

## Living Safely: The family friendly alternative to AIDS. An evaluation of the *Doctors for Life* AIDS Education Program

### Henbest, RJ

BSc, MD, CCFP, MCISc

### Maleté, NHM

RN, RM, RCH

Department of Family Medicine  
Medical University of Southern  
Africa (Medunsa)

Address for Correspondence:

Dr. RJ Henbest, c/o RW Large  
Memorial Hospital  
Waglisa, BC, Canada V0T 1Z0  
Tel: 250-957-2332  
Fax: 250-957-2360  
E-Mail: henbest@capescott.net

Keywords: AIDS, HIV, Health  
Education, Mines

### Abstract

**Purpose:** The purpose of this study was to test the effect of the Doctors For Life AIDS program on the knowledge, attitudes and sexual practices of mine workers concerning HIV/AIDS.

**Method:** A before and after intervention study was done at the President Steyn Mine during 1997. The components of the Doctors for Life AIDS program in use at the mine at the time of testing were posters and a video.

**Results:** The pre-implementation sample consisted of 103 participants and the post-implementation sample of 138 participants for a total of 241 participants from 5 shafts.

The post-implementation participants were significantly more likely than the pre-implementation participants to:

1. Have heard of HIV,
2. Know that AIDS is a serious

3. problem in South Africa,
3. Know that AIDS is a serious problem at the mines,
4. Know that you cannot catch AIDS by working alongside someone with AIDS,
5. Believe that one partner for life prevents AIDS,
6. Believe that condoms are not sufficient to prevent AIDS,
7. Believe that sexual faithfulness is important, and to
8. Have not had any sexual partners during the preceding month.

The Doctors For Life Program was described as very satisfactory by 86% of the participants.

**Conclusion:** This preliminary evaluation of the Living Safely: The Family Friendly Alternative to AIDS program introduced by Doctors For Life at the President Steyn Mine in 1997, showed encouraging and important results. Hopefully follow-up studies will confirm these findings and also demonstrate a decrease in AIDS at the mine.

SA Fam Pract 2000;22(5): 12-15

### Introduction

Doctors For Life is a South African organization consisting of almost 400 medical doctors who stand for the sanctity of human life from conception to natural death. In 1995, they were asked by the President Steyn Mine to develop an alternative to the present AIDS programs available. The program they developed, called, "Living Safely: the Family Friendly Alternative to AIDS", sprung from the conviction that in order to preserve life one has to

address the issues which threaten life. Doctors For Life believe that it is not AIDS itself (which they consider the fire) that warrants special attention; but rather the breakdown in family values and careless lifestyles (which they consider the fuel for the fire). The Doctors For Life AIDS program is based on family values, especially the value of faithfulness to one's partner rather than relying on condoms or safe sex to prevent AIDS.

Early in 1995, Doctors for Life approached the Department of Family Medicine of Medunsa to evaluate their program. This paper presents the results of a preliminary study completed in 1997 to test the effect of the Doctors For Life AIDS program on the knowledge, attitudes and sexual practices of mine workers concerning HIV/AIDS at the President Steyn Mine.

The Freegold Mines, which include the President Steyn Mine, had instituted an

AIDS peer education system during 1993. Peer educators were trained and were provided with a handbook published by the World Health Organization<sup>1</sup> that provided a wealth of information about HIV/AIDS and a flip chart produced by the AIDS Education and Training CC, Johannesburg. However, by 1995, the health personnel at the mine desired additional input for their AIDS program, specifically one that included with values, and they asked Doctors for Life for help.

The program developed by Doctors for Life was to be conducted at the hostels by the previously trained peer educators and it consisted of posters, a flip chart and a video. The flip chart consisted of 12 pictures that told a story. The peer educators were expected to attract a small audience and then proceed to encourage the audience to describe the story

depicted on the flip chart. The pictures showed a man leaving his home to go to work on the mines, contracting HIV virus from a casual sexual contact, infecting his wife, and finally, dying. His wife also dies from AIDS, leaving their children as orphans. The video was called "AIDS Against the Family" and it presented an informative and dramatic lecture about HIV/AIDS by Dr Albu van Eeden, president of Doctors for Life. The video was to be shown whenever the peer educators chose to do so. The materials were available in English, Southern Sotho, Zulu and Xhosa.

Pilot studies were done first in July 1995, following the launch of the Doctors For Life Program at one of the mine shafts to test the content and process of the proposed interview format, and then again in March 1996 to test the revised interview forms and to learn what the peer educators had done with the materials. The video was

being shown daily to those returning from leave and had been very well received, but the flip chart produced by Doctors For Life was not being used because the peer educators felt that their previous flip chart was more comprehensive. In addition, they thought that the flip chart produced by Doctors For Life gave the impression that AIDS was only a problem for migrant labourers suggesting that migrant labourers were more likely to be bad or misbehave than the other workers. This information was fed back to Doctors for Life who decided that they would produce a new flip chart in conjunction with the peer educators. However, the video was so popular that Doctors for Life were asked to launch it at several other mineshafts before they had time to complete a new flip chart. This study then, evaluates the impact of the posters and the video developed by Doctors for Life, but not the flip chart.

## Methods

This was a before and after intervention study designed to measure the effect of implementing the Doctors For Life AIDS program at the President Steyn Mine during 1997. The pre-implementation interviews were held during the week of April 7 to 11, 1997, prior to the implementation of the program and again seven months later during the week of November 3 to 7, 1997. The interviews were conducted in the home languages of the participants, which

were predominantly Southern Sotho and Xhosa. Our research team, consisting of an experienced field researcher from our department and 3 trained interviewers conducted semi-structured interviews at the hall and hostels of 5 shafts of the President Steyn Mine. An effort was made to ensure privacy for the interviews.

The sample was a convenience sample organised by the peer educators from the mineworkers available at the

hostel between shifts.

The analysis was done using the EPI6 statistics programs. All of the associations shown were tested using the chi-square test.

Approval for the study was given both by the Steyn Mine Management and by the Research, Ethics and Publications Committee of the Medical University of Southern Africa.

## Results

The pre-implementation sample consisted of 103 participants and the post-implementation sample of 138 participants for a total of 241 participants from 5 shafts. The demographic characteristics of the participants are shown in Table 1. The only significant difference between the pre- and post-implementation participants was that the post-implementation participants were significantly more likely to be urban.

As shown in Figure 1, the post-implementation participants were significantly more likely than the pre-implementation participants to:

- (1) Have heard of HIV,
- (2) Know that AIDS is a serious problem in South Africa,
- (3) Know that AIDS is a serious problem at the mines,
- (4) Know that you can not catch AIDS by working alongside someone with AIDS,

- (5) Believe that one partner for life prevents AIDS,
- (6) Believe that condoms are not sufficient to prevent AIDS,
- (7) Believe that sexual faithfulness is important, and to
- (8) Have not had any sexual partners during the preceding month.

These results were controlled for the potential confounding effect of there being a significantly greater percentage

of post-implementation participants who were urban than pre-implementation participants. The results held in each instance but revealed the following interesting additional information. As shown in Figure 2, there was a greater increase in the percentage of rural participants who had heard of HIV post-implementation compared to the urban participants and the urban participants were significantly more likely to become aware of the seriousness of AIDS in South Africa and to come to believe in sexual faithfulness.

The Doctors For Life AIDS program was described as very satisfactory by 86% of the participants.

## Discussion

The President Steyn Mine was not virgin territory in which to study the impact of the Doctors for Life AIDS program. The media constantly exposes the public, including mine workers, to information about HIV/AIDS. In addition, there had been a previous AIDS program in place. Further, the Doctors For Life AIDS program had been implemented at one of the shafts a year and a half earlier and there may have been some spread of information from that shaft to the 5 shafts that provided the sample for this study. All of these factors would likely have worked to decrease the chance of showing an effect from the Doctors for Life program. In spite of these factors being present, some very encouraging and important results with respect to knowledge, attitudes and reported sexual practices were found.

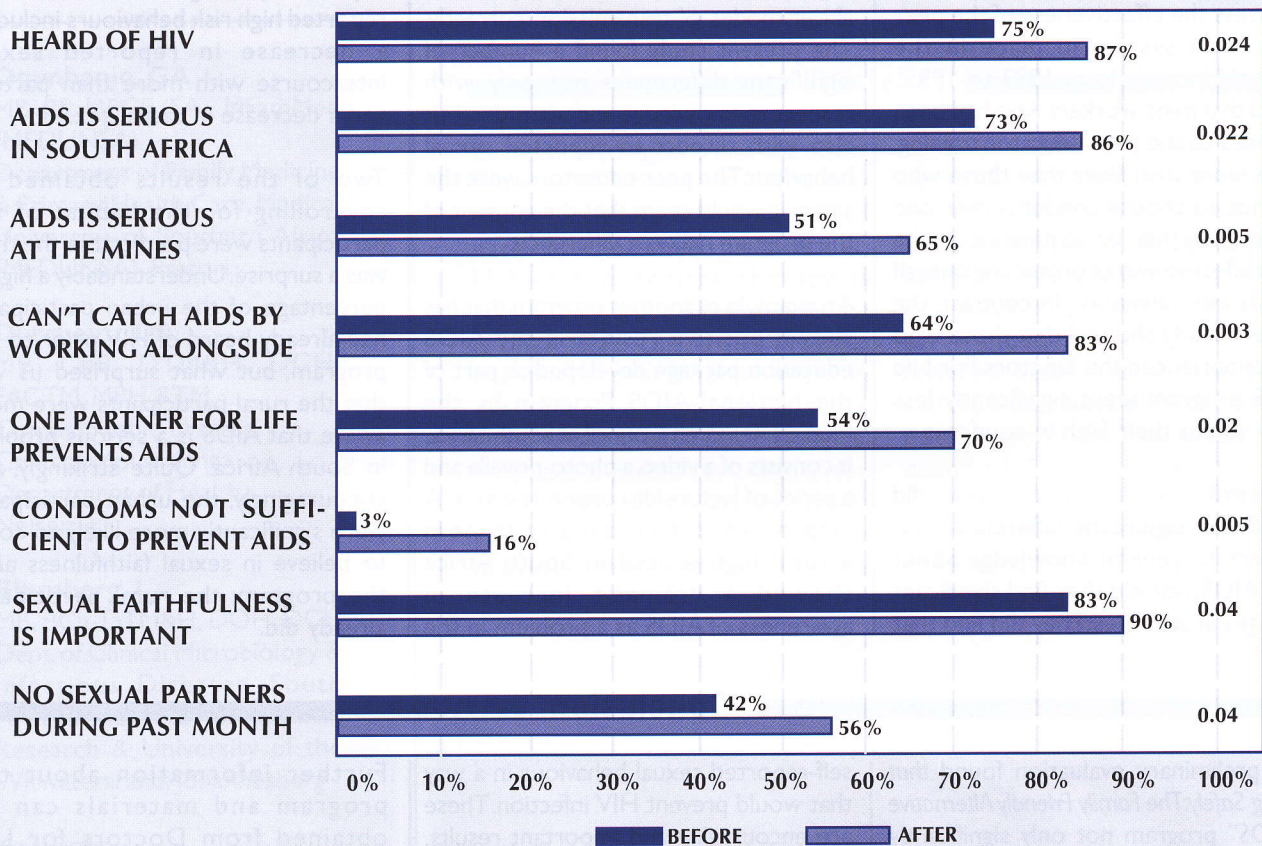
Of interest is that a much higher percentage of participants, both pre- and post-implementation, thought that AIDS was a serious problem in South Africa than thought it was a serious problem at the mines, in spite of the AIDS programs run at the mine. Clearly the public media is having an impact.

A result of particular interest concerns the use of condoms. Many, if not most, AIDS programs push condoms as the major part of the answer to AIDS and it has usually been interpreted as a

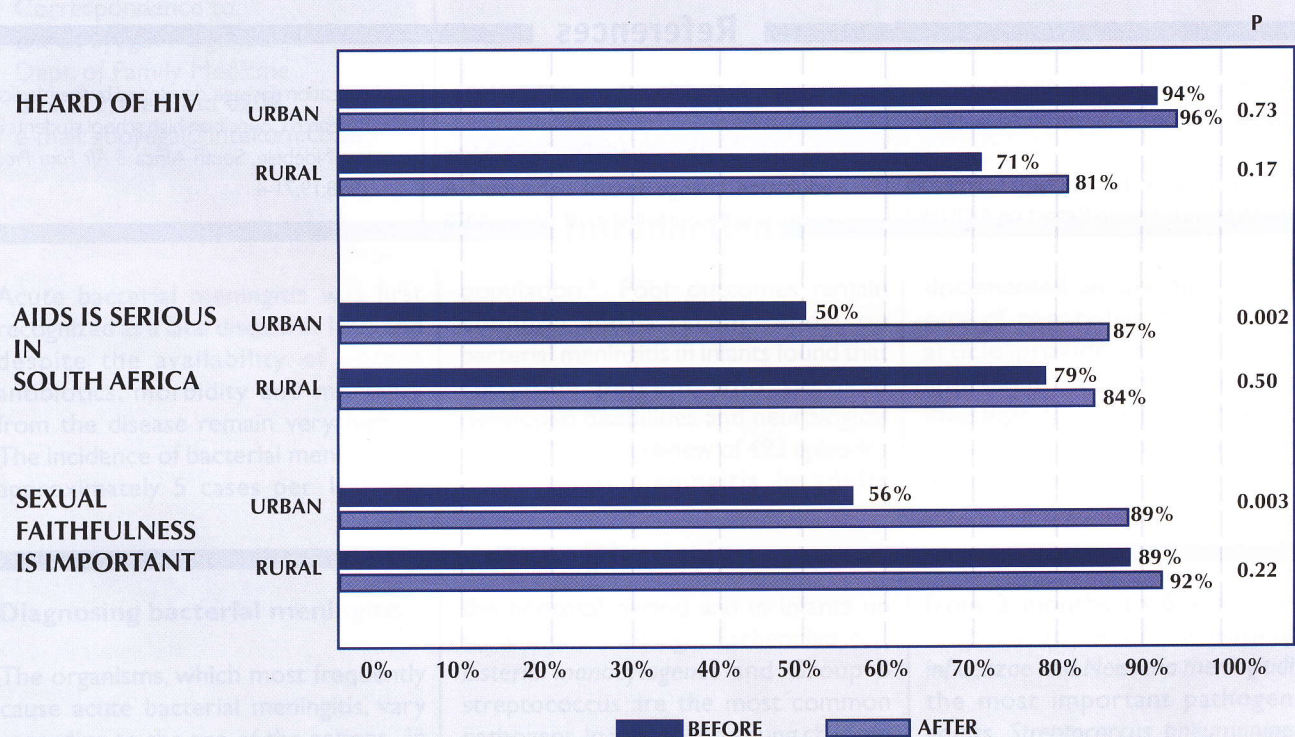
**Table 1: Demographic Characteristics of the Participants**  
Mine workers at the President Steyn Mine, 1997

	Total Sample N=241 %	Before Sample N=103 %	After Sample N=138 %	P
<b>AGE</b>				
20-29	7	5	9	0.19
30-39	55	55	55	
40-49	29	27	30	
50+	9	13	6	
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	
<b>MARITAL STATUS</b>				
Single	5	3	6	0.03
Married	93	93	94	
Divorced / Widowed	2	4	0	
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	
<b>NUMBER OF LIVING CHILDREN</b>				
None	10	4	6	0.95
One	25	10	11	
Two	19	25	26	
Three	19	18	19	
Four	22	21	17	
Five +	5	21	22	
<b>TOTAL</b>	<b>100</b>	<b>99</b>	<b>101</b>	
<b>DISTANCE OF HOME FROM MINE</b>				
<1/2 day	35	30	39	0.19
>1/2 day	65	70	61	
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	
<b>HOME</b>				
Rural	70	82	61	0.0007
Urban	30	18	39	
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>	
<b>WIFE VISITS THE MINE</b>				
Yes	51	54	50	0.64
<b>HOME LANGUAGE</b>				
Xhosa	39	40	38	0.74
S Sotho	47	44	49	
Other	14	15	13	
<b>TOTAL</b>	<b>100</b>	<b>99</b>	<b>100</b>	
<b>LEVEL OF EDUCATION</b>				
None	8	10	6	0.056
<Primary	39	45	35	
Primary	17	18	16	
<High School	20	16	22	
High School	12	10	13	
Further Ed	4	0	7	
<b>TOTAL</b>	<b>100</b>	<b>99</b>	<b>99</b>	

**Figure I: The Effectiveness of the Living Safely Aids Program**  
 Implemented by Doctors for Life at the President Steyn Mine, 1997



**Figure II: Selected Outcomes according to Urban / Rural Habitat**  
 Doctors for Life AIDS Program at the President Steyn Mine, 1997



positive result if condom usage increases as the result of an AIDS program. For example, a survey done to assess the effectiveness of the peer education system in place in the Freegold Hostels from 1993 to 1995<sup>2</sup> found that mine workers who had been exposed to the peer educator training, were more than likely than those who had not, to choose condoms over one life long partner or abstinence as the most effective way of protecting oneself against HIV infection. In contrast, the present study showed that those who had experienced the Doctors For Life AIDS program were significantly less likely to put their faith in condoms.

The 1993 survey referred to above did not find a significant difference with respect to general knowledge about HIV/AIDS, nor did they find significant changes in attitudes. They did find that

those who had been exposed to the previous peer education program were slightly more likely to answer questions about modes of transmission correctly. The present study found a number of significant differences not only with respect to knowledge and attitudes, but also with respect to reported sexual behaviour. The peer educators were the same; it would seem that the content of the program makes a difference.

An example of another program that has shown positive results is the AIDS education package developed as part of the National AIDS Program by the Medical Research Council of South Africa. It consists of a video, a photo-novella and a series of lecture/discussion sessions. A randomised, controlled trial of its use in a rural high school in South Africa showed a dramatic increase in awareness of AIDS as a problem in the

community, in the knowledge that AIDS is preventable and incurable, and most importantly, a significant decrease in reported high risk behaviours including a decrease in reported sexual intercourse with more than partner and a decrease in casual sex.<sup>3</sup>

Two of the results obtained by controlling for the habitat of the participants were predictable; the third was a surprise. Understandably a higher percentage of the urban participants had already heard of HIV, prior to the program, but what surprised us was that the rural participants were more aware that AIDS is a serious problem in South Africa. Quite strikingly, and encouragingly, the urban participants were significantly more likely to come to believe in sexual faithfulness after the program; the rural participants already did.

## Conclusion

This preliminary evaluation found that "Living Safely: The Family Friendly Alternative to AIDS" program not only significantly increased mine workers' awareness of and knowledge and understanding about HIV/AIDS, but also changed values and

self-reported sexual behaviour in a way that would prevent HIV infection. These are encouraging and important results. Hopefully follow-up studies will confirm these findings and also demonstrate a decrease in AIDS at the mine.

Further information about the program and materials can be obtained from Doctors for Life (PO Box 61897, Bishopsgate 4008. Telephone and fax: (031) 306-0972).

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