

Communicating HIV and AIDS, What Works? A Report on the Impact Evaluation of Soul City's Fourth Series

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This article describes the evaluation of the HIV/AIDS communication aspect of the multi media Soul City health promotion intervention in South Africa. The intervention consists of a television and radio drama and print material. The evaluation was multifaceted with a before and after national survey and a national qualitative study. In the before and after survey change was measured and then multiple regression analysis was performed to assess the variables associated with the change.

The qualitative study consisted of focus group discussions, which were analysed thematically. The studies show that there are numerous instances of community change and how the change is mediated at the community level. The studies also describe the change at a number of levels of the described behaviour change model for individuals.

Background

South Africa is arguably in the throes of the worst AIDS epidemic in the world (Pisani, Schwartlander, Cherney, & Winter, 2000) South Africa has the highest number of people infected (estimated at 6.5 million at July 2002, Dorrington, Bradshaw, & Budlender, 2002). Despite the recent plans to make antiretroviral treatment more widely available, coverage is still limited. Preventive therapies such as the use of anti-retrovirals for the prevention of mother-to-child transmission are still not universally available and there is not yet a vaccine. Given this situation, prevention through behavior change remains a key option in the control of this disease and is likely

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to remain so for many years. Communication about HIV and AIDS is in addition much broader than prevention: It is important in providing information about living with HIV and in caring for people with HIV and AIDS. Communication is a key intervention in reducing stigma and in informing the public of their rights and options relating to services, prevention, and treatment.

Soul City is a national health promotion organisation that has produced health promotion mass media vehicles since 1994.¹ The health promotion nature of the Soul City vehicle is discussed in another article (Usdin et al., 2005). Soul City uses "edutainment" to convey carefully researched and structured messages to previously disadvantaged South Africans. Edutainment has been used successfully in various settings to educate people and create the conditions for social change through the use of entertaining media carefully crafted to have the desired effect (Singhal, Rogers, 2004). The Soul City Series is a 13-part prime-time television drama, a 45-part radio drama transmitted in nine languages through the SABC stations (the public broadcaster), and three basic full colour booklets, a million of each distributed through 10 newspapers nationally. The health messages are integrated into the drama through an 18-month process of research, development, testing, and partnership development in order to ensure the optimal messaging and advocacy (Galavotti et al., 2001). The dramas depict the lives of ordinary South Africans dealing with very real issues that affect their lives and their struggles to overcome obstacles. The drama is set in an urban township (on television) and a rural village (on radio). In the Soul City Series 4 (1999) both the television and radio stories dealt with an ongoing story of a woman in an abusive relationship and her struggles, and those of her neighbours, to stop the abuse. Other stories interwoven dealt with hypertension, personal finance, and HIV/AIDS. The stories conveyed a number of AIDS messages relating to prevention of infection with the HI virus, discrimination against people living with AIDS, and teenage sexuality (Soul City, 1998).

Theoretical Underpinnings

Many behaviour change models focus on either the individual or the community. Soul City found it useful to combine a number of models to assist the development of the messages in a broader context. The model (Figure 1) expands on the Johns Hopkins University "Steps to behaviour change" (Poitrow et al., 1997), DiClemente's behaviour change (Prochaska & DiClemente, 1992), Rogers' (1983). Diffusion of Innovation (Rogers, 1983), and Bandura's Social Learning Theory (Bandura, 1977, 1989). Soul City also took cognisance of the work of the Rockefeller Foundation on Communication for Social Change (1997), and health promotion theory from the Ottawa Charter (World Health Organization [WHO], 1986). The model demonstrates a link between individuals and their immediate community and the greater sociopolitical environment. Using this model we focus on individual behavior and develop messages related to the various stages in the model such as knowledge, attitude, and intention to perform behaviour. We also encourage the link through advocacy to social change. The arrows are double

¹More information available on the Soul City website: www.soulcity.org.za

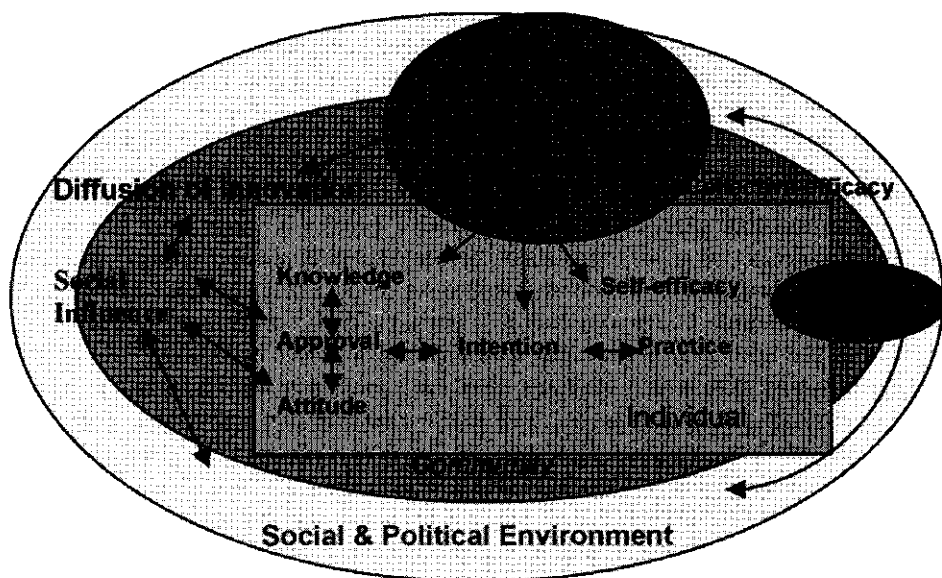


Figure 1. Soul City—social and behaviour change model used in the development and evaluation of Series 4.

headed to illustrate that change is not linear and neither is there only one direction of change; rather, the constructs have a recursive impact on each other. In the community we role model and develop messages encouraging people with social influence to take action around the issues as well as supporting community efficacy by showing examples where community action has been beneficial. Finally, in the sociopolitical domain, through advocacy we attempt to have an impact on laws and policies that are barriers to social and behavioural change. This is through lobbying, social mobilization, and increasing public debate around a particular issue. This model was developed in 1998 and has been useful. Other AIDS communication strategies such as the UNAIDS framework for AIDS communication (UNAIDS, 1999), however, are used in the development process and care is taken to ensure that, for example, all domains mentioned in the UNAIDS document are researched and integrated into the messaging.

Evaluation

This article examines aspects of the evaluation of Soul City Series 4 as it relates to AIDS. As mass media impacts on many people at different phases of the behavior change process, the evaluation attempts to look at these various phases, as well as at the community, through an examination of subjective norms and community interactions. The evaluation was multifaceted and consisted of six separate studies that were triangulated to investigate consistency and improve validity of the results. This report, however, deals only with two of the studies, the National Survey and the National Qualitative Impact Assessment.

Research Methodology

National Survey

The Community Agency for Social Enquiry (CASE) was commissioned to conduct two national surveys with a sample of 2000 respondents each, to assess the impact of Soul City 4 on a cross-section of African and "coloured"² people (Samuels et al., 2000).³ The baseline survey was conducted as a pretest in June 1999. Its purpose was to measure a range of constructs before the intervention (radio, television, and print) was broadcast. A second (evaluation or post-test) survey was conducted on a different sample of respondents in February 2000, immediately after the last episodes of the Soul City 4 television and radio series were broadcast. The purpose of this study was to measure the same constructs, compare the responses in the two surveys, identify the changes that had taken place in the meantime, and assess whether any of these could be attributed to the Soul City interventions.

A multistage stratified national random sample design was used for the surveys. Questionnaires were developed and interviews were conducted face to face. Data were captured and analysed using SPSS.

Analysis of Data

In first stage analysis chi-squared tests were used to assess whether changes between the baseline and evaluation were significant (at 5% significance level).⁴

In the second stage of analysis and in order to overcome some of the shortcomings of the cross-tabulation analysis above, CASE modeled responses from the baseline and evaluation surveys using binary logistical analysis on the combined data set. The model is fitted to the data using a set of explanatory variables, which in this study were phase (pre-and postintervention), area, age, gender, race, and education. In the next stage of the analysis cross tabulations were carried out on each question, controlling for variables that the binary logistical analysis identified as significant in explaining responses to questions. Chi-squared tests were then used to measure significance. A similar approach was used to explore the association of Soul City 4 media with responses to individual questions in the evaluation data set. The same explanatory variables were included in the model (except for phase), in addition to exposure to different components of the Soul City intervention. (Separate analysis was carried out to assess the relative impact of each of the multimedia components.)

National Qualitative Impact Assessment

The study was conducted by an independent research company, Social Surveys. Data collection for this study comprised 31 qualitative focus group interviews and individual interviews conducted amongst Soul City's target audience. Respondents of the

²In South Africa "coloured" people refers to people of mixed race.

³The Soul City adult series targets "black" 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, however, is committed to the health and development of all South Africans irrespective of colour, race, or any other characteristic.

⁴The significance level was reduced to 1% when a small sample of respondents answered particular items.

focus groups were recruited on the basis of exposure to Soul City, and groups were selected to represent urban and rural areas. A further 30 semistructured interviews were conducted with community members representing leadership, services, and civil society in two sites, urban and rural. Respondents were recruited in their organizational or leadership capacity and participated on the basis of their availability.

Qualitative data analysis consisted of systematic (computer-aided) thematic analysis of verbatim transcriptions of interviews.

Key Results⁵

Reach and Popularity

The national survey found that Soul City reached 82% of the respondents through television, radio or print (see Table 1). Extrapolating this to the national population, it amounts to approximately 17 million people.

The Soul City audience was loyal, with 47% of the television audience watching between 9 and 13 episodes, and 43% of the radio audience listening to most episodes.⁶ Two Women from KwaZulu-Natal explained, "You didn't want to miss a Soul City episode. You always wanted to watch all the time on the day it played" "when you miss it, you even go to someone else to ask what was happening yesterday, what was so and so saying today."

The Soul City 4 series was also particularly popular with young people, with 79% of 16–24 year olds having watched Soul City television, and 68% of 16–24 year olds having listened to Soul City radio.

Impact of the AIDS Messaging at a Community Level: Creating a Supportive Environment

Part of the function of the mass media is to create a supportive environment in which on-the-ground workers can more easily do their education and counselling work (Wallack, 1987).

Table 1. Percentage exposure^a of African and coloured South Africans to Soul City series 4 media in 1999–2000

Soul City medium	% national <i>n</i> = 1981	% urban <i>n</i> = 1008	% rural <i>n</i> = 932
TV series	68 (1,328)	75 (751)	60 (562)
Radio series (African listeners)	65 (1,166)	52 (529)	68 (641)
Any Soul City print media	63.6 (1,257)	69 (707)	58 (542)
Total Soul City media exposure	82 (1624)	—	—

^aPeople who watched, listened to, or read Soul City material.

⁵Not all significant results are presented in this article; often only aggregate results are presented to give a national picture.

⁶More details of the audience profile and reception can be found in a publication called "Soul City Series 4 Evaluation Audience Reach," Soul City Institute for Health and Development Communication, Johannesburg, 2000.

There is evidence from the sentinel site studies that Soul City messages impact on the community through its impact on community leadership and service-providing institutions.

A recurring theme across these sectors is the fact that Soul City is not only supported and recognised as a relevant educational vehicle by leadership structures and service providing institutions, but that the people in these leadership roles are themselves influenced by Soul City with reference to awareness raising and attitudinal influence, and proceed to actively use Soul City messages in the course of their community involvement.

This is illustrated below in themes:

a) Support for Soul City, and recognition of its educational role in the community.

Rural traditional leader: HIV—a lot of people, some of them, when we heard about HIV, some of the people didn't understand, they don't believe it too. They didn't believe it too. You see, usually when someone is caught by—has caught—this disease, he or she says that he's got TB. Someone says, "No, it's pneumonia." Someone would say this thing and this thing, that's why it was not—people in the community didn't believe it, till you saw from Soul City, and then, now, people now, they understand about this thing.

Urban teacher: What I have noticed is that the part Soul City played in AIDS awareness is one they don't forget, because you can hear them when they are talking about it, they will always mention Soul City because there it was discussed thoroughly.

b) The pervasiveness and popularity of the Soul City AIDS messages and role in decreasing stigma and promoting discussion about AIDS came up repeatedly.

Urban local government councillor: I think people who are living with AIDS should be accepted in the community because they are human beings. And I think that if the community is being made aware on how a person is being infected, they will be now able to understand those people.

Urban preacher: One other thing that Soul City has done for us is that we use it as an example even when we are preaching in church. I mean they are so influential in that they teach people morals, and it's easy for people to follow what they are taught by Soul City because they identify with it.

c) Using Soul City to help with their work in the community.

Urban nurses: When we taught our clients we used to refer them to Soul City because we knew that there are many things they will get there.

Rural preachers: It [Soul City] is relevant because it is our work as leaders, because even the presidents, the state presidents, are busy preaching about ways of behaving, especially this lesson of AIDS, so we have also been compelled as religious leaders to preach about these things like this.

- d) Reorientation of services: Soul City facilitates better understanding of issues and a more caring attitude on the part of the service provider.

Rural clinic nurse: Yeah I will say change--as I have said that it affects you as an individual, besides being a health professional or whoever, because it can revive your conscience.

- e) Soul City makes it easier to talk about sensitive issues.

Urban preacher: With me the influence I got from Soul City is that I should not be ashamed anymore to talk about sexual matters with the youth, because if I do then I am not a good shepherd.

- f) Soul City messages in interaction with those from existing community structures increase the impact on the community through recursively reinforcing health messages.

Rural Clinic Nurse: And it helps in that the people of community, when you teach them they get used to you, they take what you say and they don't believe it sometimes. When it comes from someone else, that's when they believe what you say as well if it's the same.

- g) Local policy changes attributable to Soul City.

Part of creating a supportive environment is having healthy public policies in place that contribute to making healthy choices the easier choice. In KwaZulu/Natal a clear example of local policy change emerged. Nurses interviewed in KwaZulu/Natal seemed particularly struck by the way in which condoms were so openly advocated—and physically displayed on Soul City. It was regarded as an influence of Soul City that the clinic that apparently used to have a specific day of the week for condom distribution and family planning now has condoms permanently available. See Figure 2.

Analysis of the national survey data shows that the greatest quantitatively observable change in people's attitudes toward people living with HIV or AIDS was not their own attitudes, but their perception of others' attitudes, that is, the perceived social norm (or subjective norm). The subjective norm regarding whether people living with HIV/AIDS should be moved away changed significantly, bringing people's perceptions of the social norm more in line with their own attitudes (Table 2, item 1). This was consistent for other subjective norms as illustrated in Table 2. This phenomenon is noted for two reasons: (1) it effectively points in the direction of Soul City's association with decreasing negative peer pressure and (2) in the context of the very high percentage of already positive personal attitudes in the baseline, which raises the issue of a possible response effect (social desirability), respondents' perception of their friends' attitudes may at least partially be a projection of their own attitudes. If this is the case, the positive shift in subjective norms may be a more reliable reflection of shift in individual attitudes related to Soul City than the statistic reported for "shift in personal attitude."

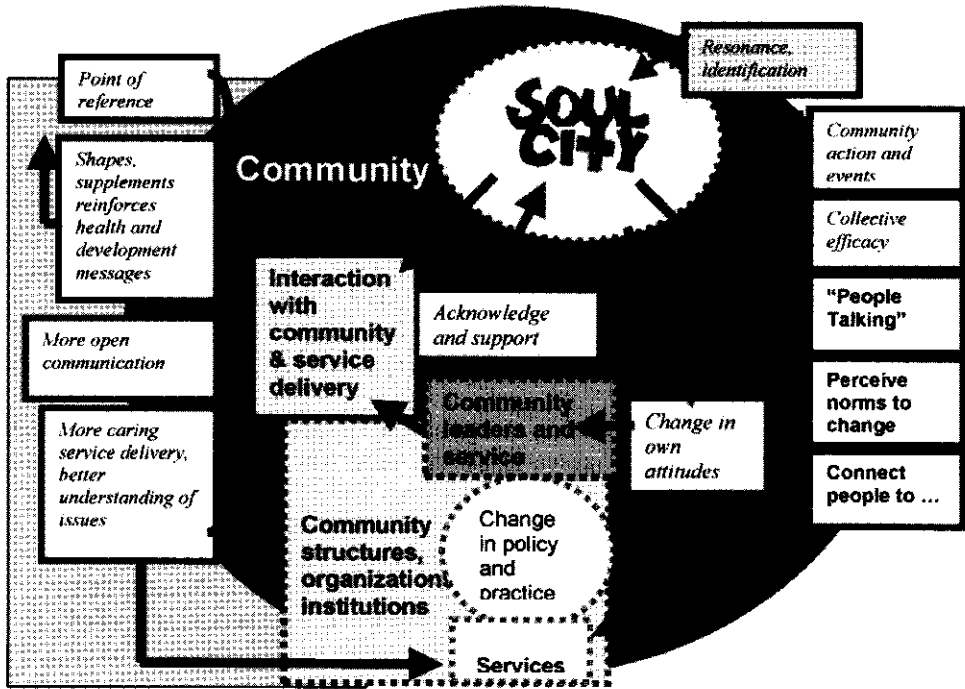


Figure 2. Impact on communities—Qualitative impact assessment of Soul City Series 4.

Both Soul City television and radio had a significant association with the improved perception of this social norm (subjective norm), and the more media of Soul City a person had accessed the more this shift toward the perception of greater tolerance was reinforced.

Knowledge, Risk Perception, and Attitudes

Exposure to Soul City changed the way people perceived AIDS and increased their sense of personal risk:

With me personally I thought AIDS was a foreign disease and it will never come to our country. Even when they came to tell us about it I never took it to notice because I always thought that it's far away from us. Then one day I saw Soul City and they were really talking about it that made me take it seriously. (Male, Urban)

Respondents with high access to Soul City television were significantly more likely to understand that people are at risk of getting HIV/AIDS because their partner may have exposed them to the virus, despite their being monogamous. Sixty-nine percent of respondents in this category acknowledged that in this scenario people were at risk of contracting HIV/AIDS, compared with 59% of respondents without access to Soul City television. See Table 3.

Table 2. Summary of statistically significant shifts in subjective social norms, in association with Soul City exposure (national survey analysis, $p \leq 0.05$)

Item	Baseline % disagree $N = 1979$	Evaluation % disagree $N = 1981$	Significant association with Soul City ($p \leq 0.05$) ^b
Would most of the people in your community [agree/disagree ^c] people with HIV/AIDS should be moved away [Item 1]	75	79	*single media association • TV (inconsistent dose effect ^d) • Radio • Print
Would most of your friends [agree/disagree] a man is right in expecting a woman to have sex with him without using a condom [Item 2]	59	65	*multimedia association *single media association • TV (inconsistent dose effect) • Print
Would most of your friends [agree/disagree] boys/men have the right to have sex with their girlfriends if they buy them gifts [Item 3]	65	73	*multimedia association *single media association • TV (inconsistent dose effect) • Radio (inconsistent dose effect) • Print (inconsistent dose effect) *multimedia association (inconsistent dose effect)

(Continued)

Table 2. Continued

Item	Baseline % disagree <i>N</i> = 1979	Evaluation % disagree <i>N</i> = 1981	Significant association with Soul City ($p \leq 0.05$) ^b
Would most of your friends [agree/disagree] girls/women need to depend on their boyfriends/husbands for better life [Item 4]	61	68	*single media association • TV • Radio (inconsistent dose effect) • Print
Would most of your friends [agree/disagree] if a person really loves their boyfriend/girlfriend, they will have sex with them [Item 5]	45	49	*multimedia association *single media association • TV (inconsistent dose effect) • Print
			*multimedia association

^bDescribed in more detail in analysis section.

^cMeasured on a 5-point scale: strongly agree/agree/neutral/disagree/strongly disagree. Disagree and strongly disagree collapsed in Table 2.

^dThis means that there is a statistically significant association between certain degrees of exposure to the Soul City media and the response, but the dose effect is inconsistent—that is, respondents with more exposure to Soul City may (on some parts of the scale) perform “worse” than those with lower levels of exposure.

Table 3. Baseline, evaluation, and association of Soul City with measures of knowledge, subjective norms, and attitudes about AIDS

Item	Baseline % (<i>N</i> = 1979)	Evaluation % (<i>N</i> = 1981)	Soul City media*	% (<i>n</i>)
There is a cure for AIDS (disagree)	79	89	Soul City TV ^e	
			High	91 (<i>n</i> = 606)
			Medium	94 (<i>n</i> = 353)
			Low	87 (<i>n</i> = 269)
			No Soul City TV	85 (<i>n</i> = 349)
People in your community disagree that people with HIV/AIDS should be moved away	75	79	Three sources of Soul City ^f	87 (<i>n</i> = 425)
			Two sources	81 (<i>n</i> = 494)
			One source	79 (<i>n</i> = 536)
			No Soul City	67 (<i>n</i> = 308)
Monogamy does not safeguard one from contracting HIV	(no baseline)	66	Soul City TV	
			High	69 (<i>n</i> = 606)
			Medium	69 (<i>n</i> = 353)
			Low	63 (<i>n</i> = 269)
			No Soul City TV	59 (<i>n</i> = 349)

*Denotes significance $p \leq 0.05$ level.

^eExposure measured as reported by the respondent as follows: High TV = almost every episode; Medium TV = some episodes; Low TV = one or two episodes; No SC TV = watches TV but not Soul City TV drama.

^f3 Sources = Radio, TV, and print; 2 Sources = Any two Soul City media; 1 Source = either radio, TV, or print.

This observation is strongly supported by the qualitative research: a recurring theme (in the context of talking about Soul City's impact), particularly amongst urban females, is the realisation that being in a long-term relationship does not necessarily reduce the risk of contracting HIV/AIDS:

Even if we are married, you never know what your husband does out there. I mean, men go out and you will never know what kind of people they meet out there. (Female, Rural)

Because you can be faithful, but then you don't know how faithful you partner is. (Female, Urban)

The qualitative study is dominated by evidence of Soul City's direct impact on promoting knowledge and awareness around safer sex:

I saw it at Soul City and felt that I must be straight with my partner; even if she is not around, I must not cheat. (Male, Urban)

The message that influenced me a lot is that of using a condom that has really impacted on me because I never thought that there is a need for them until I got to understand the seriousness of unprotected sex from Soul City. (Male, Rural)

Social Norms and Peer Pressure

Social norms play a particularly important role for younger people, where the pressure to conform to social norms is the greatest. Shifting the social norms is thus particularly important in behavior change, as young people are the most vulnerable in the AIDS epidemic. The items measured reflect gender power relations where men are viewed to have rights to sex, that are not negotiable.

The difference between personal opinion and perceived social norm (i.e., an experience of negative peer pressure) decreased from the baseline (19%) to the evaluation (7%)—associated with exposure to Soul City television and print. See Table 4.

The issue of peer pressure featured repeatedly in interviews with youth: There is evidence that Soul City effectively encourages young people (through role modelling and providing accurate information) to resist negative peer pressure in favour of engaging in safer sexual behavior:

It changed my life as well because my friends used to tell me that if you sleep with your boyfriend with a condom, he is going to leave you because he does not feel any sensation; he feels only rubber. But through Soul City I have discovered that I don't have to listen to friends. I should do what I think is best for me and that is to use a condom. And that by using a condom you are protecting yourself. You don't have to listen to friends when they tell you that you are stupid if you use a condom... And I have learned from Soul City that even if you have one partner, use a condom because you never know where they go to when you are not there. (Young Female, Urban)

Talking About HIV/AIDS

A particularly important practice is talking about the issue, as this is seen to assist people to assess their own behaviours, and to engage with the issue at hand, as well as to shift social norms, thereby encouraging social change (Rockefeller Foundation, 1999).

Soul City had a significant association with promoting interpersonal communication about HIV/AIDS. Each component of the intervention was associated with the frequency with which respondents discussed HIV/AIDS with different individuals. Respondents exposed to Soul City Radio were significantly less likely to say they "never" talked about HIV/AIDS. A dose effect emerged, with respondents exposed to high levels of Soul City Radio significantly more likely to "often" discuss HIV/AIDS (32%), compared with 27% with medium and 20% with low exposure to Soul City Radio, in the rural segment of the population.

Exposure to more than one component of the intervention had a significant association with interpersonal communication. Thirty-nine percent of people with three sources of Soul City, compared with 21% of people with no exposure to Soul City said that they often talked to someone close about HIV/AIDS. See Table 5.

Table 4. Summary of decrease in experience of negative social or peer pressure from baseline to evaluation (National survey)

Item	Baseline % difference: pos own attitude vs neg reference group attitude <i>N</i> = 1,981	Evaluation % difference: pos own attitude vs neg reference group attitude <i>N</i> = 1,979	Percentage point difference baseline to evaluation
People with HIV/AIDS should be moved away	14	10	4
A man is right in expecting a woman to have sex with him without using a condom	19	7	12
Boys/men have the right to have sex with their girlfriends if they buy them gifts	18	11	7
Girls/women need to depend on their boyfriends/husbands for better life	13	10	3
If a person really loves their boyfriend/girlfriend, they will have sex with them	15	9	6

Table 5. Association of Soul City Media with talking about AIDS (national survey)

Item	Access to Soul City media	Often %(f)	Occasionally %(f)	Never %(f)
How often have you talked to someone close to you about HIV/AIDS? ^a	Baseline	30 (561)	37 (693)	34 (638)
	Evaluation	32 (620)	43 (820)	25 (487)
	no Soul City (<i>n</i> = 347)	21 (74)	38 (133)	40 (140)
	1 source of Soul City (<i>n</i> = 576)	29 (166)	43 (248)	28 (162)
	2 sources of Soul City (<i>n</i> = 516)	36 (187)	42 (218)	22 (111)
How often have you talked to your family or neighbours about HIV/AIDS? ^b	3 sources of Soul City (<i>n</i> = 437)	39 (169)	47 (207)	14 (61)
	Baseline	29 (552)	36 (685)	35 (653)
	Evaluation	28 (542)	42 (793)	30 (577)
	No radio at all (<i>n</i> = 71)	13 (9)	28 (20)	59 (42)
	No Soul City radio (<i>n</i> = 225)	19 (42)	34 (77)	57 (106)
Rural segment	Low Soul City ^c radio (<i>n</i> = 142)	20 (29)	44 (62)	36 (51)
	Medium Soul City radio (<i>n</i> = 201)	27 (55)	45 (90)	28 (56)
	High Soul City radio (<i>n</i> = 260)	32 (82)	41 (106)	28 (72)

^aThere was no significant change in the proportion of respondents who speak "often" to people close to them about HIV/AIDS between the two surveys. There was, however, a significant increase in the proportion who "occasionally" discuss and a significant decrease in those who "never" discuss HIV/AIDS between the two surveys. This increase was a general improvement that could not be ascribed to any particular subgroup within the sample.

^bThere was a significant increase in the proportion of respondents who "occasionally" discussed HIV/AIDS with family or neighbours between the two surveys and a significant decrease in the proportion who "never" discussed it with neighbours and friends.

^cRadio exposure was measured according to reported exposure: High radio = almost all episodes; Medium radio = some episodes; Low radio = one or two episodes; No Soul City radio = listen to radio but not the Soul City radio drama; No radio at all = do not listen to the radio.

Behaviour Change

Intermediate behaviours such as helping someone who has AIDS or having an HIV test, as well as safe sexual behaviour, were measured (as a self-reported item).

Soul City Radio did have an association with helping someone who has AIDS, but there was no dose effect. No effect was observed in relation to exposure to Soul City television or print.

Soul City Radio, television, or print alone had an association with asking a partner to use a condom, but people who accessed more than one component of Soul City were significantly more likely to say that they had asked their partner to use a condom.

Soul City Radio had a significant association with respondents having asked their partner to go for an HIV test in the past 6 to 7 months. See Table 6.

Although there was no shift from baseline to evaluation, Soul City television, radio, and print separately were significantly associated with "always" using condoms. In addition, exposure to more than one source of Soul City had a significant association with respondents saying they always use condoms. There is also substantial qualitative evidence to support the association.

With me Soul City did help a great deal. Before I started watching it, I used to like women a lot and my aim all the time was that when I meet a woman I have to sleep with her, and that time I did not even think about protection. Then in that process all the time I would hear my family saying that they are going to watch Soul City, but then I was not that impressed, but then eventually I did and what I saw really scared me. I was scared because I had slept with different women without even protecting myself, but since then I have never had sex without a condom. (Male, Rural)

I was not using a condom. I did not like it, but after watching Soul City I started using a condom. (Urban, Male)

Discussion

The evaluation of the Soul City series 4 is limited in not being able to show whether any change is sustainable, and in not being able to finally link to HIV infection rates. A further limitation is that the information is self-reported. The Soul City 4 evaluation design set out to strike a middle ground between investigating scope and depth of impact on the one hand, and striking a middle ground between identifying and fully understanding mechanisms through which change is brought about on the other hand. By design, however, the Soul City 4 evaluation probably succeeded better in dealing with the scope dimension than with the depth dimension of the evaluation. The relatively short evaluation period also needs to be taken into account. Nine months elapsed between preintervention and postintervention data collection. The short evaluation period is sometimes used in the summary reports as a possible explanation for not observing impact. The converse, however, must also be kept in mind: Additional research is necessary to investigate the longer term impact of Soul City, or the sustainability or durability of Soul City's, impact over a longer period of time. This is being addressed

Table 6. Association between positive behaviour and Soul City Series 4 Media (national survey)

Item	Soul City media	Yes % (f)			
<i>Access to Soul City radio</i>					
Have you ever helped someone who is HIV positive in the past 6 to 7 months? ^{a/}	No radio	8 (12)			
	No Soul City radio	25 (81)			
	Low Soul City radio	41 (22)			
	Medium Soul City radio	56 (39)			
	High Soul City radio	44 (54)			
Have you ever asked your partner to go for an HIV/AIDS test in the past 6 to 7 months?	No radio	52 (21)			
	No Soul City radio	34 (124)			
	Low Soul City radio	68 (68)			
	Medium Soul City radio	77 (96)			
	High Soul City radio	70 (128)			
<i>Not sexually active</i>					
	(%)	(%)			
	Always	Sometimes	Never		
	(%)	(%)	(%)		
<i>Access to Soul City media</i>					
When do you use condoms?	No Soul City (n = 373)	22	6	5	67
	1 source of Soul City (n = 592)	14	16	16	55
	2 sources of Soul City (n = 522)	9	30	14	47
	3 sources of Soul City (n = 437)	7	38	17	38

[/]Of those who know someone who is HIV positive.

through an ongoing national panel study that Soul City is conducting year after year to assess impact over a period of time. The panel study is in its first evaluative round.⁷

The Soul City 4 intervention shows consistent association with positive individual and community knowledge, attitudes, and behaviours relating to prevention of HIV infection, gender attitudes, caring and supporting people affected by AIDS, and taking steps to make changes as far as the epidemic is concerned. Talking about HIV/AIDS with partners, family, friends, and neighbours is consistently associated with Soul City exposure and demonstrates a dose response relationship.

Soul City is also associated with supportive and help-seeking behaviours. These behaviours are critical to the reduction of stigma and the accessing of services such as voluntary testing and counselling and the access of services to prevent mother-to-child transmission of HIV (Nyblade et al., 2002). Community leaders' interventions are reinforced and supported through Soul City's mass media.

In the context of a large epidemic with severe social and economic consequences for the country, being a contributing factor to change in the field of HIV/AIDS is important. In the eyes of the audience, which is very large, Soul City is an important agent. In a separate study Soul City spontaneously was mentioned most frequently as the source of information about AIDS on television and radio (Schlemmer, 2000).

Communication is one available tool to address the HIV/AIDS epidemic, and cannot act alone. Yet despite other adverse social, policy, and economic conditions the study shows that in some cases people are able to change their behaviour, and in other cases they are able to maintain positive safe behaviours.

The key factors that contribute to the success of the Soul City intervention are as follows:

- The development of the mass media in a methodical and inclusive way, enabling the audience to relate to and be captivated by the stories that reflect their lives and the choices that they are faced with.
- The theoretical model, which is much broader than a more common individual message-driven model. The theory of health promotion (Rockefeller Foundation Communication for Social Change, 1997), including the policy environment, community action, services, and creating an enabling environment, makes the intervention broader, with the potential to impact on a number of levels, a few of which are demonstrated in this article.
- The inclusion of topics other than HIV and AIDS in the materials helps protect against boredom and predictability.
- Positive messaging gives people the sense of being in the position to make a choice that feels right.
- Using a multimedia approach with different media reinforcing one another as well as extending reach.

Measuring the impact of an AIDS communication intervention by measuring incidence or prevalence of HIV is very difficult. In an annual study by the Department of Health (2000), the South African Antenatal Survey, statistics show a levelling off of the prevalence statistics. Of course this may indicate a slowing down of the incidence but also may be indicative of an increased death rate. Many other studies

⁷As of the time of writing, March 2004.

around the country are showing increased and more consistent condom use, especially amongst younger people (Mantakana et al., 2000; Shisana & Simbayi, 2000). Evaluation results from the first four Soul City series indicate that Soul City is a significant factor in contributing to these shifts.

Conclusion

The data that were collected in this study present clear evidence that communication can play an important role in the control of a disease, particularly in which the social and behavioural factors play such a big part, such as in the HIV/AIDS epidemic.

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