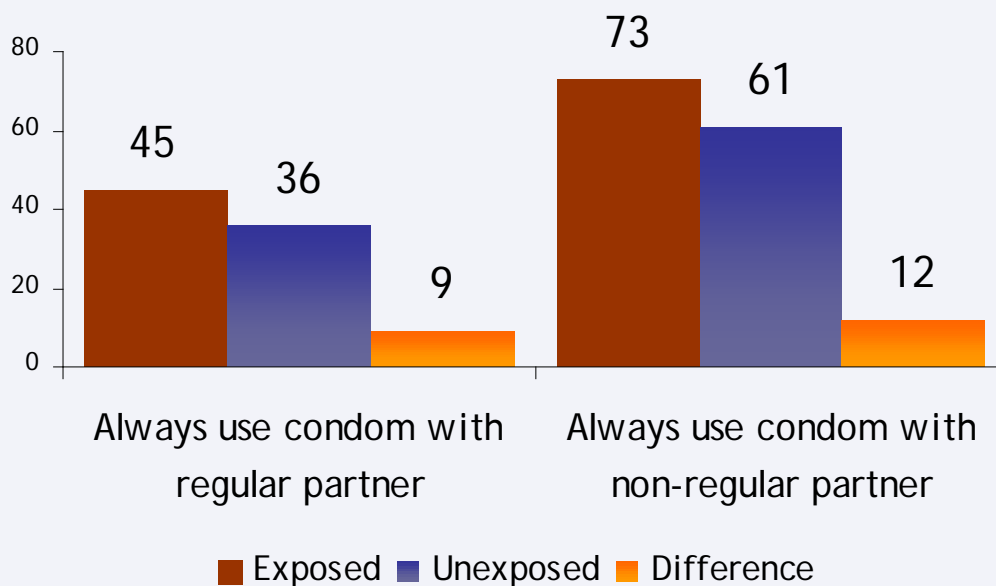
4.5 Impact on Condom Use

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

Exposure to Desert Soul radio, and to a lesser extent television, was significantly associated with consistent condom use with both regular and non-regular partners.

45% who were exposed to Desert Soul said they always used a condom with a regular partner, compared to 36% who had not been exposed. 73% of those exposed always used a condom with non-regular partners, compared to 61% of the unexposed (Figure 8).

Figure 8. Percentage of Adults Always Using Condoms by Exposure to Desert Soul



"I did not like using a condom because I thought I won't feel like having sex. When I read the booklet I decided to use a condom because I'm afraid to be infected by HIV virus and other sexual transmitted diseases." (Rural male, 36-59; FGD 9)

"I used to sleep with girls without using condoms as in Katima it is called 'theatre'. But after reading Desert Soul booklet I have changed direction. I am going to the VCT to find out my HIV status and go for treatment if I'm positive". (Urban male, 26-35; FGD 7)

4.6 Impact on Attitudes, Beliefs and Intention to Act Against Forced Sex and Domestic Violence

Aspects of gender relations, including forced sex and domestic violence are increasingly recognised as important areas for public health intervention. In addition to the direct injuries and illnesses that may result from violent relationships, indirect effects on overall wellbeing and self esteem make it harder for people in such relationships to insist on safer sex. Correspondingly, child sexual molestation and abuse has potentially powerful negative effects on the development of young people's sexuality and wellbeing. These effects can be mitigated to an extent if young people who are molested are able to speak out against the abuse and



seek the assistance of adults in their lives. The Desert Soul booklet *Stop the Abuse Against Women* focused on the issue of gender-based violence and Desert Soul television encouraged youth to be proactive in stopping sexual molestation through its promotion of understanding of child rights and other issues.

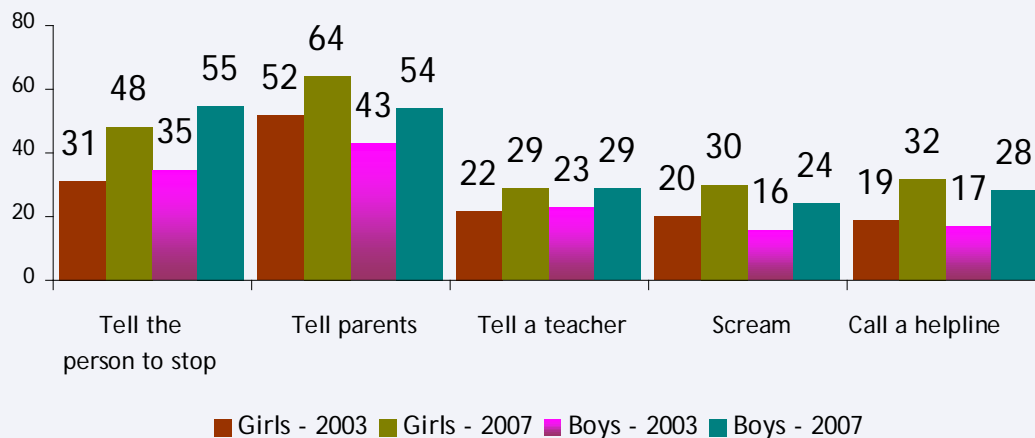
The survey asked adults if they had discussed domestic violence, if they thought that violence in the home was a private matter and if a woman had the right to refuse sex with her partner. For young people, the survey asked what they would do if an adult touched their private parts.

For adults, reading the booklet *Stop the Abuse Against Women* was associated with more people discussing domestic violence (50% of those who had read the book had these discussions compared to 42% of those who had not). The associations were statistically significant amongst lesser educated women only, indicating that for this group, differences can be attributed to Desert Soul. There were no impacts of any of the Desert Soul materials on the belief that violence in the home is a private matter (39% agreed with this in 2007), and on the attitude that a woman has the right to refuse sex with her partner (20% of adults disagreed that a woman has this right in 2007).

Figure 9 shows the changes in intended action in the case of sexual molestation for both boys and girls between 2003 and 2007. In 2003, around one third of both boys and girls said that if an adult touched their private parts they would tell the perpetrator to stop. In 2007, the percent saying that they would do this had increased to 48% of girls and 55% of boys. For both boys and girls, the percent saying they would take each of the positive actions (telling parents, telling a teacher, calling a helpline and screaming) increased between 2003 and 2007. The greatest percentage increase was in boys who were prepared to tell the person to stop.

Figure 9. Percentage of in-school Youth Intending to take Various Actions if Sexually Molested by an Adult –

2003 and 2007



Desert Soul, particularly the television programming was significantly associated with increased behaviour intention on some of these measures.

"I learn that when you are raped you must not be shy to talk outside things. Do not be shy to tell your mother if she does not believe you, you must go to someone you trust". (Girl child; 11-12 urban)

4.7 Summary of Impact of Desert Soul

1. **Increased knowledge of HIV and AIDS, including ART amongst both in-school youth and adults can be attributed to exposure to Desert Soul.** Desert Soul print materials and radio programming was associated with this improvement in knowledge amongst adults and Desert Soul Television had the greatest impacts on knowledge amongst youth. The television programming was particularly successful in increasing knowledge of ARV amongst children on different measures.
2. **Desert Soul decreased levels of stigma (increased levels of positive attitudes towards people living with HIV and AIDS).** Children exposed to the television programming were more likely than the unexposed to say that they would befriend a person with HIV/AIDS and would befriend a child whose parents had HIV/AIDS. Spill-over effects of the television programming as well as exposure to Desert Soul radio contributed to decreased stigma amongst this group.
3. **The Desert Soul intervention was successful in achieving desired behaviours on a number of measures.** Desert Soul was effective in getting people to get tested for HIV and also in getting people to ask their partners to go for an HIV test. Similar to some of the other impacts,

the materials were particularly effective in achieving impact amongst women especially in rural areas.

4. *The Desert Soul booklet Stop the Abuse against Women was effective in increasing levels of discussion of domestic violence amongst adults.* The intervention had no effect on the percent of people saying that violence in the home is a private matter, or on the percent of people who agreed that a woman has the right to refuse sex with her partner. For young people, Desert Soul exposure appeared to be associated with increased positive intended action in the case of sexual molestation.



5 OVERALL CONCLUSION

Desert Soul's reach was good for youth and adults and indications were that the intervention was well-liked amongst the target audience. The impact of Desert Soul is seen in relation to HIV and ARV knowledge, stigma reduction and behaviours and attitudes related to preventing HIV infection and gender-based violence. The materials produced under the Desert Soul brand were successful in achieving impacts amongst their target audience, and in the case of radio and television, they also achieved positive spill over impacts amongst people outside of the age groups they were designed for.



DESERT SOUL

VISION

To be the preferred health and development institution in the country

MISSION

To provide and share information on health and development through multi media, social mobilization and advocacy in order to contribute to the reduction of HIV infections and AIDS as well as other health issues.

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