



COMBATING HIV/AIDS THROUGH SPIRITUAL AND ETHICAL CONDUCT:

*A RESEARCH EVALUATION OF
THE SA NATIONAL DEFENCE
FORCE CHAPLAIN GENERAL'S
PROGRAM TO COMBAT HIV/AIDS*

INTRODUCTION

Behaviour change theories address the question of how people change their behaviour in positive or healthy directions. By implication, they also address the question of why people

tend not to change their behaviour and continue to engage in unhealthy practices.

This paper will discuss the unique value-based program of the Chaplain General of the SA National Defence Force (SANDF) and specifically look at the scientific significance (wrt reliability and validity) of what it intends to achieve.

Ultimately, for our purposes, behaviour change theory helps us to know better how to intervene in a way that makes it more likely that people will change their behaviour in response to the value-based program. Hereby the SANDF Chaplains would like to prove that their value-based program do have a major role to play to prevent high risk behaviour and attitudes that could lead to HIV/Aids infection.

Theodore Roosevelt once said: "To only increase a learners knowledge, without educating his moral awareness and values, is to create a threat to the community"

AIM

The aim of this paper is to report on the scientific measures in use to evaluate the value-based program of Chaplain General, which was developed and implemented by the SANDF and the DOD to combat HIV/Aids.

SCOPE

The scope of the presentation will cover the following aspects:

- Why was the value-based program developed?
- Broad history of the value-based program
- The design principles of the value-based program
- The theoretical foundation of Behaviour Change Theories
- The content of the five and three day value-based programs
- Evaluation methods
- The way forward

WHY WAS THE VALUE BASED PROGRAM DEVELOPED?

At the end of 2002 the World Health Organisation's official global figures for HIV/Aids infection was alarming. Sub-Saharan Africa and more specifically Southern Africa, was identified as the most vulnerable population on earth where this disease could have catastrophic consequences. Even more troublesome was the fact that more than 50% of these were in the age bracket of 15 to 24 years old. The youth was the most endangered group!

As human beings we can of course choose one of many reactions to these statistics. We could try to run away from the problem; or, we could just keep quiet; or, we could't care less; or, we could feel so overwhelmed that we could become totally passive.

However, the Chaplain General Division decided to become part of the solution and not stay part of the problem. By introducing a *value based program* to an

established holistic multi-professional approach, a very strong weapon could be added to the arsenal of existing strategies to combat the disease.

BRIEF HISTORY OF THE VALUE-BASED PROGRAM

The national program to combat HIV/Aids in the SA National Defence Force, developed into an integrated program in 2001, called Masibambisane (meaning *to take hands* in the Zulu language). Hereby a focused, holistic approach was established to combat the disease from many different angles.

However, a *missing link in this program was soon realised*. A strong *need for a common spiritual and ethical value based program* was identified. The challenge to develop such a program was taken up by the Chaplain General Division and many different role players were identified to become part of a work group: chaplains, academic experts, civilian clergy and many other role players in other government departments. The process was inclusive and a great diversity of religious, cultural and other members of civilian society were included to develop the program. Through their efforts a common framework for a spiritual, ethical program was developed and implemented. This program is currently presented to the whole of the military community.

The main focus of the value-based program was prevention and awareness of HIV and AIDS through ethical and spiritual decision making.

The program was launched and mandated by the South African Deputy Minister of Defence on 27 November 2002 and was accepted throughout the Defence Force as an important preventative program to combat HIV and AIDS.

Today a 5-day and a 3-day program is presented (according to the need). These programs were pilot tested before being implemented. Senior Chaplain Trainers were trained to train the rest of the Chaplain Service.

DESIGN PRINCIPLES OF THE VALUE-BASED PROGRAM

The following ethical design principles were used to develop the program:

- Freedom of religion would be adhered to throughout
- Core and common values supported by the broader society were to be used
- The overarching values of UBUNTU and the so-called Golden Rule had to be integral to the program
- The end state of non-risk sexual behaviour and attitudes will always be kept in mind when presenting the program

TRAINING PRINCIPLES FOR THE VALUE-BASED PROGRAM

The following training principles were to be used in presenting the program:

- To use a facilitated approach versus a preaching or teaching approach
- Adult learning principles to be followed throughout
- To always adopt the experiential learning cycle (including: experience – reflection – generalisation – application)
- To use generic values that would be accepted by all religious or spiritual groups with no preference of the values of one specific group above any other (all to be treated with equal respect)

THEORETICAL FOUNDATIONS OF THE PROGRAM

A number of behaviour change models were studied to decide which approach would be best for a value-based program. Aspects of all of the following were used to develop the final product:

1. Prochaska's Stages of Change Model

This model suggests all people move through a process of change that lead up to a point when true change takes place. There are five stages:

- Pre-contemplative stage (no intention of changing)
- Contemplative stage (think of possibility of change)
- Preparation stage (transition between contemplation and action)
- Action stage (take full action to change)
- Maintenance stage (action stage continues in future)

2. Rosenstock's Health Belief Model

This model is based on the idea that unless people hold certain beliefs about health, they are unlikely to change their behaviour, no matter how much information they have. Health motivation plays an important role to prepare people to be ready to change. The following four beliefs are examples of such cues-to-action:

- Perceived susceptibility (how vulnerable people think they are getting a health condition)
- Perceived severity (if a condition is not seen as serious, no change will take place)
- Perceived benefits (the more people believe new behaviour has benefits for them, the more likely they will change)
- Perceived barriers (this is the opposite of perceived benefits, the things standing in the way of adopting new behaviour)
- Cues-to-action (the trigger that moves people to action)

3. Social Cognitive Theory (Bandura)

This model focus on people's behaviours and their cognitions or thoughts about these behaviours. Self-efficacy (of one's beliefs) is the core of this model and information and social support are important aspects. The following important steps to change can be identified:

- Perceived efficacy (your perception of your ability to control or change your behaviour)
- Information (powerful information that could prompt change)
- Social and self-regulative skills (alternatives to current behaviours to be able to move away from these behaviours)
- Guided practice of skills & feedback (practice new behaviour to strengthen the skill and develop confidence)
- Social support & peer influence (people select behaviours according to social norms and peer influence)

4. Increased Value-Consciousness Model

In addition to the models mentioned above, the unique constructs developed by the Work Group of the Chaplain General's Value-based Program were the following change-indicators:

- Increased *sense of spirituality* by participants
- Increased *value-consciousness* by participants
- Increased *ethical decision-making* abilities by participants
- Increased *self regulatory skills* by participants

THE CONTENT OF THE VALUE-BASED PROGRAM

The acronym for the value-based program developed by the Chaplain General is **CHATSEC (Combating HIV and AIDS through Spiritual and Ethical Conduct)**. This value-based program can be presented over 5 or 3 days.

The content of the 5-day program can briefly be summarised as follows:

- Introduction to ethics, values and life-style choices
- Ethical values enhancing a positive lifestyle:
Love, responsibility, fairness, integrity, respect & professionalism
- Skills needed to implement the values to combat possible infection
- To live out values within relationships
- Commitment

The content of the 3-day program can briefly be summarised as follows:

- The program is more integrated than the 5-day program
- Value-consciousness
- Ethical decision-making
- Self regulating ability
- Interwoven = a sense of spirituality

Note: Currently the Chaplain General uses the third edition of the 3-day program of which the content is regarded highly at an international level and is also the most popular being used in the SANDF.

MEASURING THE OUTCOME OF THE PROGRAM

- In close collaboration with the Military Psychological Institute (MPI) the following standardised measuring scales were developed to:
 - Measure specific constructs/ change indicators that could lead to increased value consciousness
 - Ensure validity (does it measure what it is supposed to measure?)
 - Ensure reliability (does it measure what it is supposed to consistently?)
 - Make sure the program takes all culture, religious and language differences into account?

MEASURING THE IMPACT OF THE PROGRAM

On an ongoing basis the following measures are in place to evaluate the full impact of presenting the program to a large population of the SANDF:

- Measuring groups participating in the program as well as control groups before presentation of the program
- Measuring participating and control groups after two months and after one year of doing the program
- KAP-studies (knowledge, attitudes & practices) used to measure impact of the program over time
- Longitudinal empirical study in collaboration with MPI to study if the CHATSEC program does contribute to attitude and behaviour change towards non-risk sexual behaviour (currently in process)

SUCCESSSES OF THE VALUE-BASED PROGRAM

- More than 10,000 members of the DOD have been trained in CHATSEC since 2003.

- The CHATSEC program was evaluated as the best preventative program to combat HIV and AIDS in the DOD in 2004
- Annually feedback from the official KAPP study of the DOD (Measuring knowledge, attitudes and perceptions) indicates the CHATSEC program as the most important program to change attitudes and behaviour regarding HIV and AIDS
- Internationally the program received recognition as very successful in changing attitudes and behaviour (e.g. from United States chaplains, NATO chaplains, SADC chaplains and from other Africa countries chaplains).
- The SA Police Service and the SA Correctional Service Chaplains are also using the program
- The first successful combined course presented by the Chaplains Service and the Military Social Work Department of the SANDF took place at the War College, Pretoria, during February 2007, to train 110 of our future commanders in the SANDF

INTERNAL MARKETING TARGETS

The Chaplain General plans the following to broaden the scope of the use of this program in future:

- Program to be presented to all commanders in the SANDF by 2008
- 2 x courses presented by every chaplain in different units of the DOD annually
- All new recruits and MSD members to be trained in the program annually (by mass campaigns of chaplains working together in all services and divisions)
- All chaplains to reach out to family members of soldiers and start doing home based care where possible

EXTERNAL MARKETING TARGETS

- SADC militaries (CHATSEC Train- the- Trainer course presented to senior trainers annually)

- Present CHATSEC Train- the- Trainer Course to any country who may be in need of training
- Benchmark with any country having similar preventative programs (e.g. a successful benchmark visit to Uganda by senior SANDF Chaplains took place in 2005)

WAY FORWARD

- Train more Reserve Force Chaplains
- Train Civilian Sector of South Africa
- Possible host of international conference on a value-based approach

CONCLUSION

- Feedback confirms this to be a dynamic program with a major impact to prevent HIV and AIDS in the SANDF and DOD
- It addresses the need of our time
- It adds value to the total Masibambisane project
- It places our leaders on the forefront of prevention & awareness wrt HIV and AIDS

QUOTE

“Excellance can be attained if:

- *You care more than others think is wise*
- *Risk more than others think is safe*
- *Dream more than others think is practical*
- *Expect more than others think is possible*

UNKNOWN