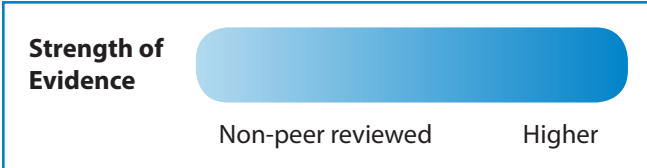








# Impact of Health Communication on Other Prevention

Community Engagement		
Multi-country	This review examined 150 studies of prevention intervention studies to assess impact using the goals impact matrix. There were three aspects to the matrix: interventions, risk groups (high, medium and low) and key sexual behaviors (consistent condom use, STI treatment-seeking, number of sexual partners and age at first sex). Mass media has a small impact on reduction of non-use of condoms among medium- and low-risk groups (-11.6%; -17%), and reduction in the number of partners among medium-risk (-4.2%). VCT had large effect among high-, medium- and low-risk populations in reduction of non-use of condoms (-44.2%; -23.4%; -16.1%), and a small effect on reduction in number of partners among medium-risk (-13.3%). Community mobilization reduced non-use of condoms by -10.0% in medium-risk and -2.5% in low-risk. School-based programs had a -15.7% reduction in condom non-use among medium-risk, -17.7% reduction in non-treatment of STI's among medium-risk and a -18.3% reduction in number of partners. Condom social marketing found a reduction in non-use of condoms for all three risk populations (-20.6%; -18.5%; -7.5%), as did peer education (-17%; -37.5%; -30.2%). <sup>2</sup>	
Zimbabwe	A multimedia campaign, focused on self-respect and self-control that included peer education, mass media and a hotline, significantly increased the use of contraception (including condoms) in Zimbabwe. In locations where the campaign was, those surveyed were 2.5 times more likely to report saying no to sex than those in comparison sites. Sexually active youth exposed to the campaign were more likely than those in the comparison site to report only having one partner (OR 26.1) and to start using condoms (OR 5.7). <sup>6</sup>	
China	In two Chinese provinces with high HIV transmission among PWID, a comprehensive harm reduction intervention was implemented through community-based DiCs that offered condoms, ART and methadone maintenance referrals, needle exchange and peer-led outreach to reduce HIV risk among PWID. Evaluation in four cities (Kunming, Gejiu, Nanning and Luzhai) found significant relationships between participating in both peer-led DiC activities and outreach and having a new needles on hand (OR 1.53, p<0.05) and consistent condom use (OR 3.31, p<0.001). It also found a significant relationship between DiC activity exposure and outreach and HIV testing in Kunming (OR 2.92, p<0.01) and exposure to peer-led outreach and HIV testing through referrals in Gjiu, Nanning and Luzhai (OR 3.63, p<0.05). <sup>11</sup>	
Uganda	SASA!, a community-led campaign to reduce intimate partner violence and HIV risk behaviors, successfully increased greater acceptance among women that women can refuse sex (1.28, 95% CI 1.07-1.52), as well as among men (1.31, 95% CI 1.00-1.70). Social acceptance of male violence against women was significantly lower among women (0.54 95% CI 0.38-0.79) and men (0.13 95% CI 0.01-1.15) in intervention communities. <sup>1</sup>	
Uganda	African Transformation is a community development program featuring video portraits of ordinary people in Tanzania, Uganda and Zambia who have overcome gender-based obstacles to better their lives. In Uganda, women and men gathered to interrogate common beliefs and explore actions they could take in light of the real-life stories portrayed in the videos. Individuals who participated in the program were significantly more likely than non-participants to express high levels of self-efficacy, espouse equitable gender norms and report high levels of agency. <sup>8</sup>	



Mass Media		
Tanzania	Exposure to the Fataki campaign, aimed at reducing cross-generational sexual relationships, resulted in increased communication about HIV/AIDS, Fatakis (older men who use gifts to entice younger women into performing sexual acts with them) in society and cross-generational sex. Additionally, exposure was associated with higher personal and community self-efficacy to intervene in such relationships. <sup>4</sup>	
Zambia	The HEART media campaign, which included TV PSAs, radio ads, music, music videos, posters, billboards and other print materials, was designed by youth for their peers to encourage adoption of risk-reduction behaviors. Those who saw the campaign were 2.38 times more likely to have ever used a condom. For those who could recall at least three TV spots, the OR for condom use during last sex was 2.1. <sup>9</sup>	
Tanzania	The radio soap opera, <i>Twende na Wakati</i> , in Tanzania, led to a reduction in the number of sexual partners listeners reported and an increase in condom use. In the exposed group, decline in sexual partners among men was 0.7 partners vs. 0.3 in the comparison group, which was statistically significant. Among women, the decline was 0.7 in the intervention area compared to 0.5 in comparison, again, statistically significant. For condom use, an increase from 6% to 13% was seen in intervention areas, whereas a decline in condom use of 15% to 2% in the comparison area the first two years. The following two years, condom use increased to 16% in the treatment area and to 13% in the comparison area once the radio soap was introduced to comparison sites/areas. <sup>10</sup>	
Nigeria	In Nigeria, exposure to the VISION mass media campaign, which was designed to increase use of HIV, family planning and child survival services, was associated with being 1.5 times more likely to have discussed HIV with a partner (O.R. = 1.47, 95% C.I. 1.01–2.16). <sup>5</sup>	
South Africa	B4L, a multimedia campaign targeting men and featuring TV and radio ads, radio talk shows, billboards, posters and community mobilization and dialogues, was found to have an impact on MSPs, indirectly through increased self-efficacy to avoid having such partnerships. <sup>3</sup>	
School-Based		
Multiple SSA	In a review of 22 sexuality education interventions, 16 had a significant effect on delaying sex, reducing the frequency of sex, decreasing the number of partners, increasing the use of condoms and reducing the incidence of unprotected sex. <sup>7</sup>	



## Acronyms

AHR	Adjusted hazard ratio	MSG	Mother support groups
AOR	Adjusted odds ratio	MSM	Men who have sex with men
ANC	Antenatal care	MSPs	Multiple sex partners
ART	Antiretroviral therapy	OR	Odds ratio
ARV	Antiretroviral	PA	Patient advocate
B4L	Brothers 4 Life	PHW	Peer health worker
BCC	Behavior change communication	PLHIV	People living with HIV
CBART	Community-based antiretroviral therapy	PMTCT	Prevention of mother-to-child transmission
CHW	Community health worker	PSA	Public service announcement
DiC	Drop-in center	PWID	People who inject drugs
EE	Entertainment education	RCT	Randomized control trial
FSW	Female sex worker	SBCC	Social and behavior change communication
HTC	HIV testing and counseling	SMS	Short message service
IPC	Interpersonal communication	STI	Sexually transmitted infection
Mtf	Male-to-female	VCT	Voluntary counseling and testing
MMC	Medical male circumcision	VMMC	Voluntary medical male circumcision

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## Citations

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