

KEY FINDINGS OF THE SOUL CITY 4 SENTINEL SITE SURVEY

RESEARCHED FOR

SOUL CITY

BY THE

COMMUNITY AGENCY FOR SOCIAL ENQUIRY

MARCH 2001



Published by: The Community Agency for Social Enquiry (C A S E)

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2017

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Researched for: Soul City

ISBN:



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INTRODUCTION

As part of the evaluation of the Soul City sentinel site studies were conducted in two sites: a rural site (in the KwaZulu-Natal Midlands) and an urban site (in Mamelodi in Gauteng). The two sites were selected to reflect the broad range of Soul City's audience, ranging from urban populations that have easy and widespread access to electronic and print media, to deep rural populations where media access may be limited only to battery-operated radios. Secondly, Soul City is broadcast nationally, and caters for a range of languages and cultural groups, so it was preferable to select sites in two different provinces – namely Gauteng (Mamelodi) and KwaZulu Natal (eMafakatatini). Thirdly, one of the aims of the study was to evaluate the impact of the Soul City-NNVAW partnership, so the research needed to be located in sites where it was known that the NNVAW partnership was active.

Individual change was measured in the sentinel sites through a four-phase panel survey, the first and last components of which paralleled a national survey that was conducted over the same period. The surveys were designed to measure shifts across the same variables to enable analysis of change in relation to Soul City-specific exposure. As well as pre- and post-testing, the sentinel site surveys included two intermediate rounds (closely linked to the television and radio interventions in terms of timing and focus), allowing for more detailed modeling of change over the period.

THE LONGITUDINAL PANEL SURVEY

The entire panel study was spread over a 9-month period – June 1999 to February 2000 – encompassing the intervention period, which extended from July to December 1999. The study took place concurrently with the national survey and had similar aims to the national survey in that it was designed to measure change with reference to the variables and content themes defined by the Soul City 4 intervention as a whole. The two studies are complementary in that the national study measures impact on a broad scale, while the panel study measures impact at a deeper level but is confined to two specific areas. The longitudinal panel study was designed to allow for greater depth of analysis in three main respects:

1. The panel study was conducted over four rounds of data collection: A baseline survey (pre-intervention), two intermediate survey rounds (during the intervention), and a post-intervention evaluation survey - enabling change to be modeled over the intermediate rounds. The national study, by contrast, was based on a before-after design, consisting only of pre- and post-intervention surveys.
2. The panel study was conducted amongst a sample of panel respondents in each site, allowing for repeated rounds of data collection with the same individuals to enable tracking of individual change, whereas the national survey was conducted amongst a nationally representative sample of the target audience, with independent random samples for each round of data collection.

3. The panel study was restricted to two sentinel sites, allowing for complementary site-specific research in each area. This allows for analysis of individual change in the context of the broader community environment. The purpose of the national survey, on the other hand, was to obtain data from a national sample representative of the target audience, and it was never an aim of the national survey to conduct contextual research in sampled communities which, given the scope of the study, would not be feasible in any event.

METHODOLOGY AND AIM OF ANALYSIS

The major objective of the panel surveys was to determine whether responses to various constructs had changed over time, and whether these changes could be attributed to interventions by Soul City. A secondary objective was to check whether, during any particular survey, exposure to any of the Soul City interventions had an impact on the responses to the questions asked. Since this second objective has been extensively addressed by the national surveys which took place before and after the interventions we will not consider these questions in the current analysis.

Scales

We will, wherever possible, use the scales constructed by a member of the Soul City analysis team, Dhaval S. Patel, to measure the changes in responses to various constructs. Details of the construction of these scales are available from Soul City. However, in some cases we will be forced to use single item analysis. Each scale will be recalibrated so that the minimum possible score is 0 and the maximum possible score is 1. The desirable (or acceptable) responses will be measured in a positive direction, i.e. a respondent who gives the most desirable response or correct response to all questions will have a score of 1 and the respondent who give the least desirable (or unacceptable) response to all questions will have a score of 0.

Statistical Analysis

We will test whether respondents have changed their responses and whether any of these changes are correlated to the Soul City interventions over time by running a repeated-measures analysis of covariance. . The covariates used in the analysis are age (measured in years) and education (measured in years of completed education), and the between subject factors are sex, location (either Gauteng or Kwa-Zulu Natal) and exposure to each of the Soul City interventions (radio, print and television). We will report only on effects which are significant at the 95% confidence level.

In each case we checked that the assumptions for analysis of variance were satisfied, i.e. that the dependent variable is normally distributed within each group and that the variances in each group were roughly equal. If necessary the values were transformed to meet the stated conditions. In addition we used Mauchly's test to check that the assumption of sphericity was

not violated. In cases where the data violated sphericity we applied the Greenhouse-Geisser correction of the F-statistic.

Terminology

Four surveys were conducted in the two areas and we will refer to these as the *baseline survey*, *panel 1*, *panel 2* and *panel 3*. Certain scales could only be constructed consistently for some subset of these surveys and we will indicate clearly which surveys are used in each case.

HIV/AIDS

THERE IS A CURE FOR HIV/AIDS

	Baseline	Panel2	Panel3
True	5%	7%	5%
False	86%	84%	90%
Don't Know	9%	9%	5%
Total	100%	100%	100%
N	980	890	1028

Table 1: Is there a cure for HIV/AIDS?

Access to the Soul City television or radio series did not have any effect on the knowledge of whether or not HIV/AIDS is curable. The only discernable significant effect when analysing this question is that better-educated respondents were more likely to correctly change their answers between the baseline and third panel survey. Access to Soul City print did appear to have a significant, but negative, effect among the KwaZulu-Natal respondents. Between the baseline and the second panel survey respondents who had a high or medium level of exposure to Soul City print were more likely to have incorrectly changed their answer than those respondents who had a low level of exposure to Soul City print. The situation had however rectified itself at the time of the final panel survey, i.e. there were no significant changes in the pattern of responses between the baseline and final panel survey.

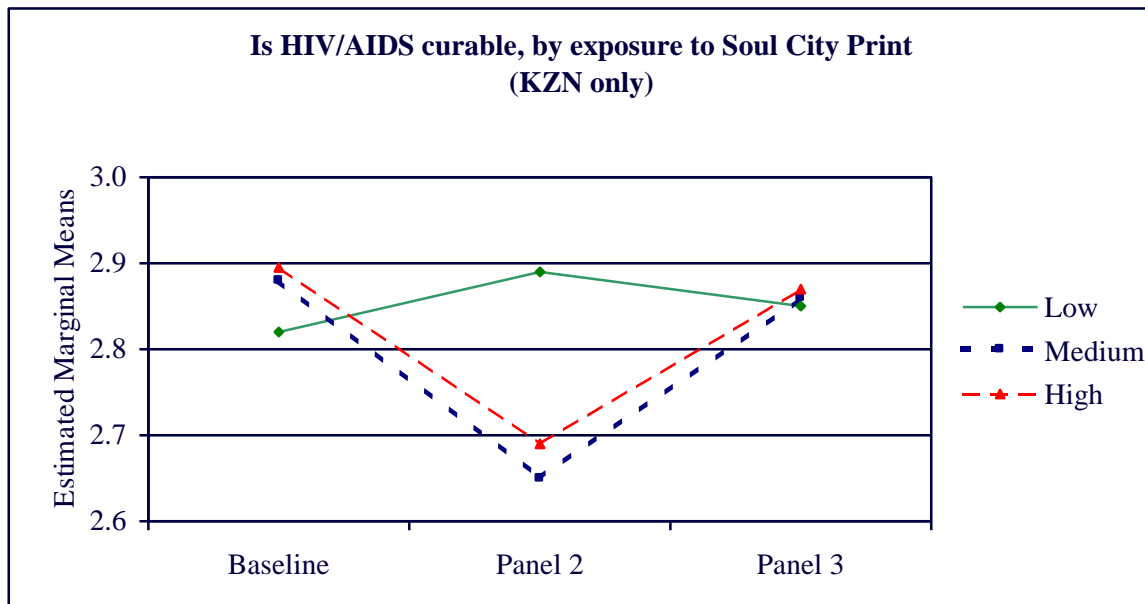


Figure 1: Is HIV/AIDS curable, by exposure to Soul City Print, (KZN only)

PERSONAL ATTITUDES TO HIV/AIDS

We constructed a scale to measure personal attitudes to HIV/AIDS using the questions indicated below:

Baseline	Panel1	Panel2	Panel3
56	-	34b	33b
39	16	17	20
40	17	18	21
42	18b	19b	22b
44	19b	20b	23b
46	20b	21b	24b
53	26	30	31
66	-	45b	41b

Table 2: Questions used in scale to measure personal attitudes to HIV/AIDS.

The scores on each of the scales were normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis.

	Average	Std. Error
Baseline	0.77	0.01
Panel1	0.79	0.01
Panel2	0.81	0.00
Panel3	0.84	0.00

Table 3: Average scores on personal attitude to HIV/AIDS and sexuality scale¹.

The increase in the average score over the period of measurement is not significant. However, there were significant changes by province and sex.

	Sex		Province	
	<i>Male</i>	<i>Female</i>	<i>KZN</i>	<i>Gauteng</i>
Baseline	0.72	0.80	0.78	0.76
Panel1	0.72	0.82	0.78	0.80
Panel2	0.77	0.84	0.82	0.80
Panel3	0.81	0.86	0.85	0.83

Table 4: Average scores on personal attitudes to HIV/AIDS and sexuality scale, by province and by sex.

- Male scores increased significantly faster than female scores, particularly over the period between panel1 and panel3.
- Between the baseline and panel1 Gauteng respondents increased their score on the scale faster than their Kwa-Zulu Natal counterparts.²

Access to the Soul City print media, television or radio series did not have any significant impact on changes in personal attitudes to HIV/AIDS.

COMMUNITY ATTITUDES TO YOUTH SEXUALITY

We constructed a variable to measure perceptions of the community attitudes to youth sexuality, using the following questions:

¹ A score of 1 would, under these circumstances, represent absolute knowledge while a score of 0 would indicate no knowledge.

² There was in fact a (non-significant) decrease in the average scores of KZN respondents between these two surveys.

Baseline	Panel2	Panel3
65	45a	41a
41	19a	22a
43	20a	23a
45	21a	24a

Table 5: Questions used in scale for community attitudes to youth sexuality.

The scores on each of the scales were normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis.

	Statistic	Std. Error
Baseline	0.76	0.01
Panel2	0.58	0.01
Panel3	0.63	0.01

Table 6: Average scores on community perceptions of youth sexuality scale.

There were significant changes in the average scores on this scale both between the baseline and the second panel (a decline, which corresponds to a more negative perception of community views on youth sexuality) and between the second and third panel surveys (an increase). The decline over the period between the baseline and the third panel is also significant.

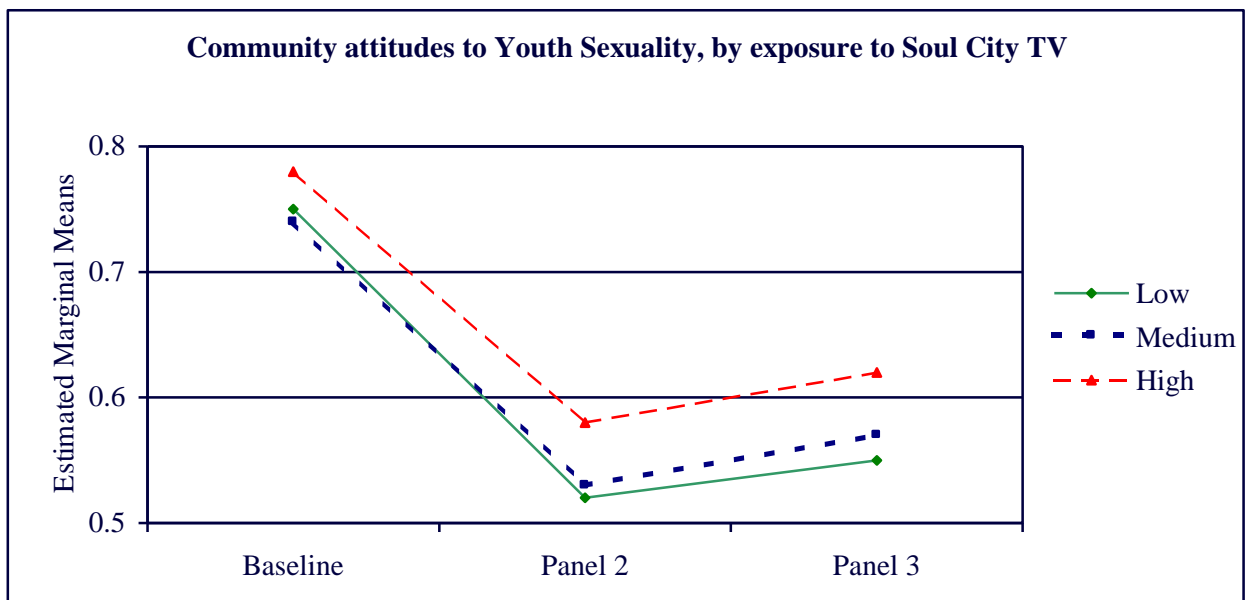


Figure 2: Community attitudes to Youth Sexuality, by exposure to Soul City TV

Although respondents who watched Soul City 4 regularly scored significantly higher on this scale than those who did not, access to Soul City TV did not significantly affect the

movement of scores over the period. Access to Soul City radio also did not significantly affect the movement of scores.

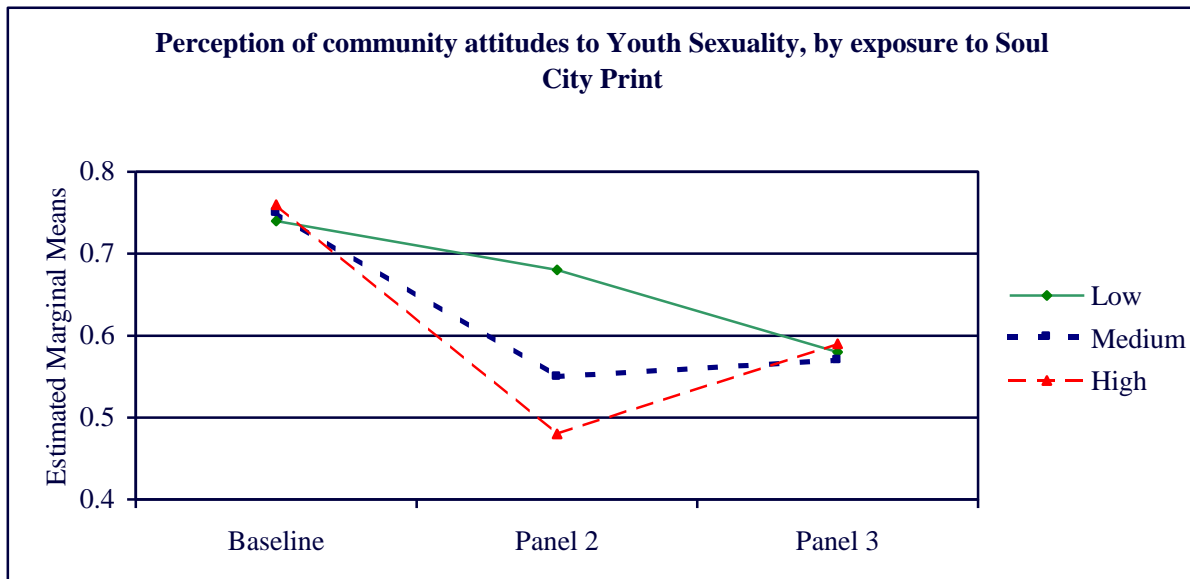


Figure 3: Perceptions of community attitudes to Youth Sexuality, by exposure to Soul City Print.

However, access to Soul City print did significantly affect the movement of scores – respondents with more access to Soul City print material were significantly more likely to negatively revise their perceptions of community attitudes to youth sexuality between the baseline and the second panel survey. However, this movement had largely reversed itself at the time of the final panel survey, at which time there were no differences in the perceptions of community attitudes by levels of access to Soul City print material.

HIV/AIDS BEHAVIOUR

We constructed a variable to measure HIV/AIDS behaviour using the following questions:

Baseline	Panel3
58d	35d
58g	35g
58e	35e
58f	35f

Table 7: Questions used in the HIV/AIDS behaviour scale³.

Due to deviations from normality the scores were subjected to a square-root transformation after being normalised. There was a significant variation in HIV/AIDS behaviour over the period covered by the surveys.

³ Respondents with higher scores demonstrated more positive behaviour than respondents with lower scores.

The most significant factors affecting the movement of scores were:

- Years of education: Although more educated students scored more highly in both surveys the gap had closed significantly at the time of the third panel survey. This was largely due to students with fewer years of education improving their scores.
- Age: Age did not significantly affect scores to the baseline survey, but it did affect scores during the final panel survey. In the final panel survey younger students scored more highly than older students.
- Province: Respondents in Gauteng improved their scores between the two surveys while scores for respondents in Kwa-Zulu Natal declined.

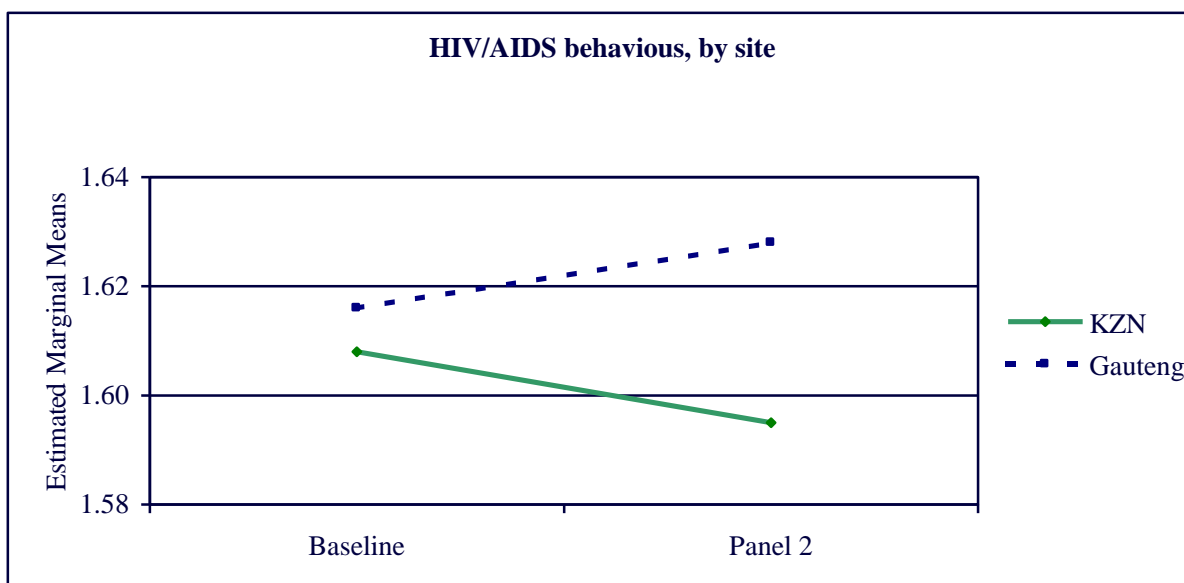


Figure 4: HIV/AIDS behaviour, by site.

Exposure to any of the Soul City interventions did not contribute significantly to any of the movement detected in the scores.

HIV/AIDS INTENTION

We constructed a variable to measure intended HIV/AIDS behaviour using the following questions:

Baseline	Panel2	Panel3
59a	39a	36a
59b	39b	36b
59c	39c	36c
59d	39d	36d
59e	39e	36e

Table 8: Questions used in the construction of the scale to measure intended HIV/AIDS actions.

The scores on each of the scales were normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis.

	Mean	Std. Deviation
Baseline	0.69	0.22
Panel2	0.83	0.19
Panel3	0.89	0.16

Table 9: Average scores on HIV/AIDS intention scale.

There was a significant improvement in intended HIV/AIDS actions over the period covered by the surveys. The most important factors correlated with this improvement were province and gender. Between the baseline and second panel surveys respondents in Gauteng improved their scores on this scale significantly faster than respondents in Kwa-Zulu Natal. Also over the same period female respondents improved their scores significantly faster than males.

Access to the Soul City intervention did not significantly impact upon the rate of improvement in scores.

INTERPERSONAL COMMUNICATION, SOCIAL SUPPORT, AND SOCIAL ADVICE

We constructed a variable to measure interpersonal communication, social support, and social advice with regard to HIV/AIDS using the following questions:

Baseline	Panel2	Panel3
58a	36a	35a
58b	36b	35b
58c	36c	35c

Table 10: Questions used in the construction of the scale to measure HIV/AIDS interpersonal communication.

The scores on each of the scales was normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis.

	Mean	Std. Deviation
Baseline	0.59	0.16
Panel2	0.57	0.17
Panel3	0.66	0.13

Table 11: Average scores on HIV/AIDS interpersonal communication scale.

There was a significant improvement in the level of communication about HIV/AIDS between the baseline and the third panel survey.

Access to the Soul City television series significantly affected changes in the level of interpersonal communication about HIV/AIDS.

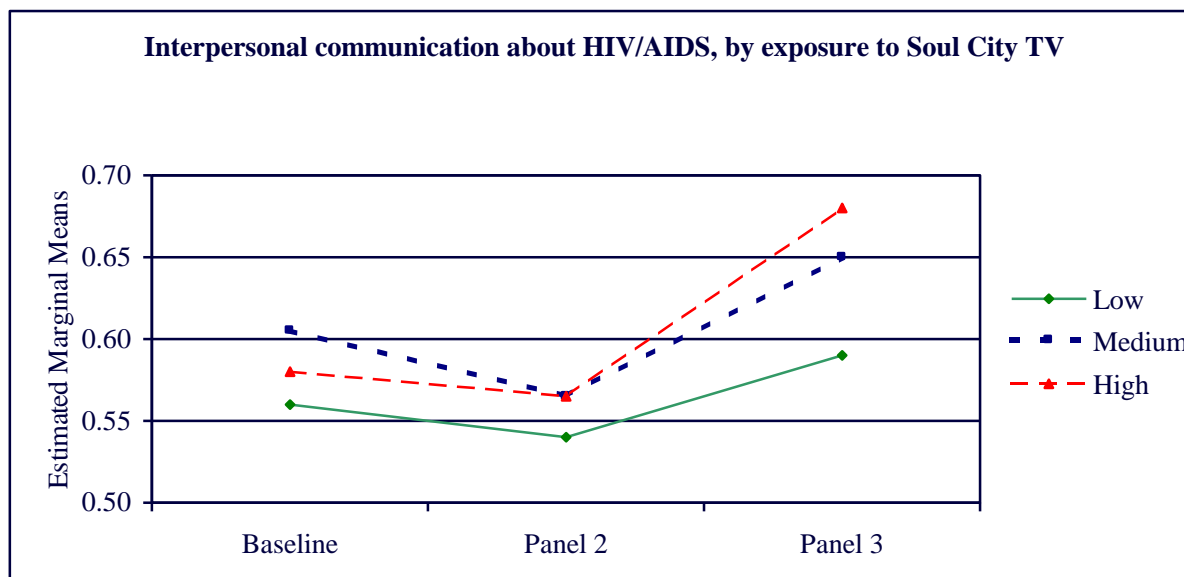


Figure 5: Interpersonal communication about HIV/AIDS, by exposure to Soul City TV.

Respondents who accessed high or medium levels of the television series had improved their scores significantly faster than those respondents who had accessed low levels of the television series.

Access to the Soul City print and media interventions did not significantly affect the change in scores over the period.

AWARENESS OF THREAT

We constructed a variable to measure the awareness of the threat of HIV/AIDS using the following questions:

Baseline	Panel1	Panel2	Panel3
54a	27a	31a	32a
54b	27b	31b	32b
54c	27c	31c	32c

Table 12: Questions used in the construction of the scale to measure the awareness of the threat of HIV/AIDS.

The scores on each of the scales were normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis.

	Mean	Std. Deviation
Baseline	0.84	0.21
Panel1	0.75	0.23
Panel2	0.76	0.23
Panel3	0.85	0.20

Table 13: Average scores on HIV/AIDS threat scale.

There was a significant decline in the average score on this scale between the baseline and the first panel survey. Access to Soul City television appeared to have significantly impacted upon this decline in awareness. In both Gauteng and Kwa-Zulu Natal respondents with medium levels of exposure exhibited different patterns of movement between the baseline and first panel surveys – in Gauteng these respondents awareness declined faster than those of respondents with high or low exposure to Soul City television, while in Kwa-Zulu Natal these respondents awareness declined at a significantly slower rate.

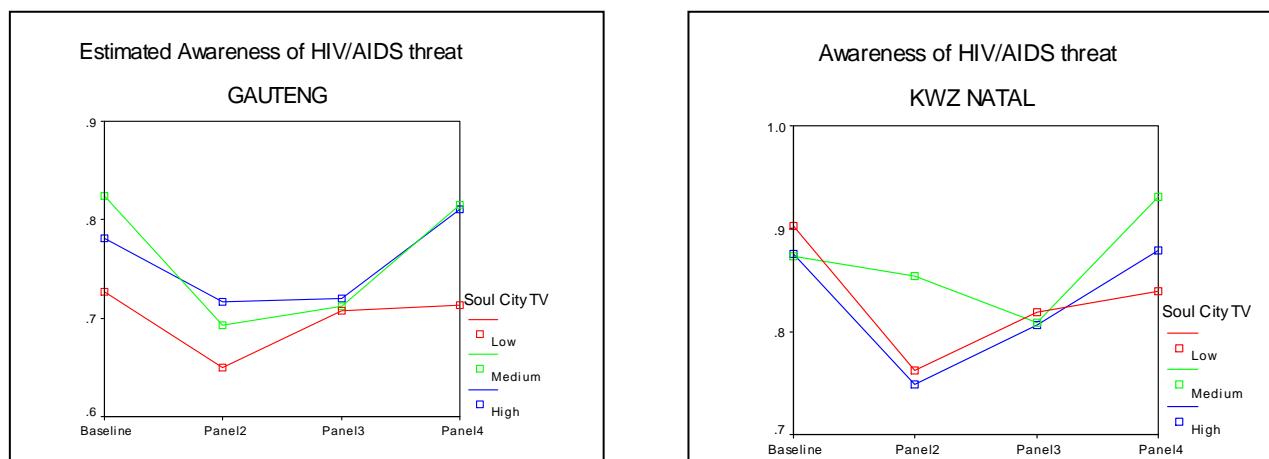


Figure 6: Awareness of HIV/AIDS threat, by province and exposure to Soul City TV.

Access to Soul City print or radio material did not significantly affect the change in responses to this question.

HIV/AIDS EFFICACY

We only used the question: “There is nothing you can do to prevent getting HIV/AIDS”. There was a significant increase in the proportion of respondents who knew that HIV/AIDS is preventable between each of the surveys.

	%
Baseline	74%
Panel 2	80%
Panel 3	85%

Table 14: Proportion of respondents who knew that HIV/AIDS is preventable, by phase.

Access to Soul City television significantly impacted upon the change in knowledge of HIV/AIDS preventability in Kwa-Zulu Natal. Respondents who accessed high levels of Soul City television increased their knowledge of HIV/AIDS preventability significantly faster than respondents with low or medium levels of exposure.

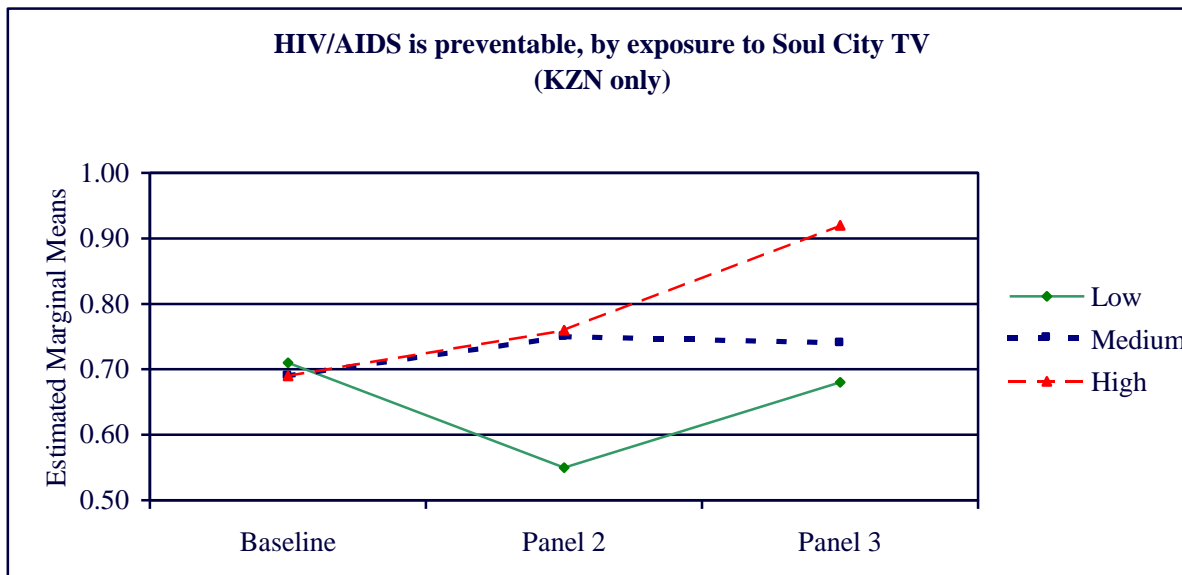


Figure 7: HIV/AIDS is preventable, by exposure to Soul City TV (KZN only).

Access to Soul City print or radio material did not significantly affect the change in responses to this question.

SEXUAL HARASSMENT

KNOWLEDGE

We used the following questions to measure knowledge of sexual harassment:

Baseline	Panel1	Panel3
69	34	45
70	35	46

Table 15: Questions used in the scale for knowledge of sexual harassment.

Knowledge of sexual harassment, as measured by this scale, increased significantly over the between the baseline and the second panel survey. However, exposure to any of the Soul City interventions did not appear to have significantly impacted upon this improvement.

ATTITUDES - PERSONAL

We only used the question “Do you personally believe that women who wear short shirts are asking for men to touch them or make sexual remarks?” to measure attitudes towards sexual harassment.

	Mean
Baseline	65%
Panel 1	72%
Panel 2	68%
Panel 3	61%

Table 16: Proportion of ‘correct’ responses to the question “Do you personally believe that women who wear short shirts are asking for men to touch them or make sexual remarks?”

There was no significant increase in the proportion of correct responses over the period of the study. Exposure to any of the Soul City interventions did not appear to have a significant impact upon the pattern of responses to this question.

ATTITUDES – REFERENCE GROUP (FRIENDS)

We only used one question to measure the reference group attitude towards sexual harassment, “Do your friends believe that women who wear short shirts are asking for men to touch them or make sexual remarks?”

	Mean
Baseline	50%
Panel 1	48%
Panel 2	49%
Panel 3	48%

Table 17: Proportion of ‘correct’ responses to the question “Do your friends believe that women who wear short shirts are asking for men to touch them or make sexual remarks?”

There was no significant change in the overall pattern of responses to this question over the period of the study. However, exposure to the Soul City print media did appear to have some effect between the second and final panel studies. Over this period there was an increase in the proportion of ‘correct’ answers among respondents with a high level of exposure to Soul City print, and a decrease in the proportion of ‘correct’ answers among respondents with a medium or low level of exposure to Soul City print. Exposure to the radio or television interventions did not significantly impact upon the pattern of results.

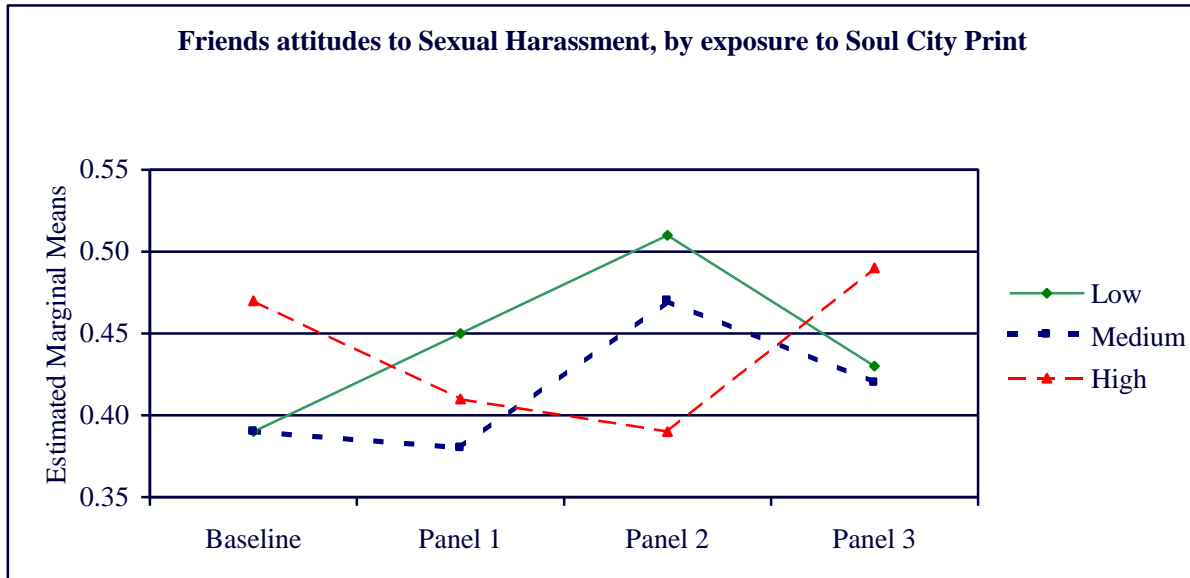


Figure 8: Friends attitudes to Sexual Harassment, by exposure to Soul City Print.

INTENTION

We measured the intention with respect to sexual harassment using the following four questions:

Baseline	Panel1	Panel3
79a	46a	57a
79b	46b	57b
79c	46c	57a
79d	46d	57b

Table 18: Questions used in the construction of the scale to measure the intention to act with regard to sexual harassment.

There was a significant increase in positive intention to act between the baseline and the first panel survey.

	Mean	Std. Deviation
Baseline	0.68	0.33
Panel 1	0.76	0.27
Panel 3	0.80	0.32

Table 19: Average scores on scale to measure positive intention to act with regard to sexual harassment.

However, none of the Soul City interventions appeared to have any impact upon this change.

VIOLENCE AGAINST WOMEN

AWARENESS OF COMMUNITY SUPPORT STRUCTURES

We used a range of questions about certain organisations and their logos to test respondents’ awareness of community support structures. The following questions were included in the scale:

Baseline	Panel1	Panel3
83#1	79#4	84#1
83#4	79#5	84#4
83#6	79#1	84#6
84#1	81#1	85#1
84#4	81#4	85#4
102	92	97

Table 20: Questions used in the construction of the scale to measure the awareness of community support structures.

The scores on each of the scales were normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis. There was a significant increase in awareness between each of the surveys.

	Statistic	Std. Error
Panel 1	0.13	0.01
Panel 2	0.20	0.01
Panel 3	0.38	0.01

Table 21: Average scores on scale to measure awareness of community support structures⁴.

Access to Soul City television impacted significantly on the rate at which awareness increased. Respondents who accessed greater levels of Soul City television increased their awareness faster than respondents who accessed lower levels of Soul City television.

⁴ A score of 1 would represent absolute knowledge of community support structures as measured by this scale.

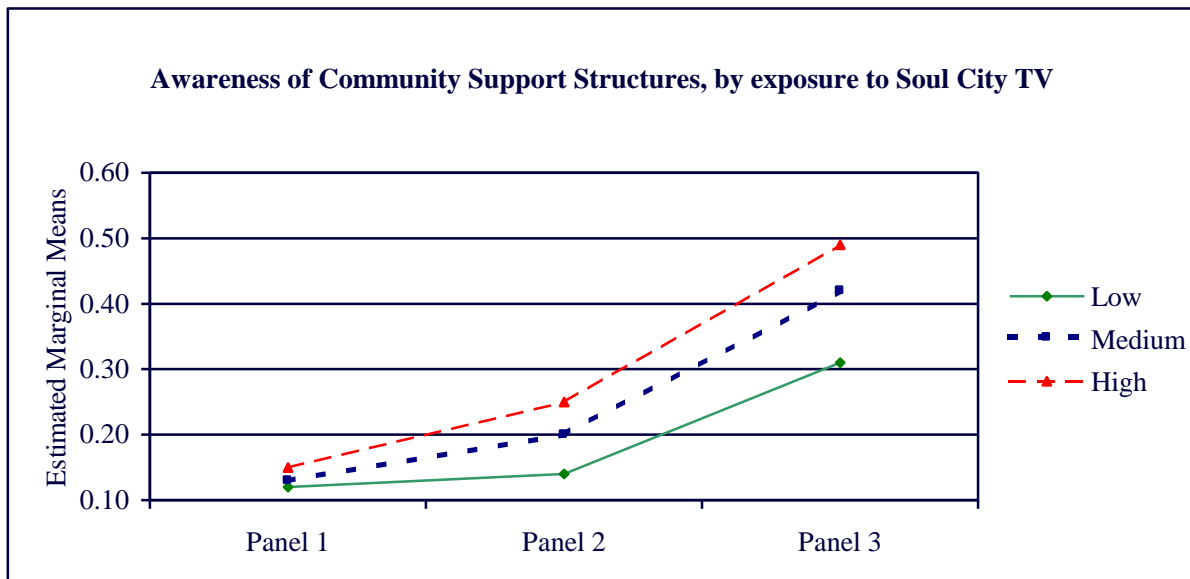


Figure 9: Awareness of Community Support Structures, by Soul City TV.

Exposure to Soul City radio or print did not significantly impact upon the rate of improvement of awareness of support structures.

AWARENESS OF THE LAW

We constructed a scale to measure awareness of the law about domestic violence using the following questions:

Baseline	Panel2	Panel3
109	94	90
111	98	92

Table 22: Questions used in the construction of the scale to measure the awareness of community support structures.

The scores on each of the scales were normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis. There was a significant increase in awareness between each of the surveys.

	Statistic	Std. Error
Baseline	0.16	0.01
Panel 2	0.30	0.01
Panel 3	0.54	0.01

Table 23: Average scores on scale to measure awareness of the domestic violence law.

Exposure to Soul City television impacted significantly upon the change in awareness of the
Figure 10: Awareness of Domestic Violence Law, by Soul City TV.

domestic violence law between the second and third panel surveys. Respondents with a high level of access to Soul City television increased their awareness faster than respondents with medium or low levels of access to Soul City television.

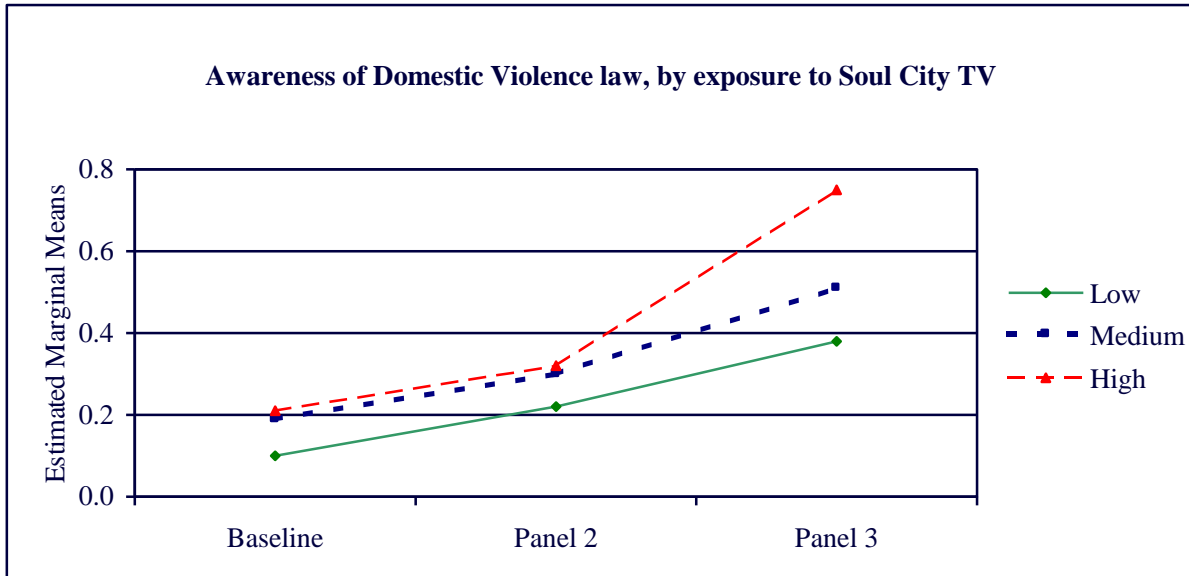


Figure 11: Awareness of Domestic Violence law, by exposure to Soul City TV.

Access to Soul City print material also significantly increased the rate at which respondents’ awareness of the domestic violence law increased. Respondent with high or medium levels of exposure to Soul City print increased their awareness faster than respondents with a low level of access. Exposure to Soul City radio did not however affect the change in responses to this question.

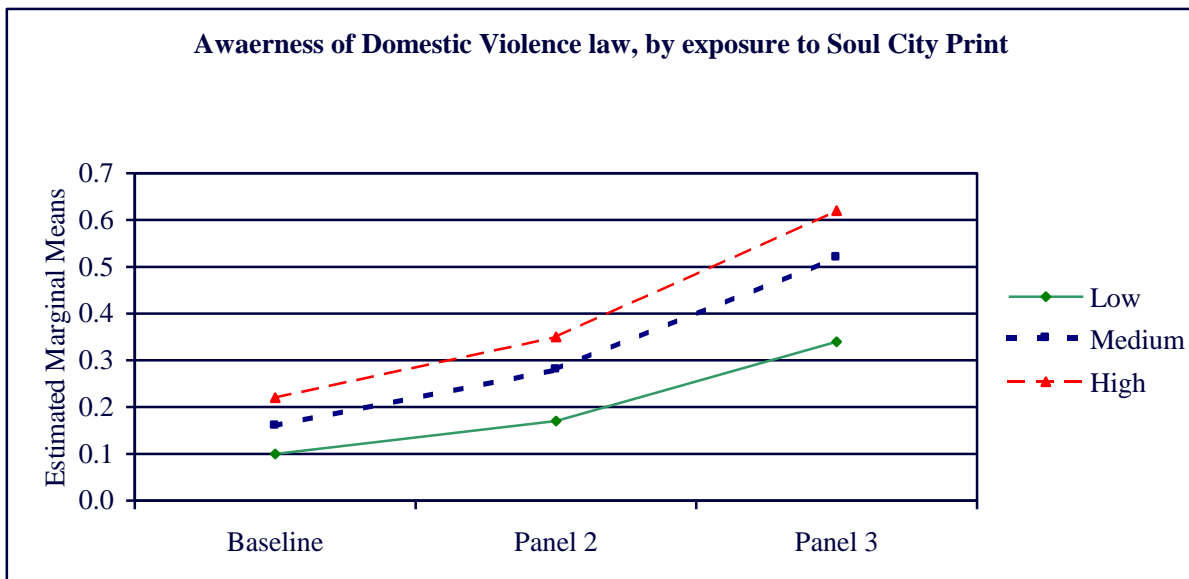


Figure 12: Awareness of Domestic Violence law, by exposure to Soul City print

AWARENESS (COMMUNITY ACTION /COMMUNITY EVENTS)

We used two questions to construct a scale to judge awareness of community action and community events, viz.

Have you heard or seen people banging pots (or other objects) outside the house of a man who abuses his wife or girlfriend?

Are you aware of any community meetings or workshops or any activities about violence against women which have taken place in the area?

Panel1	Panel2	Panel3
71	67	77
85a	81a	86a

Table 24: Questions used in the construction of the scale to measure the awareness of community action.

There was a significant increase in awareness between each of the surveys.

	Statistic	Std. Error
Panel 1	0.18	0.01
Panel 2	0.26	0.01
Panel 3	0.38	0.01

Table 25: Average scores on scale to measure awareness of community action.

None of the Soul City interventions could be positively correlated with the increase in awareness of community action.

KNOWLEDGE OF THE LAW

We used the following questions to construct a scale to measure knowledge of the law with regard to violence against women:

Panel1	Panel3
49	58
51	60
61	70

Table 26: Questions used in the construction of the scale to measure knowledge of the law with regard to violence against women.

There was no significant movement in the scores on this scale between the two surveys. None of the Soul City interventions had any significant effect on responses to these questions.

KNOWLEDGE – GENERAL

We only used one question to evaluate responses in this category, viz.

A man who is always telling his wife that she is no good, and cannot do anything is abusing his wife emotionally.

	Mean	Std. Error
Baseline	0.76	0.01
Panel 1	0.84	0.01
Panel 3	0.93	0.01

Table 27: Average scores on scale to measure general knowledge with regard to violence against women.

There was a significant increase in knowledge between the third and first panel surveys. None of the Soul City interventions appeared to be correlated with this change.

PERSONAL ATTITUDES

We constructed a scale to measure personal attitudes to violence against women, using the following questions:

Baseline	Panel1	Panel3
86	53b	62b
88	54b	63b
90	55b	64b
98	59b	68b
94	57b	66b
84	52b	61b

Table 28: Questions used in the construction of the scale to measure personal attitudes to violence against women.

The scores on each of the scales were normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis.

	Mean	Std. Error
Baseline	0.64	0.08
Panel 1	0.55	0.05
Panel 3	0.65	0.02

Table 29: Average scores on scale to personal attitudes to violence against women.

There were no significant changes in the general pattern of responses between the three surveys.⁵ None of the Soul City interventions appeared to be correlated with any changes in the pattern of responses over this period.

PERCEPTION OF FAMILY ATTITUDES

We used the following questions to construct a scale to measure the perceptions of family attitudes towards violence against women:

Baseline	Panel1	Panel3
85	53a	62a
87	54a	63a
89	55a	64a
97	59a	68a
93	57a	66a
83	52a	61a

Table 30: Questions used in the construction of the scale to measure perceptions of family attitudes towards violence against women.

The scores on each of the scales were normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis.

	Mean	Std. Error
Baseline	0.54	0.01
Panel 1	0.45	0.01
Panel 3	0.56	0.01

Table 31: Average scores on scale of perceptions of family attitudes towards violence against women.

There were significant movements in the average scores obtained on this scale between each of the surveys – in a ‘negative’ direction between the baseline and first panel and in a ‘positive’ direction between the first and third panel surveys.

⁵ It may at first sight appear that there has been a fall in the average score (translating into a decline in acceptable perceptions) but the variation in scores during the baseline survey is much larger than the variation during the two surveys which followed.

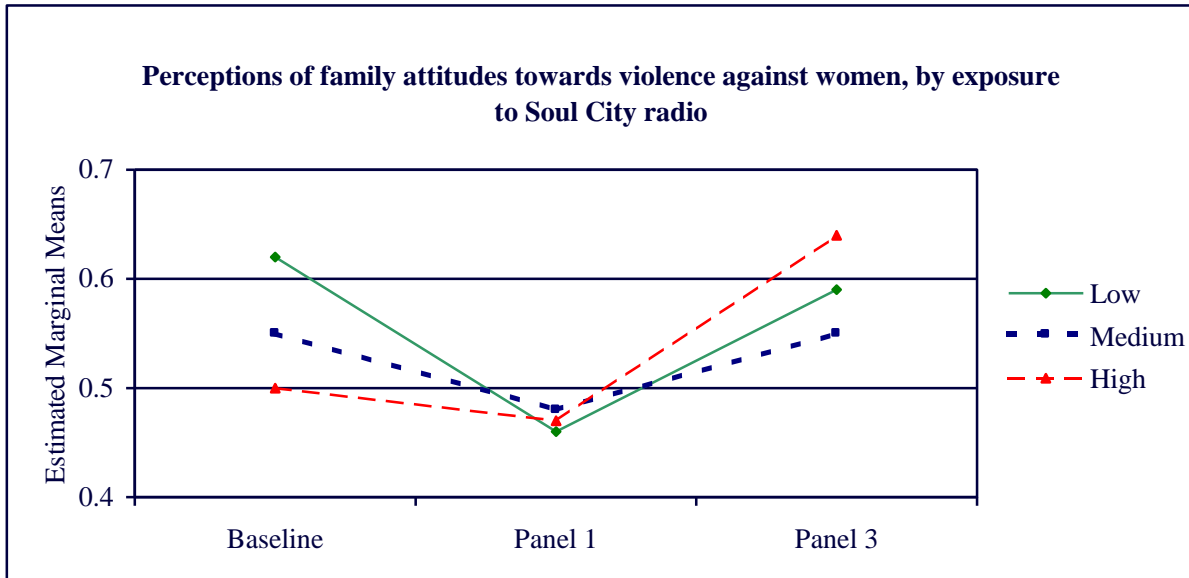


Figure 13: Perceptions of family attitudes towards violence against women, by exposure to Soul City radio.

Access to Soul City radio significantly influenced the pattern of responses to this set of questions. Between the baseline and the first panel survey respondents who had low levels of access to Soul City radio revised their responses in a ‘negative’ direction, while respondents who had high or low levels of access to Soul City radio did not significantly change their responses. Between the baseline and final panel surveys respondents who had high levels of access to Soul City radio revised their responses in a positive direction while respondents who had medium or low levels of access to Soul City radio did not significantly change their responses.

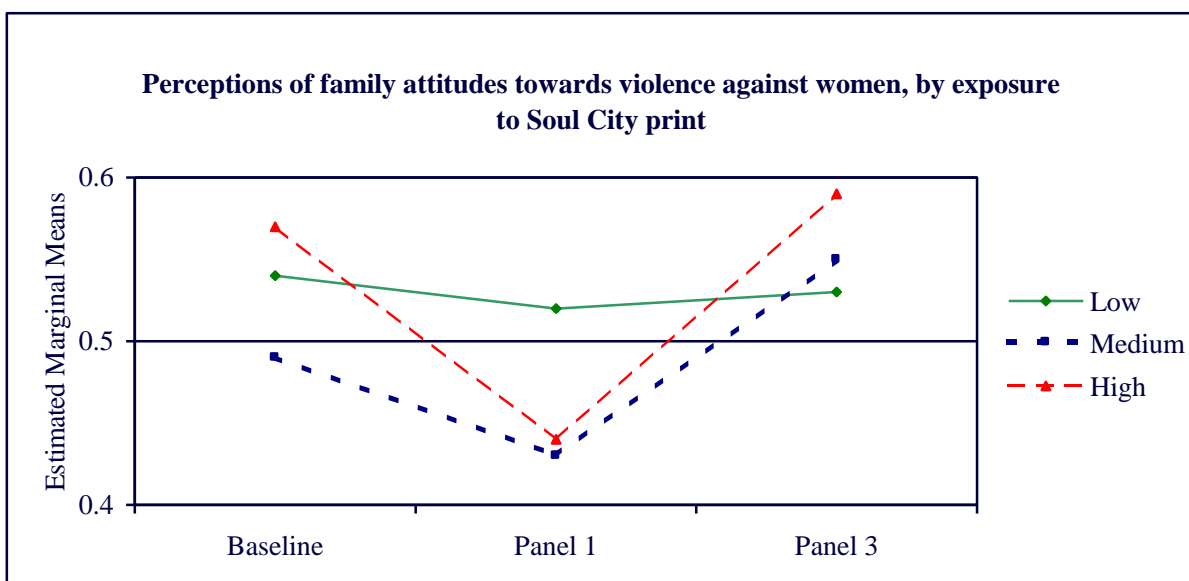


Figure 14: Perceptions of family attitudes towards violence against women, by exposure to Soul City print.

Access to Soul City print also impacted on the pattern of responses. Between the baseline and first panel surveys respondents with high or medium levels of access to Soul City print material revised their opinions of their family attitude to violence against women negatively, while respondents with low levels of access to Soul City print did not significantly change their opinions. The inverse movement occurred between the first and final panel surveys, respondents with high and medium levels of access to Soul City print materials revised their opinions in a positive direction while the respondents with low access to Soul City print remained unchanged. Over the entire period (i.e. between baseline and final panel) there was no discernible effect due to access to Soul City print.

Access to Soul City television did not appear to have any impact on responses to this question.

THREAT

We used the following questions to construct a scale to measure the perceptions of the threat (to the community) of violence against women:

Baseline	Panel1	Panel2	Panel3
95	58a	57a	67a
96	58b	57b	67b
91	56a	55a	65a
92	56b	55b	65b

Table 32: Questions used in the construction of the scale to measure the perceptions of the threat posed by violence against women.

The scores on each of the scales were normalised (i.e. the scores were adjusted so that they fell between 0 and 1) and used as the dependent variables in our analysis.

	Mean	Std. Error
Baseline	0.79	0.01
Panel 1	0.80	0.01
Panel 2	0.88	0.01
Panel 3	0.88	0.01

Table 33: Average scores on scale of perceptions of the threat posed by violence against women.

There was a significant increase in the perception of the threat posed by violence against women between the first and second panel surveys. Exposure to Soul City television appears to have significantly impacted on this improvement.

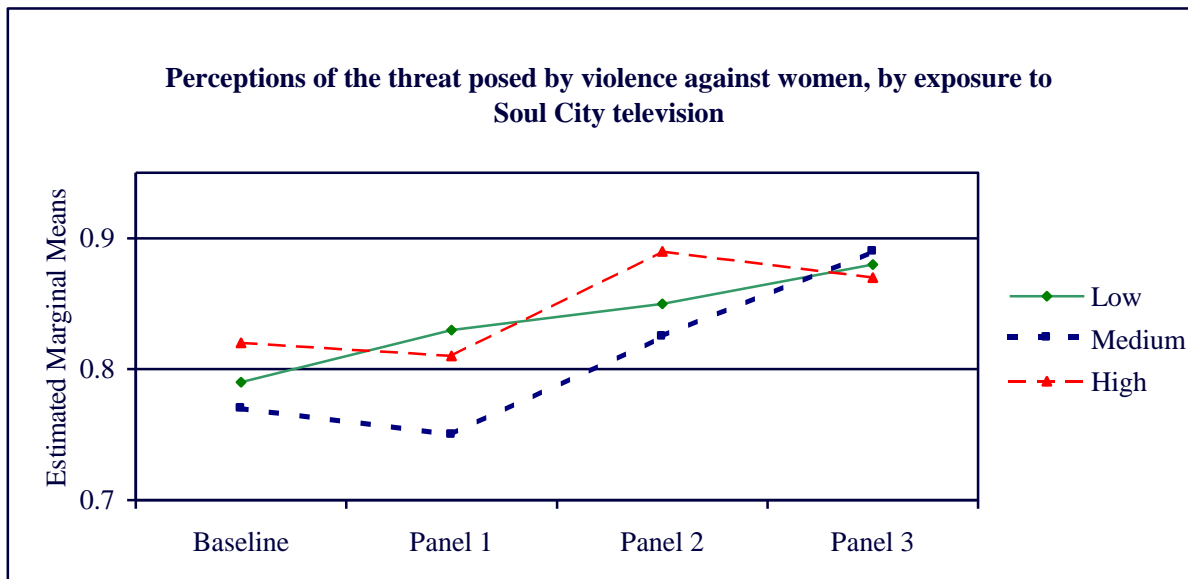


Figure 15: Perceptions of the threat posed by violence against women, by exposure to Soul City television.

Between the first and second panel surveys, respondents who had high or medium levels of access to Soul City television were significantly more likely to become aware of the threat posed by violence against women than respondents who had low levels of access to Soul City television.

Access to Soul City radio or print media did not impact upon the change in perceptions.

PERSONAL SAVINGS

KNOWLEDGE

We used the question “*People who want to start a small business cannot get money to start a small business from institutions*” to assess knowledge. Overall there were no significant changes in the responses to this question over the period.

	Mean	Std. Error
Baseline	0.35	0.02
Panel 1	0.37	0.02
Panel 2	0.44	0.02
Panel 3	0.38	0.02

Table 34: Average scores on the personal savings – knowledge question.⁶

None of the Soul City interventions significantly impacted upon the responses to this question.

⁶ In this case the average score can be read as the proportion of respondents who gave the correct or acceptable answer.

BEHAVIOUR

We used the following questions to construct a scale to measure behaviour in relation to personal finance:

Baseline	Panel3
21_B	4b
21_C	4c
21_E	4e
21_F	4f
19_B	2b

Table 35: Questions used in the construction of the behaviour scale for personal finance.

There was a significant change in the responses to this question between the two surveys.

	Mean	Std. Error
Baseline	0.31	0.01
Panel 3	0.33	0.01

Table 36: Average scores on the behaviour scale for personal finance.

Access to the Soul City television series significantly impacted upon the change in responses to these questions.

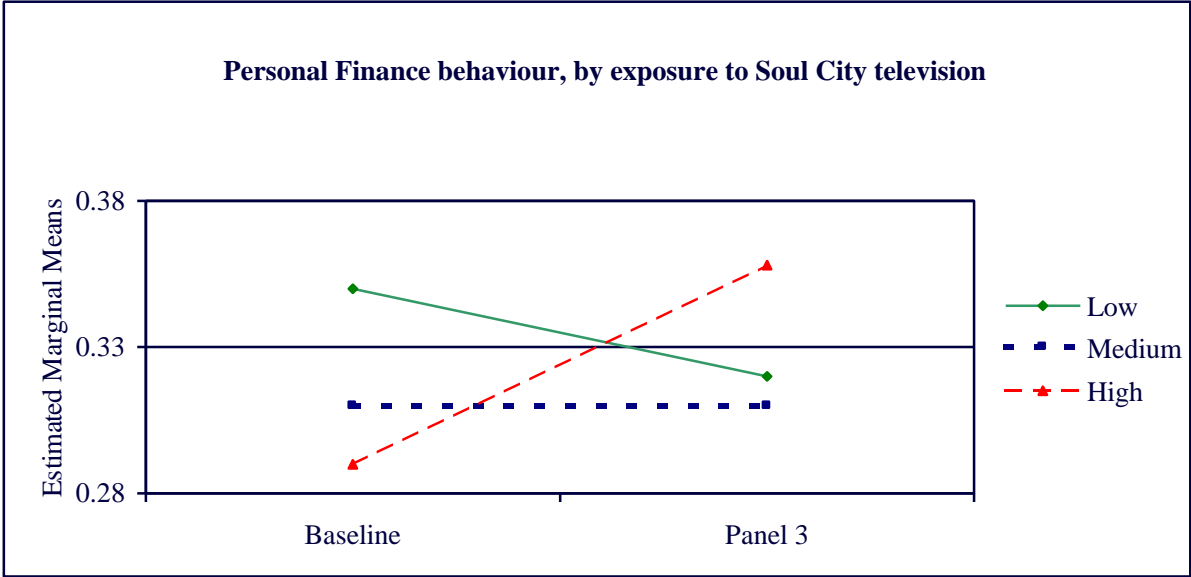


Figure 16: Personal Finance behaviour, by exposure to Soul City television.

Respondents who accessed high levels of Soul City television significantly improved their behaviour in respect of personal finance while respondents with a medium or low level of access to Soul City television did not exhibit any significant changes. The Soul City radio and print interventions did not significantly affect responses to this question.

INTENTION

We used the following two questions to measure the intention with respect to personal finance:

Baseline	Panel3
19_c	2c
21_a	4a

Table 37: Questions used in the scale to measure intention with respect to personal finance.

There was a slight, but not significant, decline in the proportion of acceptable responses to these questions.⁷

	Mean	Std. Error
Baseline	0.54	0.02
Panel 3	0.48	0.02

Table 38: Average scores on the scale to measure intention with respect to personal finance.

None of the Soul City interventions had any effect on the change in responses to these questions.

HIGH BLOOD PRESSURE

KNOWLEDGE

We used the following questions to construct a scale which measures knowledge of High Blood Pressure:

⁷ This is slightly anomalous since the questions asked whether the respondents had *ever* considered either saving or starting a small business, and the only movement should have been in a positive direction.

Baseline	Panel1	Panel3
28	5	9
30	6_b	11
34	6_f	15
32	6_d	13
33	6_e	14
29	6_a	10
31	6_c	12
35a	7a	16a
35b	7b	16b
35c	7c	16c
35d	7d	16d
35e	7e	16e
35f	7f	16f
35g	7g	16g
35h	7h	16h
35i	7i	16i
35j	7j	16j

Table 39: Variables used in the construction of the scale to measure knowledge of High Blood Pressure.

There was a significant improvement in knowledge between the baseline and final panel surveys.

	Mean	Std. Error
Baseline	0.67	0.01
Panel 1	0.74	0.01
Panel 3	0.75	0.01

Table 40: Average scores on the scale to measure knowledge of high blood pressure.

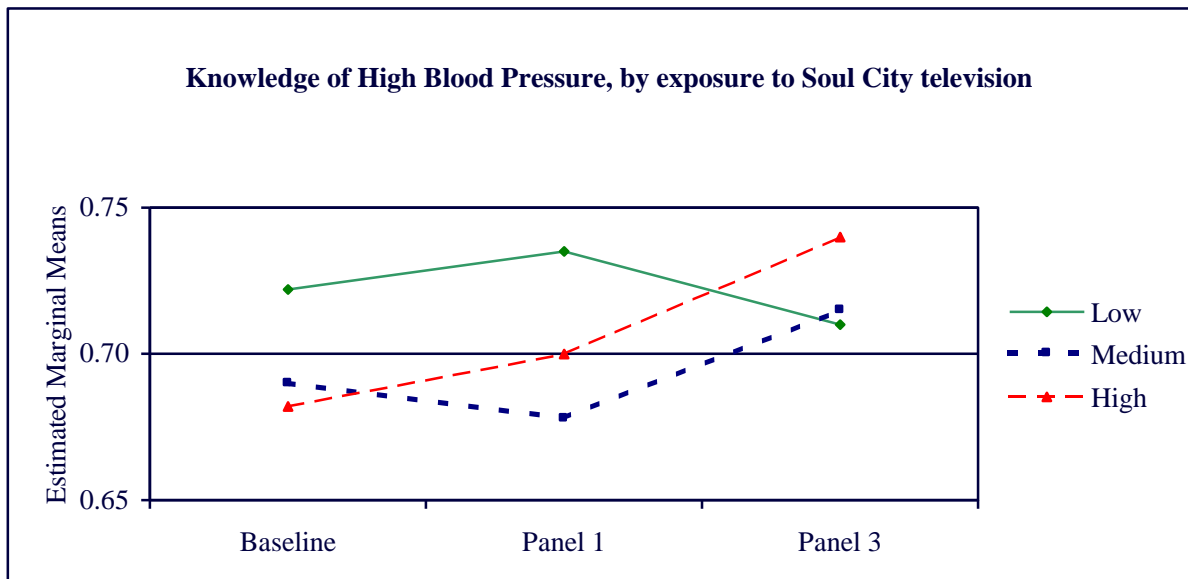


Figure 17: Knowledge of High Blood Pressure, by exposure to Soul City television.

Access to Soul City television significantly impacted upon the improvement in knowledge among respondents in Kwa-Zulu Natal. Respondents with low access to Soul City television did not significantly change their responses to these questions between the baseline and final panel surveys, but respondents with medium or high levels of exposure significantly improved their knowledge.

The Soul City radio and print interventions did not appear to significantly impact upon the change in responses.

BEHAVIOUR

We used the following question to construct a scale measuring behaviour in relation to high blood pressure:

Baseline	Panel1	Panel3
36c	8c	17c
36e	8e	17e
36f	8f	17f
36g	8g	17g
36h	8h	17h
36d	8d	17d

Table 41: Variables used in the construction of the scale to measure behaviour in relation to High Blood Pressure.

There was a significant improvement in behaviour between the baseline and final panel surveys. However, this improvement appeared to be limited to respondents in the Gauteng site.

	KZN	Gauteng
Baseline	0.20	0.25
Panel 1	0.18	0.35
Panel 3	0.19	0.42

Table 42: Average scores on the scale to measure behaviour in relation to high blood pressure.

Paradoxically, Gauteng respondents with a low level of access to Soul City television were most likely to demonstrate an improvement in their behaviour, particularly between the baseline and the first panel survey, while respondents with medium and high levels of access did not significantly change their responses.

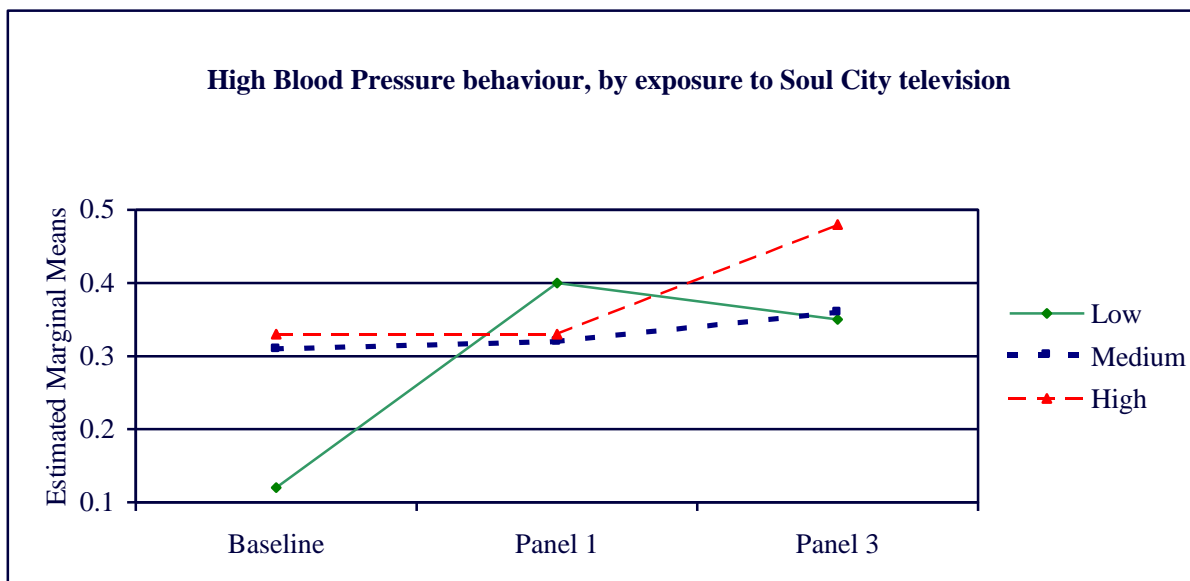


Figure 18: High Blood Pressure behaviour, by exposure to Soul City television.

The Soul City radio and print interventions did not appear to significantly impact upon the change in responses to this question.

INTENTION

We used the following question to construct a scale measuring intention in relation to high blood pressure:

Baseline	Panel1	Panel3
36a	8a	17a
36b	8b	17b

Table 43: Variables used in the construction of the scale to measure intention in relation to High Blood Pressure.

There was a significant improvement in the measure of intention between the baseline and final panel surveys.

	Mean	Std. Error
Baseline	0.29	0.02
Panel 1	0.25	0.02
Panel 3	0.37	0.02

Table 44: Average scores on the scale to measure intention in relation to high blood pressure.

Access to Soul City print material was positively correlated with the change in intention. Between the first and final panel surveys respondents who had high or medium levels of access to Soul City print material were significantly more likely to display a positive change in intention than respondents with low levels of access to Soul City print.

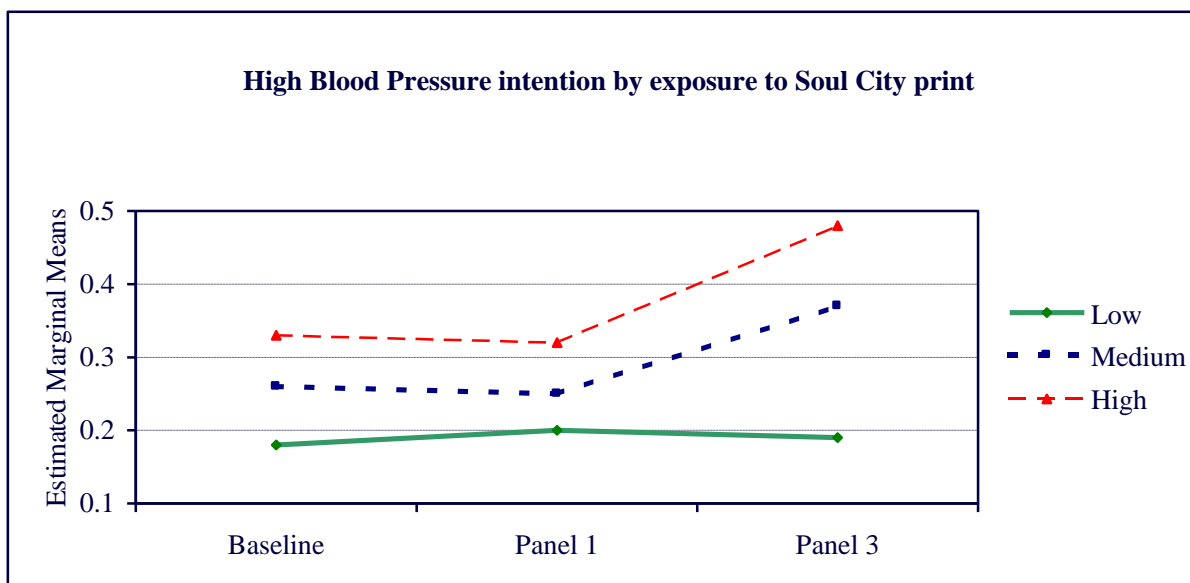


Figure 19: High Blood Pressure intention, by exposure to Soul City print.

THREAT

We used the following question to construct a scale to measure the awareness of the threat of high blood pressure:

Baseline	Panel1	Panel2	Panel3
27a	4b	11a	8b
27b	4c	11b	8c

Table 45: Variables used in the construction of the scale to measure the awareness of the threat of High Blood Pressure.

There was a significant decline in awareness between the baseline and the first panel survey. There were no significant changes in responses between the first and third panel surveys.

	Mean	Std. Error
Baseline	0.386	0.025
Panel 1	0.23	0.021
Panel 2	0.309	0.023
Panel 3	0.321	0.022

Table 46: Average scores on the scale to measure intention the awareness of the threat of High Blood Pressure.

None of the Soul City interventions appeared to have any impact upon the change in responses.