

Original article

Reducing the risk of HIV transmission among adolescents in Zambia: Psychosocial and behavioral correlates of viewing a risk-reduction media campaign

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Abstract

Purpose: The purpose of this study was to evaluate phase I of a theoretically informed media campaign designed by youth in Zambia to encourage their peers to adopt risk-reduction practices to protect themselves from sexually transmitted infections and human immunodeficiency virus (HIV). The Helping Each other Act Responsibly Together (HEART) campaign conveys information for young people ages 13 to 19 years about sexually transmitted infections, HIV, and acquired immune deficiency syndrome transmission and prevention, and promotes abstinence, a return to abstinence, or consistent condom use as viable risk-reduction practices.

Methods: Separate sample baseline and follow-up designs were used to evaluate phase I of the HEART campaign among adolescents aged 13 to 19 years. The 1999 baseline survey had a sample of 368 male and 533 female adolescents; the 2000 follow-up survey comprised 496 male and 660 female adolescents.

Results: Controlling for age, sex, educational attainment, and urban or rural residence, logistic regression analyses demonstrated that, compared with nonviewers, campaign viewers were 1.61 times more likely to report primary or secondary abstinence and 2.38 times more likely to have ever used a condom. The odds ratio of condom use during last sex was 2.1 for respondents who recalled at least 3 television spot advertisements compared with other respondents.

Conclusions: The positive correlations between HEART campaign viewership and HIV risk-reduction practices demonstrate that mediated messages can influence adolescents. The HEART campaign is among a range of programs in Zambia designed to enable young people to protect their reproductive health. Future research should capture the independent as well as the synergistic effects of multiple campaigns and interventions. © 2006 Society for Adolescent Medicine. All rights reserved.

Keywords:

Abstinence; Adolescents; Condom use; Gender differences; Health behavior; HIV and AIDS; Zambia

Young Zambians are highly vulnerable to human immunodeficiency virus (HIV) transmission. The 2001–2002 Zambia Demographic and Health Survey (ZDHS) reports an overall HIV prevalence rate of 16% among Zambians 15 to

49 years of age [1]. Among youth ages 15 to 19 years the prevalence rate is 6.5% among women and 1.9% among their male counterparts. Rates jump dramatically among the next older cohort: 16.6% of women and 4.4% of men ages 20 to 24 years test positive for HIV. Rates for urban residents are more than double the rates found among rural adolescents and young adults. The prevalence rate among youth is tragically high; if the national prevalence is maintained at 16%, the lifetime risk for acquired immune defi-

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ciency syndrome (AIDS) death for Zambian boys and girls who are currently 15 years old is 50% [2]. Inasmuch as 34% of the population is aged 10 to 24 years [3], the reproductive health knowledge and practices of Zambia's youth will continue to influence demographic and health trends for decades to come. Indeed, social norms embraced by Zambian youth today may well presage society-wide acceptance of these social norms in the years ahead, and can be expected to prove highly consequential, given the current prevalence of HIV in Zambia.

While the 2001–2002 ZDHS findings reinforce the urgent need for immediate, strategic action informed by evidence-based programs, the sense of urgency is not new. Studies from the middle to late 1990s demonstrated that Zambian youth were at considerable risk for contracting HIV and other sexually transmitted infections (STIs). The Zambia Sexual Behavior Survey (SBS) 1998 [4] was an important source of information, when the Helping Each other Act Responsibly Together (HEART) campaign was first conceptualized. The SBS 1998 found that by the age of 15 years, 37% of boys and 27% of girls were sexually experienced. Among those 15 to 19 years old, 62% of the boys and 59% of the girls reported that they had had sex. Of those who were sexually experienced, 84% reported that they had not used a condom the last time they had sex. By the age of 19, only 16% of Zambian youth report that they have never had sex. Among sexually active youth who had never married, 24% of boys and 14% of girls reported that they had more than 1 partner in the year prior to the survey. Another troubling factor was that the 1996 ZDHS [5] found that 64% of adolescent girls and 70% of adolescent boys believed they were at no risk for contracting HIV. Clearly, ample evidence pointed to the need to inform young people about HIV and to encourage them to take protective actions.

In light of this situation of high prevalence coupled with perceived invulnerability among youth, government officials in Zambia called for the development of programs to inform youth about HIV and AIDS. The Government of the Republic of Zambia asked the United States Agency for International Development (USAID) and its implementing partner, the Zambia Integrated Health Programme (ZIHP), to work with the Central Board of Health, the National AIDS Council and Secretariat, nongovernmental organizations, and young people themselves to design the program. As part of this effort, Zambian youth designed the HEART campaign, with technical assistance from the USAID-funded ZIHP. Launched in November 1999, the campaign's goal was to encourage social norms supportive of sexual practices that would reduce the risk for contracting HIV or STIs. Specifically, the campaign highlighted primary abstinence as a viable choice for those with no sexual experience, and either a return to abstinence, hereafter referred to as secondary abstinence, or consistent condom use for sexually active young persons.

In this article, we present an assessment of the extent to

which campaign recall among Zambian adolescents is associated with knowledge, attitudes, perceived efficacy, social norms, and practices that reduce the risk for HIV and STI transmission.

Methods

Project description

Theoretical framework.

The present intervention was guided by a revised stage theory of behavior change [6]. Specifically, the theory posits that behavior change occurs in a sequential series of steps that unfold as a consequence of interactions. Stage theorists gradually came to understand that, rather than occurring in a linear fashion, behavior change occurs within the social contexts and thus is influenced by a host of social factors. Thus, as it has evolved, stage theory has incorporated variables such as perceived risk, social norms, self-efficacy, and collective efficacy into the explanation of communication effects. Cleland and Wilson [7] use the term “ideation” when referring to the constellation of cognitive, emotional, and social factors associated with behavioral change. Their central contention is that common language and geographic proximity allow “changing perceptions, ideas, and aspirations” to be shared, that is, communicated, with members of one's community. While communication often serves to reinforce shared beliefs, values, and social norms, communication channels can also broadcast reconstructed beliefs, values, and social norms that have been altered by the introduction of new ways of thinking. Research has demonstrated that communication interventions can introduce and promote new ways of thinking. For example, in the area of family planning communication there is substantial evidence that theory-based, media campaigns influence contraceptive practices directly as well as indirectly [6,8–12]. A growing body of literature also demonstrates that media campaigns and other forms of communication, including community mobilization efforts and interpersonal communications, can also influence HIV risk-reduction practices [13–19]. This ideational framework based on stage theory informed the HEART campaign.

Intervention.

The HEART campaign is a multimedia program that uses television (TV) public service announcements as the cornerstone, with radio spot advertisements (ads), music and music videos, and posters, billboards, and other print material to reinforce the STI and HIV risk-reduction messages, as well as community-based efforts in rural areas. Since the middle to late 1990s the World Health Organization, USAIDS, United Nations International Children's Emergency Fund (UNICEF), and the Centers for Disease Control and Prevention, among other national and international organizations, have called for youth participation in

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