

CHAMPIONING FAMILIES TO FIGHT AIDS

The first line of defence against the AIDS pandemic is in the home. ARVIN BHANA and INGE PETERSEN present the results of a new strategy to help parents strengthen their families and to reduce the risk for their children.



CHAMP AmaQhawe FAMILY PROJECT

Adaptation of Champ Manual for South Africa (SA)

Background
CHAMP (Collaborative Adolescent Mental Health Project) was adapted for the South African context in two and four in two communities, one rural, one urban (KwaZulu-Natal and Cape Coast, both in the province of KwaZulu-Natal). The sites represent two very different contexts with regard to risk for HIV, family context, social relationships and political characteristics. The rural area site of KwaZulu-Natal is a politically and socially stable area with residents having lived in the area for 5 years or more. The Cape Coast site is politically and socially representative of a migratory population with significant informal housing characteristics. The CHAMP manual was rewritten to take account of the primary issues and concerns revealed in a focused ethnographic study of the dynamics underpinning the spread of HIV/AIDS, with a specific focus on the family.

Adaptation: Theory and Process
The findings from this ethnographic study indicated multiple levels of risk influenced the South African context as posited by Bell, Ray and Palford (2002) and adapted within a person valuation-centred matrix (Bhana and Petersen, 2002) (Figure 1). As depicted below, individual level processes (poor knowledge of HIV/AIDS, poor communication skills and parental loss) impact on attitudes that promote high-risk behaviour, low self-efficacy and low self-esteem. Interpersonal/family level processes (poor parenting, authoritarian parenting styles and inadequate adult role models) had a weak adult protective shield. Community level processes (lack of trust, poor social networks and high levels of stigma) presents a weak community protective shield.

Examples of changes emerging out of the community
A representation of a family with HIV/AIDS as a poor family was viewed as adding to the stigma of being poor. 'Mugabe' is a Zulu word referring to people who are poor. The participants recommended that the name of the family be changed to 'Mugabe', which is the Zulu word for suffering. Furthermore, additional information was provided on the background of the family to show that they had not always been poor. In addition, depicting people living there introduced a degree of realism into the scene.

Person/Situation-centred Matrix

Individual level processes	Interpersonal/family level processes	Community level processes
Attitudes that promote high-risk behaviour	Poor parenting, authoritarian parenting styles and inadequate adult role models	Lack of trust, poor social networks and high levels of stigma
Low self-efficacy and low self-esteem	Weak adult protective shield	Weak community protective shield

Development of the South African Manual
The re-writing of the CHAMP manual utilized the narrative method to introduce topics derived from the ethnographic study. In addition to the topics covered by the original CHAMP manual, these included parental and children's rights and responsibilities (to take account of parent sense of displacement over their children), alternative parenting styles; dealing with stigma and bereavement. An additional dimension was the development of homework tasks in the form of a workbook for each session. These workbooks helped provide the family with an additional resource that could be frequently consulted and shared with other members of the family who did not participate in the CHAMP programme, especially fathers. The graphic narrative method used an open-ended cartoon-based story line (Bhana, Petersen, and Bhana, 2002) (Figure 2).

Conclusion
The adaptation of the CHAMP programme for the South African context has been grounded in focused ethnographic research as well as informed by a collaborative participatory methodology. This process has revealed that the universal principles of behaviour change as posited by Bell, Ray and Palford (2002) are applicable in the South African context, particularly in community-based interventions with multiple levels of influence. The development of a cartoon-based manual and workbooks employing graphic narrative methods is a key contribution to CHAMP internationally. Through the use of a culturally sensitive, contextualised cartoon-based story line, participants are afforded the necessary distance to engage complex and highly sensitive material through projecting their values and experiences onto the characters. The use of workbooks ensures continuing discussion on topics covered between the sessions as well as providing a mechanism for involving parents, especially fathers, who do not attend sessions, to participate in the CHAMP Family Programme. An evaluation of the South African data is underway to provide further insight into the adaptation of CHAMP to South Africa.

References
Bhana, A., Petersen, I., & Bhana, A. (2002). Strategies for health behaviour change in a South African context: The role of the family. *Journal of Health Communication, 27*(1), 1-10.
Bell, R., Ray, G., & Palford, J. (2002). *Health behaviour change: A practical guide to the theory and practice of behaviour change*. London: Sage Publications.
Bhana, A., Petersen, I., & Bhana, A. (2002). The role of the family in health behaviour change: A participatory family-based health communication intervention. *Journal of Health Communication, 27*(1), 1-10.

A key element to successful interventions is to target pre-adolescent youngsters who are still at low risk of being infected.

With this in mind, the AmaQhawe (Champions) Family Project was adapted from a programme originally developed in the USA: the Collaborative HIV/AIDS Adolescent Mental Health Project (CHAMP). AmaQhawe is a collaborative project between the HSRC, the School of Psychology at the University of KwaZulu-Natal and USA-based collaborators, funded by the National Institute of Mental Health.

The programme's basic aim is to strengthen the families of pre-adolescent children, and their communities and social networks. Families that are part of a social network tend to be better at reducing risk for their children. Evidence shows that in addition to education about HIV/AIDS, communication, parental warmth (as opposed to a punitive parenting style) and active monitoring of children helps to reduce risk behaviour in adolescents.

The South African version of the CHAMP manual was based on findings from a focused ethnographic study that identified a breakdown in traditional customs of bringing up adolescents, particularly in sexual and other behavioural practices.

The study revealed that parents felt disempowered; communication between parents and children was poor; and parents used punitive methods to discipline their children. It also revealed poor knowledge of HIV/AIDS and how it was transmitted, and parents or caregivers did not know how to deal with the loss of family members who died from AIDS.

Families that are part of a social network tend to be better at reducing risk for their children

Since parents were sensitive about discussing sex and puberty with their children and many had low literacy levels, a cartoon-based storyline was used to introduce various topics, for example, parent-child communication, puberty and dealing with the stigma of HIV/AIDS.

The cartoon characters provide the necessary distance from the topic to allow parents (and other caregivers) and children to talk through the cartoon characters. The cartoon characters and storyline mirror the problems that confront families and open up avenues of discussion.

The sessions are delivered to multiple family groups, facilitated by trained community workers. Participants can take home a booklet, which allows other family members who did not attend the sessions – usually adult males – to also become familiar with the material.

Community leaders, who are members of the CHAMP-SA Board overseeing the project, play an important role in working at a community level by addressing issues of common concern, such as spaza shops that might sell alcohol to young people. In this way they help influence youth behaviour in the community.

A preliminary evaluation of the programme, among 288 (out of 450) families, reveals that the programme is having a positive effect on key processes, such as parent or caregiver communication with children about sensitive topics; parental monitoring; neighbourhood social control; and stigma in families exposed to the programme, compared to the matched control families.

The following graphs illustrate the positive effects of the preliminary analysis of the programme, which was administered to 228 out of 450 families.

The next step is to determine the longer-term impact CHAMP-SA has had on adolescent risk behaviour among the original child participants, who have now reached adolescence.

CHAMP now faces the challenge of disseminating the programme more widely to other areas where the need for community and school-based interventions has been identified. To this end, CHAMP is establishing itself as a non-profit organisation so it can solicit the necessary funding. •

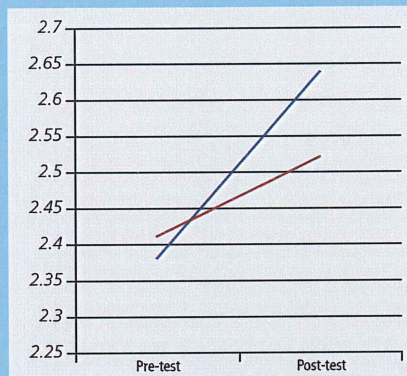


Figure 1. Caregiver communication (child)

This figure shows that children in the CHAMP intervention group had much better communication with their caregivers on issues related to alcohol, drugs, sex, and puberty than their control peers.

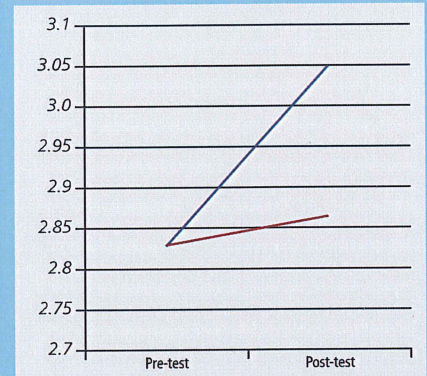


Figure 2. Parental monitoring (child)

CHAMP group children experienced greater enforcement of family rules regarding their behaviour.

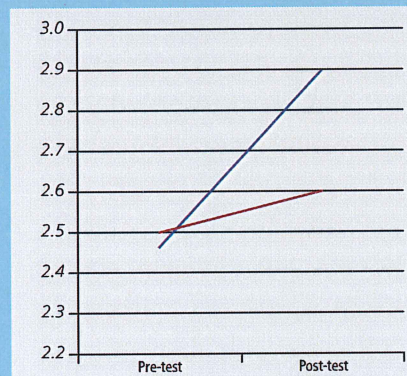


Figure 3. Stigma (child)

The same children were significantly less stigmatising of others with HIV/AIDS

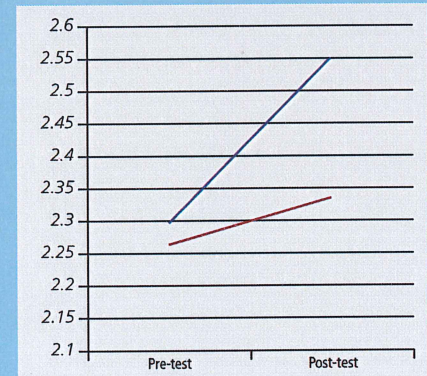


Figure 4. Family decision-making (adult)

CHAMP caregivers and parents were more often involved in making decisions about their child's activities related to school and social life.

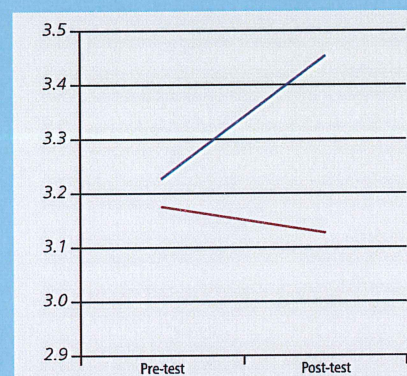


Figure 5. Parental monitoring (adult)

CHAMP parents or caregivers were much more involved in monitoring their children compared to other families.

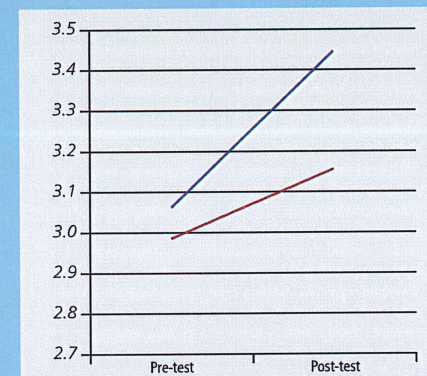


Figure 6. Neighbourhood Social Control

CHAMP adult caregivers were much more likely to intervene in their neighbourhood given negative social conditions such as kids skipping school or boys harassing girls.

— Intervention — Comparison

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IN THIS ISSUE

- PAGE 1 – 2 NEWS ROUNDUP
- PAGE 3 Q&As TO NEW CEO
- PAGE 4 – 5 COUNTING OUR ORPHANS
- PAGE 6 – 7 MOTHER-TONGUE EDUCATION IS BEST
- PAGE 8 – 9 R&D SPEND OF SA FIRMS
- PAGE 10 – 11 CHAMPION FAMILIES TO FIGHT AIDS
- PAGE 12 – 13 TRADE WITH CHINA
- PAGE 14 SCOUTING GAMBIA
- PAGE 15 – 16 DIVERSITY IN SCHOOLS
- PAGE 16 – 17 PROFILE: MIKE DE KLERK

SHOCKING FIND:

Early switch from mother tongue hampers maths and science learning

