ADAPTING CHAMP FOR THE SOUTH AFRICAN CONTEXT

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HIV Prevention Programs for African Youth

- Majority of youth HIV prevention programmes in Africa ignore social environmental contextual influences on youth choices
- Majority are school-based and rely on individualistic cognitive theories of behaviour change
- Need for programs which adopt more ecological systemic understanding of risk and protective influences

(Gallant & Maticka-Tyndale, 2004)
CHAMPSA Family Project

- Originated from CHAMP developed in the US in Chicago (West Side) and adapted for the Bronx (N.Y) as well as Trinidad and Tobago and S.A.

**What is it?**

- Community collaborative developmentally timed intervention targeting families with pre-adolescents
- Improving parent-child relationships and strengthening the adult protective shield as a protective factor against HIV infection in adolescents
Theoretical underpinnings

Using the Triadic Theory of Influence the program effects changes at multiple levels of influence for children

• *Intrapersonal* – to strengthen key personal influences such as parental self esteem and self-efficacy, communication and active monitoring skills in parents as well as parent and child HIV knowledge.

• *Social normative/social bonding* - to strengthen social networks and social support to create a more health enabling family and community context as well as health enhancing parental identities

• *Culture/Environment* - to facilitate health enhancing attitudes towards parenting as well as HIV positive people
Adaptation and Development of CHAMP for South Africa

• Informed by a focused ethnographic study in Kwadedangendlela (target site) a semi rural area 40kms outside Durban

• Study aimed to understand how South African families in high-risk contexts could be strengthened to support youth to make healthy sexual choices

Paruk et al., 2004, 2006
Valley of A Thousand Hills
Embo School
Findings of the Focused Ethnographic study

Social/Normative
- Others' behaviour & attitudes
- Stigmatizing social representations regarding AIDS
- Poor networks
- Disempowered parental identities
- Low Parent self-efficacy
- Parental disempowerment
- Poor Parenting competence
- Low parental self-esteem
- Poor HIV knowledge

Intrapersonal
- Social Competence
- Sense of Self
- Punitive parenting

Social/Normative
- Social bonding
- Poor informal Social Controls

Cultural/Attitudinal
- Information/opportunity
- Socio-cultural environment
- Stigmatization of HIV infected people
- Disempowered parental identities
- Negative attitudes to parenting & HIV+ people

Weak Adult Protective Shield

Others' behaviour & attitudes

Stigmatizing social representations regarding AIDS

Parental disempowerment

Punitive parenting

Low parental self-esteem

Low Parent self-efficacy

Poor Parenting competence

Socio-cultural environment

Information/opportunity
Development of Project

- Findings pointed to need for strengthening of protective factors within all the streams of influence.
- Established a Community Collaborative Board to oversee the project.
- CAB comprised university researchers, community leaders, and CHAMPSA parent facilitators.
CHAMPSA Family Program-
sessions

- Meeting 1: Parents’ and Children’s Rights and Responsibilities
- Meeting 2: Parenting Styles
- Meeting 3: Talking and Listening
- Meeting 4: Puberty
- Meeting 5: Hard to Tell Stuff
- Meeting 6: Identifying Risk
- Meeting 7: What is HIV/AIDS?
- Meeting 8: Dealing with Stigma
- Meeting 9: Surviving Loss and Bereavement
- Meeting 10: Support Networks
OPEN-ENDED PARTICIPATORY CARTOON NARRATIVE

• DISCUSSION OF SENSITIVE SUBJECTS
  • Cartoons contain anxiety through providing distance from the issue

• FACILITATES PARTICIPATORY PEDAGOGICAL METHODS TO PROMOTE EMPOWERMENT
  • Participants close narrative through discussion
  • Facilitates the development critical consciousness and health enhancing social practices

FACILITATION

• Parents selected and trained to deliver program

TAKE HOME BOOKLETS

• Assignments facilitate consolidation of material learned during sessions
• Facilitates diffusion of innovation through involvement of non-participating members especially fathers
Example of Cartoon Sessions
At school...

AIDS BOY! AIDS BOY!
GET AWAY FROM US!
YOUR MOTHER’S A SLUT! HA HA HA!

BONK!

HA! HA! HA!
OH NO, THEMBA!

What are you doing? Cowards! Bullies!

SHUT UP YOU LITTLE WHORE!

Who threw that stone?

CRACK

HA HA HA!
Go get him S’bu!

WHAT’S GOING ON HERE?

I am ashamed of you, S’bu!

CONTINUED ON PAGE 7...
ACTIVITIES

PARENTING STYLES
WHAT MAKES A GOOD PARENT?

Quiz for parents

This quiz will help you find out what kind of a parent you are. Look at the different parenting styles and see which one sounds the most like you. Now ask your spouse (husband or wife) what kind of parent he or she thinks you are!

Parents are in charge. Kids are too cheeky these days. If kids step out of line you must give them a slap or punish them some other way. Kids must obey parents without talking back.

OBUKHUNI
(Authoritarian)

Kids must look after themselves and not come running to parents every five minutes. Parents work hard and they need time to relax without having to bother about irritating kids all the time.

ONGANAKI
(Uncaring)

OF COURSE
YOU CAN,
SWEETHEART!

ONGENASANDLA
(Permissive)

LET'S TALK
ABOUT THIS...

OQOTHO
(Balanced)

Both parents and children have rights. But they also both have responsibilities. Communication between parents and kids is most important. There is normally a way to solve disagreements between parents and kids.

1. Which one of these is most like your parents?
2. Which one do you want your parents to be like?
3. Now colour in the pictures!
Piloting of CHAMPSA

- Low income, semi-rural, South African community
  - The CHAMPSA Manual was piloted on 20 families with pre-adolescents, ranging from 9-12 years of age.
    - These families have significant rural stressors - isolation, poverty, poor transportation, poor educational structure, high AIDS death rates

- Low income, shack settlement, South African community
  - The CHAMPSA Manual was piloted on 21 families with pre-adolescents, ranging from 9-12 years of age.
    - Significant urban stressors – crime, poverty, high AIDS death rates, etc.
Formative Evaluation

Method:

• Focus group interviews were held with the two pilot groups at the beginning of each session about the previous session

• Covered authenticity and usefulness of the cartoon storyline, and the usefulness of the exercises and homework tasks.

Petersen et al. 2006
Authenticity

- Text and drawings were significantly altered to accommodate the participants’ critiques
- The original name of the neighbouring family living alongside the AmaQhawe family was changed from ‘Hlupekile’ to ‘Xakekile’
Community editing

The Hluphekile Family

The Hluphekile family live next door to the AmaQhawe family. Thembisa is Sbu's best friend. Anti-Hluphekile is very sick. Her husband died recently. People say he died of AIDS. If Anti-Hluphekile dies too, there will be no-one to take care of her children, Thembisa and Mpume.

The families live next door to each other. The children go to school across the river. It takes them nearly an hour to walk to school.

The Xakekile Family

The Xakekile family live next door to the AmaQhawe family. Thembisa is Sbu's best friend. They always play soccer together. Thembisa's baby sister is called Mpume. Anti-Xakekile's husband died a year ago after a long illness, leaving the family without a bread-winner. Now they are very poor. They live in the shack next to the AmaQhawe family's house.

The children all go to the same school over the hill. It takes them an hour to walk to school.
Facilitated Critical Dialogue

- Process provided the dialogic space for the participants to reflect collectively about the issues raised in the narrative episodes.

  - “I think it’s a way all stories are planned, all stories come to an end while you still want them to continue and they leave it to you to continue… You put yourself in the shoes of the people in the stories and think if you were them what would you do. I like the way stories end because it leaves us with a task to continue on our own”.
Facilitated renegotiated social representations

CHAMP tasks & primary social network facilitated:
• Critical reflection and dialogue leading to renegotiated social representations:

We learned that death might bring people closer to each other. Like in that case of MaQhawe who used to keep a distance from her neighbour, but after Themba’s mother’s death she became closer. She went to their house to help Themba with the preparations. This was good and we as Champ members have to learn from her actions and help. She was avoiding the neighbour because she had Aids, but she later realised that she had to offer assistance to that family. (Embo, review of session 9)
Diffusion of Innovation

- Other family members were exposed to the storyline facilitating dialogue about what was happening in the stories
- Provided social learning opportunities for other members of the family, particularly fathers

  “… One of my children started to read last week’s work aloud, …and the father of my children said “can you hear what he’s reading?” … I said “yes, he is reading the work that we were doing at Champ”, and he said “you are always going to school for this nonsense. I said “don’t be so uncivilized because this is not just nonsense, times are changing”. I told him … that you still have to speak to your children about these things (puberty) … He said “Ha, I won’t do that” … As we continued with our discussion, he ended up saying “I don’t have a problem about speaking with boys, I’m free, but not to girls, I give the girls to you”
Building Protective Factors to Offset Sexually Risky Behaviors Among Black South African Youth: A Randomized Control Trial

Carl Bell, MD (Community Mental Health Council, Inc. and University of Illinois at Chicago)

Arvin Bhana, PhD (HSRC)

Mary McKay, PhD (Mt Sinai School of Medicine)

Inge Petersen, PhD (UKZN)
HIV Prevention Programs for African Youth

- Increasing evidence showing that parental warmth, communication and monitoring reduces risk behaviour in adolescents.
- Communities with strong supportive networks also reduce risk behaviour.
- Programmes aimed at establishing low-risk behaviours in younger youth more successful than those aimed at changing existing high-risk behaviours.
Applying Field Principles

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<td>Additional topics:</td>
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<td>Improve social skills</td>
<td>• Parent/child rights &amp; responsibilities</td>
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<tr>
<td>Strengthen adult protective shield</td>
<td>• Parenting styles</td>
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<td>Minimize trauma</td>
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<td>• Bereavement</td>
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<td>Minimize trauma</td>
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<td>Rebuild the village</td>
<td>Strengthen social cohesion – beyond program walls (Reach – 2nd phase)</td>
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Additional topics:
- Parent/child rights & responsibilities
- Parenting styles
- Stigma
- Bereavement
Embo School
Outcome Evaluation

- **Design elements**
  - Pre and Post test intervention design with randomized and non-randomized control groups
  - Second post test on original cohort following administration of a booster program
Number of Child Experimental and Control and Adult Experimental and Control Subjects and their community areas

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# Measures & Reliabilities

## Partial List of Standard Measures – ADULT

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# Measures & Reliabilities

## Partial List of Standard Measures – ADULT

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## Measures & Reliabilities

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# Measures & Reliabilities

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<tr>
<td>Neighborhood disorganization</td>
<td>-1.1166</td>
<td>0.3688</td>
</tr>
<tr>
<td>Neighborhood Social Control</td>
<td>1.7976</td>
<td>0.7845</td>
</tr>
</tbody>
</table>
## Intervention Effects on Scale Change Scores - Child Data

<table>
<thead>
<tr>
<th>Items</th>
<th>Estimate</th>
<th>Std Error</th>
<th>P Value</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV transmission knowledge</td>
<td>0.9148</td>
<td>0.2131</td>
<td>&lt; 0.0001</td>
<td>0.496</td>
</tr>
<tr>
<td>Less stigma toward HIV infected people</td>
<td>5.7192</td>
<td>0.8987</td>
<td>&lt; 0.0001</td>
<td>0.698</td>
</tr>
<tr>
<td>Caregiver Involvement</td>
<td>-0.9059</td>
<td>0.4134</td>
<td>&lt; 0.0289</td>
<td>0.2</td>
</tr>
<tr>
<td>Caregiver Communication Frequency</td>
<td>1.1437</td>
<td>0.6202</td>
<td>&lt; 0.0657</td>
<td>0.24</td>
</tr>
</tbody>
</table>
CAREGIVER AIDS Transmission Knowledge

Pretest Means Posttest Means

- Intervention
- Comparison
- p < .0084
- Effect size = 0.6306
CAREGIVER

Stigma

Higher scores indicate a more positive attitudes toward those with HIV/AIDS

<table>
<thead>
<tr>
<th>Pretest Means</th>
<th>Posttest Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>Comparison</td>
</tr>
<tr>
<td>p = .0187</td>
<td>Effect size = 0.403</td>
</tr>
</tbody>
</table>
Caregiver monitoring – Family Rules

Pretest Means | Posttest Means
---|---
37 | 38.5
37.5 | 39
38 | 39.5
38.5 | 40
40 | 40.5

Effect size = 0.3074

Intervention
Comparison
p=.0729
CAREGIVER

Hard to Talk-Frequency

Pretest Means vs. Posttest Means

- **Intervention**
- **Comparison**

- *p = 0.0412*
- Effect size = 0.1969
CAREGIVER

Hard to Talk-Comfort

Pretest Means vs. Posttest Means

Intervention
Comparison
p = .0021
Effect size = 0.4067
CAREGIVER

Primary Social Networks

Pretest Means vs. Posttest Means

Intervention vs. Comparison

Effect size = 0.2653

p = 0.0827
CHILD
AIDS Transmission Knowledge

<table>
<thead>
<tr>
<th>Pretest Means</th>
<th>Posttest Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>p &lt; .00647</td>
</tr>
<tr>
<td>Comparison</td>
<td>Effect size = 0.50</td>
</tr>
</tbody>
</table>

Intervention group showed a significant increase in AIDS transmission knowledge post-intervention compared to the comparison group.
CHILD Stigma

Higher scores indicate a more positive attitudes toward those with HIV/AIDS

- **Intervention**
- **Comparison**
- **p < .0045**
- **Effect size = 0.70**

Pretest Means  Posttest Means

14.5  15.5  16.5  17.5  18.5  19.5
General Comments

- CHAMPSA is clearly demonstrating its impact at various levels of influence.
- The results also help focus the efforts of the CHAMPSA GROUP to further strengthen elements that are proving to be successful in strengthening the village.
- Its challenge is to go to scale.
Process Evaluation - Method

Fidelity

- Participant observation of trained parent facilitators to ensure fidelity of the programme
- Checklists of material covered by three groups of facilitators compared.

Processes involved in behaviour change

- Nine in-depth qualitative interviews 2 years post the intervention with participants in one of the tribal areas (Embo) where it was delivered.

Paruk et al., 2007
Findings - Fidelity

• Participant observations & checklists demonstrated consistency in the delivery of the program across facilitator groups
Process Findings – Intrapersonal Level

Parental Empowerment

• CHAMP coming in the area was very helpful. In fact it was a relief to us; we as parents were then powerless; we couldn’t talk to our children the way we wanted, since we used to get these comments from the children when you were instructing the child or smacking the child for something that she/he had done wrong, the child would tell you that she/he is going to take you to court. Whatever you did, the child would threaten you by saying that she/he is going to take you to court. Well then it made us feel like we were useless and not a parent. You wouldn’t feel like a parent to the child, but felt that the child was more powerful than you. So CHAMP was able to solve that problem by teaching us parents how far children’s rights go and how far parents’ rights go. So in that sense we were able to have a proper discussion with our children and there was good communication, and we felt like real parents, and the child was able to realize that she/he is still a child and this is a parent. (Interview 6)
Process Findings – Intrapersonal level

Increased **parental empowerment** a result of:

- **Increased HIV knowledge**
  
  *But we have enough information, as I can now tell my child from the start to the end how HIV/AIDS is acquired, what happens from the first up to the end. The child also adds information if she/he attended the programme, and you have a discussion.*
  
  (Interview 5)

- **Improved communication skills**
  
  *CHAMP gave us ways of proper communication within the family. That was the key in most issues. Now we find it easier to talk about anything, and it’s also easier for my child to say, “Mom, I’m not clear on this and that”. And so, matters of relationships, including HIV issues, are now easy to talk about since we now talk as friends, you see!*  
  
  (Interview 4)
Process Findings – Social Situation/Context

• CHAMP primary social networks provided social bonding and support:

  I wouldn’t say that trust developed in the community, but I would say that with people that attended the programme, friendship and trust did develop. Since we met, we bonded so much that it came to a point where when you have a problem, you don’t just sit down but you go to your friend that you met when you attended the programme. We are now able to help each other and phone each other as neighbours. But with regard to the community, I feel that this issue of trust is going very slow. (Interview 4)
Process Findings – Social Situation/Context

CHAMP tasks & primary social network facilitated:

- Critical reflection and dialogue leading to **empowered renegotiated parental identities**

Okay, we realized that our rights were not taken away from us. But the problem was that sometimes when we thought that we were using our rights, maybe we were abusing the authority that we had over our children, or abusing our position as parents to our children. We were aware that it was our right to take care of our children, especially when a child has gone and you don’t know where she/he has gone to, [we believed that] it is your right to shout at your child or to give your child a hiding. But we have learnt that we were abusing our authority over our children. We learnt that the treatment we gave our children sometimes had bad results. (Interview 4)
Process Findings – Social Situation/Context

• Improved informal social controls:

You find a child [who is not in school] and you send or accompany her/him to school and the child goes to school. And then the mother comes to you and says: “I heard that you sent my child to school. Thank you very much, that was very helpful.” Before, the mother would have said: “What is the matter with you, that was not your business. It is my child and you are not paying the school fees, but I pay it”. Now there is that spirit of togetherness, that I have seen the child doing wrong, and let me correct her/him. (Interview 5)
Process Findings – Social Situation/Context

• There was a rumour that the house that was near the school used to sell drugs, but the community met and advised them to stop doing that. They stopped. The level of drug abuse has dropped. Parents are taking responsibility to keep the area clear from all forms of corruption. [Interview 3]

• Some of the parents informed the police about the taverns since they were the cause of all this trouble. The people that are selling liquor to them, they are drinking with them, and the child learns to drink liquor and to smoke and learns about everything in the process. We are grateful to the police since they are closing down these taverns so we know our children won’t be able to go there. [Interview 7].
Process Findings – Cultural Environment

• Improved opportunities for women supported renegotiated empowered identities

We now have a deputy president as a woman and we are also noticing it in the community. We have a large number of women holding high positions, ya. Even here in our area, there are women holding positions and working very hard and doing very well. Before, we thought that it was only men that worked hard and could hold positions. Well, everywhere now you find women holding high positions and fitting in perfectly. (Interview 3)

• Through exposure and diffusion of innovation the CHAMP program could impact on improved attitudes towards parenting and HIV positive people
Understanding Processes of Change within the CHAMP program

Social/Normative
- Others' behaviour & attitudes
  - Renegotiated empowered parental identities
  - Renegotiated social representations regarding AIDS
- Social bonding
  - Improved parent networks
  - Social Support for behaviour change

Intrapersonal
- Health enhancing behaviour re: HIV+
  - Health enhancing norms re: parenting
- Improved informal Social Controls
- Parent self-efficacy
- Parental authority restored
- Parental competence

Cultural/Attitudinal
- Social Support & Motivation to comply
- Diffusion of innovation
  - Exposure to the CHAMP program
  - Empowerment of women
    - Reduced stigma
    - Empowered parental identities
    - Positive attitudes to parenting & HIV+

Adult Protective Shield
- Social Competence
- Sense of Self
- Social/Normative
- Intrapersonal
- Cultural/Attitudinal
- Information/opportunity
- Socio-cultural environment

Diffusion of innovation
- Social Support & Motivation to comply
- Others' behaviour & attitudes
- Social bonding
- Improved parent networks
- Social Support for behaviour change
- Improved informal Social Controls
- Parent self-efficacy
- Parental authority restored
- Parental competence

Understanding Processes of Change within the CHAMP program
Comment

• Collectivist identities in African cultures suggest importance of:
• Individual level change interventions in concert with group level interventions
• Facilitate a shift in social normative behavior to support individual level change
Dissemination of the Program

- The NIMH funding ends August 30, 2007.
- We were proactive at obtained $150,000 from a foundation for CHAMPSA to serve 500 families in 2007.
  - This will create 30 jobs for the current Zulu family facilitators who live in the semi-rural area of Durban.
- CHAMPSA is currently established as an NPO in South Africa.
- The CHAMPSA NPO will raise funds to disseminate the program more widely.
- Our plans are to show our Foundation Friends that with more funds we can serve more people.
- Talking to other NGOS to incorporate CHAMP into their programs.
ACKNOWLEDGEMENTS

• NIMH FUNDING: RO1 MH64872-03
• KwaDedangendlale community
• Sithembiso Ndlovu (Community Coordinator)
• Lungie Mkhize (Project Manager)
• Zubeda Paruk M.A. (Doctoral student, University of KwaZulu-Natal)
• UKZN community psychology interns
References