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Understanding the Role of the OneLove Campaign in Facilitating Drivers of Social and Behavioral Change in Southern Africa: A Qualitative Evaluation

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In the wake of the HIV and AIDS pandemic, health communication has played an important role in social and behavior change in HIV prevention and treatment efforts. Despite this significant role, it is not always clear how health communication influences individuals and communities to facilitate social and behavior change. Guided predominantly by Lewin's theory of change in the context of complexity thinking, and supported by qualitative evidence from Soul City Institute's midterm evaluation of the OneLove multimedia campaign in 9 southern African countries, this article illustrates how carefully designed health edutainment communication materials facilitate drivers of social and behavior change. Thus, researched and theory-based health communication aimed at behavior and social change remains an important pillar in HIV prevention and treatment, where personal and social agency remain key.

Although HIV incidence and AIDS-related deaths continue to decrease in response to HIV prevention efforts and the remarkable rollout of antiretroviral drugs in many countries, Sub-Saharan Africa still remains the most heavily affected. With only 12% of the global population, southern Africa is home to 69% of all people living with HIV and AIDS in the world, and accounts for 71% of new HIV infections (UNAIDS, 2012).

Following upon research on HIV incidence and prevention (Halperin & Epstein, 2004; Shelton et al., 2004), by early 2000, multiple and concurrent sexual partnerships by men and women, with inconsistent condom use and in the context of low levels of male circumcision, were widely recognized as key drivers of the spread of HIV in southern Africa (Southern Africa Development Community, 2006a). This recognition, and calls by Southern Africa Development Community countries to accelerate prevention interventions to tackle the key drivers of HIV spread, prompted many organizations to design relevant interventions (Southern Africa Development Community, 2006b). Therefore, Soul City Institute for Health and Development Communication (SCI), a South African nongovernmental organization, in partnership with organizations in eight other southern African countries, designed the OneLove communication campaign, which rolled out from late 2008.

Over the years, mass communication campaigns have emerged as key vehicles for increasing knowledge, changing attitudes, shifting social norms, and changing behaviors to promote HIV prevention and treatment. The focus of mass communication on HIV and AIDS has developed from raising awareness on HIV and AIDS facts in early 1980s, to promoting prevention behavior such as abstinence, condom use, and reducing concurrent partners from late 1980s to 1990s. By the beginning of the 21st century, communication programs expanded to cover the full continuum of HIV and AIDS from prevention and treatment to care and support (Bertrand, O'Reilly, Denison, Anhang, & Sweat, 2006; Roper, 1993).

In a bid to make the communication campaigns more effective, many communication practitioners follow rigorous formative research, articulated social and behavior change theories, and targeted audience segmentation (Noar, Palmgreen, Chabot, Dobransky, & Zimmerman, 2009). Some outcome evaluations of such communication campaigns have shown remarkable success in high message exposure, shifting attitudes, social norms, and HIV-related behaviors (Noar et al., 2009; Scheepers et al., 2004; Soul City Institute, 2008).

Evaluations of health communication interventions are often designed to measure outcomes and impact at the expense of understanding how health communication influences communities and individuals to facilitate social and behavior change. Large-scale population-based surveys that quantify outcomes in those exposed compared with those unexposed to communication are often preferred methods of evaluation above qualitative research designed to understand the process of change.

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This article, using qualitative evidence collected from nine southern African countries during the midterm evaluation of the OneLove regional communication campaign, adds to existing evidence on the effectiveness of well-researched and theory-based communication campaigns in HIV prevention, and illustrates how health communication influences the target audience to facilitate social and behavior change. Guided by Lewin's theory of change within complexity thinking, the qualitative evidence presented in this article provides rich insights to understand the complex mechanisms of change. The article concentrates on the effect, at personal and community levels, of the OneLove communication campaign on facilitating key drivers of social and behavior change, namely, emotional resonance, reflection, dialogue, and debate.

The OneLove Regional Communication Campaign Overview

OneLove is arguably the largest coordinated cross-border HIV prevention communication campaign implemented in southern Africa. It was launched across nine partner countries between 2008 and 2009, and implementation reached peak between 2010 and 2011. The partner implementing countries are Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. In Mozambique, the campaign was branded with a Portuguese name—*Amores a mais e demais*—but the design and content remained the same as the OneLove campaign. In Botswana, although OneLove was not implemented fully, *Love Stories*, a OneLove campaign television series of nine films produced from participating countries, was broadcast. The OneLove campaign was coordinated by SCI, and implemented by local health communication organizations in each country.

The campaign primarily used national multimedia interventions, namely radio, television, and booklets. The media content was packaged based on an edutainment strategy—a process that purposefully combines education and entertainment to spark audiences' emotional engagement, modeling choices and consequences, as well as influence audience attitudes, norms, and behaviors (Singhal & Rogers, 1999). The interventions were supported by advocacy and community-based social mobilization activities such as community dialogues.

The main goal of the OneLove campaign was to contribute towards the reduction of HIV incidence in southern Africa through reduction of concurrent sexual partnerships among men and women aged 16 and 55 years. This was envisaged to be achieved through facilitating reflection, dialogue, and debate among the audience, and influencing social norms, attitudes, and sexual behaviors.

The campaign messages were informed by literature reviews, stakeholder consultation, and formative audience research conducted in all nine countries. The main message of the OneLove campaign was that “having more than one sexual partner at a time puts you and your loved ones at risk of contracting HIV.” One submessage that ran across all country campaigns was the need to improve the quality of relationships through, among other things, improving

communication between couples and in families. Campaign audiences were also encouraged to discuss and debate relevant issues, such as the risks of concurrent relationships, both at interpersonal and community levels, to facilitate critical thinking, rational choice, and reflection. The messages were contextualized, expounded, and dramatized through a mix of locally researched and designed radio dramas, television short films, booklets, and community dialogues in the nine countries. The messages in the different edutainment media outlets were synergized to produce a coherent multimedia campaign so as to have a greater effect than individual media efforts. This article illustrates how this multimedia campaign facilitated drivers of social and behavior change.

The OneLove Theoretical Framework

Effective social and behavior change communication interventions are based on sound theory (Jepson, Harris, MacGillivray, Kearney & Rowa-Dewar, 2006; Noar et al., 2009; Storey et al., 2011). These theories and models ground the program's strategic and operational frameworks, while allowing enough flexibility to enable implementation in different contexts (Airhihenbuwe & Obregon, 2000).

The OneLove campaign was coordinated by SCI and followed the SCI theoretical framework. SCI sees behavior as the product of interactions between components of a complex system. Change in one part of the system is related to change in a different part of the system through the process of feedback. As an agent in this system, SCI uses media, advocacy, and social mobilization to bring about social and behavior change, thus impacting on individuals, communities, and the broader society. The intervention components aim to raise awareness, shift social norms, and support healthy behavior through facilitating and strengthening the key drivers of the process of change, namely dialogue and debate, action and reflections, social learning and efficacy. The overarching goal of SCI's work is to create supportive environments, build healthy public policy, contribute to the reorientation of services, facilitate community involvement, and build personal skills and healthy choices as outlined by the Ottawa Charter (WHO/HPR/HEP/95.1, 1986).

Within this overarching theoretical framework, SCI draws on a number of theories of change and models of behavior to inform its work—among others Lewin's theory of change. Lewin's theory of change is highlighted here as one key theoretical underpinning of the OneLove intervention, and is a key conceptual framework in the analysis presented in this article. Qualitative evidence presented in subsequent sections often vividly illustrates key aspects of early phases of Lewin's theory of change, in the context of exposure to OneLove media materials. Many theories and models of behavior change, especially those hinging on value-expectancy, such as social learning theory, health belief model, and systems thinking, were built on the seminal work of Kurt Lewin (Darnton, 2008; Rosenstock, Strecher, & Becker, 1988). Lewin's theory, therefore, is instrumental in guiding our understanding of how health communication impacts on targeted individuals and communities.

Lewin’s theory of change, in simple terms, is a three-phase theory that became known as the unfreezing-change-refreeze model, and applies to social systems: societies, groups, and persons.

Phase 1: Unfreezing

This stage builds on the observation that a balance of forces established by observational learning and cultural influences interact to maintain current behavior. For change to take place, new forces must be added, or existing forces that maintain behavior must be removed (Kritsonis, 2005; Wirth, 2004). Maintaining habitual behavior preserves group standards. Unfreezing is a process whereby individual resistance and group conformity is overcome, and habitual behavior is broken—often requiring (or resulting in) an emotional stir-up (Darnton, 2008; Jackson, 2005). “The emotional stir-up catalyses change by disrupting the flow of routine behaviour based on the group standards. . . emotion can be used to break habits, by raising them up to conscious scrutiny” (Darnton, 2008, p. 26).

Phase 2: Change or Movement

The system is “unfrozen” and moving to a new state of equilibrium. For this stage to unfold, having a clear view of the new desired state that is to occur after change has taken place is important. Jackson (2005) pointed to the role of “discursive elaboration of new and preferable alternatives” (p. 115) in the phase between unfreezing of behavioral patterns and the reconfiguration of new patterns. Schein (1995) elaborated on this process in the context of his notion of “cognitive redefinition.” The process entails the emergence of new meaning, expanded contexts of interpretation, and revision of standards of comparison and judgement relative to what had previously been learned and accepted (Wirth, 2004).

Phase 3: Refreezing

In this phase, new behaviors are sustained and become habitual. If this phase does not occur, change will be short-lived and behavior will revert back to the old equilibrium:

[Refreezing] is the actual integration of the new values into the community values and traditions. The purpose

of refreezing is to stabilize the new equilibrium resulting from the change by balancing both the driving and restraining forces. One action that can be used to implement Lewin’s third step is to reinforce new patterns and institutionalize them through formal and informal mechanisms including policies and procedures (Kritsonis, 2005, p. 2).

Research Methods

Data from Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, South Africa, Zambia, and Zimbabwe inform this article. The data was collected in two separate research studies, namely, OneLove midterm qualitative evaluation and Love Stories audience reception research. While the former assessed the target audience’s reception and response to the campaign materials, messages, and interventions, and evaluated the self-reported effect of the campaign, the latter specifically sought to understand the audience’s views of the Love Stories television series, which was a component of the OneLove campaign.

Qualitative methods were used to gather and analyze the data. Focus group discussions, consisting of about 9 to 12 people per group, and in-depth interviews were conducted with people exposed to at least one of the OneLove interventions. In the OneLove midterm evaluation study, 81 focus group discussions were conducted in seven countries. Male and female research participants were drawn from rural and urban areas spread across the participating countries.

In the Love Stories audience reception study, 44 focus group discussions and 54 in-depth interviews were conducted in nine countries with exposed male and female audience from urban and semi-urban areas. No interviews were conducted in rural areas because of the lack of television ownership in these areas. Table 1 shows the breakdown of the interviews.

All interviews were recorded electronically and transcribed verbatim. Computer-aided (using ATLAS.ti) and paper-based thematic qualitative data analysis was conducted in each participating country and each country produced reports on both studies. Each country report was then

Table 1. Interview breakdown

Country	OneLove Evaluation focus group discussions		Love Stories focus group discussions		Love Stories in-depth interviews	
	Youths 15–25 years	Adults 20–55 years	Youths 15–25 years	Adults 20–55 years	Youths 15–20 years	Adults 20–55 years
Botswana	—	—	4	4	4	4
Lesotho	5	5	2	2	—	—
Malawi	7	8	2	2	—	—
Mozambique	8	8	6	7	—	—
Namibia	—	—	—	—	8	16
South Africa	3	7	—	3	—	—
Swaziland	—	12	—	—	—	18
Zambia	—	12	—	4	—	—
Zimbabwe	5	5	4	4	—	4
Total	26	55	18	26	12	42

treated as primary text and all the reports were thematically meta-analyzed where they were (re)coded and (re)categorized into themes and subthemes emerging across all the nine countries. In line with principles of qualitative thematic analysis methods (Patton, 1990), the analysis conducted at country level and at regional meta-analysis level identified thematic patterns emerging from the data within and across country audience segments. Most emerging thematic patterns cut across audience segments and countries as reported in the findings in the next section. The consistency of themes emerging across countries and across audience segments speaks to the validity of the results.

Findings

Influence of OneLove on Audience Emotions, Reflection, and Debate

Qualitative accounts of experiences across all nine countries provide evidence of how exposure to the OneLove materials facilitated the process of change. The evidence ranged from the materials having elicited rich emotional responses, sparking dialogue and discussion, critical reflection, and respondents acting differently and, therefore, possibly catalyzing change in their social context through changes in complex feedback patterns. These drivers are fundamental in facilitating the process of actual behavior change. The qualitative evidence seems to fit well with and can be understood in the context of Lewin's theory of change. Analysis and presentation of the evidence in this section is, therefore, guided by Lewin's theory of change.

Behavioral Unfreezing: Emotional Stir-Up

Respondents across the nine countries reported that stories and messages in the OneLove materials elicited rich emotional responses from them, ranging from enjoyment to sadness, guilt, fear, feeling touched, and feeling concerned. The emotional response is illustrated in the following selected quotations:

The story on TV was painful. Lebo was faithful to her husband and hardworking; at the end of the day she became HIV positive. (South Africa, urban female, 18–25 years, interviews, September 2010)

I felt sad to see the husband HIV positive; and to us women we are at the receiving side, our men go out to do whatever they want. The woman trusted her husband and only to find that the husband is HIV positive. (Swaziland, urban female, 20–29 years, interviews, September 2010)

I feel sorry for Lesedi because she was really lost and at the same time I was able to relate to her and understand that she liked a rich life like everyone. (Botswana urban female, 15–19 years, interviews, July 2010)

Respondents further reported strong emotions that motivated them to make changes in their lives and to share the campaign messages with those around them:

I felt good. I liked the message and I promise that I won't do the same thing. I have to change and teach others who

couldn't watch the program. (Mozambique, rural female, 16–25 years, interviews, October 2010)

I would say these films give some kind of passion . . . to see a way of trying to reach out to the people and give the kind of message the films are giving you. So I felt like I could use the messages in the films to encourage other people and bring change to the community. (Swaziland, urban male, 40–49 years, interviews, September 2010)

The emotional influence of the OneLove materials, and thus the possibility of lifting up existing behavior for scrutiny, also resulted in critical (self-)reflection, dialogue, debate, and discussion—the psychosocial drivers that are necessary for sustainable behavior and social change (Darnton, 2008; Lewin, 1951).

Behavioral Unfreezing: Reflection

Self-reflection is very crucial in exposing behavior for scrutiny and facilitating the process of change. Respondents across the countries mentioned that the materials made them reflect on their lives, circumstances, and behaviors, and some expressed the intention of changing negative or inappropriate behavior or of improving existing desired behavior:

Honestly, they [OneLove materials] touched me in a special way and made me to think hard about my life. They made me realize that one mistake, and my life is doomed. (Lesotho, semi-urban male, 26–35 years, interviews, July 2010)

I sat down after reading the magazine and reflected on my life, that I should never have an extra-marital affair when I have my own wife. (Malawi, urban male, 25–49 years, interviews, August 2010)

I felt bad about the story of Faith and Boloko; how the man was unfair to the woman. Instead of telling her that he was not happy with their relationship, he just went into another relationship . . . This story made me reflect on my relationship; what things do we need to improve on to make [it] alive and work. (Zambia, urban male, 31–55 years, interviews, August 2010)

There is also evidence in some cases of reflection being extended to the community level, with respondents reporting challenging some strong cultural practices that put people at risk of contracting HIV:

It [OneLove magazine] gave us some perspective on the issue of chokolo [inheriting a wife]. In the past you had no right to choose whether you wanted it or not but it now helps us to have this birth right of choice, choosing what you want, that I don't want chokolo. (Malawi, urban female, 25–49 years, interviews, August 2010)

Behavioral Unfreezing: Dialogue and Discussion

Respondents also prominently indicated that the OneLove materials facilitated openness and sparked discussion, especially among people in sexual relationships, family members, and friends. Respondents reported talking about sex and HIV and AIDS with sexual partners, children, and grandparents, and also in the context of a larger community

or social setting. Dialogue and debate are crucial elements in exposing individual and collective behaviors for scrutiny and reflection, as well as for the reconfiguration of new patterns, hence setting the ground for change:

I talked with my husband, because we watched a film where there was a lot of cheating taking place, and one of them ended up infected, so we talked about how this sort of behavior might lead to infection and ruin our future, and we won't even see our children grow up. (Mozambique, urban female, 16–25 years, interviews, October 2010)

I talked to my child who is in Grade 7, and I said to him: “You see this child who had a relationship with someone who had an illness. You kids when you see someone with money don't fall for them, just live your life within your means.” (Zimbabwe, rural female, 25+ years, interviews, October 2010)

I have talked to my young brother and try to show him that “you know what, you might be liked by too many girls at school but that is not the way to go and have so many girlfriends.” (Botswana, urban male, 15–19 years, interviews, July 2010)

Change: Behavior From New Desired Perspective

The qualitative evidence also shows that exposure to OneLove materials resulted in respondents conceiving, articulating, and presenting behaviors from a more desired new perspective. This often came out in the form of a wish, intention to change, disapproval of old behaviors, and desire to replace them with new desired behaviors. An analysis of the evidence shows that this behavioral new perspective was often reported as a move from the behavioral unfreezing stage where existing behaviors were challenged through emotional stir-up, self-reflection, and/or dialogue and debate. This pattern conforms to Lewin's change trajectory:

I intended to change my view of certain things in life, I decided to start considering my love for someone if I want to date them, rather than looking at what that person has, because it is important to know what kind of person you are dating rather than concentrating on what they have. (Botswana, urban female, 15–19 years, interviews, July 2010)

I will ask him to use a condom because at times you suspect secret lovers. Someone can look honest to you in the house yet he is a snake in the bush. (Swaziland, rural female, 30–39 years, interviews, September 2010)

I have decided not to have a sugar daddy. I will wait until I get someone who is right for me. If someone proposes to me I cannot just say “yes,” just because he has done something for me. I don't want to go out with someone who tells me “Will come and fetch you at 8 and we are going to so and so's place” and you end up drinking and finding yourself having slept with him... I would rather wait for someone who understands me. (South Africa, urban female, 18–25 years, interviews, September 2010)

Behavioral (Re)freezing

Apart from reported changes in respondents' attitudes and intentions, evidence also shows reported desired changes in actual behavior in the areas of reducing the number of sexual partners, effective communication in relationships, condom use, alcohol use, unsafe sex, HIV testing, intergenerational and transactional sexual relationships, and domestic violence. Although these findings were not cross-cutting among countries and audience segments to the same extent as the findings reported in the first two stages of Lewin's theory of change, it may be early indications of desired behaviors crystallizing in respondents' lives.

Confirming the complex interactive mechanism of change, it is interesting to note how the factors for change at unfreezing and change stages in Lewin's theory, such as emotional stir-up, reflection, and dialogue, were also reported by respondents to have played a role in adopting new behaviors:

The first time I was exposed to them [OneLove materials], I got scared and felt as if I already have the HIV virus and rushed to get tested for HIV. It made me realize that it is not wise to live without the knowledge of my status... I can say that I am more the wiser after having been exposed to the messages. (Lesotho, urban male, 20–25 years, interviews, July 2010)

It has helped me to be able to open up to my partner, something that was not possible in the past. Now I can openly discuss anything with my partner without being shy. (Malawi, rural female, 15–24 years, interviews, August 2010)

Jaa [of course] because us girls were not keen on using condoms because we felt that we did not feel the man when he is wearing a condom but now I use it... for contraception as well as protection. So we have changed. (South Africa, urban female, 18–25 years, interviews, September 2010)

Discussion

There is ample qualitative evidence across the nine countries that exposure to the OneLove campaign facilitated significant drivers and mechanisms of social and behavior change. The emotional influence of the campaign materials and thus the possibility of lifting up behavior for scrutiny through emotional stir-ups is well illustrated in that respondents often framed their engagement with OneLove materials in the context of an initial emotional response. Emotional stir-up is often a prerequisite for and/or a result of ruffling up the behavioral status quo (Darnton, 2008; Jackson, 2005). The evidence of emotional responses to OneLove materials, therefore, suggests the beginning of the process of behavioral change.

Evidence also strongly shows that the OneLove materials facilitated discussion at a collective level (in large group contexts such as communities), as well as in small group and one-to-one interpersonal contexts, such as between couples. Dialogue and debate, apart from facilitating the lifting of individual and collective behaviors for scrutiny, are part of

a process of critical thinking and self-reflection, and contributes to reconfiguration of desired behavior, and, thus, sustained behavioral and social change. In this way, the involvement of many people in a social setting in discussion and dialogue about OneLove messages contributed to the process of behavior and social change. This makes sense in the context that meaningful and lasting change requires group participation whose standards must be altered (Darnton, 2008; Lewin, 1951).

Furthermore, there is compelling direct evidence across the nine countries of respondents questioning existing patterns of behavior (reflection) as a result of exposure to OneLove materials. This includes challenging powerful cultural practices that put people at risk of contracting HIV.

Last, evidence shows that respondents exposed to OneLove materials reported behaving differently and, therefore, further facilitated change in their social context through changes in complex feedback patterns. However, the evidence to support crystallization of desired new behaviors in communities in line with Lewin's (re)freezing stage was comparatively sparse and not as consistent across the nine countries as was the evidence supporting the initial stages of Lewin's theory of change. This may be explained by the fact that many respondents were exposed to the campaign sporadically for a period of months to a year, from the time the OneLove campaign was launched to the midterm evaluation. This finding also supports the need for sustained holistic interventions targeting individuals, communities, and the socio-political environment to ensure that the desired behaviors are adopted and crystallized within the targeted communities to avoid reverting back into an old behavioral equilibrium. The realization of Lewin's third step may require active institutionalization of new behavioral patterns within society's formal and informal procedures (Kritsonis, 2005). This may include new societal norms and formal policies that support desired behaviors.

Large-scale population-based surveys are often preferred methods of evaluation in health interventions (Bertrand et al., 2006; Kirby, Laris, & Roller, 2007; Noar et al., 2009; Speizer, Magnani, & Colvin, 2003). While this approach is important to measure outcomes and effects, it should not be done at the expense of qualitative evaluation designed to understand the process of change. This study, therefore, using qualitative evidence from nine southern African countries, has demonstrated how carefully designed edutainment health communication resonates emotionally, and fosters reflection and debate at individual and community levels to effect social and behavior change processes.

The study presented here draws upon evidence from a large-scale multicountry HIV prevention campaign where HIV prevention messaging was harmonized regionally and developed in response to local contexts. The sheer volume of qualitative data from the nine countries and the consistency of cross-cutting themes that saturated the interviews from all the countries add significantly to the validity of the results and, hence, our understanding of the influence of edutainment on behavior change. At the time of writing this article, an independent end of campaign quantitative evaluation of the OneLove campaign was being finalized.

This quantitative impact evaluation measured outcomes and the results were to be published at a later stage. One relevant outcome observed, in the context of Lewinian process of change, was that the OneLove campaign stimulated discussion of HIV at an interpersonal level among partners, friends, and with children. This evidence was significant within and across the southern African countries running the OneLove campaign.

At a theoretical level, this study confirms that a successful communication campaign requires interventions that are grounded in robust theory (Jepson et al., 2006; Noar et al., 2009; Storey et al., 2011). Lewin's theory is predominantly used as the analytical lens for this article because it presents a robust approach to change (Burnes, 2004); it is the foundation of many theories and models of behavior change (Darnton, 2008; Rosenstock et al., 1988) and it proved relevant as a conceptual framework for analyzing the evidence emerging from the OneLove evaluation and hence guided our understanding of how health communication can facilitate drivers of behavior and social change.

At least at a formative level, Lewin's theory of change has been successfully applied in organizational development and change management, and in some instances, education and health (Burnes, 2004; Trempala, Pepitone, & Raven, 2006). Many successful social and behavior change communication programs in the field of health, particularly HIV and AIDS, draw upon Lewin's theory of change to the extent that they are informed by theories and models that were built on Lewin's theory such as social learning theory and health belief model (Bertrand et al., 2006; Darnton, 2008; Noar et al., 2009). This study has demonstrated how the use of Lewin's theory can be extended to qualitatively evaluate and understand how edutainment health campaign can influence behavior change. Through the lens of Lewin's theory of change, this study provides rich qualitative evidence that deepen our understanding of the complex drivers and mechanisms of change and how edutainment health communication facilitates some key drivers of behavior and social change, namely, emotional resonance, reflection, dialogue, and debate.

Limitations of the Study

There are three main limitations to this study. First, the authors of this article, who also analyzed the country reports, were not involved in in-country data collection or analysis. Therefore, the findings and implications reported in this article are limited to what was reported in the country reports. However, the richness of the source reports, in terms of narrative descriptions and quotations, mitigates this limitation.

Second, because the midterm evaluation research exercise set out to source participants' feedback on many aspects of the OneLove campaign, the interviews were often long and, subsequently, participant fatigue may have affected the depth of some of the participants' responses.

Third, given that the OneLove campaign was launched at different times in different countries, the midterm evaluation in all nine countries was conducted at a time when the

campaign had been running for different periods in different countries; hence audiences had different exposure periods in the countries. The exposure periods ranged from a few months to a year. The respondents were, therefore, those people who admitted to have been exposed to any one of the campaign components at any particular point in time since the launch of the campaign in a particular country. This meant that respondents' views in many cases were limited to a small set of campaign materials and a limited exposure period.

Conclusion

Despite the pivotal role of health communication in social and behavior change in HIV prevention and treatment efforts, there are still gaps in understanding how health communication influences individuals and communities to facilitate social and behavior change. This article, using qualitative evidence from the OneLove campaign in southern Africa, has demonstrated how a well-designed edutainment communication campaign can facilitate drivers of social and behavior change process. Using Kurt Lewin's theory of change as an analytical framework, the article has not only strengthened the direct relevance of the theory in informing and understanding behavior and social change, but has also added to the existing body of evidence that emphasizes that research and sound theory are key prerequisites to effective health communication.

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