



THE SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP

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Effective Intervention for Depression in People Living with HIV and AIDS in rural South Africa through community Home-Based Care Workers: Assessing the Impact of the Speaking Books

***“Living with HIV and AIDS doesn’t mean living with depression”:
An evaluation of a “speaking book” going local in peri-urban South Africaⁱ***

Background

South Africa has one of the highest rates of HIV infection globally. With the lack of adequate medical facilities to accommodate the vast numbers of people infected with HIV and AIDS, many are referred for home-based care where home-based caregivers assist these individuals that are commonly ostracised by their families and communities. The South African Depression and Anxiety Group (SADAG) have created "Speaking Books" aimed at psycho-social education about depression for those living with HIV and AIDS (especially for people who have low literacy levels). These books are given to people who have HIV and AIDS to help them identify signs and symptoms of depression and provide them information on where to get help if they feel depressed. The books are currently being given to home-based caregivers to give to the people they take care of, who have HIV and AIDS. A study has been conducted to assess the value, impact and educational gains of the books for various caregivers.

Introducing the intervention

In late 2006, the South African Depression and Anxiety Group (SADAG) introduced a dual thrust (workshop / speaking book) intervention into three peri-urban AIDS care provincial regions¹. A range of care workers² was exposed to a variety of talks on mental health topics as diverse as depression, suicide and trauma as well as support group formation. Following the workshop, which was an exercise in cognitive priming and conceptual empowerment, each respondent was given a book titled: *“Living with AIDS doesn’t mean living with depression”*.

Research design

SADAG facilitators requested that respondents make use of the book and reflect on the efficacy of both text and workshop for a fortnight. A total of 213 care workers (n=213)

¹ Polokwane, Limpopo Province; Evander, Mpumalanga; and Soshanguwe, Gauteng

² Largely home-based caregivers and lay counselors, with a fewer number of nurses and social workers

returned completed questionnaires³ to SADAG after 14 days and the below findings sum up their perceptions of both the book and the mental health education workshops conducted. A quantitative approach was taken as the sample⁴ was of sufficient size to allow analysis by means of SPSS⁵ 14.0. While no attempt can be made to generalise this set of findings, as the sample was self-selected, important conclusions can be drawn regarding the utility value of this double intervention.

Assessing the intervention

“I like the workshop to support me with book to help other patient” (Respondent 95)

This quotation clearly explains why the dual nature of the workshop/speaking book intervention is so effective. As the link between workshop and text has been established, it is now important to structure the presentation of findings accordingly. Therefore, the discussion will begin with an assessment of the priming value of the workshop. This will be followed by an analysis of how effectively the workshop and book improve work performance. Lastly, the mode of knowledge transmission⁶, embedded within the relationship between SADAG, caregivers and the community at large, will be considered.

Evaluating the priming value of the workshop

The depression topic was the mostly highly rated of all themes covered in the workshop series as 98.6 per cent of those sampled rated this talk as excellent/good. From this it is clear that the manner in which the ‘depression’ construct was explained was both engaging and added value to care workers in terms of knowledge gain⁷.

“I like the education of depression that can save life of many people” (Respondent 22)

The degree to which work performance is improved

Reported knowledge gain has great bearing upon the degree to which care work may be enhanced post exposure to the intervention. There are two ways of measuring knowledge gain. Firstly, one may ask care workers to state their perceptions of whether they have gained helpful knowledge regarding depression (due to the workshop). When this was done, 100 per cent of the sample unequivocally stated the affirmative. Secondly, one may ‘test’ knowledge gain by having respondents answer factual questions a fortnight after the workshop presentations. Care workers acquitted themselves well, in the case of this study, for 80.5 per cent of respondents produced correct answers. Furthermore, 95-97 per cent of the sample knew the correct answers across four of the seven knowledge ‘test’ variables. Therefore, the range of knowledge gain has upper and lower limits of 97 and

³ The questionnaires completed by the Polokwane and Evander cohorts were identical, while the Soshanguwe sample questionnaire was slightly different. Nevertheless, the differences were negligible and the data reported in this document is reflective of that obtained from the same questions across each of the three questionnaires.

⁴ The sample was comprised of largely female caregivers and lay counselors, with a mean age of 35

⁵ Statistical Package for the Social Sciences version 14.0

⁶ The mode of knowledge transmission contains factors that account for the outstanding success of the intervention

⁷ In unsolicited open-ended questions, 20 per cent of the sample reported being impressed by engaging facilitators, and a further 20 per cent reported knowledge gain from the workshops.

80.5 per cent respectively. It may be concluded that knowledge gain (regarding depression) was greatly facilitated by the workshop.

Was knowledge gain similarly facilitated by the 'speaking books'? Three variables were used to assess the knowledge gain and consequences thereof for enhanced work performance. Firstly, 'caregiver comprehension' was measured and 97.6 per cent of workers sampled found the book to be understandable. Secondly, 'helpful information' was used to evaluate knowledge gain in terms of its utility. 94.8 per cent of the sample agreed that the book contains useful information. Thirdly, it was thought that knowledge gain could only be useful if it had application value. Therefore, respondents were asked whether the books facilitated the discussion of depression with People Living With AIDS. 93.8 per cent reported that the books made it easier to talk to patients about an abstract concept such as depression.

It is clear that work performance was enhanced by means of the dual intervention, with an emphasis on the efficacy of the speaking book. This is underscored by the following quote:

"The book makes me to get easy to teach" (Respondent 32)

Modes of knowledge transmission

This SADAG venture has been so well received as it empowers local agents (i.e. care workers) to discuss depression with vast numbers of People Living With AIDS. This applies to levels of knowledge transmission: transmission between SADAG and community caregivers; and between SADAG and communities, as mediated by care workers.

How have these sampled care workers fared?

Over 11,000 members of the community were exposed to the speaking book by the care workers. How may one account for these vast numbers of persons exposed to the book within a fortnight? A total of 78.2 per cent of the sample showed the book to entire or partial church congregations. Further dissemination locations include community meetings (19.9 per cent), local schools (12.2 per cent), clubs (9.9 per cent), taverns (6.1 per cent), clinics (9.4 per cent), neighbours (6.1 per cent) and patients (5.5 per cent). This demonstrates the obvious popularity of these books as edutainment tools for large numbers of people.

Furthermore, an argument can also be made for depth of dissemination, as an average of 59 people per care worker were shown the book. Eighty-four per cent of the sample reported still using the books after two weeks. Therefore, the books encourage both multiple and intense interactions. They can be shown to large audiences to transmit the broader message, and create interest. The value of this larger scale approach is that the book batteries may last longer. The books are just as effective, albeit differently, on individual scale. Indeed nearly 90 per cent of People Living With AIDS exposed to the speaking books on a micro-scale found them easy to comprehend:

"To my patients at home. Is easy to understand to my patient and they feel free to talk about depression with me. This book help my patient that they are not the only one who are they ill and not to be lonely" (Respondent 82)

Another related factor is that of pitch. This speaking book has a rather novel attribute in that over a quarter of the sample (27 per cent) stated that the book would be well received by children, teens and adults alike. Also, 64 per cent of the sample claimed that the book is best pitched at teens and adults. Therefore, this is a decidedly useful intervention, well able to target orphaned and vulnerable children, teens at risk, and low-literacy adults who have already become infected with the HI virus.

The way forward

The current impact of this speaking book cannot be denied. There is no greater testament to this than the 99.1 per cent of respondents that have requested more books. Moreover, books covering other topics⁸ have also been called for:

Speaking book:	Percentage of respondent requests:
Tuberculosis	68.8
Substance abuse	44
Children’s rights	22
HIV and AIDS	36
Healthy eating	33
Child-headed households	24.8
Teaching teens about HIV and AIDS	60.9

Care workers have suggested a multitude of celebrity ‘voices’ to be attached to future speaking books. Connie Masilo Ferguson stands out here as the most requested voice. As a cultural icon, the veteran *Generations* actress has been paired with the concept of the SADAG ‘speaking book’. In this way, communities have embraced the book as a concept, or cultural artefact. This degree of intervention assimilation is very high and of great credit to SADAG.

Concluding remarks

Statistical data manipulation (or analysis?) has shown that “*Living with HIV and AIDS doesn’t mean living with depression*” is a remarkably effective intervention tool. The coupling of information resources and workshops is not an entirely novel idea, but the manner in which both are packaged is decidedly more effective than most other interventions. As this is research pitched at the peri-urban, grass-roots level, SADAG has done much to combat the Afro-AIDS pessimism that marks many responses to the African epidemic. There is no greater evidence of this than the following sentiments expressed by grateful caregivers in this study:

Speaking books as edutainment:

“I want to distribute to my patients who are very seriously ill and not, to keep their mind busy” (Respondent 30)

⁸ Please note: the questionnaire limited respondents here as they were only allowed to recommend three book topics

Speaking books motivating a fight for life:

“To cope the situation that they was ... in a bad situation. Now they understand that their lives is so important (one was trying to drink poison)” (Respondent 32)

“This book help some people because of HIV/AIDS and those people will never believe that with HIV/AIDS will get long life” (Respondent 54)

Speaking books beyond depression:

“For HIV/AIDS patients and individual people in the community who was in a depression of some other problems and trauma (e.g. domestic problems related to HIV/AIDS” (Respondent 32)

Speaking books assisting patients and caregivers alike:

“She [the book] help me how to solve their problem ... do not depress my mind” (Respondent 58)

Speaking books assisting prevention:

“How to destroy power of HIV and AIDS. Have more information about AIDS. How to handle disease. Now they are not afraid of doing blood test” (Respondent 63)

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