

CHAMP



The **AmaQhawe**
FAMILY PROJECT

ADAPTING CHAMP FOR THE SOUTH AFRICAN CONTEXT

Inge Petersen, PhD

(School of Psychology, University of KwaZulu-Natal)

Arvin Bhana, PhD

(Child, Youth, Family & Social Development, HSRC)

Carl Bell, MD

(Community Mental Health Council, Inc. and University of Illinois)

Mary McKay, PhD

(Mt Sinai School of Medicine, USA)



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 Kwadedangendlale (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

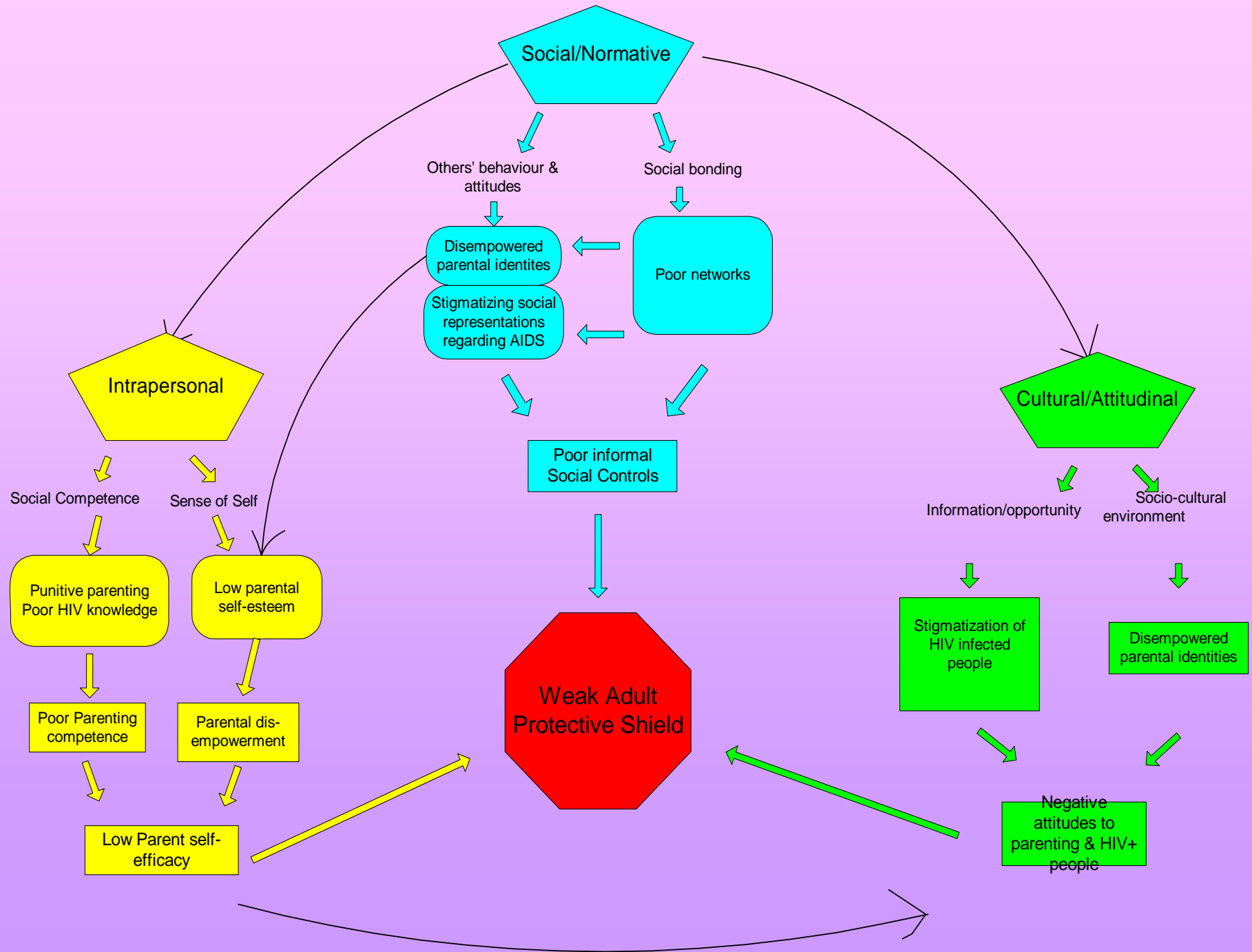
Valley of A Thousand Hills



Embo School



Findings of the Focused Ethnographic study



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

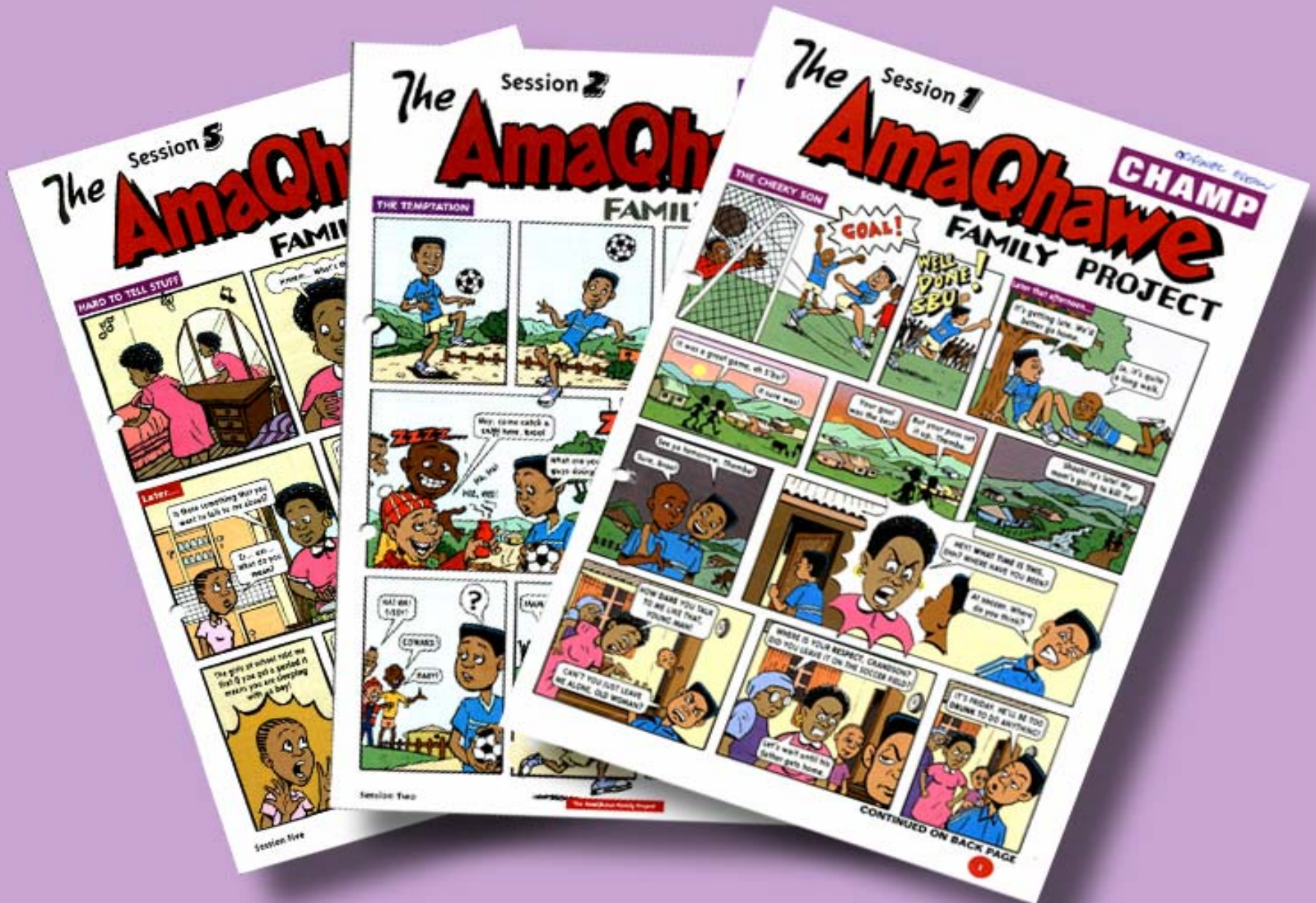
FACILITATION

- 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

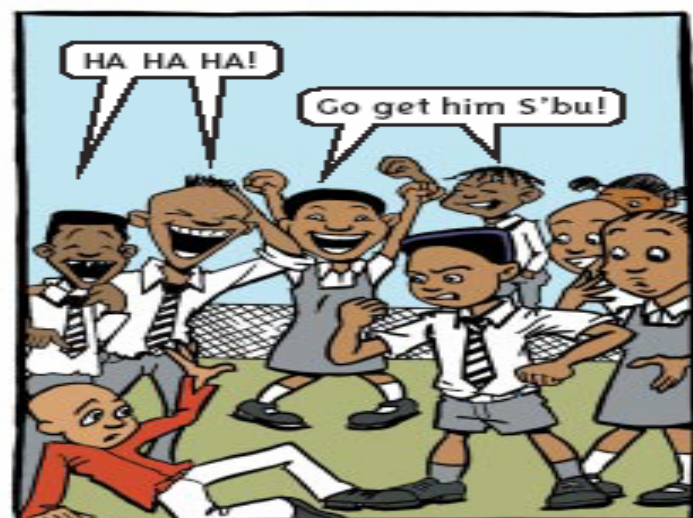
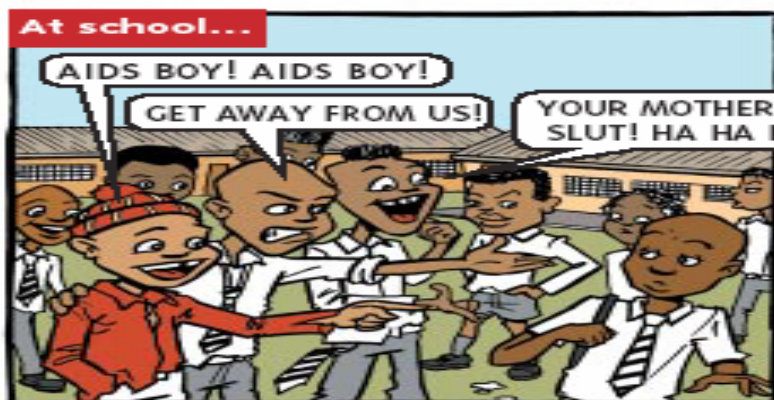
Example of Cartoon Sessions



THE CHARACTERS

The AmaQhawe FAMILY





CONTINUED ON PAGE 7...

Session Eight

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!



OBUKHUNI
(Authoritarian)

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.



ONGANAKI
(Uncaring)

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.

ACTIVITIES



ONGENASANDLA
(Permissive)

Kids are God's gift to us and deserve the very best. They should be allowed to do what their friends do. One should never punish children because it causes them to be unhappy and angry. And then they make life difficult for parents!



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.

QUIZ FOR CHILDREN

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

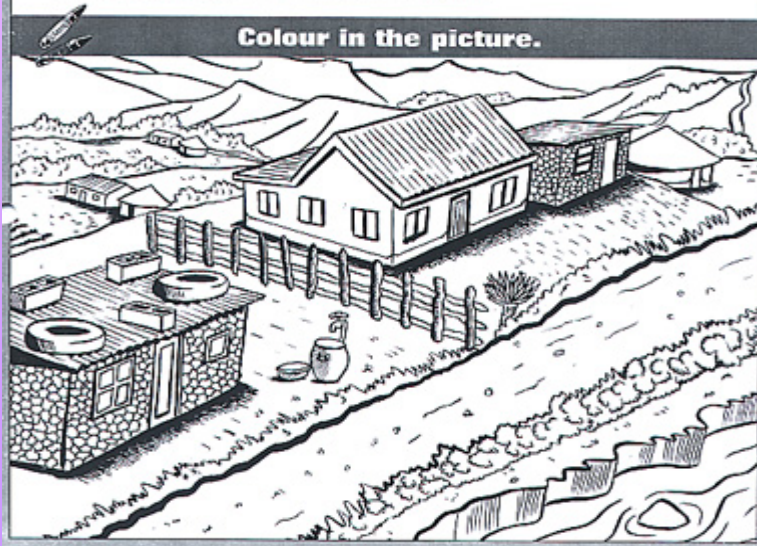
The
HUPHEKILE
family

Colour in the picture.



The Hluphekile family live next door to the Amaqhawe family. Themba is S'bu'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, Themba 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

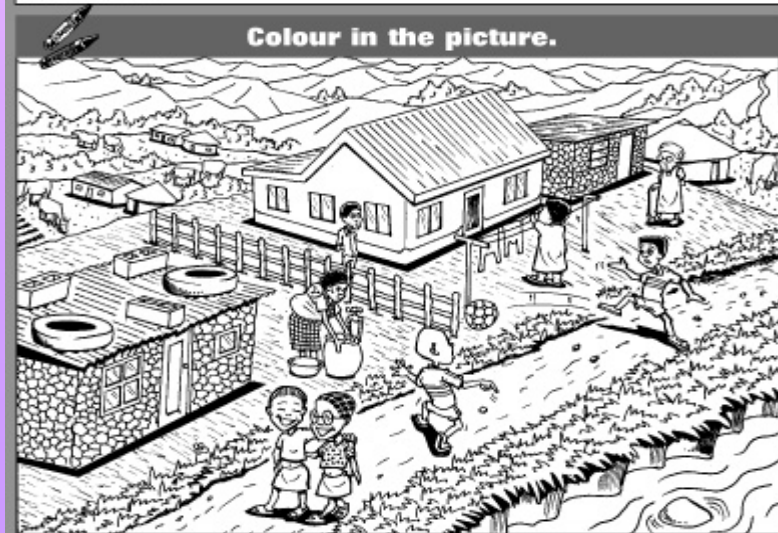
Colour in the picture.



The Xakekile family live next door to the Amaqhawe family. Themba is S'bu's best friend. They always play soccer together. Themba's baby sister is called Mpume.

Anti-Xakekile's husband died a year ago after a long illness, leaving the family without a breadwinner. 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”*

CHAMP



The **AmaQhawe**
FAMILY PROJECT

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

Field Principles (Bell et al. 2002)	Strategies
Improve bonding Increase self-esteem Improve social skills Strengthen adult protective shield Minimize trauma	Manualized intervention (Depth – 1st Phase) Additional topics: <ul style="list-style-type: none">•Parent/child rights & responsibilities•Parenting styles•Stigma•Bereavement
Access to health care Minimize trauma	Referral services
Rebuild the village	Strengthen social cohesion – beyond program walls (Reach – 2 nd phase)

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**

Area	Child Exp	Child Con	Totals	Adult Exp	Adult Con	Totals
Molweni	93	78	171	74	69	143
KwaNyuswa	99	146	245	94	95	189
KwaNgcolosi	54	40	94	36	36	82
Qadi	35	34	69	31	33	64
Totals	281	298	579	245	233	478

Adult Characteristics	N		Percent	
Gender Male	250		52	
Gender Female	227		48	
Never Attended School	87		19	
Grade 1 – 5	215		47	
Grade 6 – 12	159		34	
Post School	1		2	
Employed	197		41	
Unemployed	279		59	
Child Support Grant	317		67	
No Child Support Grant	158		33	
Less than 5 years in same area	123		26	
Between 5-10 years in area	129		27	
More than 10 years	225		47	
	F	M	F	M
None	7	22	1	5
1-4	313	305	66	65
5 or more	156	143	33	30

Child Characteristics	N	Percent
Male	237	41
Female	340	59
9 years	6	1
10 years	207	36
11 years	202	35
12 years	155	27
13 years	5	1
Grade 2	11	2
Grade 3	61	11
Grade 4	153	27
Grade 5	210	36
Grade 6	97	17
Grade7	45	8
Living with Mother	388	42
Living with Father	125	14
Living with Stepparent	32	3
Living with Aunt or Uncle	98	11
Living with Grand Parents	192	21
Living with Older brother/sister	99	11

Measures & Reliabilities

Partial List of Standard Measures – ADULT		
Measure	Pretest Alpha	Posttest Alpha
General Health Questionnaire	.80	.81
Global Indicator of Well-being	Single Item	Single Item
Child behavior check list	.89	.90
AIDS Transmission Knowledge	.75	.79
Stigma toward HIV infected people	.90	.90

Measures & Reliabilities

Partial List of Standard Measures – ADULT		
Measure	Pretest Alpha	Posttest Alpha
Caregiver monitoring Family rules	.70	.80
Caregiver communication comfort	.87	.88
Social Networks Primary	.67	.82
Social Networks Secondary	.84	.85
Social Networks Tertiary	.85	.87

Measures & Reliabilities

Partial List of Standard Measures – ADULT		
Measure	Pretest Alpha	Posttest Alpha
Neighborhood Disorganization	.76	.79
Neighborhood Social Control	.87	.79
Neighborhood Social Cohesion	.85	.87

Measures & Reliabilities

Partial List of Standard Measures – Child		
Measure	Pretest Alpha	Posttest Alpha
HIV transmission knowledge	.62	.65
Less stigma toward HIV infected people	.83	.86
Caregiver Involvement	.73	.64
Caregiver Communic. Frequency	.83	.88

Intervention Effects on Scale Change Scores - Caregiver Data

Items	Estimate	Std Error	P Value	Effect Size
General Health	2.3072	0.7415	< 0.002	0.3031
Global indicator of wellbeing	0.6812	0.2256	< 0.0027	0.2934
HIV transmission knowledge	1.0253	0.2894	< 0.0004	0.6306
Less stigma toward HIV infected people	1.8391	0.479	< 0.0001	0.403
Caregiver monitoring Family rules	1.8928	0.6038	< 0.0018	0.3074
Caregiver communic comfort	2.3983	0.578	< 0.0001	0.4067

Intervention Effects-Scale Change Scores - Caregiver Data

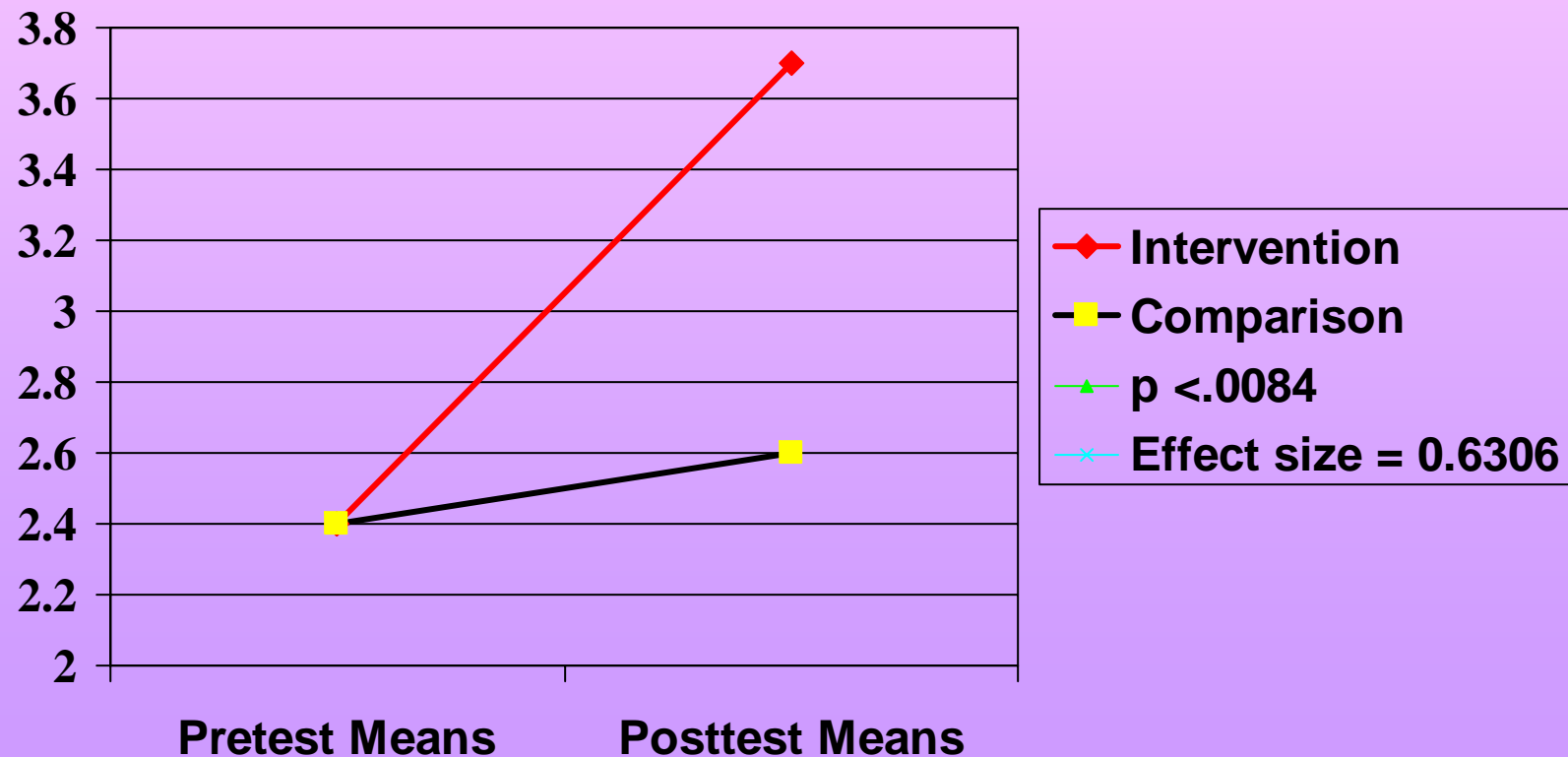
Items	Estimate	Std Error	P Value	Effect Size
Social Networks Primary	1.5581	0.6068	< 0.0106	0.2653
Social Networks Secondary	2.8756	0.7549	< 0.0002	0.4531
Social Networks Tertiary	-0.7172	1.5499	< 0.6444	-0.0833
Neighborhood disorganization	-1.1166	0.3688	< 0.0026	-0.3134
Neighborhood Social Control	1.7976	0.7845	< 0.0224	0.226

Intervention Effects on Scale Change Scores - Child Data

Items	Estimate	Std Error	P Value	Effect Size
HIV transmission knowledge	0.9148	0.2131	< 0.0001	0.496
Less stigma toward HIV infected people	5.7192	0.8987	< 0.0001	0.698
Caregiver Involvement	-0.9059	0.4134	< 0.0289	0.2
Caregiver Communication Frequency	1.1437	0.6202	< 0.0657	0.24

CAREGIVER

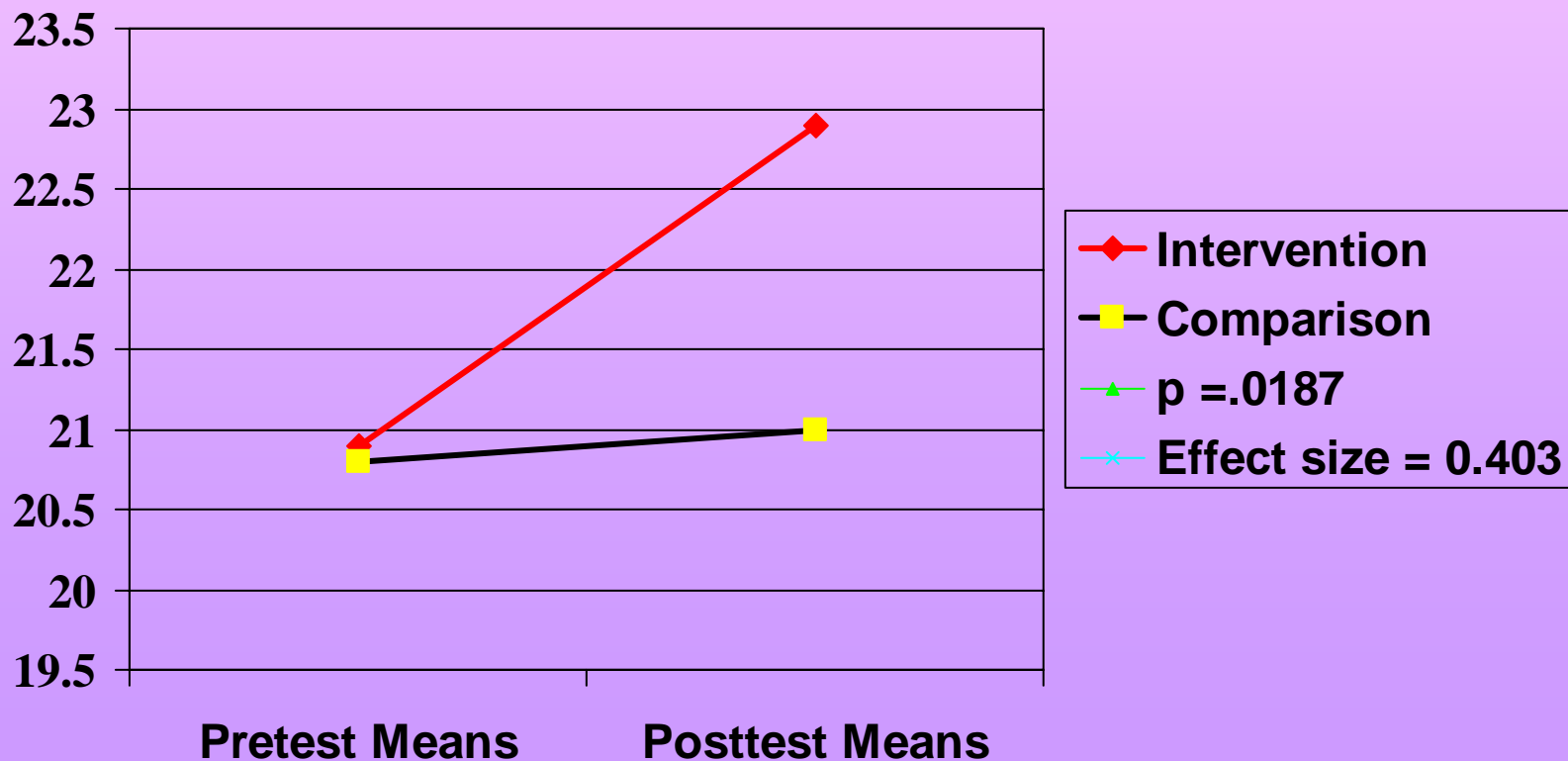
AIDS Transmission Knowledge



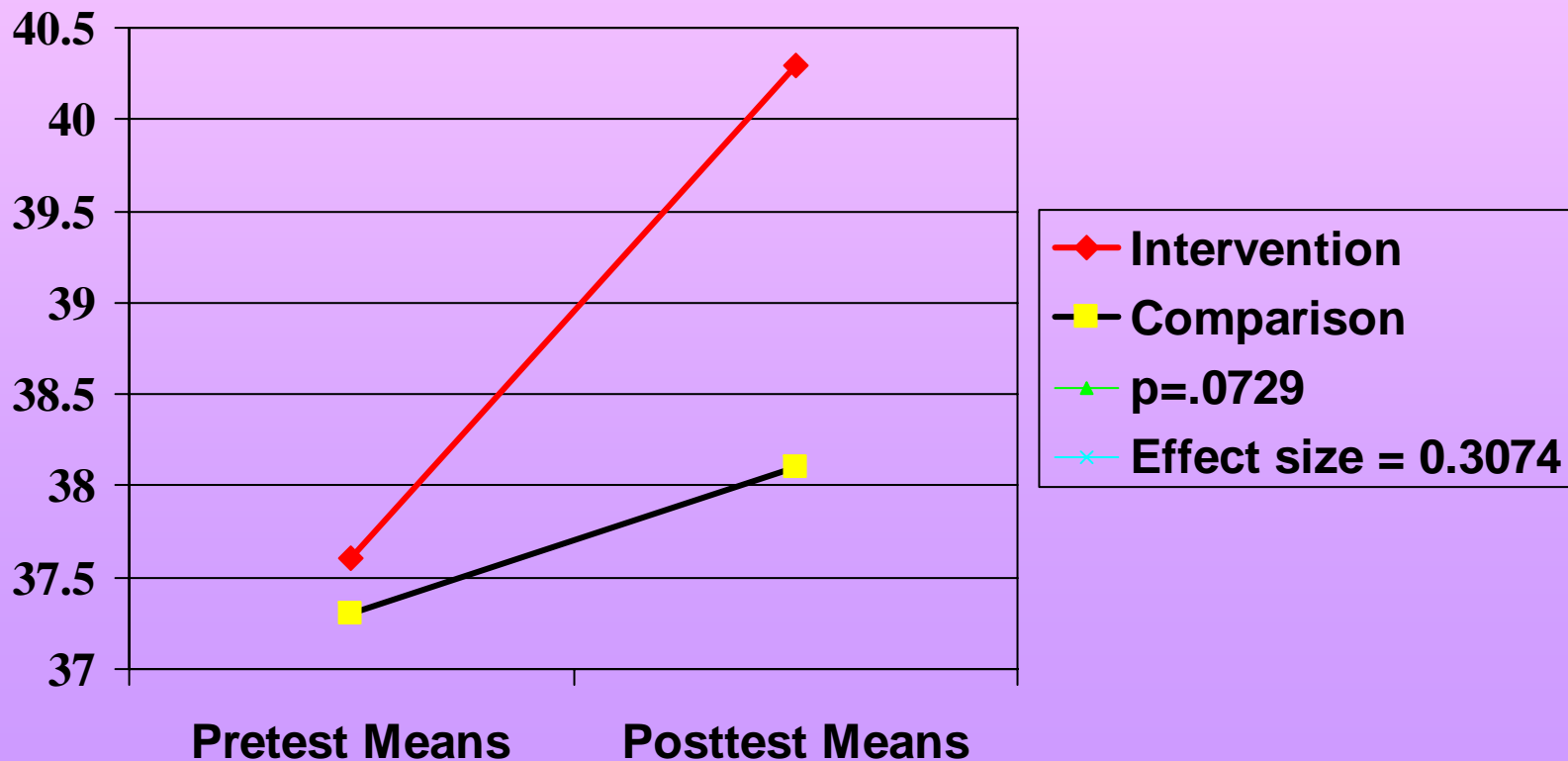


CAREGIVER Stigma

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

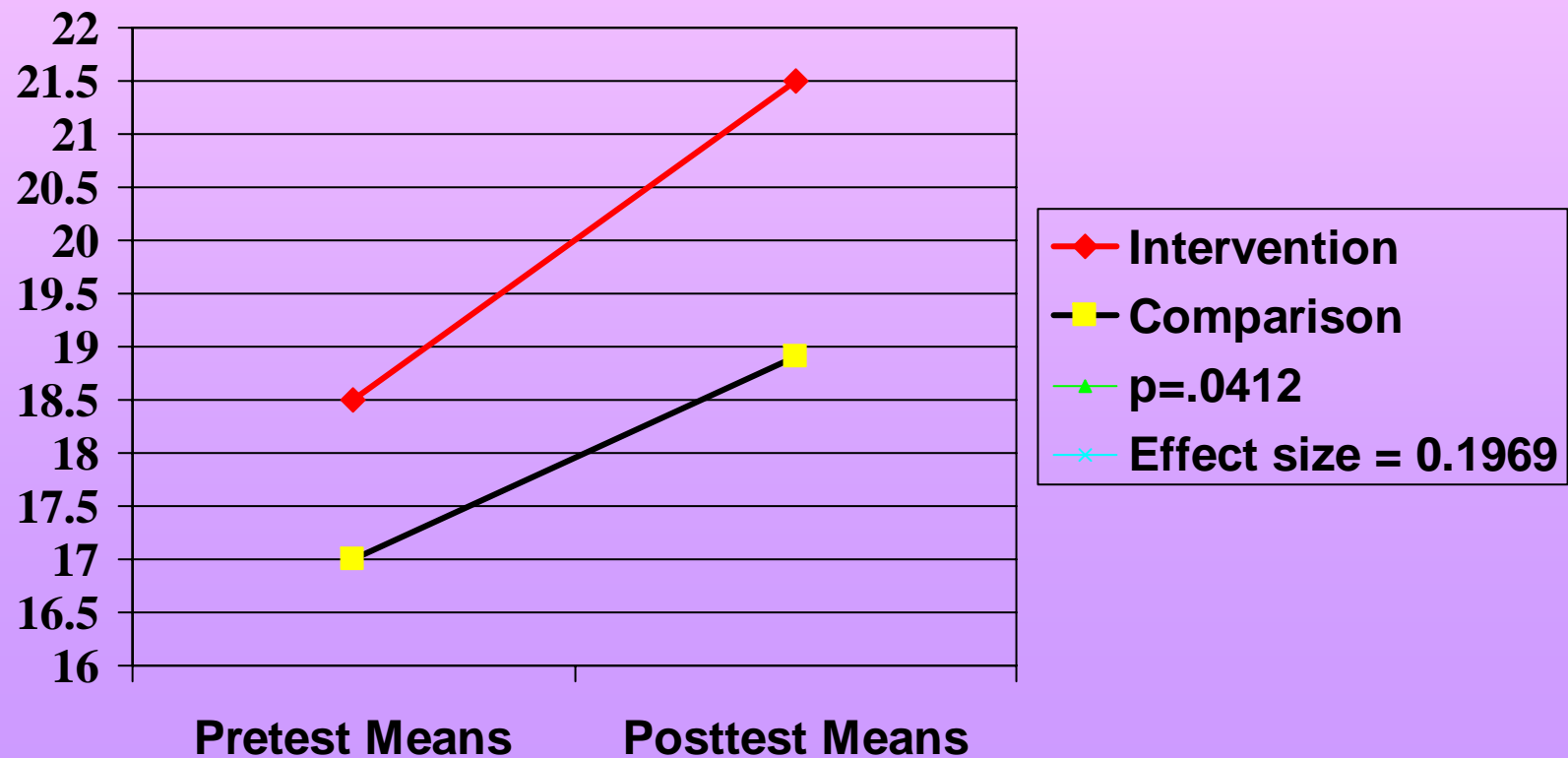


Caregiver monitoring – Family Rules

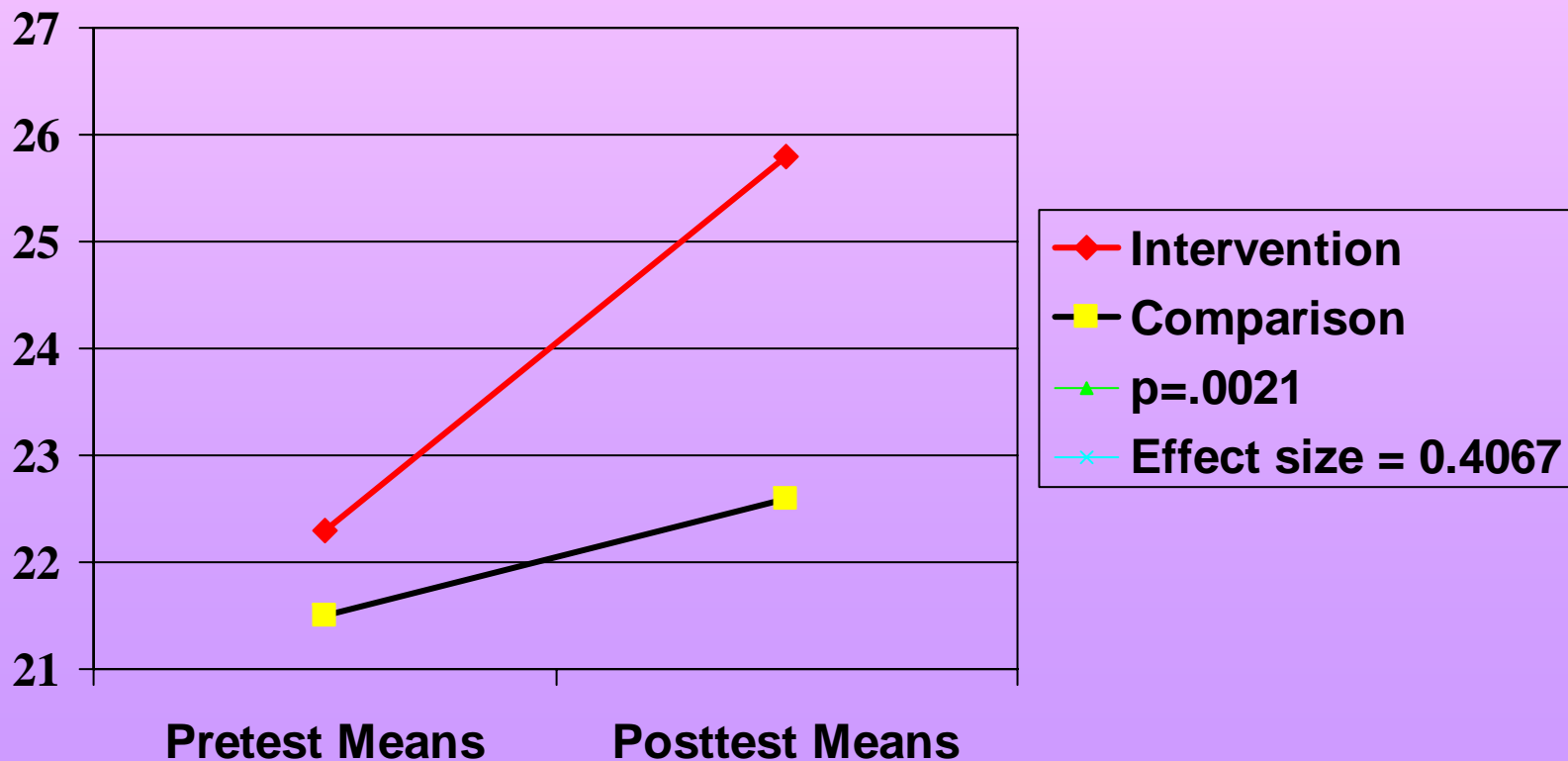


CAREGIVER

Hard to Talk-Frequency

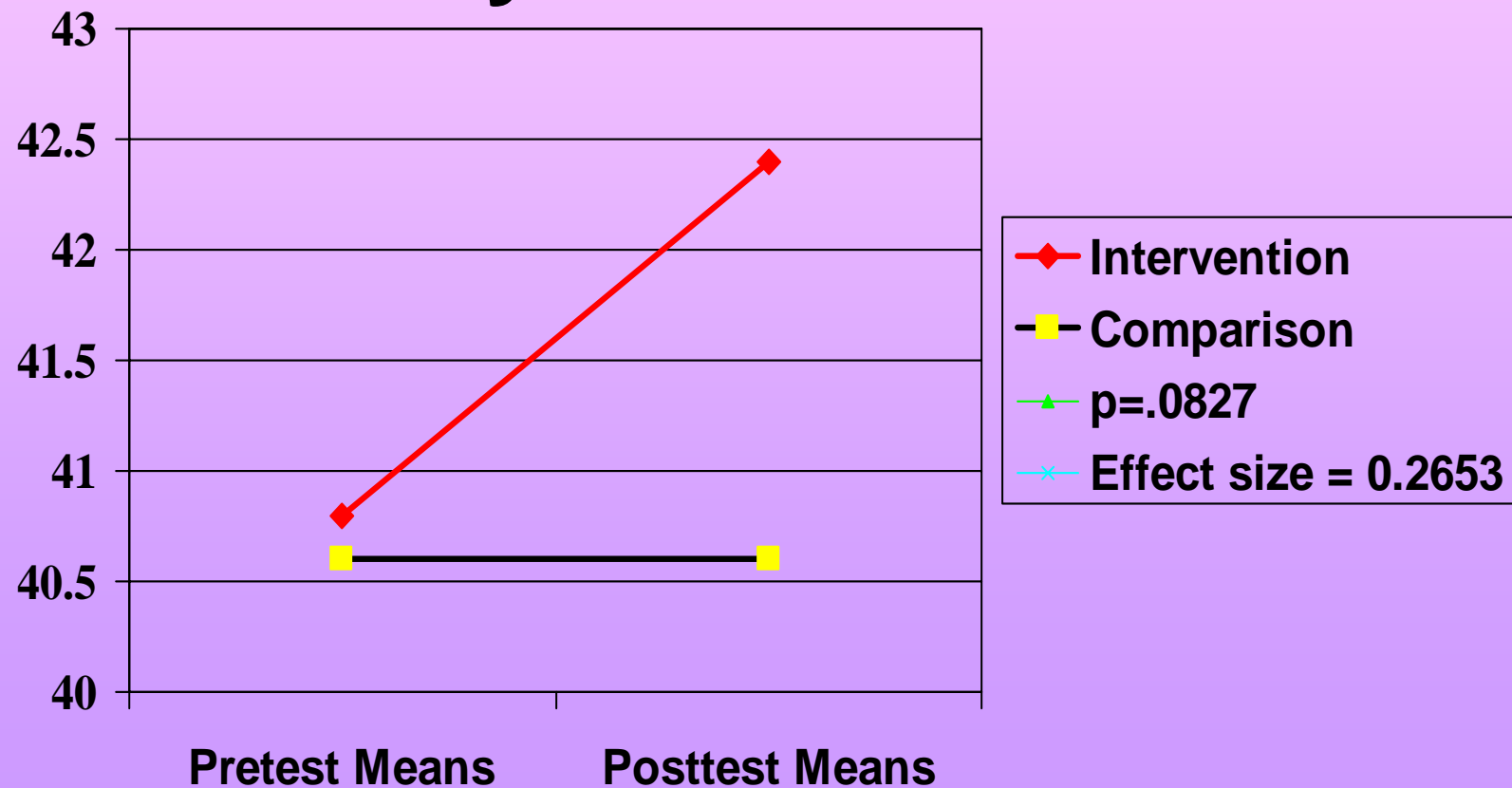


CAREGIVER Hard to Talk-Comfort



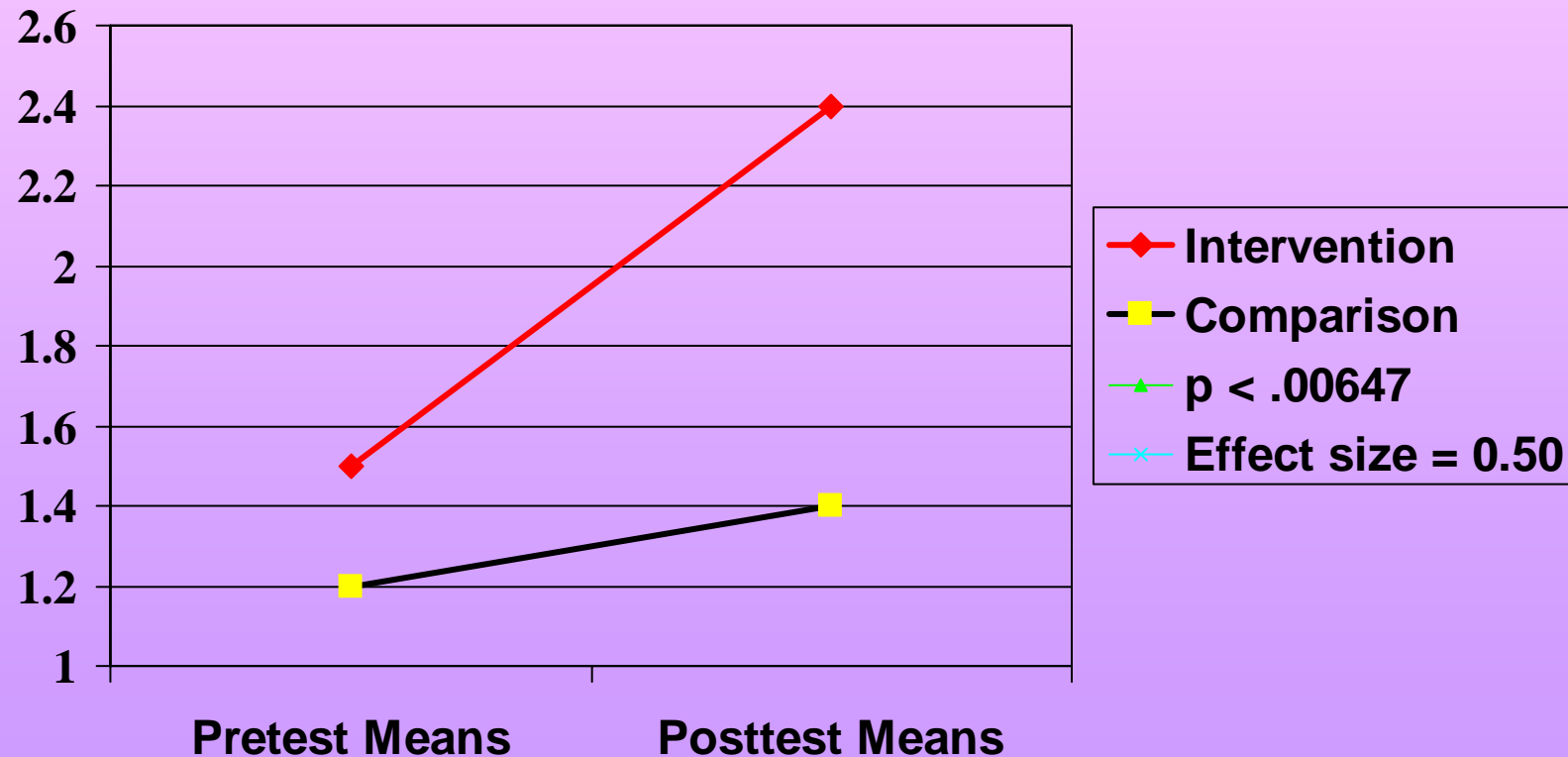
CAREGIVER

Primary Social Networks



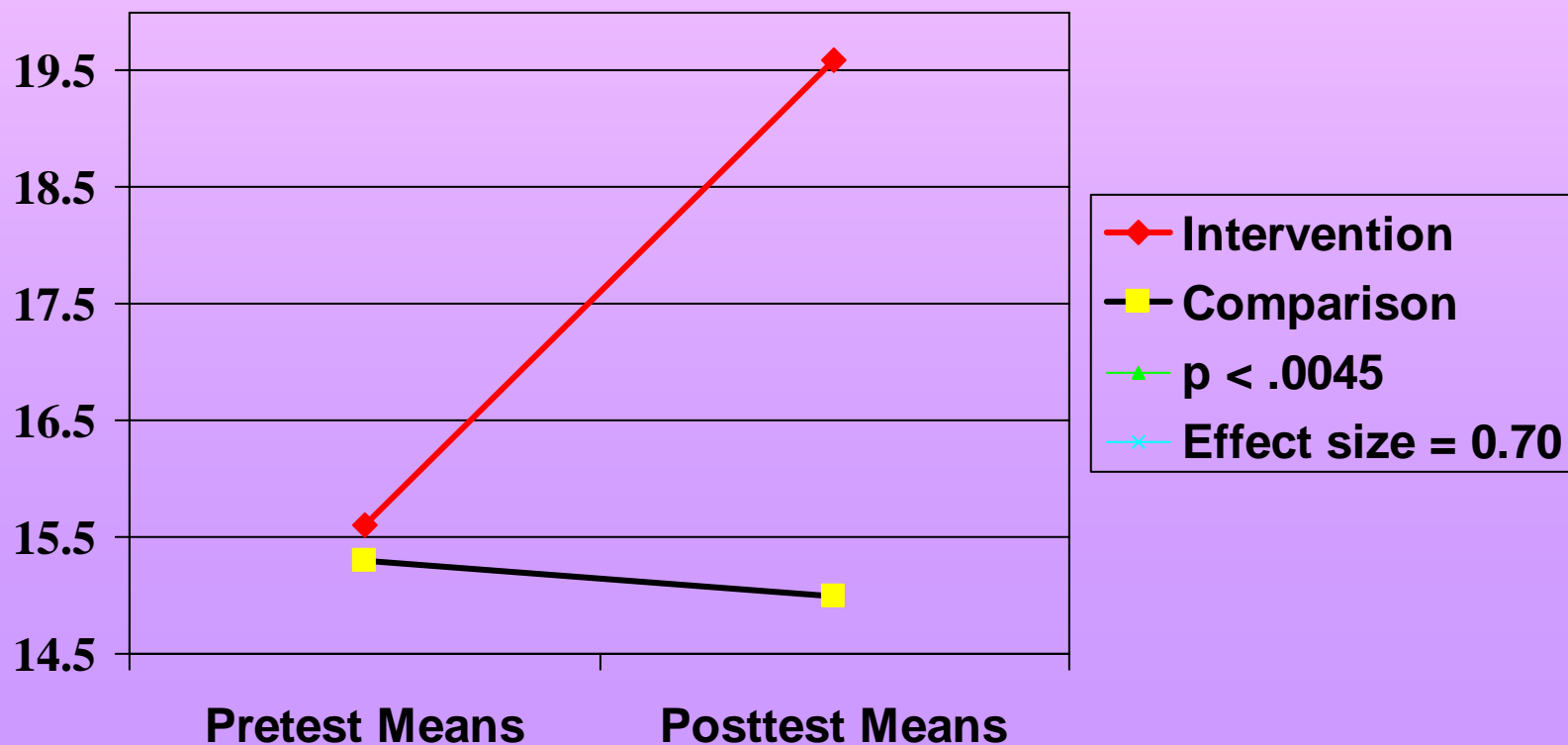
CHILD

AIDS Transmission Knowledge



CHILD Stigma

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



General Comments

- CHAMPSA is clearly demonstrating its impact at various levels of influence
- The results also helps 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 it [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].*

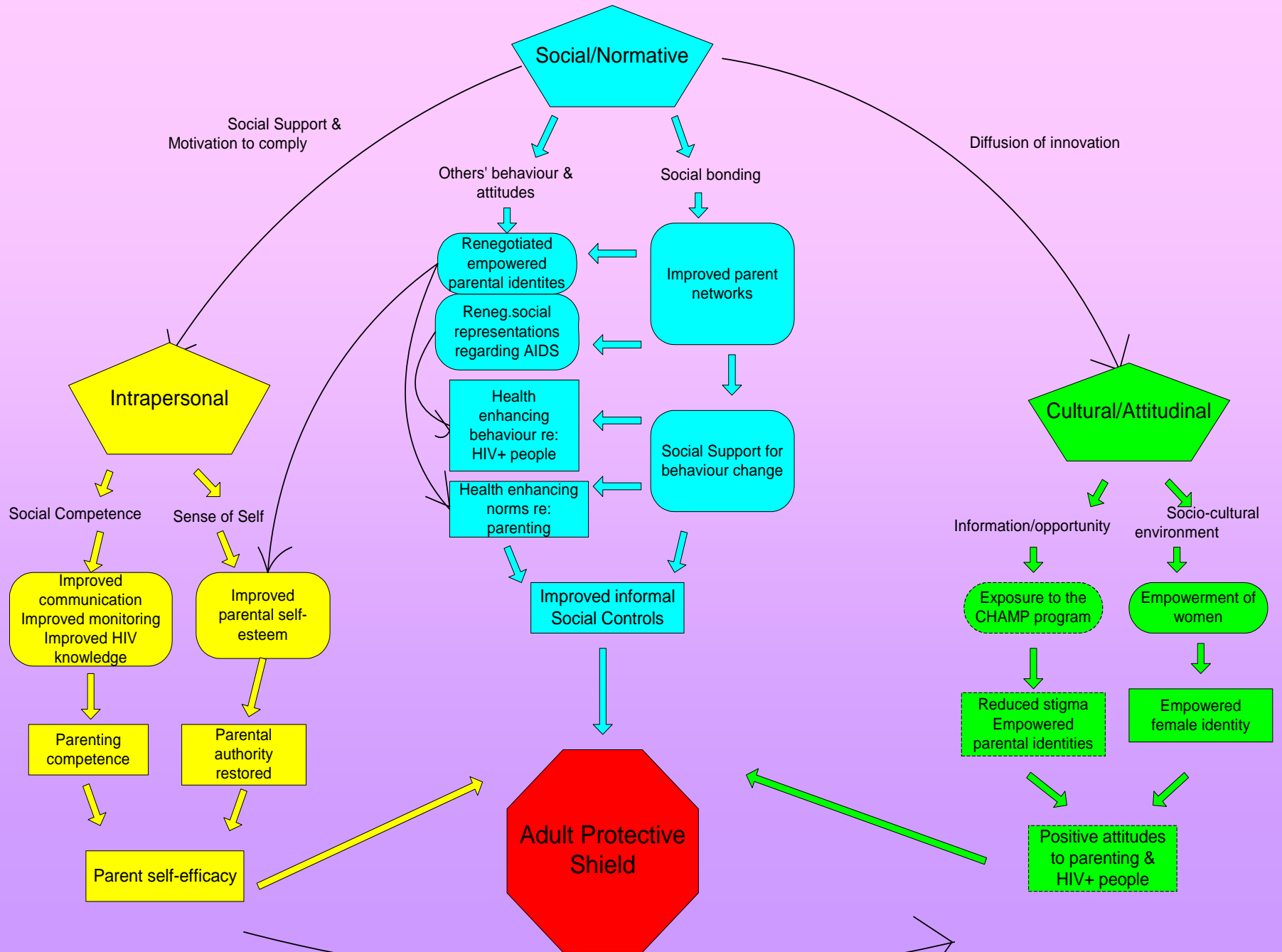
Process Findings – Cultural Environment

- **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



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

- Gallant, M., & Maticka-Tyndale, E. (2004). School-based HIV prevention program for African youth. *Social Science Medicine*, 58, 1337-1351.
- Paruk Z, Peterson I, Bhana A, Bell C, McKay M. (2002) A Focused Ethnographic Study to Inform the Adaptation of the NIMH Funded CHAMP Project in South Africa. In Manfredi R, ed. *XIV International AIDS Conference*. Bologna, Italy: Monduzzi Editore, 295 - 298.
- Paruk Z, Petersen I, Bhana A, Bell C, McKay M. (2005). Containment and contagion: How to strengthen families to support youth HIV prevention in South Africa. *AJAR* 4 (1), 57 – 63.
- Paruk, Z., Petersen, I., & Bhana, A. (2007). Process evaluation of the CHAMPSA (AmaQhawe) Family Project. Submitted to the *African Journal of AIDS Research*.
- Petersen I, Mason A, Bhana A, Bell C, McKay M. (2006). Mediating social representations using targeted micro media in the form a cartoon narrative in the context of HIV/AIDS: The AmaQhawe Family Project (CHAMP) in South Africa. *J Health Psychol* 11 (2), 197–208.
- Shishana O, Rehle T, Simbayi, LC, et al. (2005) *South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005*. Cape Town: HSRC Press