



# Evaluating PHELA HEALTH & DEVELOPMENT COMMUNICATIONS 2002-2007

Impacts on HIV and AIDS Indicators in Lesotho

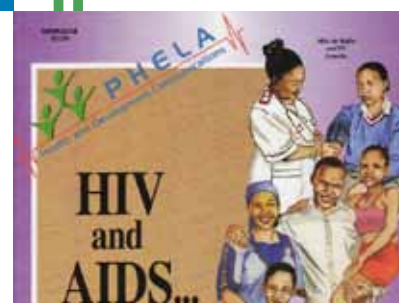
## PHELA HEALTH AND DEVELOPMENT COMMUNICATIONS

Save The Children Fund Building, Industrial Area  
Private Bag A194, Maseru 100 Lesotho  
Tel: 22327502 | Fax: 22327503  
Email address: phdadmin@phela.org.ls

ISBN: 978-99911-674-04



Koninkrijk  
der Nederlanden





## VISION

“Our vision is to contribute to an empowered, healthy and HIV free Basotho people who make informed choices, have access to health services and participate actively in the development of their country.”



## Foreword



**Phela** Health and Development Communications (PHDC) is a social and behaviour change communication NGO based in Maseru, Lesotho. The organization's primary concern is the development and distribution of behavior change communication (BCC) materials. To complement this multi-media strategy, **Phela** also engages in social mobilization that involves Training of Trainers (ToT) and holding community dialogues on issues relevant to the concerned target audiences throughout Lesotho. **Phela** is committed to working in alignment with the National Strategic Frameworks and guidelines as drawn and directed by the National AIDS Commission (NAC).

**Phela** was established in 2002 as part of a regional programme under the coordination of the South African based Soul City Institute. The other partners are NGOs in Botswana, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe. Together, we plan and implement activities addressing issues of similar interest through sharing of experiences and strategies, the aim being to highlight the need for synergized efforts to combat further spread of HIV in the SADC region.

Monitoring and Evaluation (M&E) form a vital part of **Phela's** programming. It is for this reason that all aspects of the organization's work have the component of monitoring built in to ensure good progress, relevance and cultural sensitivity. To this effect, all of **Phela's** mass-media and social mobilization programmes are informed by very intensive formative research that includes, focus group discussions (FGDs) with target audiences and consultations with stakeholders. All materials are pretested before they are finalized. Following, distribution and broadcasting of materials, the research unit, carries out an assessment exercise to gather information on audience perception.

At inception of the organization in 2002, an independent evaluation team, CIET, was contracted to carryout a baseline study to assess the situation of HIV and AIDS in Lesotho. This included, measuring of knowledge, attitude and practice levels (KAP). A mid-term impact evaluation was carried out in 2005. In 2007, the end of the initial project period, a final impact evaluation was carried. This report is therefore aimed at giving a summarized version of the said final impact evaluation.

Everyone at **Phela** is very happy with the results of this evaluation as it shows very positive impact made in the first five years of existence. We acknowledge and appreciate all the support we have and continue to get from Soul City institute, all the regional programme partner organizations; all local partners and stakeholders and members of the communities we have continually consulted with. We are deeply grateful to our funding partners, DFID, the Irish Aid, The royal Dutch, the European Union as well as PB for the support given to us during this evaluation period.

It is my sincere anticipation that this report will give hope to all the readers that Basotho are putting in some efforts to combat the spread of HIV and that together we will win!

Thank you.

'Mabahlakoana Hope Dolo: Director

## Chairperson



**Phela** was established with the aim to implement activities that complement the work of the National AIDS Commission (NAC) of Lesotho. This is in recognition that as a civil society organization, we are better placed to understand and reach the communities through our programming.

It is therefore pleasing to see that we are achieving this honourable ambition of ours. This evaluation report is a mirror through which we have been able to look at ourselves and reflect on the work we have done in the first five years of our existence. According to it, **Phela** has indeed achieved its set goals. We have managed to reach very high percentages of the adults aged 18 years and above with our messages that covered the various aspects of HIV and AIDS.

This evaluation is a formal confirmation of our success. Through our in built monitoring systems we have continued to get very positive feedback from the communities we serve in all parts of Lesotho. The demand for **Phela's** services is so big that it is confirmation to us that there is something we are doing right in our response to the fight against HIV and AIDS. The visibility of **Phela** and its products can not be denied by anyone who lives in Lesotho. This shows that the organization is indeed playing a vital role in the general development of the country.

On behalf of the board of Directors of **Phela**, I wish to congratulate the staff, under the wise leadership of the Director for the immaculate work that they are doing and to urge them to keep up the good work. I wish to extend my deepest gratitude to Soul City for the continued support they have extended to **Phela**; All the funding partners, namely DFID, European Union, Irish Aid, the Royal Dutch and BP for the financial support they have given to **Phela** throughout the period under evaluation. Last but not least, I would like to thank all stakeholders and partners in Lesotho who have been there to give valuable input to inform our programmes. The NAC, the Government of Lesotho through relevant Ministries and departments, the UN agencies and Basotho communities for recognizing the work that **Phela** does as contribution to the efforts towards improving the quality lives in Lesotho.

Thank you.

Seabata Motsamai: Chairperson

## Acknowledgements

This report was written and compiled by the **Phela** Research Team (Ms. Itumeleng Motemekoane and Mr. Malefane Malope) with support from **Phela** staff, 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.

Phela Health and Development Communications would like to thank the following for their unwavering support to the organization:

- Soul City Regional Programme for ongoing capacity building to the Phela team
- Government of Lesotho
- National AIDS Commission
- Development partners
- United Nations Agencies
- Communities
- Community based Organisation
- Faith based Organisations



## Table of Contents

Mission	1
Foreword	2
Chairperson	3
Acknowledgements	4
Table of Contents	5
List of Figures	6
Abbreviations	7
Executive Summary	8
1 Background and Methods	10
1.1 About <b>Phela</b> Health and Development Communications	10
1.2 Evaluation Methods	11
1.3 Overall levels of exposure to <b>Phela</b>	14
1.3.1 What people thought of <b>Phela</b>	15
1.4 Summary of reach and audience reception	16
2 Impact of <b>Phela</b>	17
2.1 Impact on dialogue about HIV and AIDS	17
2.2 Impact on knowledge of HIV prevention and transmission	18
2.3 Impact on knowledge of treatment	19
2.4 Impact on decreasing stigma towards people living with HIV/AIDS	21
2.5 Impact on collective efficacy about HIV/AIDS	22
2.6 Impact on HIV testing	22
2.7 Impact on condom use	23
2.8 Impact on numbers of concurrent sexual partners	23
2.9 Summary of impact of <b>Phela</b>	24

## List of Figures

**Figure 1.** Percentage of Adults (18-60 years) and Youth (8-17+ years for radio and TV and 11-17+ years for print) Who Were Exposed to Various Elements of *Phela* – 2007 Survey

**Figure 2.** Percentage of Adult Men and Women in the Rural Areas, Urban Areas and the Capital who had Heard of *Phela* – 2007 Survey

**Figure 3.** Percentage Discussing HIV/AIDS with Others by Exposure to *Phela*

**Figure 4.** Percentage with Correct Knowledge of Various Facts About HIV/AIDS by Exposure to *Phela*

**Figure 5.** Percentage Exposed and Unexposed Adults Who Know Various Facts About ARVs

**Figure 6.** Percentage Exposed and Unexposed Adults Holding Positive Attitudes Towards People Living with HIV/AIDS

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

**Figure 8.** Percentage of Adults Using Condoms with Non-Regular Partners by Intensity of Exposure to *Phela*

## Abbreviations

- **AIDS** Acquired Immune Deficiency Syndrome
- **ARVs** Anti Retrovirals
- **ART** Anti Retroviral Therapy
- **DHS** Demographic and Health Survey
- **HIV** Human Immunodeficiency Virus
- **IHDC** Institute for Health and Development Communication
- **STI's** Sexually Transmitted Infections
- **TB** Tuberculosis
- **CIET** Community Information and Epidemiological Technologies
- **EAs** Enumeration Areas
- **PLWHA** People Living With HIV and AIDS





## Executive Summary

### INTRODUCTION

**Phela** is a local Basotho Non-Governmental Organization that uses multimedia communication including radio, television, print, and advocacy 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. From 2002 **Phela** produced 3 booklets, 2 radio dramas and 3 Television talk show series. These materials were developed for the target audience and the general population of Lesotho aged 18 to 45 years.

**Phela** 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 in South Africa. 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 Lesotho. The aim of the evaluation was to investigate the impact of **Phela** on individuals and communities. A baseline survey was performed in 2002. In 2007 an impact evaluation survey was conducted in the same communities as the baseline survey. Both surveys measured demographics. The evaluation survey also measured reach and reception of **Phela** materials, and impact of exposure to **Phela** on knowledge, attitudes and practices. In 2007, data were collected from 11 743 in-school youth aged between 8 to 17 years and from 2097 adults from randomly sampled households in Lesotho. By comparing those exposed to **Phela**, with the unexposed, impacts of **Phela** could be identified. Multivariate analyses were conducted to determine whether or not any differences between these groups could be explained by factors such as exposure to other programming; age; gender and other socio-economic factors.



### RESULTS

#### Recognition and reach of **Phela**

In 2007, around two-thirds of adults and a similar proportion of in-school youth had heard of **Phela**. Greater proportions of youth said that they had been exposed to each of the individual **Phela** interventions than adults did – for example, 42% of youth said they had heard **Phela** on the radio, compared to 18% of adults. Reach of television was fairly low with less than 1 in 4 Basotho having seen **Phela** on television. Reach was extended by discussion of the themes covered by the programming, by one third of exposed adults and two thirds of exposed youth. Reach was considerably higher in the capital than in rural areas.

#### Discussing HIV and AIDS

**Phela** increased the level of discussion about HIV/AIDS in Lesotho. Some 81% of exposed adults said they discussed HIV/AIDS as compared to 58% of the unexposed. Among the youths, 62% of those who were exposed to **Phela** said they discussed HIV and AIDS with anyone as compared with 32% who had not heard about **Phela**.

#### Knowledge about HIV and AIDS

Amongst the primary target audience of adults, **Phela** had positive impact on increased knowledge about HIV and AIDS. Exposed adults were more likely than the unexposed to know what causes AIDS; to know that there is no cure for AIDS (television exposure) and to know that condoms can prevent HIV transmission (radio and print exposure). **Phela** does not appear to have had the same consistent positive impact on knowledge amongst in-school youth.

#### Knowledge about ART

Awareness of ART was relatively low overall, with less than 50% of Basotho adults having heard of the treatment. However **Phela** had a positive impact on increasing awareness and knowledge of ARVs amongst both adults and youth. Some 55% of exposed adults had heard of ARVs compared to 19% of unexposed adults; 39% of exposed youth had heard of ARV's compared to 16% of those unexposed.

#### Stigma

Most of the adults surveyed did not hold stigmatizing attitudes to people living with AIDS on the measures used. Nonetheless, **Phela** was associated with improved attitudes. Some 94% of people who watched **Phela** on television said that they would provide care for someone living with HIV/AIDS if they had the means to do so, compared to 83% of those who had not watched.

**Phela** also was associated with an increase in the percentage of adults who believed that HIV positive people should not live apart from others. Amongst young people, those exposed to **Phela** were more likely to say that they would befriend someone with HIV than the unexposed.

#### Collective efficacy about HIV

**Phela** was associated with improved perceptions about collective efficacy. 63% of adults who had heard of **Phela** felt their community could do something about HIV/AIDS, compared with 48% of those who had not heard of **Phela**.

#### Testing for HIV

Despite an increase in numbers of people tested for HIV in Lesotho between 2002 and 2007, there is still room to increase uptake of testing. **Phela** had positive impacts on testing rates and on rates of people asking partners to go for a test. There were 39% tested amongst the exposed compared to 21% amongst the unexposed and 36% of those exposed asked their partners to go for a test compared to 22% unexposed.

#### Condom use

**Phela** had some impact in increasing condom use among better educated women and among less educated men but there is still scope for further increase.

### CONCLUSION

There is still room to extend the reach of **Phela**, particularly in areas outside of the capital. Print had higher reach among youths than adults, and a higher reach overall than radio. The impact of **Phela** is seen in relation to knowledge, stigma reduction and behaviours related to supporting HIV positive people as well as in preventing HIV infection. There is a clear need for interventions to increase knowledge of ARVs in Lesotho as well as increased uptake of voluntary counselling and testing services.

## 1. BACKGROUND AND METHODS

Lesotho is a small country with a population of 2.3 million. HIV prevalence in Lesotho has not changed much since 2000 and remains amongst the highest in the world. According to UNAIDS, an estimated 23% of the Lesotho adult population (15-49 years) was HIV positive in 2005. The UNAIDS report notes that the apparent stability in Lesotho's epidemic masks high rates of new HIV infections and AIDS deaths.

The 2004 Lesotho Demographic and Health Survey (DHS) included measurement of HIV status among a sample of the whole population aged 15-49 (women) and 15-59 (men), and provided a picture of the age and sex distribution of the epidemic in Lesotho. Overall HIV prevalence among those aged 15-49 was 23.5%. Prevalence was higher among women (26%), than men (19%). Among those under the age of 30, prevalence was substantially higher

among women; while among those aged 40-49 prevalence was higher among men. The peak prevalence in women was 43% at age 35-39, while in men the peak was 41% at age 30-34. While this population survey provides very useful direct evidence of HIV prevalence, some caution is needed because 19% of women and 32% of men eligible for testing did not provide a sample.

Using mathematical modelling based on the Lesotho Sentinel Surveillance figures from anonymous testing of pregnant women in centres across the country, in 2005 the national HIV prevalence among men and women aged 15-49 was 23.2%, similar to the figure of 23.7% in 2003. HIV prevalence among pregnant women in 2003 was 35% in major urban areas, and 27% in other areas. Despite the small size of the country, there is some geographic variation in the epidemic.

### 1.1 About *Phela* Health And Development Communications

*Phela* Health and Development Communications (*Phela*) is a local Non-Governmental Organization that uses multimedia communications, in the form of radio, television, print, and advocacy to effect social change and promote healthy behaviours. *Phela* HDC is a partner of the Soul City Institute of Health and Development Communications Regional Programme that involves partner organizations in 8 Southern African countries.

*Phela* 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 HIV/AIDS amongst 15% of exposed people.



The *Phela* intervention 2002-2007, primarily aimed at adults 18-45 years of age, comprises the following:

- *Phela* Booklet entitled ***HIV and AIDS Action Now*** with a print run of 425,000 copies each in Sesotho and English. Distributed between October 2004 and April 2005. The booklet addressed the following health messages: Prevention, HIV and AIDS Care and support and Nutrition.
- *Phela* Booklet ***Mother and Child Care*** with a print run of 490,000 copies in Sesotho and 210,000 in English. Distributed between December 2005 and May 2006. This booklet carried the following messages: Pregnancy, HIV and AIDS, Breastfeeding, Nutrition, Immunisation, Diarrhoea, Coughs and colds, Accidents, and Child abuse.
- *Phela* Booklet ***Help Stop Women Abuse*** with print run of 630,000 in Sesotho and

170,000 in English. Distributed between January 2007 and May 2007. The booklet covered the following issues; Abuse of women, Domestic violence, Sexual abuse, Sexual Harassment, Women's rights, and Community Action.

- *Phela* Radio first drama series; ***'Musa Pello***: comprised 60 episodes of 15 minutes each broadcast between November 2005 and March 2006.
- *Phela* Radio second drama series ***Mafube a Bophelo*** comprised 45 episodes of 15 minutes each broadcast between March 2007 and June 2007. Both radio dramas were designed to address issues of HIV prevention and care and support for people living with HIV and AIDS.
- *Phela* Television consisted of two nationally broadcast local documentary format series consisting of 13 episodes of 15 minutes each. These were broadcast immediately after Soul City Television drama series on Lesotho television during 2004 and 2005. These television documentaries covered the following issues; HIV and AIDS, Sexuality, Breastfeeding, Prevention, care and support and community development issues.



### 1.2 Evaluation methods

The evaluation used quantitative data analysis methods which enabled the impact of *Phela* to be measured in terms of impacts on the key target groups. Evaluation activities for the national adult population included a baseline survey conducted in 2002, a mid-term qualitative evaluation conducted in 2005 and a follow up nationally representative survey conducted in 2007. A stratified random cluster sampling strategy was used for enumeration areas, based on the 1996 Lesotho Population Census and Village List supplied by the Bureau of Statistics. Before selection of the sample, the rural and urban strata were organized by district to obtain a geographic spread of



sample Enumeration Areas (EAs) randomly from within each stratum of EAs proportional to the national population. 30 sites were selected; 23 represented rural areas, three represented urban areas (not including the capital), and four represented the capital. The distribution of sample sites across the country reflected the population distribution, with a concentration of population distribution around the capital, Maseru. The same sites were selected for the 2007 and 2002 baseline surveys, although not the same individuals. For young people, a schools-based survey was conducted including young people aged 8-17 years.

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

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 *Phela*. Through comparing attitudes and behaviours between those who were exposed to *Phela* with those who were not exposed, changes attributable to *Phela* could be measured. A similar approach was used for youth in school, aged 8-17 years, although youth self-completed interview forms, in a classroom situation under the guidance of a teacher. Multivariate analytic methods were used in order to ensure that any changes reported were due to the intervention and not change that may have happened despite the intervention, or because of some other interventions.

#### 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 2097 adults aged 16-60 years from these households.
- 88 schools were randomly selected from 30 sites across Lesotho and all children in these schools in the relevant grades (grades 6-9 and grades 3-5) self-completed questionnaires that were specifically designed for children of that grade/ year. Data were collected from a total of 11 743 school going youth.
- Data were collected from people in Lesotho between mid August and mid September 2007.
- For adults, personal at-home interviews were conducted using structured pre-tested interview schedules.
- Interviews were conducted in the home language of the respondent.
- For the adult sample, data were weighted up to the National population of Lesotho.

#### Methods of Analysis

Key frequencies and percents were calculated for 2002 and 2007. Where estimates are provided, these are weighted up to the national population of Lesotho. 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 *Phela* and those who had not been exposed. In some instances, comparisons were also made by intensity of exposure – that is, how many of the materials or interventions respondents had been exposed to. Where statistically significant associations were observed, multivariate analysis was undertaken which adjusted for effects of age, gender, educational level and exposure to other AIDS programming. This report

focuses on the findings which remained significant in the multivariate analysis as this gives the best available indication of the impact of *Phela*.

#### Ethical approval

CIET obtained ethical approval from the CIET Africa Ethical Review Board as well as from the Research Ethics Committee, Ministry of Health and Social Welfare, and from the Ministry of Education and Training in Lesotho.

In both the 2002 and 2007 surveys, community leaders gave their permission for the survey in their communities prior to the commencement of the household survey in each community. Approvals were also obtained from the school principals and individuals at community level.

#### The report has the following objectives:

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



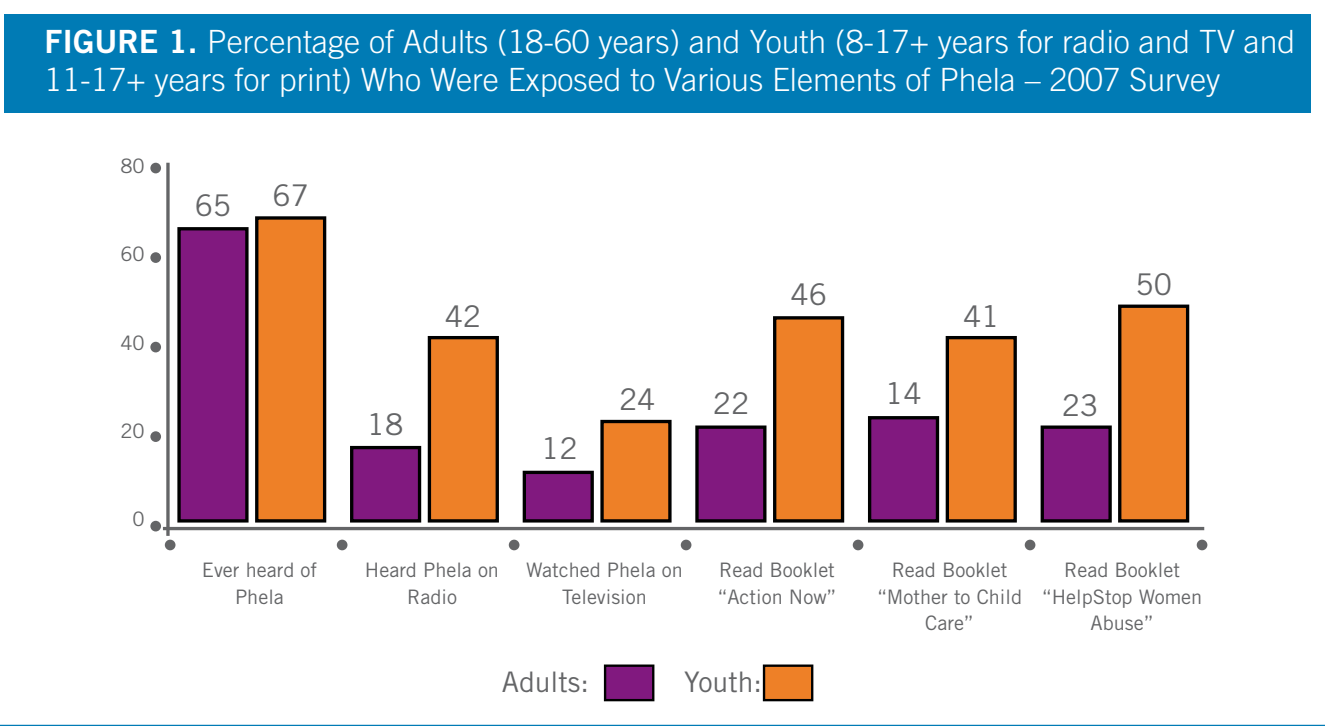


**Reach and Audience Reception**

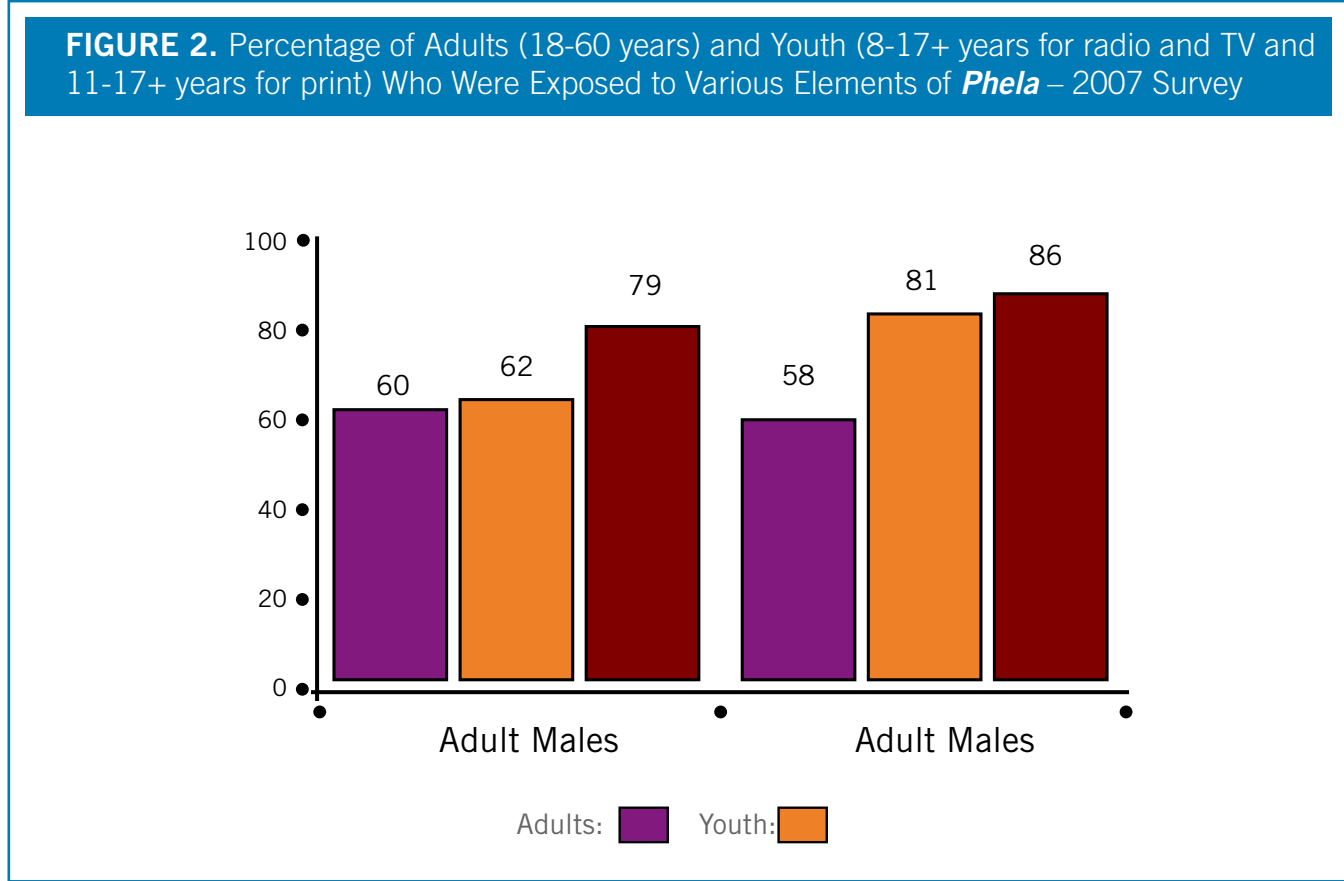
**1.3 Overall levels of exposure to *Phela***

Since its inception in Lesotho in 2002, *Phela* has attracted considerable interest from the target audience of 18-45 year olds, and is also popular amongst age groups outside this range.

Figure 1 shows the percentage of the total population of Lesotho who were exposed to various elements of *Phela*. In 2007, around two thirds of all adults and in-school youth had heard of *Phela*. Amongst adults, reach of radio and television was low at around 18% of adults having heard of *Phela* on the radio and 12% having watched *Phela* on television. Reach of print materials was higher than reach of the other media channels, particularly amongst youth. A greater proportion of youth than adults had read each of the booklets.



The Figure below shows reach of *Phela* disaggregated by gender within rural areas, urban areas and the capital. As indicated in the Figure, the highest exposure was amongst women in the capital city, with some 86% of these women ever having heard of *Phela*, compared to 79% of men and 58% of women in the rural areas.



**1.3.1 What people thought of *Phela***

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 *Phela* were asked what they thought of it. Among Basotho adults who had heard of *Phela*, some 90% said the materials helped with things in their lives and 79% felt the *Phela* materials were what people in Lesotho country needed.



“ My understanding is that *Phela* is a slogan, something of a mantra that I need to keep in mind. That is, in order to lead quality life, I need to obtain information, and understand what I need to do in order to realize good health, and live long.”- Thaba-Tseka adult, Mid term evaluation, 2005”

Of youth who had heard of **Phela**, 80% of girls and 77% of boys said they liked or strongly liked the materials.

If those who watch or listen to health messages discuss these with their friends or family, it can be reasonably assumed that the materials are of some significance to them and also that the impact of the materials extends beyond the initial audience. Of those who were exposed to **Phela** materials, around 1 in 3 adults and around 2 in 3 young people said they talked to their parents or friends about issues covered in **Phela** materials.

#### 1.4 Summary of reach and audience reception

- **Phela** is becoming established as a leading health promotion intervention for adults in Lesotho indicated by around two thirds of both adults and in-school youth having heard of **Phela**. **Phela** also reaches people outside the target ages.
- In terms of awareness of the programming, **Phela** met the regional programme objective of reaching 40% of the total population. Reach of radio and print materials to adults in the target age range still needs to be expanded.
- Importantly more than two thirds of young people say they talk to others about what they have seen or heard on **Phela**, thus potentially increasing the reach and impact of the intervention. Although a lower proportion of adults speak to others about **Phela**, there are still around 1 in 3 of those exposed to **Phela** who talk to others about it.
- Most people who are exposed feel that **Phela** is relevant to their lives, and they say that they like the programming.
- Lower reach in rural areas and urban areas compared to the capital, may indicate a need to consider alternative strategies to better serve rural populations in Lesotho.



## Impact of Phela

### 2. IMPACT OF PHELA

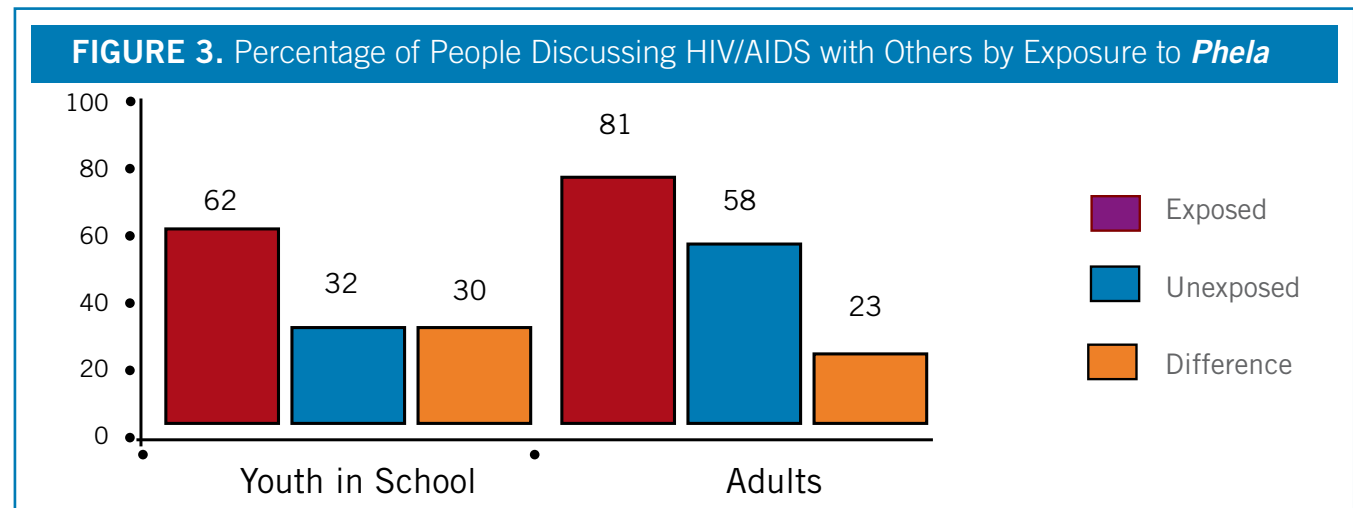
**Phela** was designed to address multiple issues related to HIV/AIDS knowledge, attitudes and behaviours. Data collection for the evaluation survey was conducted between mid-August and mid-September 2007. Therefore, the impact reported reflects the situation approximately 4-5 years after the launch of the intervention.



#### 2.1 Impact on dialogue about HIV and AIDS

Several models of behaviour change suggest that dialogue is one of the critical 'intermediate' outcomes, leading towards behaviour change or action. The 2007 survey measures dialogue about AIDS and dialogue about death and dying.

**Phela** materials were associated with discussing AIDS among both youth and adults. All of the exposures (radio, television and print) were associated with increased dialogue about AIDS. Figure 3 below shows the percentage of adults and youth who discussed AIDS, by whether or not they had been exposed to **Phela**. Discussing HIV/AIDS was fairly common overall, although less common amongst young people than amongst adults. For both adults and youth, those who had been exposed to **Phela** were more likely than the unexposed to have discussed HIV/AIDS. In 2007, among adults, 81% of those exposed to **Phela** had discussed HIV and AIDS in the last year, compared with 58% of those who were unexposed.





In multivariate analysis, on this measure, the difference between the exposed and the unexposed groups remained statistically significant, indicating that differences can be attributed to **Phela**. The qualitative research in the mid-term evaluation supported this finding.

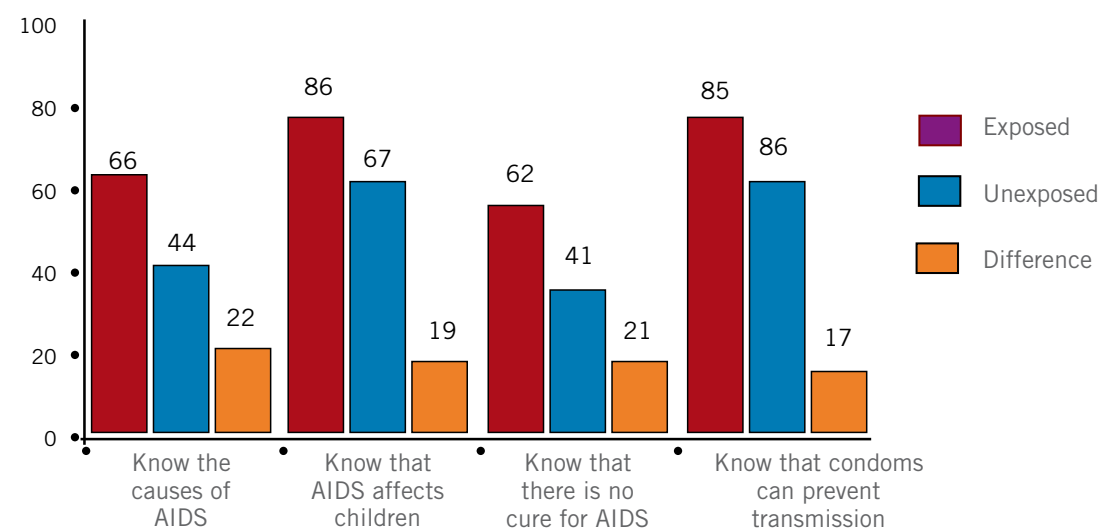
## 2.2 Impact on knowledge of prevention and transmission

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. The impact of **Phela** on knowledge of the following basic facts about HIV is reported below:

- Knowledge of what causes HIV and AIDS
- That there is no cure for AIDS
- That HIV can be prevented by using condoms
- That AIDS affects children.

In 2007, around 50% of the adult sample could correctly name the causes of AIDS and a similar proportion knew that there is no cure for AIDS. Overall, over 66% of Basotho knew that AIDS affects children and a similar proportion knew that condoms can prevent transmission of HIV. Exposure to **Phela** was associated with a range of improved HIV prevention knowledge, particularly among lesser educated adults. Those exposed were more likely than the unexposed to know what causes AIDS; to know that there is no cure for AIDS (television exposure) and to know that condoms can prevent HIV transmission (radio and print exposure).

**FIGURE 4.** Percent with Correct Knowledge of Various Facts About HIV and AIDS by Exposure to **Phela**



The differences illustrated above show between unexposed and exposed groups remained statistically significant in multivariate analysis, indicating that changes on these measures can be attributed to **Phela**.



## 2.3 Impact on knowledge of treatment

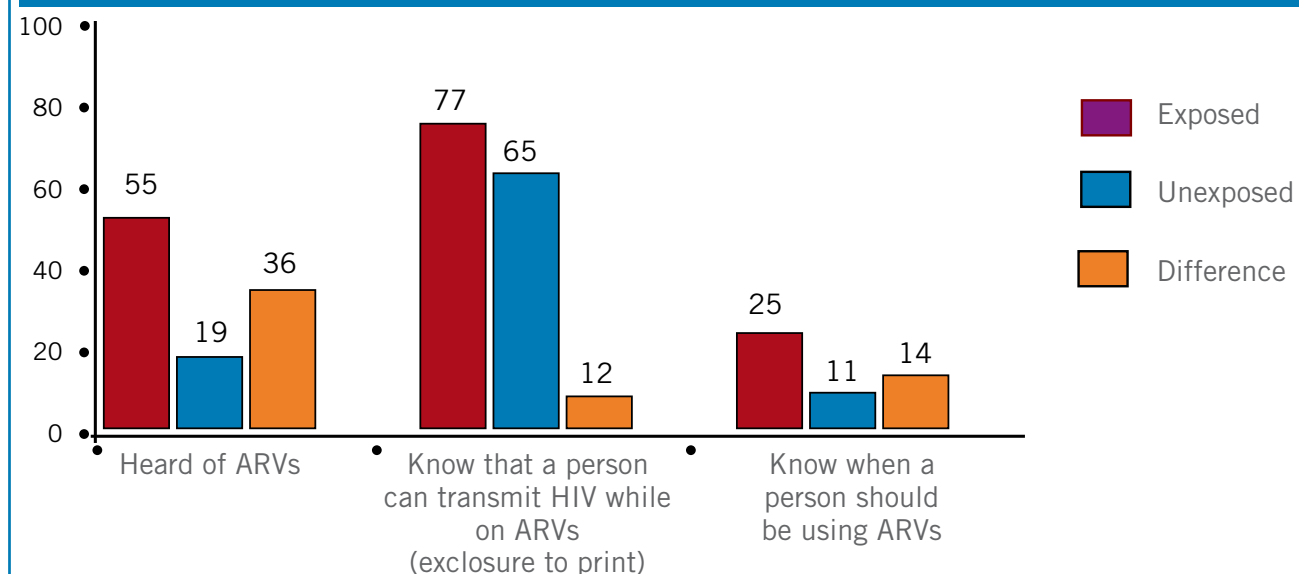
As more affected families and households have access to ARV treatment, it is helpful for people to understand basic facts about ARVs, both to give them realistic expectations about treatment and to allay unnecessary fears about the drugs. The impact of **Phela** on the following indicators was measured:

- Having heard of ARVs
- Knowing that an HIV infected person on ARVs can still transmit the virus
- Knowing when to start ARVs.

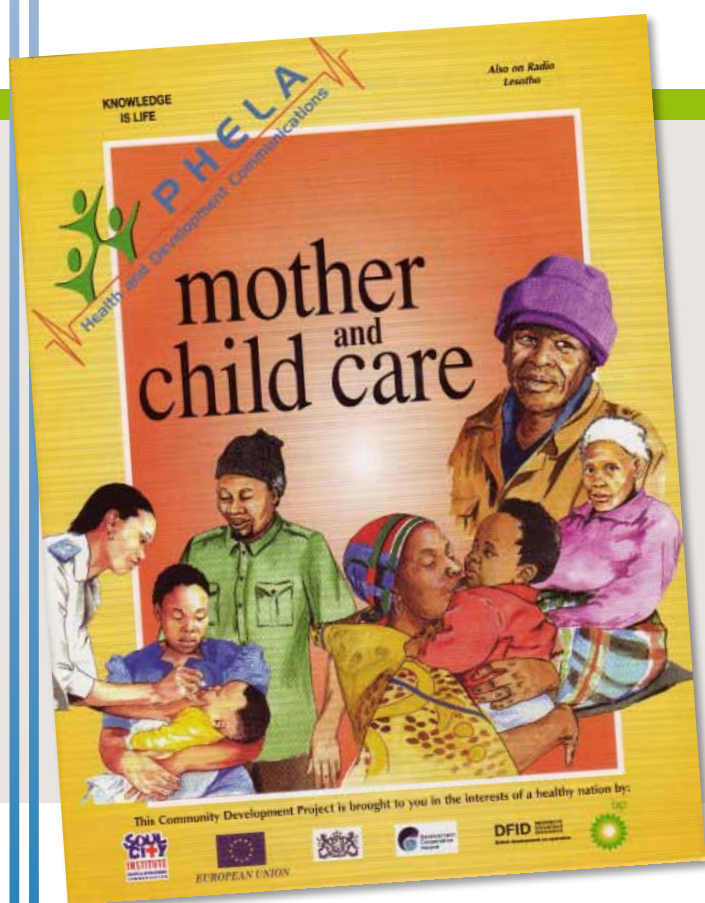
Less than 50% of Basotho adults had heard of ARVs. Those who had been exposed to **Phela** were significantly more likely to have heard of ARVs than the unexposed (55% compared to 19%). Of those who had heard of ARVs, over 80% knew that HIV positive people taking ARVs could live longer and over two thirds knew that an HIV infected person taking ARVs could still transmit the virus. Exposure to **Phela** was associated with improved knowledge on these measures. These associations remained statistically significant in multivariate analysis and can be reasonably attributed to **Phela**. The strongest impacts were seen amongst women.

“ I’m now also better informed about AIDS. Previously I did not know the first thing about it—where it begins and what symptoms to look out for.” (Maseru woman, mid-term evaluation, 2005)

**FIGURE 5.** Percentage Exposed and Unexposed Adults Who Know Various Facts About ARVs



These findings were supported by the qualitative research, as illustrated below:



“Another thing is that the ARVs have side effects. But if a patient is properly counselled and cautioned about them, they can go on and take them, knowing what to expect, for the bigger benefit of improving their health.” – Qacha’s nek participant, mid-term evaluation, 2005”

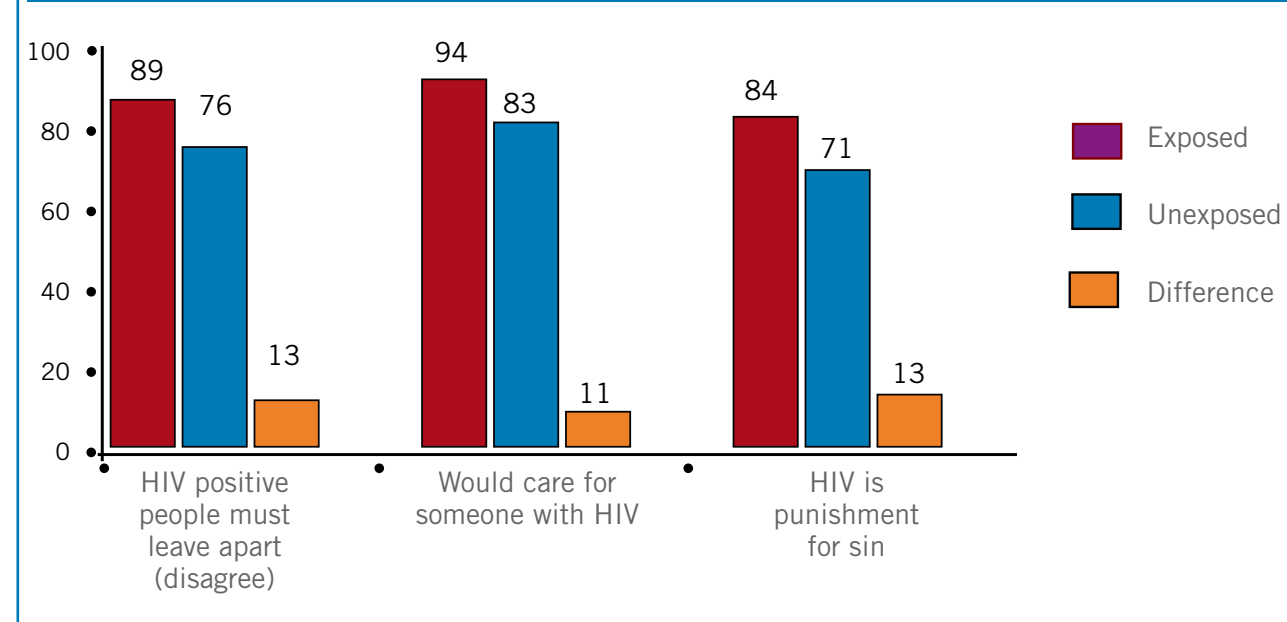
## 2.4 Impact on decreasing stigma towards people living with HIV/AIDS

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. *Phela* addresses issues of stigma by providing factually correct information about HIV prevention and transmission and treatment. This is achieved through realistically portrayed characters in media who are able to challenge conventional perceptions about the disease by leading a positive life despite their status and demonstrating caring and supportive behaviours towards people infected and affected with HIV.

A number of statements were used to measure stigma in this survey. Statements are usually found to be highly correlated in that people who answer negatively on one question also tend to answer negatively on many of the others. In this survey, people were asked if people with HIV should be made to live apart from the community; if they would care for someone with HIV/AIDS if they had the means to do so and if they believed that HIV/AIDS is a punishment for sin.

Most adults in the sample did not hold stigmatising attitudes according to these measures; notably most Basotho agreed that they would care for someone with HIV/AIDS if able to do so. Nonetheless exposure to *Phela* was associated with improved attitudes towards PLWHA. Some 94% who watched *Phela* on TV said they would provide care for someone with HIV/AIDS if they had the means to do so, compared with 83% of those who had not watched *Phela* on TV. *Phela* also had a positive impact on the percent of people who believed that HIV positive people should not live apart from others (89% exposed compared to 76% unexposed).

**FIGURE 6.** Percentage of Exposed and Unexposed Adults Holding Positive Attitudes Towards People Living with HIV/AIDS



Amongst in-school youth, exposure to *Phela* television and print was associated with greater willingness to befriend someone with HIV/AIDS (41% exposed compared to 20% unexposed).





### 2.5 Impact on collective efficacy about HIV/AIDS

It is important that people feel that they and their communities are able to do something about HIV/AIDS. *Phela* aimed to increase collective efficacy for HIV/AIDS action.

In 2002, 42% of adults believed their communities could do something about HIV/AIDS. In 2007, this had increased to 58%.

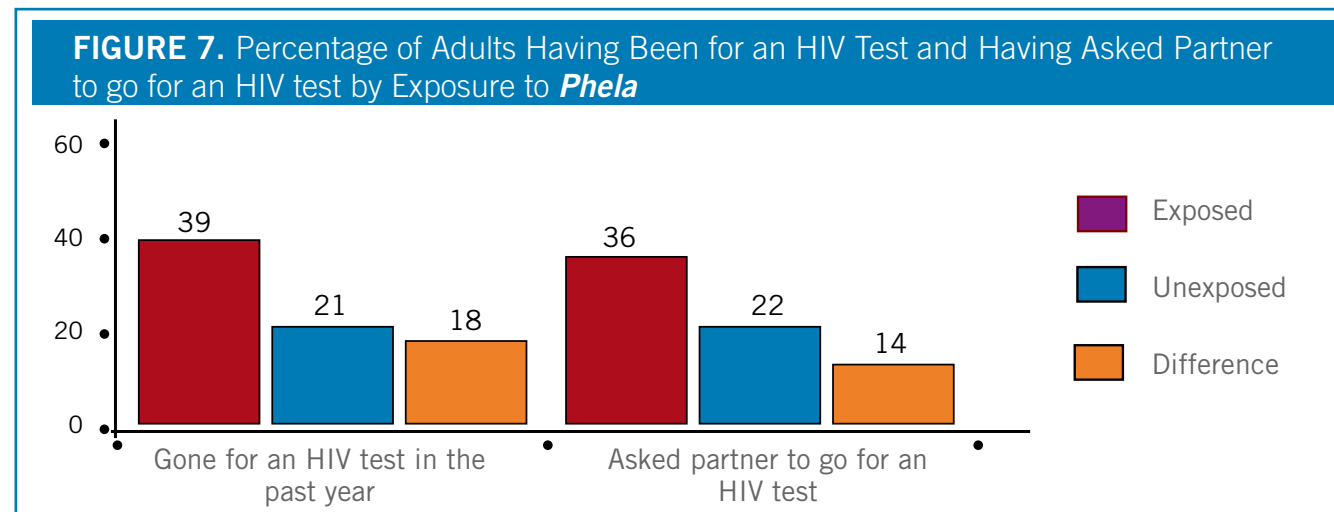
The 2007 evaluation shows some of this change can be attributed to *Phela*; 63% of adults who

had heard of *Phela* felt their community could do something about HIV/AIDS, compared with 48% of those who had not heard of *Phela*. These associations remained significant after adjusting for potential confounders.

### 2.6 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. Voluntary Counselling and Testing (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, *Phela* aims to encourage Basotho to go for HIV testing, and also aims to encourage people to ask their sexual partners to go for testing.

Uptake of VCT is low in Lesotho, despite having increased in past years. In 2002, 14% of males and 17% of females had been for an HIV test in the previous year. In 2007 this had doubled to 28% of males and 34% of females. Figure 7 below 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 *Phela*. *Phela* was successful in increasing uptake of testing amongst adults.

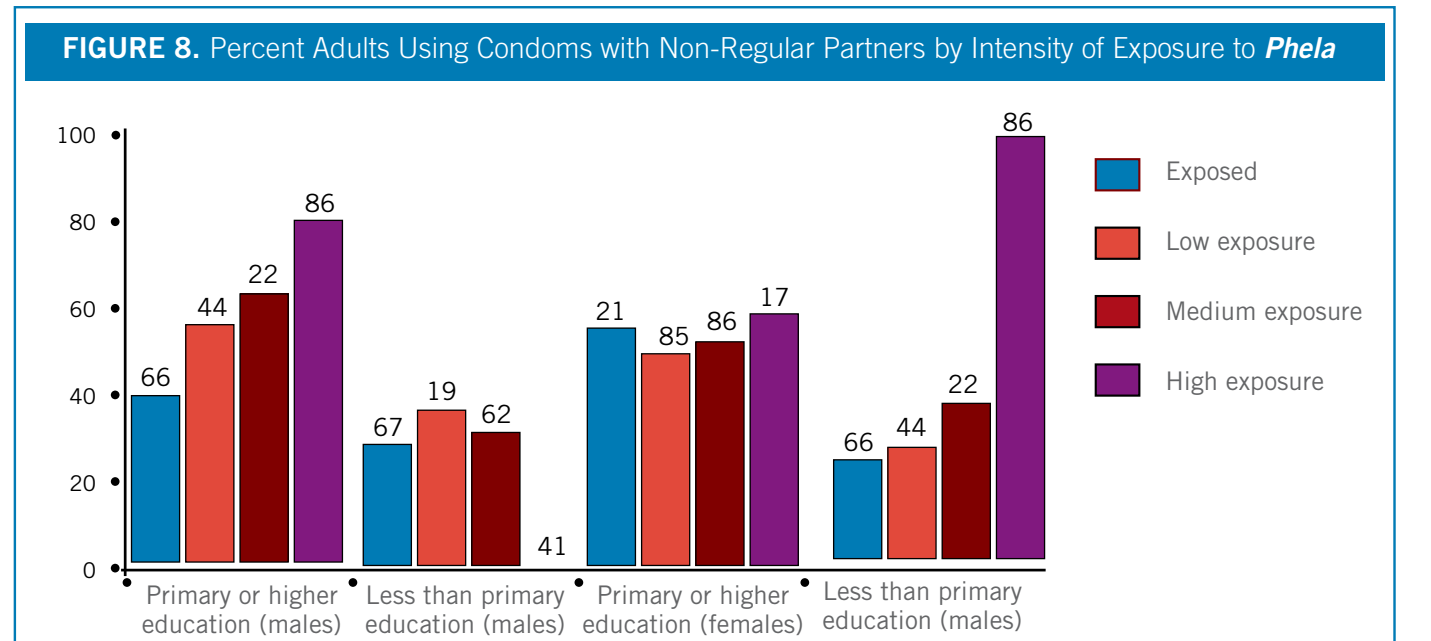


### 2.7 Impact on condom use

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

Overall, consistent condom use with a non-regular partner improved substantially in Lesotho between 2002 and 2007. In 2002, around 25% of respondents who had non-regular partners reported that they consistently used condoms with these partners. In 2007, this increased to almost 50%.

Adults exposed to *Phela* were more likely to use condoms consistently. There was evidence of a dose response relationship for some people. In other words, for some people, the more *Phela* materials or interventions that they were exposed to, the greater the likelihood of consistent condom use with non-regular partners. Observing such a relationship strengthens the evidence for a causal relationship. As indicated in Figure 8 below, there was a dose response relationship when looking at more educated males and less educated females. These trends were not observed amongst less educated males and more educated females.



### 2.8 Impact on numbers of concurrent sexual partners

Reducing the numbers of sexual partners has been identified as a key intermediate goal to reduce new HIV infections. Having more than one partner concurrently has been demonstrated to be a strong driver of the spread of HIV in communities. Encouragingly, the percent of adult Basotho who reported having more than one partner decreased between 2002 and 2007.

In 2002, some 58% of men and 36% of women said that they had more than one partner; in 2007 this had decreased to 43% of men and 17% of women. *Phela* may have contributed to this decrease. Amongst more educated men, those who listened to *Phela* on the radio were less likely to have more than one partner than those who did not listen (23% compared to 30%). No associations were found with other *Phela* exposures or within other sub-groups.





Overall Conclusion

*Phela* was found to have positive impacts on a number of knowledge indicators as well as on key behaviour related to HIV prevention and positive attitudes towards people living with HIV/AIDS. There is still considerable opportunity to increase knowledge of ARVs in Lesotho as well as to increase uptake of voluntary counselling and testing services.

*Phela's* reach was fairly good amongst both adults and youth. However reach was lower in areas outside of the capital. Television reach is particularly low, possibly because of low access to television amongst this population. Alternative channels of intervention need to be identified to reach these people.

2.9 Summary of impact of *Phela*

- Phela* is associated with overall positive impact across several critical measures related to HIV prevention and support.
- There were significant positive associations between exposure to *Phela* materials and discussing HIV/AIDS. This was true for adults within the target age range and also for the in-school youth surveyed.
- Knowledge of HIV/AIDS, including ART was shown to have been positively impacted by *Phela* but there is still room for further improvement, particularly amongst young people.
- Phela* decreased levels of stigma (increased levels of positive attitudes towards people living with AIDS) and increased levels of collective efficacy for AIDS.
- The *Phela* intervention was successful in achieving desired behaviours on a number of measures. In particular, *Phela* was successful in getting people to get tested for HIV and also in getting people to ask their partners to go for an HIV test. There was some impact of *Phela* print and television exposure on levels of condom use with a non-regular partner and on partner reduction amongst more educated men.

