

SOUTH AFRICANS TAKE ACTION

KEY FINDINGS OF THE THIRD SOUTH AFRICAN NATIONAL HIV COMMUNICATION SURVEY, 2012

Context

South Africa is home to 59.6 million people. About 26.1 million people, or 52% of the population, are female. Black Africans are in the majority, constituting just over 79% of the total South African population. The 2008 South African national HIV prevalence, incidence, behaviour and communication survey (HSRC survey) reports that HIV prevalence among South Africans of all age groups is 10.6%. Put differently, it is estimated that about 5.2 million people in the total population were HIV positive in 2008. When children younger than two years are excluded, the estimate of HIV prevalence rises to 10.9%. HIV prevalence in the total population of South Africa has thus stabilized at a level of around 11% although there are significant differences in prevalence by age and sex. HIV prevalence peaks among females aged 25–29 years at 32.7%, while for males it peaks at 25.8% in the 30–34 years age group. HIV prevalence has remained high in young women: for example, among 15–19-year-olds prevalence is 2.7 times higher than it is among males of the same age.

Study Background

The Third South African National HIV Communication Survey (NCS) was jointly conducted by Johns Hopkins Health and Education in South Africa (JHHESA), loveLife and Soul City, with funding from PEPFAR through USAID. The survey was managed by Health and Development Africa and field work was conducted by Freshly Ground Insights. Data analysis was jointly conducted by Health and Development Africa and Johns Hopkins University, Bloomberg School of Public Health, Center for Communication Programs.

The primary purpose of the NCS is to evaluate the impact of HIV communication programs on key drivers of the HIV epidemic in South Africa over time.



Methodology

The NCS was a national cross-sectional survey undertaken between February and May 2012 comprising 10 034 respondents from 398 sub-places across all nine provinces of South Africa. The survey is representative of the South African population aged 16-55 years.

The structured questionnaire included sociodemographic and exposure to HIV communication programs questions, together with questions about HIV knowledge, attitudes, self-efficacy and behaviour.

Data were collected by trained interviewers who were matched as far as possible with the demographics of the respondents. The survey data were weighted using Stats SA 2007 Community Survey data. Data were analyzed using Stata version 12. To measure the direct and indirect impact of communication programs, the data analysis used structural equation modeling in relation to HIV-related outcomes.

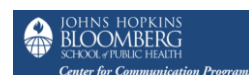
This survey examined the impact of a number of communication programs and their components in South Africa, which total to 19 communication interventions. The programs include the following:

- Community Media Trust that produced Siyayinqoba Beat
- Ilife Community Radio Talk Show produced by ABC Ulwazi
- Johns Hopkins Health and Education in South Africa, that oversees Brothers for Life; Scrutinize; 4Play: Sex Tips for Girls; and Intersexions
- loveLife - , including loveLife's youth magazine UNCUT, Radio programs (foxy chix and radio talk shows), TV programs (Make your Move and I am Mzansi), social media (MYMsta), face to face programs and the Call Centre
- The SANAC "I am responsible" campaign
- Soul City, including the One Love and Phuza Wise campaigns; Love Stories in the Time of AIDS; and Soul Buddyz TV and Clubs

In analysing the combined impact of the communication programs the exposure data were divided into 10 equal parts, or deciles, so that each part represents one-tenth of the sample, which reflects a continuum of exposure to communication programs. Those with least exposure would be in the lowest decile (lowest 10%) and those with the most exposure in the highest decile (highest 10%).



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KEY FINDINGS

The majority of South Africans aged 16-55 years have used condoms and have been tested for HIV. While the Department of Health has made condoms widely available and increased services for HIV testing, extensive HIV communication programs have turned condom use and HIV testing into social norms in South Africa. Likewise, recent campaigns promoting medical male circumcision are creating an increased demand for these services.

CONDOM USE AT FIRST SEX IS NOW A SOCIAL NORM IN SOUTH AFRICA

One of the most remarkable changes in HIV prevention behavior in South Africa over the last 20 years has been the dramatic increase in *condom use at first sex*. Less than 10% of respondents who first had sex 40 years ago said they used a condom the first time. From 1992 to 2012, condom use at first sex increased from 18% to 66%, a 48% increase in the last 20 years. Condom use at first sex increased consistently after 1995, which marks the beginning of large-scale HIV communication programs that promoted the use of condoms to prevent HIV in South Africa. This positive increase in condom use was combined with the increased availability of condoms in the period 1995 onwards, with over 450-million condoms now being distributed through the public health system.

Today condom use is a social norm in South Africa: two-thirds of people who had sex for the first time during the last 3 years said they used a condom the first time they had sex. The analysis also showed that the probability of condom use with one's most recent partner is greater (68%) if one used a condom the first time he/she had sex than if not (43%); and that self-reported HIV positive status is significantly and substantially lower among those who used a condom the first time they had sex (3.5% for males; 6.2% for females) compared to those that did not use a condom at first sex (13.6% for men and 18.5% for females). The results on condom use at last sex show that it differs by the nature of one's sexual relationship, the survey revealed that 76% of respondents used a condom at last sex with a *casual partner*, 65% used a condom at last sex with a *main/regular partner*, and 28% used a condom at last sex with one's spouse or live-in partner. The NCS found that the more that one was exposed to communication programmes the more likely they were to use condoms irrespective of the nature of their relationship.

OVER 10 MILLION SOUTH AFRICANS TESTED FOR HIV IN THE PAST 12 MONTHS

The National HIV Communication Surveys have shown that the percentage of people ever tested increased from 55% in 2009 to 64% in 2012, for a total of 17.4-million people tested. Of those ever tested, the last survey found that 61% tested in the last 12 months. This represents a total of 10.6 million men and women aged 16-55 years. The percent of sexually active respondents that were tested for HIV in the past 12 months increased from 60% in 2009 to 63% in 2012; this represents a

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total of 7.73-million sexually active South Africans tested for HIV in the last 12 months. Among sexually active people, the main reason for getting tested was to know their HIV status (76%).

The survey reveals that there has been a shift in where people undergo HIV counseling and testing with more people now testing at clinics, 62% in 2009 versus 69% in 2012.

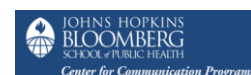
The study found that these remarkable changes are the result of powerful communication programs together with strong leadership that promoted HIV testing over the last 12 months. Among survey respondents who knew that President Zuma tested for HIV, 52% were more likely to discuss testing with their sex partners compared to 39% that did not know. People who talked about testing with their sex partner, in turn, were more likely to test for HIV (63%) than those who did not talk about testing with their partners (33%). People who were exposed to more HIV communication programs were more likely to get tested for HIV: 57% of men and women with high levels of exposure to the communication programs were tested in the last 12 months, while only 37% of those with low levels of exposure did so.

COMMUNICATION PROGRAMMES HAVE INCREASED DEMAND FOR MEDICAL MALE CIRCUMCISION

The survey revealed a huge increase in the knowledge that the risk of HIV infection is reduced by male circumcision : 47% of men and women now know that male circumcision reduces the risk of HIV infection, compared to just 8% in 2009. There has also been an increase in the prevalence of medical male circumcision: from 32.7% in 2009 to 48.1% in 2012. During the last year's campaign, 350 000 men got circumcised, of which 64% were medical circumcisions. Moreover, just about one million men who are not circumcised, say that they definitely intend to get circumcised in the next 12 months.

HIV communication interventions during the last 12 months have led to this increase in intention: 56% of men with high levels of exposure to communication programmes say that they will definitely get circumcised in the next 12 months, while only 25% of those with low levels of exposure intend to get circumcised. There is little evidence of behavioural disinhibition: 85% of both men and women know that a man who is circumcised still needs to use a condom, and there is no significant difference in condom use at last sex between circumcised (52%) and uncircumcised (48%) men ($p>0.05$).

In KwaZulu-Natal in 2010, King Goodwill Zwelethini revived the tradition of male circumcision to curb new HIV infections. Supported by the Premier and the Provincial Member of the Executive Council (MEC) for Health, this has resulted in a significant uptake of medical male circumcision as a means to reduce the risk of HIV infection. In 2009, prior to the announcement by the King, only 26 358 men were medically circumcised in KwaZulu-Natal. In 2010, following the King's statement, this number increased to 70 914 and in 2011, 83 690 men decided to get medically circumcised.



SOCIAL STIGMA FOR HIV/AIDS IS ALSO DISAPPEARING

HIV communication programs and cumulative behavior change have reduced *social stigma* substantially in South Africa over the last ten years. Among those sexually active, 48% said that they have talked to others about HIV testing, asked or have been asked by one's partner to get tested and 32% said that they had an HIV test together with their partner in the last 12 months. Among those who have ever been tested and know the results, 86% were willing to share their HIV status during the interview. Among those, self-reported HIV status was negative for 88% and positive for 12%. Along with positive changes in condom use, HIV testing, and male circumcision, this change in public attitudes towards the disease can only make prevention and treatment much easier over the next five years.

8 OUT OF TEN SOUTH AFRICANS REACHED BY HIV COMMUNICATION PROGRAMS

Eighty-three percent of the population was exposed to at least one of the 19 communication interventions in the last 12 months, and over one third were exposed to 6 or more interventions. On the average, people were exposed to 4 communication interventions. This high level of exposure was the result of the combination of communication channels used by the programs – television, radio, print media and community mobilization - and also of the collaboration that media channels in South Africa provided for the distribution of these programs. These communication programmes also benefitted from the involvement of leaders who promoted campaign messages. When leaders speak, the media report on what they say and do, and people talk about what leaders think and say, and emulate their example.

The survey findings show a strong *dose response effect* of HIV communication on condom use at last sex, condom use at first sex, HIV testing and medical male circumcision during the last 12 months after other potential explanatory variables (statistical controls) have been taken into account., The more communication interventions that people are exposed to, the more likely they are to have used a condom with their most recent partner, get tested for HIV during the last 12 months and the greater the intention of men to get circumcised.

For additional Fact Sheets and information about the study go to [www.http://jihhesa.org](http://jihhesa.org).

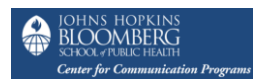




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CONCLUSION

In conclusion, the 2012 NCS findings show that communication programmes have a direct effect on behavioural outcomes such as HIV counseling and testing, condom use and male circumcision. Communication programmes also have an indirect impact on these outcomes by addressing norms and attitudes regarding HIV and providing people with information, knowledge, and motivation to exercise decisions that best work for them and that keep them healthy. The findings show that the effect of the communication on people's behavior resembles a dose-response, -the more people are exposed to the HIV communication programmes, the more likely they are to adopt and maintain positive behaviours such as condom use, HIV counseling and testing, and to undergo male circumcision.

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