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CHAMP The Amaqhawe FAMILY PROJECT

OUTCOMES OF A FAMILY-BASED PREVENTION INTERVENTION PROGRAMME (CHAMPSA): DEVELOPING SOCIAL CAPITAL

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INTRODUCTION AND BACKGROUND

- Individual dimensions of behaviour change are at the forefront of behaviour change efforts given the significant associations between health and individual level factors such as knowledge, attitudes and behaviour. There is, however, increasing recognition of the importance of multiple social-environmental influences on health behaviour (e.g., Campbell, Williams & Gilgen, 2002) which has extended health promotion activities to intervene with micro systems such as families and schools, as well as with groups and communities.
- This expanded approach to health behaviour change is considered more appropriate in developing contexts as psychological behaviour change theories tend to benefit mostly individuals who are generally better off, motivated and better educated (Gillies, 1998). Moreover, individual approaches to promote health enhancing behaviour are less likely to succeed in African cultures which tend to be collectivist and where behaviours are mediated to a greater extent by social norms (Eaton & Louw, 2000).
- Following Carpiano (2006), Bourdieu's formulation of social capital is regarded as a more useful conceptualisation for public health as it focuses on resources that accrue to individuals and communities as a result of social networks. Social capital as an individual resource emerges from participation in social networks and benefits individuals through the social support and leverage they obtain by way of their membership of these networks. The benefits of social networks translates into social capital for the greater community of neighbourhood through two processes, when members of these networks exert greater informal controls of disruptive or negative elements, or when members engage in neighbourhood organisational activities, such as community safety which are of benefit to the greater community.
- The aim of this presentation is to demonstrate both these elements in relation to the Amaqhawe (CHAMP) Family Project; a community based intervention project to reduce adolescent risk behaviour which focuses on strengthening the adult protective shield and improving parent-child relationships as a protective factor. The project has its origins in a US-based project called the Collaborative HIV/AIDS Adolescent Mental Health Project (CHAMP) (Madison, McKay, Paikoff, & Bell, 2000). The project combines individual, micro-system and group-system interventions within a single programme. See also Bhana et al., (2004) Petersen et al., (2006) and Paruk et al., (2005) for details related to the piloting and development of the programme for South Africa.

METHOD

The study design experimentally tested the program effects on 478 adults and 548 pre-adolescents in their families (all Zulu-speaking) randomly assigned to either the Amaqhawe family intervention or an existing school-based HIV prevention curriculum. Only details related to the adult sample are reported.

SAMPLE

A total sample of 478 households was sampled from the semi rural area of Kwadedangendlale, 35kms outside of the city of Durban. Mostly women in the households participated in the Amaqhawe programme, even though an adult male or head of household was part of the household. The area has undergone significant development since the inception of the study with an increase in services such as electricity and water and greater road infrastructure. The household characteristics of the participating adults are reflected in Table 1:

Table 1: Household Characteristics (N = 478)

Gender:	N	%
Male	250	52
Female	227	48
Employed: (Yes Responses)		
Male	138	55
Female	59	26
Head of Household Education Level:		
None	87	19
Primary	215	47
Secondary	159	34

RESULTS

NEIGHBOURHOOD DISORGANISATION

Table 2 indicates the extent of neighbourhood disorganisation perceived to characterise the sampled community. Such a scenario makes a strong case for the need to develop individual and community social capital to reinforce individual behaviour change gains.

Table 2: Perceived Neighbourhood Disorganisation (N = 478)(N = 478)

Do the following problems exist in your neighbourhood?	Often %
Drinking in public	61
Selling drugs and alcohol from houses	61
Writing on buildings and walls	50
Robbery and burglary	45
Litter or garbage on the pavements and streets	43
Taking over other peoples property	41
Fighting in the street	38
Shacks being put up on vacant land	22

A rank order of perceptions of neighbourhood characteristics indicates high levels of neighbourhood disorganisation in the sample, with over 60% indicating that drinking in public and selling drugs and alcohol from houses as major neighbourhood problems. High levels of violence and property invasion was also noted (Table 2).

INDIVIDUAL SOCIAL CAPITAL

Using Carpiano's (2006) description of individual social capital, 10 items (for each of sessions 4, 7 and 10) reflecting group members' social support for one another was developed from a 84-item process measure. Each item was scored based on the level of agreement with statements such as "other groups members help parents set rules for their kids" or "families can tell each other about important things that have happened to them" or "group members are willing to help each other in practical ways". Parents in the intervention group completed the process measures following each of sessions 4, 7 and 10. Cronbach alpha for the scales ranged from .71 to .84. The expectation that individual social capital would increase with each session was met between sessions 4 and 7 (Table 3).

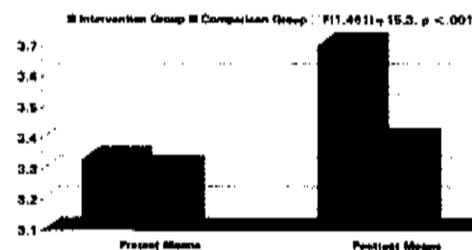
Table 3: Process Level Measurement of Social Support (N = 177)

Process Measurement	Mean	SD	t	Significance
Process 4	1.37	.31		
Process 7 (Pair 4 & 7)	1.48	.40	-3.14	.002

COMMUNITY SOCIAL CAPITAL

Figure 1 shows the extent to which individuals are prepared to actively resolve problems that exist in their neighbourhood with the intervention group significantly different from the comparison group. As such it reflects the extent to which the group process in the intervention facilitates community social capital as community members attempt to exert control over negative events.

Figure 1: Neighborhood Social Control



CONCLUSION

It is possible to enhance the impact of individual and micro system interventions through encouraging the development of social networks which in turn foster the development of individual and community social capital. Beginning with in-depth qualitative studies of different communities, a greater emphasis on understanding the complex influences of various forms of social capital and its relationship to health is required.

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