

Evaluation Design

1. A National Survey with baseline (pre-intervention) and evaluation (post-intervention) measurement (different samples of 2000 respondents for each survey). [Community Agency for Social Enquiry – CASE; Additional analysis by Dhaval Patel]
2. A survey consisting of repeated measurement of a panel (or cohort) of respondents in each of 2 sites (1 urban site, 1 rural site with a sample of 500 respondents per site, and an additional 100 interviews controlling for the research effect). [Fieldwork by Social Surveys; Analysis by CASE]
3. National Qualitative Impact Assessment: 31 qualitative focus group interviews and individual interviews nationally; a further 30 semi-structured interviews with community members representing leadership, services and civil society in the two sentinel sites. [Social Surveys; Additional analysis by Esca Scheepers]
4. Evaluation of the partnership between Soul City and the National Network on Violence Against Women (NNVAW): quantitative and qualitative methods; 97 semi-structured interviews and focus group interviews with National and Provincial Government; service providers; NGOs; Journalists; Training institutions; community members; intervention partners & stakeholders; and external observers of the Domestic Violence Act policy process – i.e. respondents who were informed about the process, but who were not part of the partnership between Soul City and the NNVAW; monitoring of the “Stop Woman Abuse” Helpline calls over a 5-month period. [Women’s Health Project]
5. Monitoring of the national print and electronic media over a 6-month period. [Women’s Health Project and Rhodes University students]
6. Compilation of a data base of organizations and institutions reached by Soul City based on ongoing Soul City correspondence over several years, existing Soul City data bases, responses to a public announcement made in national papers and development publications (print and electronic), and a subsequent self-administered survey of organizations who responded. [Strategy and Tactics]
7. A cost-effectiveness study. [Centre for Health Policy]

1999/00 South African Rand (SAR), HIV/AIDS and VAW:				
		TV	Radio	Print
Cost per person reached - Total:		1.87SAR 0.26US\$	0.23SAR 0.03US\$	1.52SAR 0.21US\$
Cost per person reached –				
1) HIV/AIDS		0.44SAR 0.06US\$	0.05SAR 0.01US\$	0.05SAR 0.01US\$
2) VAW		0.86SAR 0.12US\$	0.07SAR 0.01US\$	0.52SAR 0.07US\$
Cost-effectiveness per: additional HIV/AIDS knowledge gained*:	1.06SAR 0.15US\$	* Comparison between group with <u>no exposure</u> to SC, and group exposed to <u>any SC</u> media type; items weighted for “importance” as assessed by expert panel. ** Comparison between group with <u>no exposure</u> to SC, and group exposed to <u>any SC</u> media type; items <i>not</i> weighted for “importance”.		
... additional HIV/AIDS action gained*	1.93SAR 0.27US\$			
... additional VAW knowledge gained**	1.16SAR 0.16US\$			
... additional VAW attitude gained**	1.59SAR 0.22 US\$			
... additional VAW action gained**	49.12SAR 6.92US\$			

Reach	<p>SC 4, July – December 1999:</p> <ul style="list-style-type: none"> • Television and/or Radio reached 79% of the SC target population¹; • Television reached 68% (with 3 out of 4 viewers watching more than a third of the 13 episodes); Radio reached 65% (with 3 out of 4 listeners listening “sometimes” to “almost all episodes”); Any SC booklets (previous series included) reached 46%; Any print media (booklets and / or editorial coverage and / or serialization in newspapers) reached 64%; • TV <u>and</u> Radio reached 46%; TV, Radio <u>and</u> booklets reached 32%; <u>All</u> media types (including editorial coverage and serialization in newspapers) reached 24%; • <u>Any</u> SC exposure (TV, Radio or Print, including editorial coverage or serialization in newspapers) reached 82%. <p>SC, 1999 - current: Reached more than 4300 South African organizations and institutions: schools, Adult Basic Education and Training (ABET) centres, clinics, NGOs and CBOs, government departments, church groups, para-statal, private sector institutions, and universities.</p>
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Impact on society: advocacy / policy / legislation	<p>Impact on policy implementation, associated with SC in partnership with the NNVAW: Immediate, short term gains: the intervention contributed to the changing discourse on, and prioritization of domestic violence within National Government; ... succeeded in putting pressure on National Government to speed up the implementation of the Domestic Violence Act; ... succeeded in playing a facilitating role in the implementation of the Domestic Violence Act.</p> <p>“The Domestic Violence Act was implemented on 15 December 1999. While this was not the date specified in the advocacy campaign objectives (1st November 1999), the Partnership Evaluation found that implementation of the Act <u>in 1999</u> was an achievement that can largely be attributed to the advocacy initiative of the partnership between Soul City and the NNVAW, and the multi-media component of the Soul City 4 intervention.” (Partnership Evaluation Study, Women’s Health Project)</p>
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Impact on national debate / national editorial media	<p>Impact on national debate as reflected in editorial media nationally, associated with SC in partnership with the NNVAW: Over the evaluation period: the intervention succeeded in placing domestic violence on the national media agenda; ... increased editorial coverage of domestic violence in mainstream media. 49% of print media monitored dealt with / referred to domestic violence. Domestic violence-related coverage attributable to the SC / NNVAW partnership, based on quantitative comparative analysis of media coverage and media releases; approximately 1 in 5 articles directly referred to SC and/or the NNVAW (excluding mention of member organizations).</p>
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Impact on communities: community action	<p>Impact on community action / community events associated with SC in partnership with the NNVAW: The intervention increased respondents’ participation in community action, as well as increased respondents’ intention to participate in community action. 3% of respondents reported that they had participated in public protest around VAW over the evaluation period. 1% of respondents with no exposure to SC reported that they had participated in public protest against violence against women, whereas 3% of respondents with exposure to 1 source of SC, 3% of respondents with exposure to 2 sources, and 5% of respondents with exposure to 3 sources of SC did.</p> <p>Anecdotal reports of pot or bottle banging* have been gathered; for example, patrons at a local pub in Thembisa collectively banged bottles upon witnessing a man physically abusing his girlfriend. Similarly, there are unconfirmed reports of pot-banging taking place in Khayelitsha over the evaluation period.</p> <p><i>* The Soul City story depicted the community’s shift from “silent collusion” with domestic violence to active opposition, at one point, community members banged pots outside the abuser’s home to make him stop. This activity was introduced in the story and has not been heard of in South Africa previously. Thus, pot-banging was used as a marker associated only with the Soul City series and the partnership with the NNVAW.</i></p>
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¹ The Soul City adult series targets “African” and “Coloured” previously disadvantaged South Africans. Although the series is suitable for all populations, theory of communication suggests that specific targeting and testing of materials makes it more effective. Soul City is however committed to the health and development of all South Africans irrespective of colour, race or any other characteristic.

<p>Impact on community leaders, services, structures, communication</p>	<p>Impact on community leaders, opinion-makers, service providers in interaction with their communities, attributed to SC by respondents in the National Qualitative Impact Assessment:</p> <ol style="list-style-type: none"> 1) SC is reported to ease the difficulty of discussing sensitive issues (such as HIV/AIDS, youth sexuality and domestic violence); respondents report that SC provides an opening / opportunity on which to build discussion; SC is perceived as, and used as an extension of community work; it shapes, supplements and reinforces various forms of messages to, and interaction with the community. Stimulation of various forms of community dialogue and debate and opening-up of taboo subjects have directly / overtly been attributed to SC. 2) Examples of SC impact on policy and practice within community structures and services have been documented: e.g. a change in policy around condom distribution in a rural community was overtly attributed to SC.
<p>Impact on collective efficacy</p>	<p>Collective efficacy: (Case Study in Urban Site as part of National Qualitative Impact Assessment)</p> <p>Documentation of SC's impact in a small community in an urban township: SC fosters a sense of co-operation and togetherness in problem-solving within the community; it increases collective health consciousness, facilitates a sense of collective empowerment to effect change in the community, facilitates collective action and the formalization of community structure; SC further reinforces social networks and facilitates a positive vision and hope for a better future for the community.</p>
<p>Impact on connecting people to services / service delivery</p>	<p>Impact on connecting people to services, associated with SC in partnership with the NNVAW:</p> <ol style="list-style-type: none"> 1) The intervention raised awareness of, and increased contact with local violence against women services: e.g. 16% of respondents with no access to SC had heard about the Stop Women Abuse Helpline (SWAH), and none of them had written down or kept the number, whereas 37%, 45% and 61% of respondents with exposure to 1, 2 and 3 sources of SC respectively had heard about the SWAH and 12%, 15% and 25% of respondents accessing 1, 2 and 3 sources of SC respectively had written down or kept the number. 2) The intervention increased access to referral services and crisis counselling through the Stop Women Abuse Helpline (SWAH), and promotion of the AIDS Helpline. Approximately 180 000 calls were answered on 4 lines over 5 months. More than 1 in 5 calls answered were from non-urban areas. 3) 8% of respondents in the post-intervention survey reported experience of domestic violence. 1% of respondents with no exposure to SC TV reported that they had made contact with an organization working in VAW whilst SC was on air, whereas 4% of those with low and medium exposure to SC TV, and 5% of those with high exposure to SC TV did.
<p>Impact on individuals: self-efficacy</p>	<p>Impact of self-efficacy, qualitatively associated with SC:</p> <ol style="list-style-type: none"> 1) SC impacted positively on women's self-worth and sense of identity, in the context of rights-awareness, and "new" options. 2) SC empowered women to negotiate relationships and (safer) sex: "Women interviewed (speaking from different contexts and perspectives), report that Soul City 4 encouraged them to act on this (new) awareness of their rights, and enabled them to stand up for their rights in oppressive or abusive contexts, or in contexts traditionally associated with unequal gender power relations." (National Qualitative Impact Assessment, summarized in <i>Soul City 4 Evaluation Results – Integrated Summary Report</i>)

<p>Impact on attitudes and beliefs</p>	<p>Improvement in personal attitudes and beliefs around domestic violence, and maintenance of positive attitudes in HIV/AIDS and youth sexuality, associated with exposure to SC 4. E.g.:</p> <p>1) The likelihood of holding positive attitudes and beliefs around domestic violence* is 4.5 times higher ($p \leq 0.01$) amongst respondents with exposure to SC multi-media (i.e. exposure to multiple SC media types) than amongst respondents with no exposure to SC. (<i>*E.g. whether domestic violence is a private matter, whether if a man beats his wife he has a good reason for it, whether women are expected to put up with abuse, whether it is culturally acceptable for a man to beat his wife, whether a man has the right to beat his wife, and whether women ever deserve to be beaten.</i>) Attitudes around domestic violence as a private affair improved with 10 percentage-points (from 56% to 66%) from pre-intervention to post-intervention measurement, with a 21 percentage-point difference (56% vs 77%) between respondents with no exposure to SC and those with exposure to 3 media types ($p \leq 0.05$).</p> <p>2) Attitudes around rape in marriage improved with 4 percentage-points from pre-intervention to post-intervention measurement (86% to 90%), with a 17 percentage-point difference (80% vs 97%) between respondents with no exposure to SC and those with exposure to 3 media types ($p \leq 0.05$).</p> <p>3) Although the pre- and post-intervention measurement did not change significantly, respondents exposed to any SC media type were more likely to hold positive attitudes around women's dependence on men for a better life, with a difference of 14 percentage-points (63% vs 77%), 15 percentage-points (63% vs 75%) and 23 percentage-points (63% vs 86%) between those with no exposure to SC and those with exposure to 1, 2 and 3 media types respectively ($p \leq 0.05$).</p>
<p>Impact on interpersonal communication</p>	<p>Improvement in interpersonal communication across SC themes, on HIV/AIDS and on domestic violence, associated with SC4. E.g.:</p> <p>1) 74% or respondents with exposure to SC 4 reported that they had talked about issues dealt with on SC;</p> <p>2) More than 1 in 3 respondents had talked about domestic violence while Soul City was on air, with a difference of 19 percentage-points (17% vs 36%), 22 percentage-points (17% vs 39%) and 34 percentage-points (17% vs 51%) between those with no exposure to SC and those with exposure to 1, 2 and 3 media types respectively ($p \leq 0.05$).</p> <p>3) "Occasional" interpersonal communication around HIV/AIDS improved with 6 percentage-points (from 37% to 43%) from pre-intervention to post-intervention measurement, whilst "never" talking about HIV/AIDS decreased by 9 percentage-points (from 34% to 25%) between pre- and post-intervention measurement. There is a difference of 9 percentage-points between respondents with no exposure to SC who talk about AIDS occasionally (38%) and those with exposure to 3 SC media types who talk about AIDS occasionally (47%). 40% of respondents with no exposure to SC said they never talk about HIV/AIDS, whereas 14% of those with exposure to 3 SC media types said they never discussed HIV/AIDS – a difference of 26 percentage-points ($p \leq 0.05$).</p>
<p>Impact on (subjective) social norms</p>	<p>Improvement on subjective social norms in domestic violence and HIV/AIDS, associated with SC 4. E.g.:</p> <p>1) The likelihood of believing that one's family, friends or community held positive views on domestic violence is 3.7 times higher ($p \leq 0.01$) amongst respondents with exposure to multiple sources of SC than amongst respondents with no exposure to SC. (Issues are similar to attitudes reported on above). In the pre-intervention measurement, 8% of respondents experienced their community to have a more negative attitude than they do on whether domestic violence is a problem. This decreased to 3% in the post-intervention measurement, signifying a 63% decrease in negative social pressure.</p> <p>2) The likelihood of believing one's family, friends or community held positive views on AIDS and Youth Sexuality* is 2.8 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst respondents with no exposure to SC TV. (<i>*Issues include whether people with HIV/AIDS should be moved away, whether a man is right in expecting a woman to have sex with him without using a condom, whether boys/men have the right to have sex with their girlfriends if they buy them gifts, whether girls/women need to depend on their boyfriends/husbands for better life, and whether if a person really loves their boyfriend / girlfriend, they will have sex with them.</i>) In the pre-intervention measurement, 19% of respondents experienced their friends to have a more negative attitude than they do on whether a man is right in expecting a woman to have sex with him without using a condom. This decreased to 7% in the post-intervention measurement, signifying a 63% decrease in negative peer pressure.</p>

<p>Impact on knowledge and awareness</p>	<p>Increases in knowledge and awareness of all topics covered, associated with exposure to SC 4. E.g.:</p> <ol style="list-style-type: none"> 1) There was an improvement of 6 percentage-points between pre- and post-intervention measurement (from 88% to 94%) on awareness to check blood pressure regularly, with a difference of 11 percentage-points between respondents with no exposure to SC and respondents with any exposure to SC (84% vs 95%, $p \leq 0.05$). 2) There was an improvement of 8 percentage-points between pre- and post-intervention measurements of men recognizing emotional battering as a form of domestic violence (from 81% to 89%). The likelihood of recognizing emotional battering as a form of domestic violence is 7 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst those with no exposure to SC TV. 3) There was a difference of 45 percentage-points (16% vs 61%) between respondents with no exposure to SC and respondents with exposure to all 3 SC media types on knowledge of the Stop Women Abuse Helpline ($p \leq 0.05$). (<i>The Stop Women Abuse Helpline was initiated by the partnership between SC and the NNVAW, and is therefore, like pot-banging, a marker that is directly and exclusively associated with the SC 4 intervention.</i>) 4) Rural Sentinel Site: high access to SC TV associated with faster acquisition of awareness that HIV/AIDS can be prevented ($p \leq 0.05$). 5) Knowledge that there is no cure for AIDS improved by 10 percentage-points (from 79% to 89%) between the pre-intervention and post-intervention measurement. There was a difference of 9 percentage-points (85% vs 94%) between respondents with no exposure to SC TV and respondents with medium exposure to SC TV on this item ($p \leq 0.05$).
<p>Impact on intermediate behaviour</p>	<p>Positive intermediate behaviour (support-seeking and support-giving behaviour) over the broadcast period, associated with SC4. E.g.:</p> <ol style="list-style-type: none"> 1) In the post-intervention survey, 15% of respondents reported that they had sought advice about saving money while SC was on air (62% of those who had ever received advice about saving money). The percentage of people who sought advice about saving money increases with increased exposure to SC multi-media: 51% (valid responses) of respondents with no exposure to SC reported that they got advice about saving during the broadcast period, whilst 53%, 67% and 72% of respondents with exposure to 1, 2 and 3 sources of SC respectively report that they got advice about saving money whilst SC was on air ($p \leq 0.05$). 2) In the post-intervention survey, 8% of respondents reported experience of domestic violence; None of the respondents with no exposure to SC contacted a support organization, whereas 2%, 4% and 5% of respondents with exposure to 1, 2 and 3 sources of SC respectively made contact with a support organization over the broadcasting period ($p \leq 0.05$).
<p>Impact on intention</p>	<p>Improvement on 'intention' in the areas of hypertension, HIV/AIDS and violence against women, associated with exposure to SC 4. E.g.:</p> <ol style="list-style-type: none"> 1) The likelihood to consider checking one's blood pressure and / or finding out more about hypertension is 3.5 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst respondents with no exposure to SC TV. 2) The likelihood of positive intention around domestic violence* is 6.4 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst respondents with no exposure to SC TV. (<i>*This includes considering talking about it, reporting it, referring people affected to the Stop Women Abuse Helpline, doing something to stop it, and / or confronting the perpetrator.</i>) Willingness to talk about the abuse increased with 6 percentage-points (from 71% to 77%) between pre- and post-intervention measurement, with a difference of 9 percentage-points (75% vs 84%) between respondents with no exposure to SC TV, and those with high levels of exposure to SC TV ($p \leq 0.05$). 3) The likelihood of positive intention around HIV/AIDS behaviour* is 6.8 times higher ($p \leq 0.01$) amongst respondents with high levels of exposure to SC TV than amongst respondents with no exposure to SC TV. (<i>*This includes willingness to ask a partner to use a condom and / or go for an HIV test, to go for an HIV test oneself, to help someone who is HIV positive, and / or to phone the AIDS Helpline.</i>) Intention to ask one's partner to use a condom improved by 18 percentage-points amongst African respondents (from 61% to 79%), with a difference of 18 percentage-points (64% vs 82%) between respondents with no exposure to SC TV, and those with high levels of exposure to SC TV ($p \leq 0.05$).

**Impact on
behaviour**

Behaviour change in hypertension and personal finance, and maintenance of positive behaviour in HIV/AIDS and domestic violence associated with exposure to SC 4. E.g.:

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

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

3) Violence Against Women: there is an association between exposure to Soul City and positive behaviour* over the evaluation period for violence against women amongst respondents with primary education ($p < 0.05$). (**This includes helping the abused person, involving family, friends or the community, reporting the incident (to the police), confronting the abuser, or [not] doing nothing.*) 9% of respondents with no exposure to SC reported that they did something to stop domestic violence over the broadcast period, whereas 12%, 14% and 16% or respondents with exposure to 1, 2 and 3 sources of SC respectively reported that they did something to stop domestic violence over the broadcast period ($p < 0.05$). 8% of respondents in the post-intervention survey reported experience of sexual harassment. 1% of respondents with no exposure to SC TV said that they had reported the incident, whereas 5% of those with high exposure to SC TV said that they had reported the incident ($p \leq 0.05$).

4) HIV/AIDS: the likelihood of positive HIV/AIDS behaviour* is 3.9 times higher ($p \leq 0.01$) amongst respondents with high exposure to SC TV than amongst respondents with no exposure to SC TV. (**This includes using a condom, asking one's partner to use a condom, asking one's partner to go for an HIV test, going for an HIV test oneself, and helping someone who is HIV positive.*) Respondents exposed to more than one source of SC were significantly more likely to say they had asked a partner to use a condom to prevent getting HIV/AIDS during the broadcast period, with a difference of 28 percentage-points (57% vs 85%) between those with no exposure to SC and those with exposure to 2 sources of SC ($p \leq 0.05$). Exposure to SC 4 radio was associated with HIV testing: 34% of respondents (valid responses) with no exposure to SC radio had asked their partner to go for an HIV test over the broadcast period compared to 77% of respondents (valid responses) with medium exposure to SC radio; 33% (valid responses) of respondents with no exposure to SC radio had gone for an HIV test themselves, compared to 72% (valid responses) of respondents with medium exposure to SC radio ($p \leq 0.05$). Reports of "always" using condoms increased with increased exposure to SC: 6% of respondents with no exposure to SC reported "always" using condoms, whereas 16%, 30% and 38% of respondents with exposure to 1, 2 and 3 sources of SC respectively reported that the "always" used condoms ($p \leq 0.05$). Respondents aged 16 to 24 with high exposure to Soul City TV were more likely to report that they always use a condom than respondents with no exposure to SC TV (38% vs 26%, $p \leq 0.05$), a difference of 12 percentage-points.