CHAMP

The AmaQhawe FAMILY PROJECT

OUTCOMES OF THE CHAMP SOUTH AFRICA (*AMAQHAWE*) FAMILY-BASED INTERVENTION

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Basic Premises for HIV Prevention Programs for Youth

- Increasing evidence showing that parental warmth, communication and monitoring reduces risk behaviour in adolescents
- Communities with strong supportive networks help reduce risk behaviour.
- Programmes aimed at establishing low-risk behaviours in early adolescence more successful than those aimed at changing existing high-risk behaviours.

HIV Prevention Programs for Youth

- Majority are school-based and rely on individualistic cognitive theories of behaviour change
- Need for programs which adopt more ecological systemic understanding of risk and protective influences

(Gallant & Maticka-Tyndale, 2004)

CHAMPSA Origins

- Originated from CHAMP developed in the US in Chicago (West Side) and adapted for the Bronx (N.Y) as well as Trinadad and Tobago and S.A.

What is it?

- Community collaborative developmentally timed intervention targeting families with pre-adolescents
- Improving parent-child relationships and strengthening the adult protective shield as a protective factor against HIV infection in adolescents

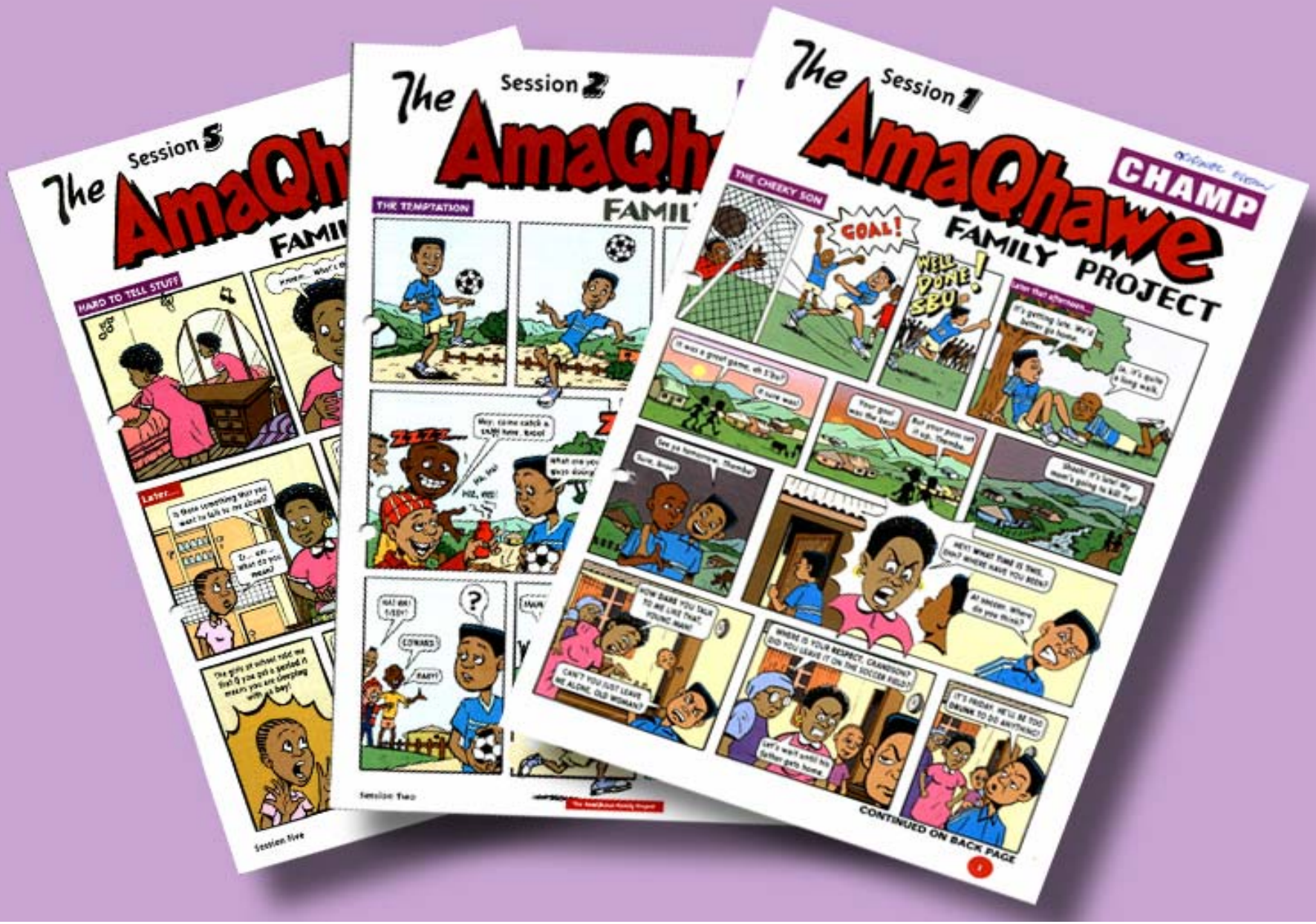
Theoretical Underpinnings

- Using the Triadic Theory of Influence the programme targets changes at multiple levels of influence for children
- ***Intrapersonal*** – to strengthen key personal influences such as parental self esteem and self-efficacy, communication and active monitoring skills in parents as well as parent and child HIV knowledge.
- ***Social normative/social bonding*** - to strengthen social networks and social support to create a more health enabling family and community context as well as health enhancing parental identities
- ***Culture/Environment*** - to facilitate health enhancing attitudes towards parenting as well as HIV positive people

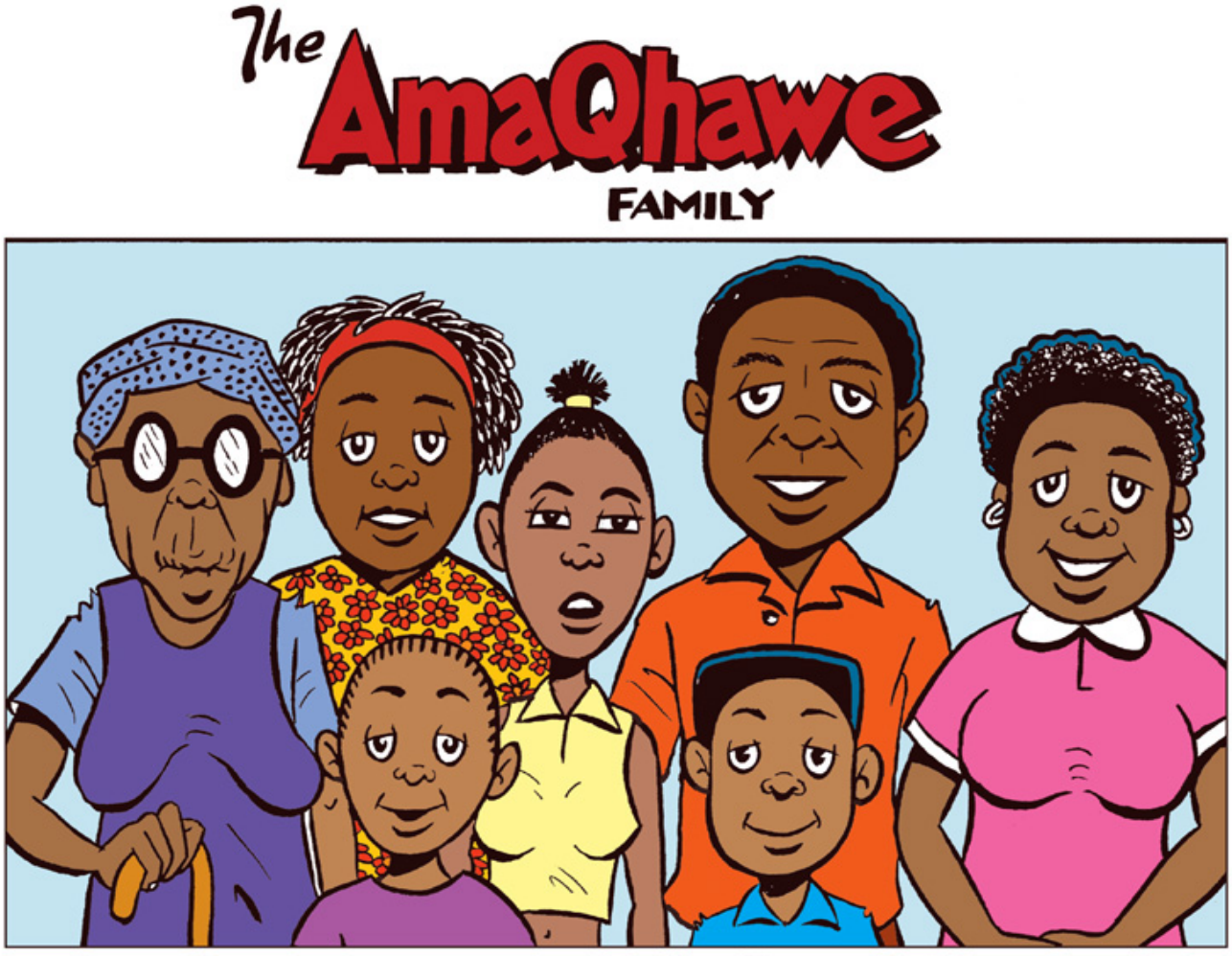
Valley of A Thousand Hills

Embo School

Example of Cartoon Sessions



THE CHARACTERS



Design Elements

- Pre and Post test intervention design with randomized control and experimental groups
- The schools were all public schools with similar resource allocation by the education department
- Potential study participants were required to meet the following criteria: children between the ages of 9 and 13 years old; being reared by an adult; caregiver over the age of 18 years that fulfills parenting responsibilities; enrolled in school; and indicates agreement to participate in the study via caregiver consent and child assent
- Data was collected over 4 years (May 2003 – July 2006)

Design Elements

Study Site

- KwaDedangendlale (Valley of a Thousand Hills) is 40 km outside of Durban on the eastern seaboard of South Africa
- The majority speak Zulu and 64% of the sample are Christian
- Migration rates are low (74% of the sample has lived in the area for 5+ years)

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Child and Adult Experimental and Control Participants by Community Areas

Area	Child Exp	Child Cont	Totals	Adult Exp	Adult Contr	Totals
Molweni	93	78	**171**	74	69	**143**
KwaNyuswa	99	146	**245**	94	95	**189**
KwaNgcolosi	54	40	**94**	36	36	**82**
Qadi	35	34	**69**	31	33	**64**
Totals	**281**	**298**	**579**	**245**	**233**	**478**

Adult Demographic Characteristics

Characteristic	N	%
Gender Male	250	52
Gender Female	227	48
Never Attended School	87	19
Grade 1 – 5	215	47
Grade 6 – 12	159	34
Post School	1	2
Employed	197	41
Unemployed	279	59
Child Support Grant	317	67
No Child Support Grant	158	33

Child Demographic Characteristics

Characteristic	N	%
Male	237	41
Female	340	59
9 years	6	1
10 years	207	36
11 years	202	35
12 years	155	27
13 years	5	1
Living with Mother	388	42
Living with Father	125	14
Living with Stepparent	32	3
Living with Aunt or Uncle	98	11
Living with Grand Parents	192	21
Living with Older brother/sister	99	11

Measures & Reliabilities

Partial List of Standard Measures – ADULT		
Measure	**Pretest Alpha**	**Posttest Alpha**
General Health Questionnaire	.80	.81
Child Behavior Checklist	.89	.90
AIDS Transmission Knowledge	.75	.79
Stigma toward HIV infected people	.90	.90

Measures & Reliabilities

Partial List of Standard Measures – ADULT		
Measure	**Pretest Alpha**	**Posttest Alpha**
Caregiver monitoring **Family rules**	.70	.80
Caregiver communication comfort	.87	.88
Social Networks Primary	.67	.82
Social Networks Secondary	.84	.85
Social Networks Tertiary	.85	.87

Measures & Reliabilities

Partial List of Standard Measures – ADULT		
Measure	**Pretest Alpha**	**Posttest Alpha**
Neighborhood Disorganization	.76	.79
Neighborhood Social Control	.87	.79
Neighborhood Social Cohesion	.85	.87

Measures & Reliabilities

Partial List of Standard Measures – CHILD		
Measure	**Pretest Alpha**	**Posttest Alpha**
HIV transmission knowledge	.62	.65
Less stigma toward HIV infected people	.83	.86
Caregiver Involvement	.73	.64
Caregiver Communication Frequency	.83	.88

Data Analysis

- The significance of intervention related pre-test versus post-test change scores was assessed using a mixed-effects regression model that adjusted for the nesting of students within schools

Intervention Effects on Scale Change Scores - Caregiver Data

Items	Estimate	Std Error	P Value	Effect Size
General Health	2.3072	0.7415	< 0.002	0.3031
Global indicator of well-being	0.6812	0.2256	< 0.0027	0.2934
HIV transmission knowledge	1.0253	0.2894	< 0.0004	0.6306
Less stigma toward HIV infected people	1.8391	0.479	< 0.0001	0.4030
Caregiver monitoring Family rules	1.8928	0.6038	< 0.0018	0.3074
Caregiver communic comfort	2.3983	0.578	< 0.0001	0.4067

Intervention Effects-Scale Change Scores - Caregiver Data

Items	Estimate	Std Error	P Value	Effect Size
Social Networks Primary	1.5581	0.6068	< 0.0106	0.2653
Social Networks Secondary	2.8756	0.7549	< 0.0002	0.4531
Social Networks Tertiary	-0.7172	1.5499	< 0.6444	-0.0833
Neighborhood disorganization	-1.1166	0.3688	< 0.0026	-0.3134
Neighborhood Social Control	1.7976	0.7845	< 0.0224	0.2260

Intervention Effects on Scale Change Scores - Child Data

Items	Estimate	Std Error	P Value	Effect Size
HIV transmission knowledge	0.9148	0.2131	< 0.0001	0.496
Less stigma toward HIV infected people	5.7192	0.8987	< 0.0001	0.698
Caregiver Involvement	-0.9059	04134	< 0.0289	0.200
Caregiver Communication Frequency	1.1437	0.6202	< 0.0657	0.240

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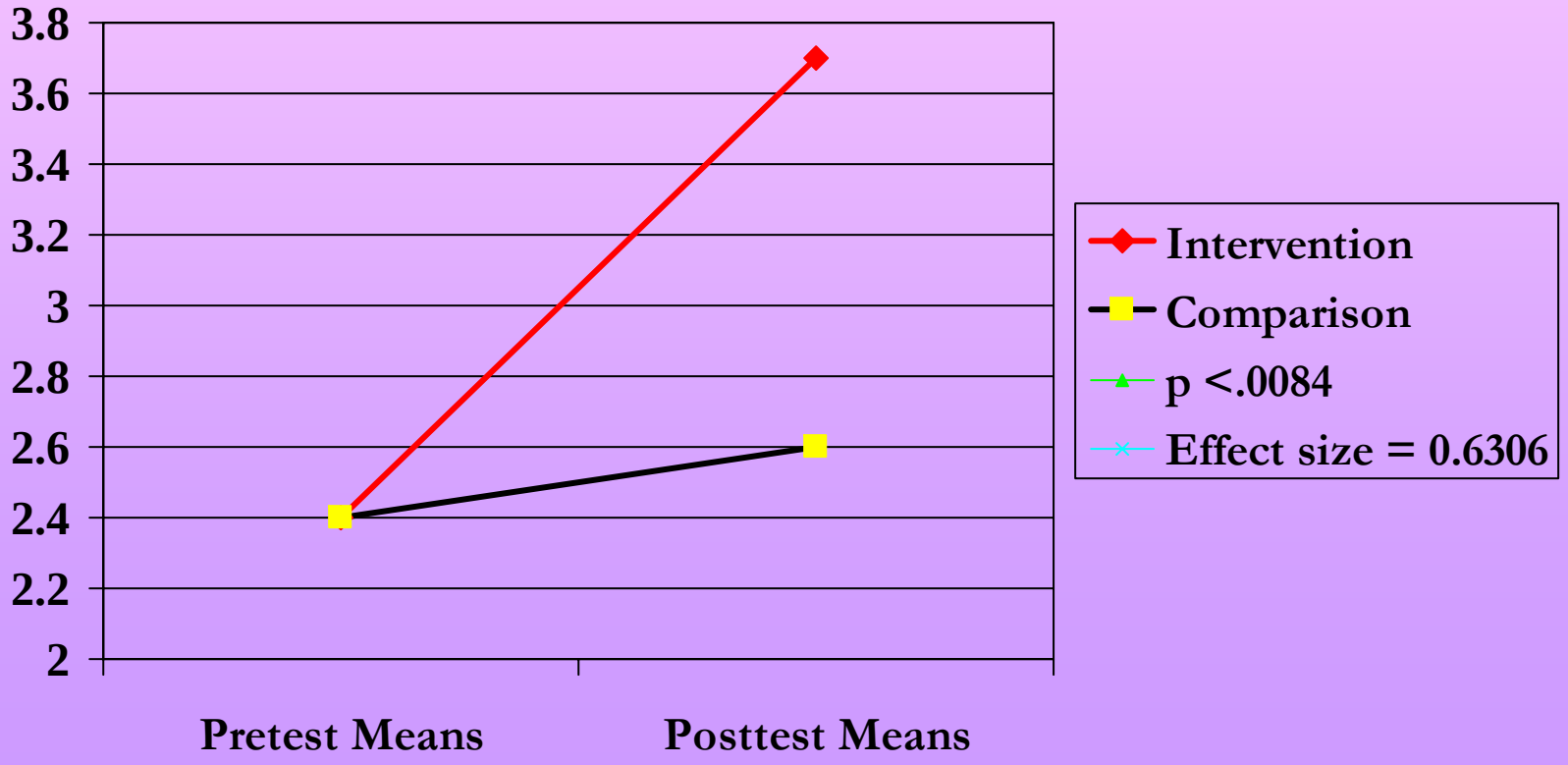
CAREGIVER
AIDS Transmission Knowledge



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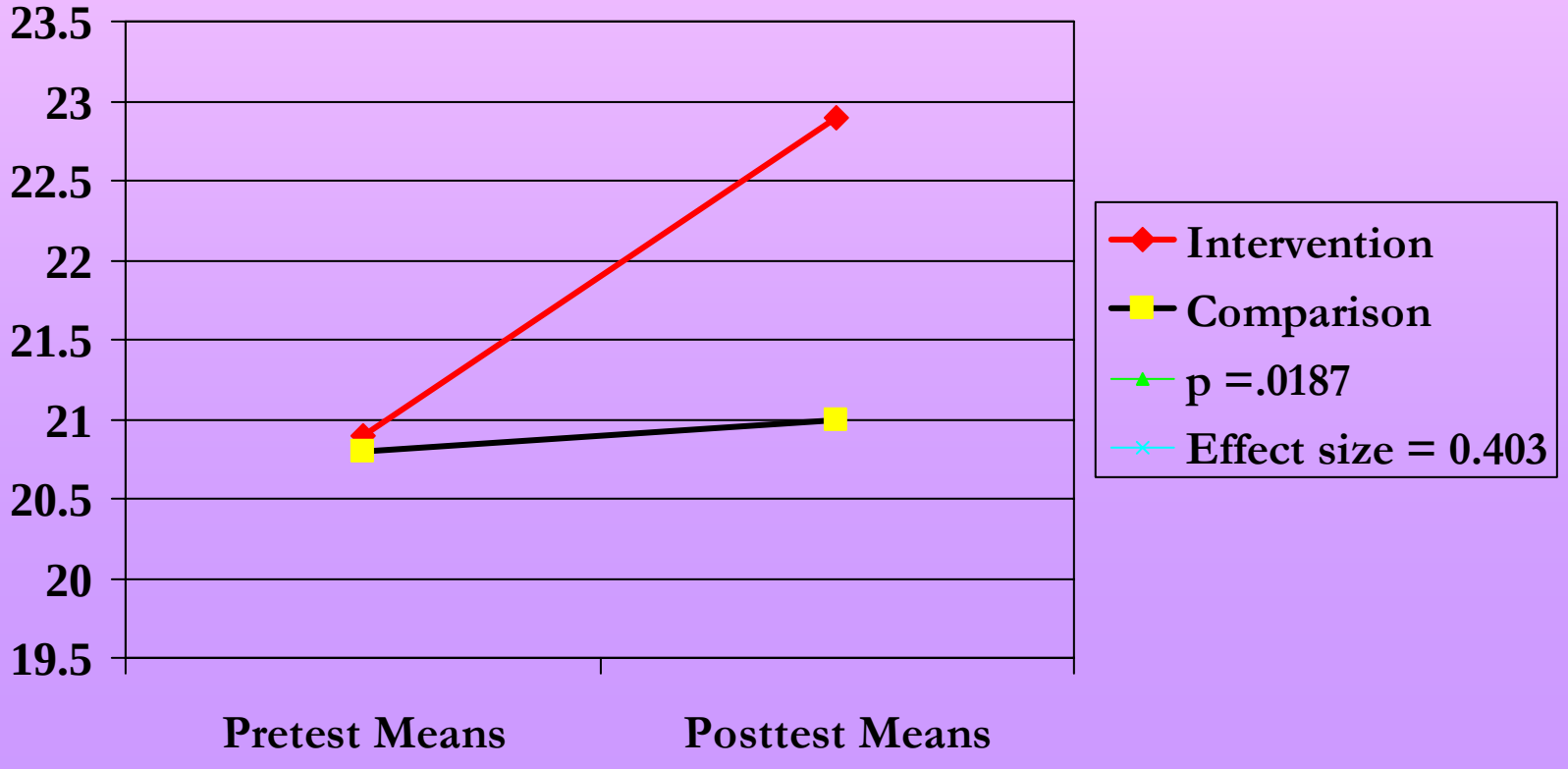
CAREGIVER

Stigma

Higher scores indicate a more positive attitudes toward those with HIV/AIDS



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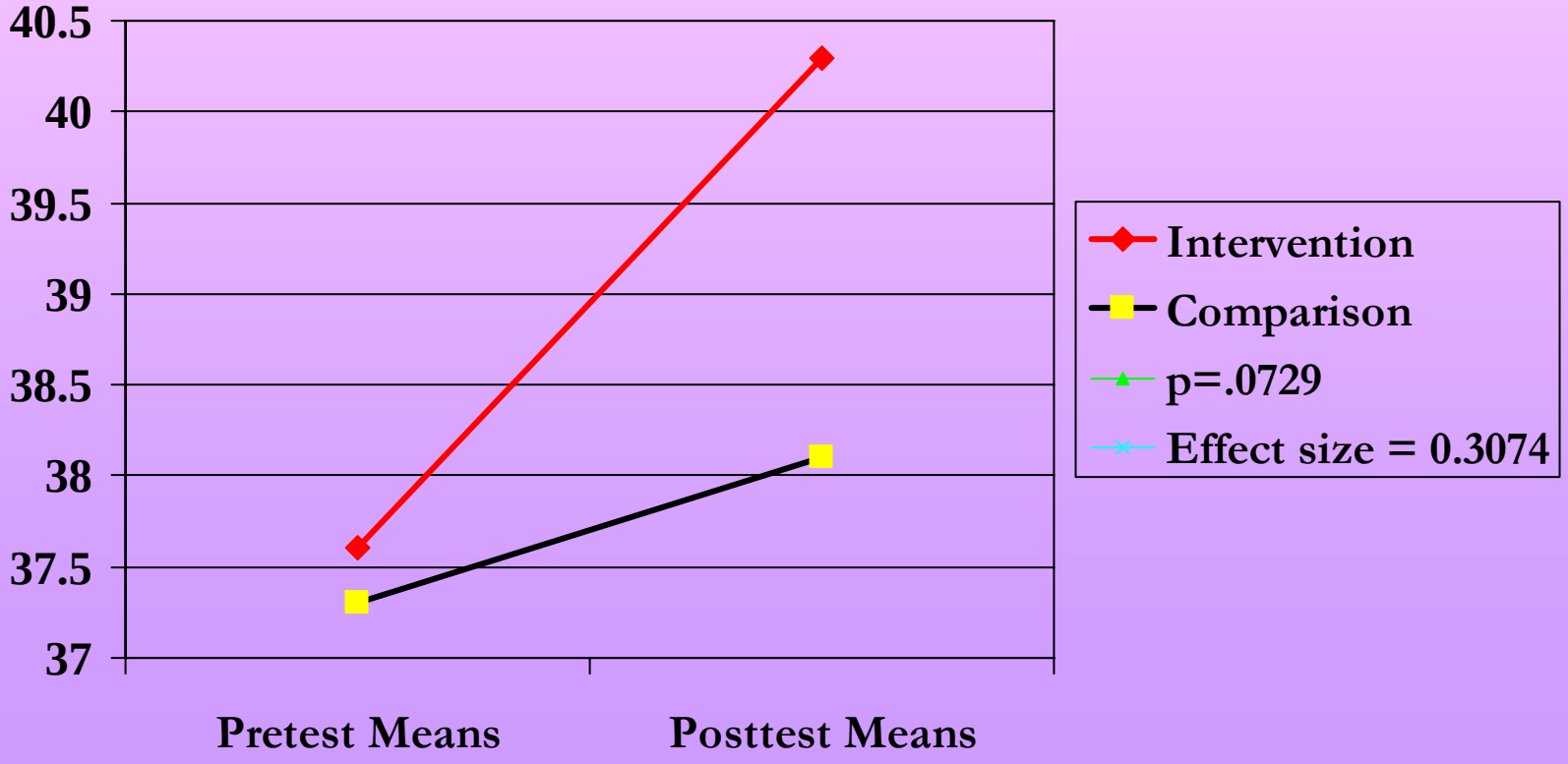
Caregiver monitoring – Family Rules



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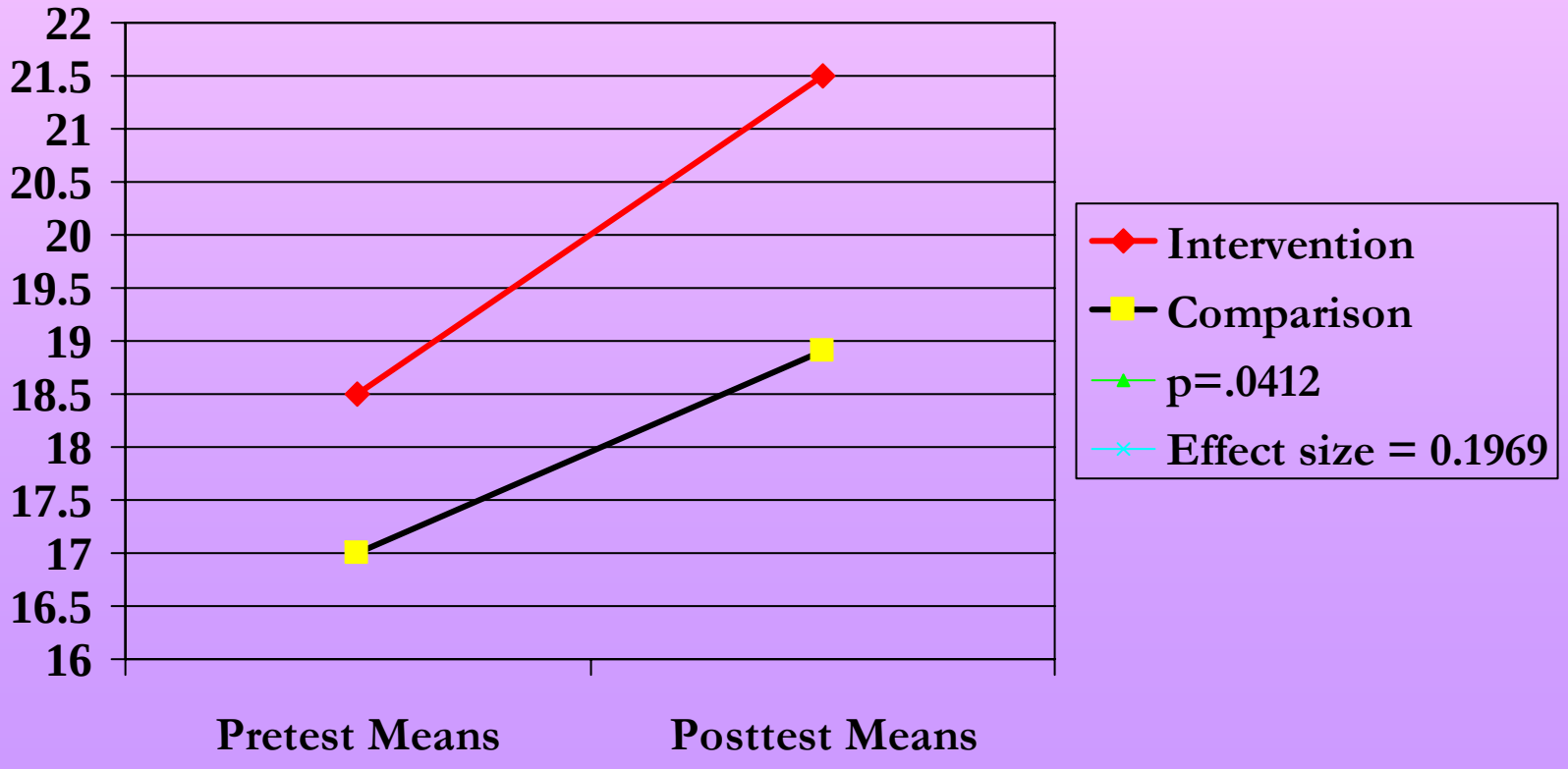
CAREGIVER
Communication Frequency



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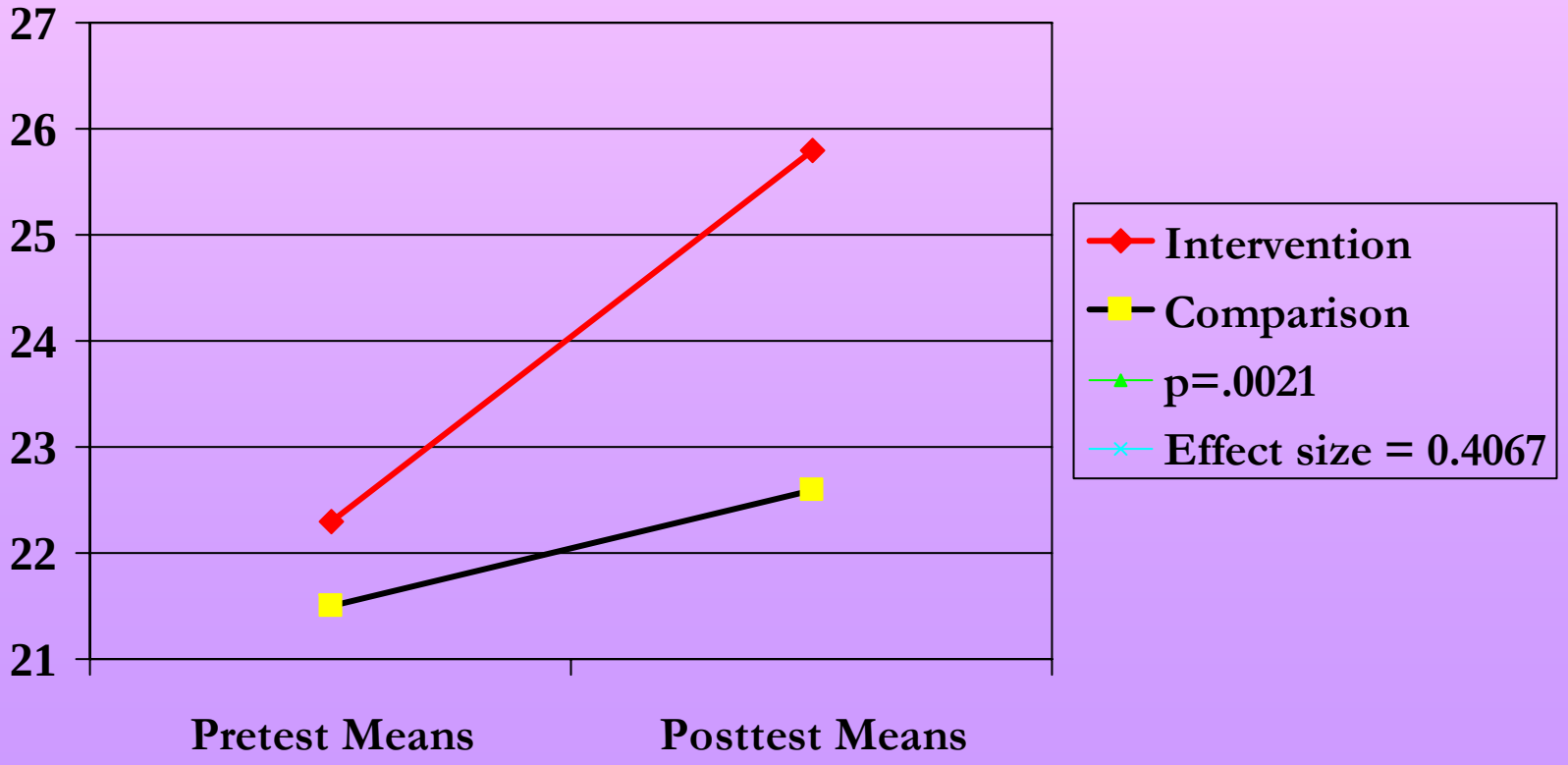
CAREGIVER
Communication Comfort



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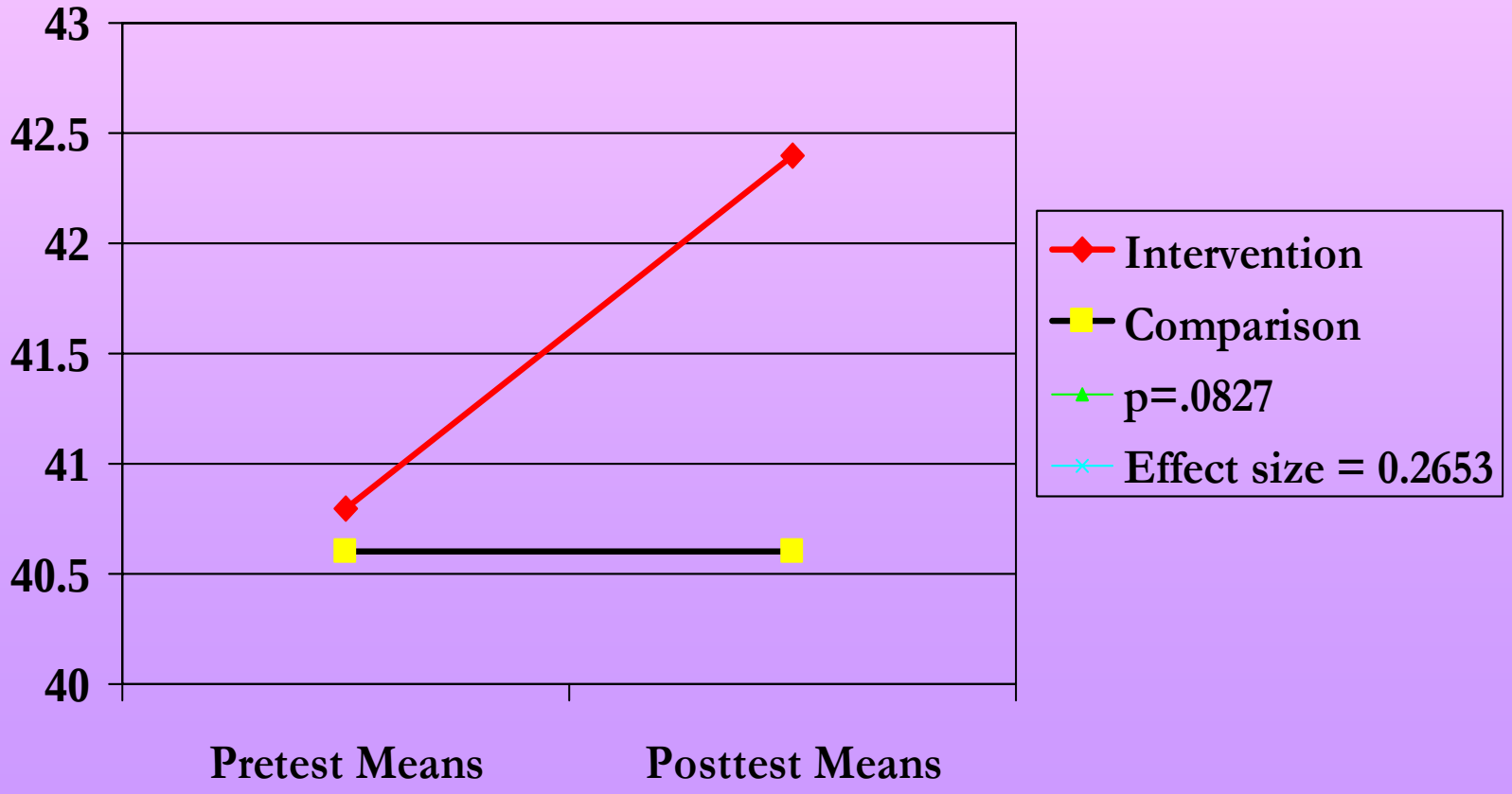
CAREGIVER
Primary Social Networks



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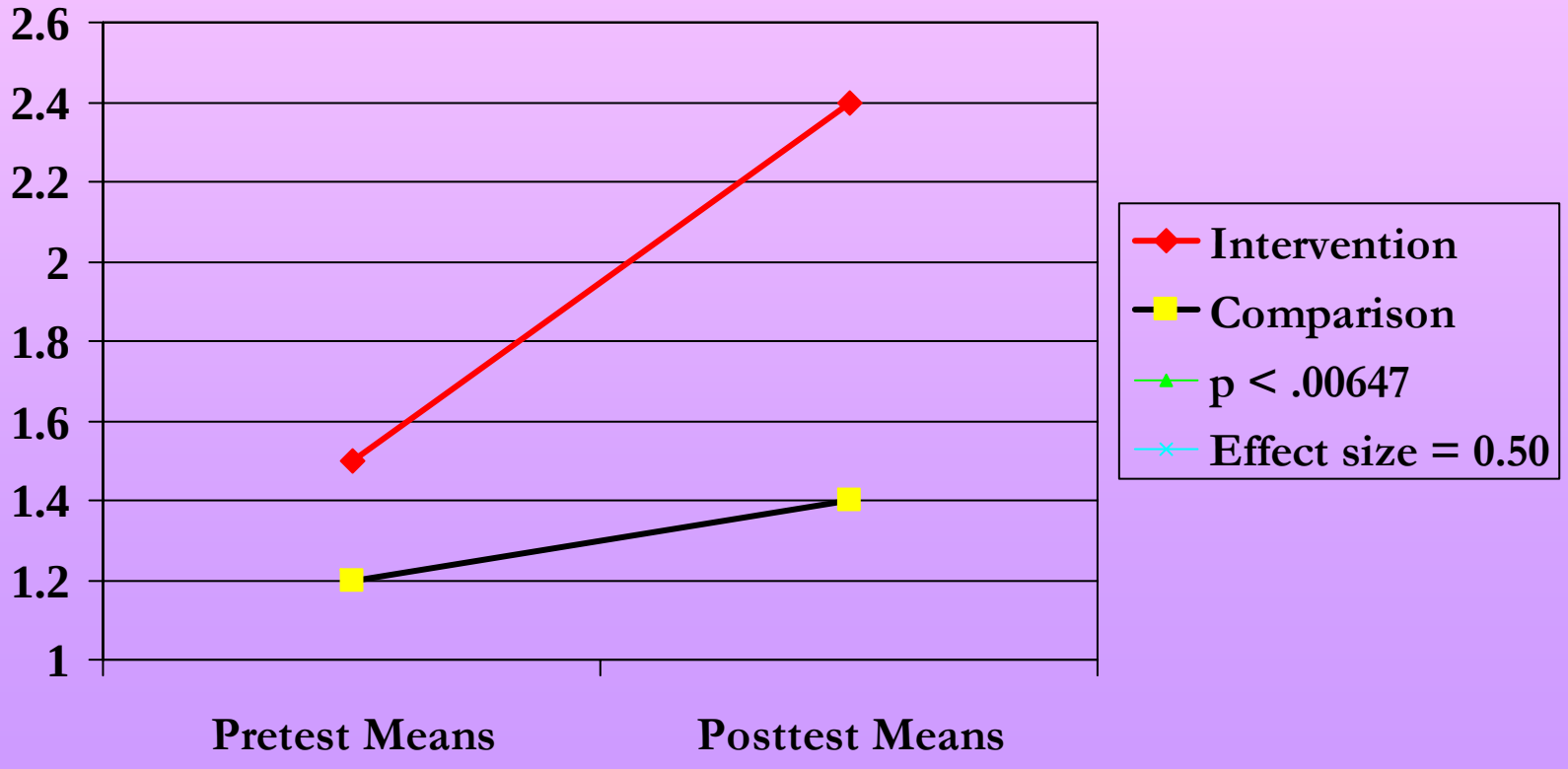
CHILD

AIDS Transmission Knowledge



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Stigma

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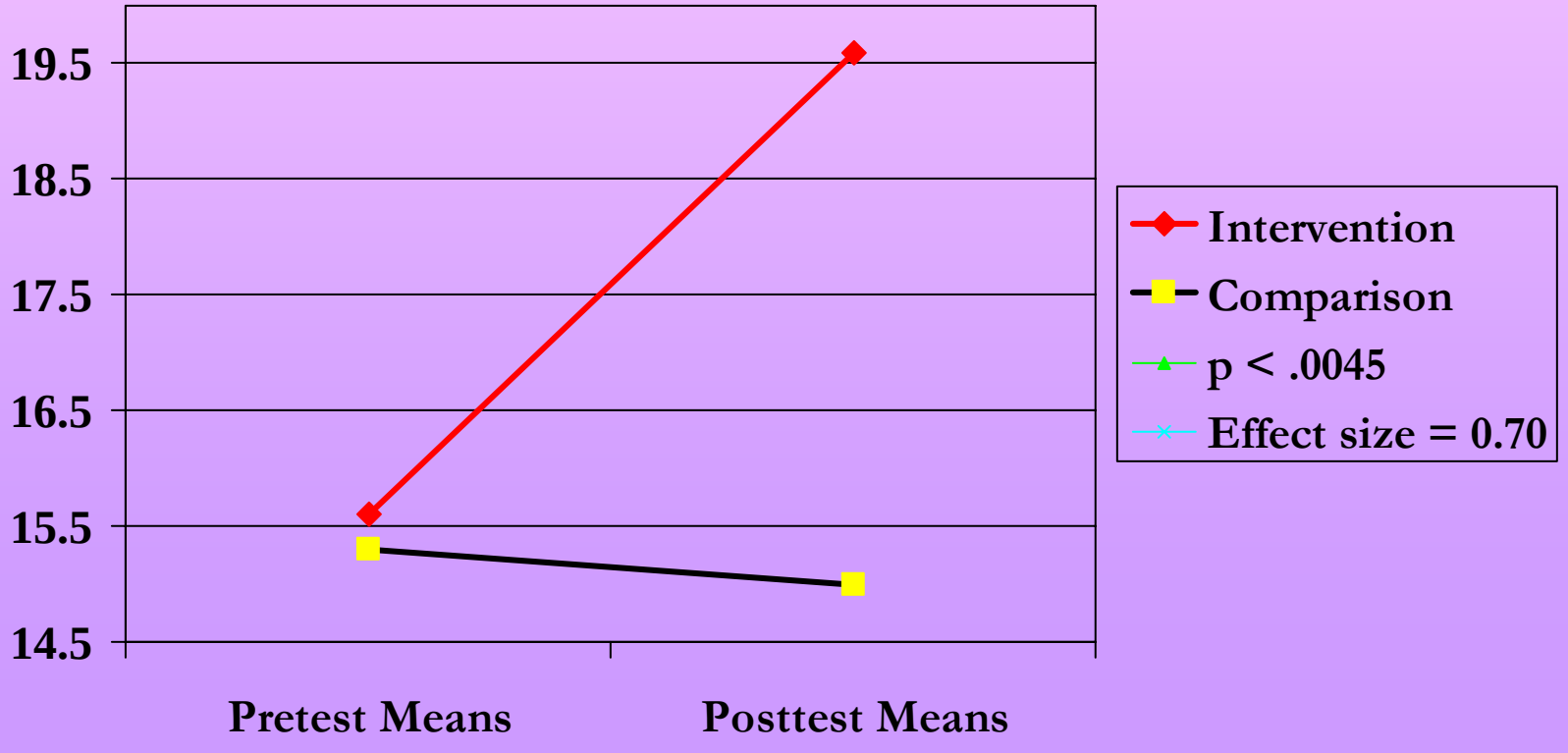

Concluding Comments

- CHAMPSA is clearly demonstrating its impact at the various levels of influence having gone through phases I to III as a randomised control trial
- Significant need for family-based intervention programmes
- Phase IV trial is required to test its efficacy in real world conditions
- Premature dissemination

Program Dissemination

- The NIMH funding ended August 30, 2007
- CHAMPSA is currently established as an NPO
- CHAMPSA secured $150,000 to roll out the programme to all the control group families in 2007
- In discussion with well-established NGOs and Government departments to incorporate CHAMP into their programmes

ACKNOWLEDGEMENTS

- NIMH FUNDING: RO1 MH64872-03
- KwaDedangendlale community
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