

## **Dance4life: Evaluating a global HIV and AIDS prevention program for young people using the Pre-Im framework for process evaluation**

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### **Abstract**

Dance4life is a global organization specifically aiming to establish a social youth movement around HIV and AIDS prevention. The aim of this study is to evaluate the implementation of the dance4life school-based HIV and AIDS prevention program, by sending questionnaires to two target groups in Africa and Europe, i.e. the staff members of the local implementing partners and participants of the dance4life program. As there was no existing framework to evaluate all relevant dimensions, the Pre-Im framework for process evaluation was developed. This framework makes a distinction between Prerequisites and Implementation topics. In total, 36 African and European staff members of implementing partners (51.5%) and 485 African and European participants (24.8%) from fourteen different countries completed the questionnaire. The results showed that, from a theoretical point of view, dance4life provides a robust HIV and AIDS prevention program. Both the implementing partners and the participants assess the dance4life concept and the health prevention school program as strong. This is an important prerequisite to realize successful implementation. However, the social movement concept needs more attention. A considerable proportion of participants is not well registered, which makes it impossible to remain in contact and reach continuation and maintenance. In conclusion, the continued involvement of participants after the school program has finished challenges dance4life's main goal to establish a social youth movement around HIV and AIDS worldwide.

**Keywords:** HIV, AIDS, school, education, adolescence.

### **Introduction**

Young people aged 15 to 24 account for almost half of new HIV infections (1). Because of the high rates of HIV-infected adolescents, numerous education and school-based prevention programs have been set up worldwide. Dance4life is an international initiative

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that actively involves young people and wants to give them a powerful voice in pushing back the spread of HIV and the stigma and taboos that surround it. Young people (13-19 years old) are attracted and empowered through the use of experience marketing, dance, music, youth icons and their own language, encouraging them to learn more about HIV and AIDS and sexual and reproductive health and rights (2).

Dance4life uses a Entertainment-Education strategy, which can be defined as a way of informing the public about a social issue or concern, by incorporating an educational message into popular entertainment content in order to raise awareness, increase knowledge, create favorable attitudes, and ultimately motivate people to take socially responsible action in their own lives (3,4). At the start of this study (April 2009), dance4life was active in 19 different countries worldwide. Dance4life developed a four-step school program that aims to inspire, educate and empower, activate and celebrate, for which the organization devised a publicity campaign. The school program firstly exists of an interactive entertainment-educational experience at which a dance4life tour team of peer educators discuss with youngsters about sex and HIV in an open way, combined with music and dance (heart connection tour (hct)). Next, the youngsters are educated with a life skills program about their sexual and reproductive health and rights (skills4life (s4l)). They also learn valuable skills about negotiation, communication and decision making, which they can apply in their daily lives. In the third step, they are stimulated to take action by organizing their own activities that involve their friends, families and communities (act4life (a4l)). Finally, after having passed through these three essential components, every two years on the Saturday before World AIDS Day, the young people attend the dance4life event (d4l event) to celebrate their achievements. During the event there is a live satellite connection between all participating countries, so that the young people are united. The aim of the dance4life program is not only to learn young people important knowledge and skills on HIV and AIDS prevention, but also to inspire them to become actively involved in pushing back HIV and AIDS through their own actions. These actively involved young people are called agents of change (aoc), which at the time of this research were defined

as 13 to 19 years old in school youngsters, who participated in at least two of the three essential components (hct, s4l, a4l) of the dance4life school program (2) (note: this definition has been changed later in 2009: since then, aoc have to participate in all three essential components). Aoc are supposed to be personally active in halting the spread of HIV and to make a positive impact in their communities.

The long-term goal of dance4life is to establish a worldwide social youth movement of one million agents of change by 2014 to push back HIV and AIDS. Melucci (5) defines a social movement as a type of collective behavior that challenges the ends, values and power structures of a given society. The dance4life social youth movement should remind the world leaders specifically about the Millennium Development Goal number 6 (MDG6), target 1: 'Have halted by 2015 and begun to reverse the spread of HIV and AIDS' (1). UNAIDS states that until HIV prevention programs incorporate elements focused on creating social change they will prove to be ineffective in the long run (1). To realize the aim of establishing a social youth movement, dance4life collaborates with a global network of 19 worldwide or national grassroot implementing partners, each active in a particular country. These implementing partners are termed 'national concept owners'. Therefore, we use the abbreviation 'ncos' to indicate staff members of the 'national concept owners'. The head office ('dance4life international') is responsible for the managerial oversight.

Until now, the dance4life program has not been evaluated structurally. Many studies show that a sound theoretical foundation, such as Social Cognitive Theory (6) or the Theory of Planned Behavior (7), contributes to the effectiveness of HIV and AIDS interventions (8,9). However, structured evaluations of the effectiveness of HIV and AIDS prevention programs have seldom been conducted (10), and investigation of process variables is often lacking. Such a process study is needed though, because it allows researchers to understand which aspects of the intervention are successfully implemented (11-13) and to draw adequate conclusions regarding outcome measures (11,14). The aim of a process evaluation is to determine whether the program was implemented according to plan, but also to provide program accountability to sponsors, the public, clients and

fundlers. The act of evaluating is, moreover, an intervention in itself, because it can stimulate the implementers to think more consciously about their work, which can have an immediate effect on the implementation and improve the quality of the program (15). The aim of the current study is to make an accurate assessment of the implementation of the dance4life program. This process evaluation will give insight in the extent to which the intervention is implemented as intended, supports further improvement and enables the interpretation of results and conclusions regarding outcome measures.

### *Framework for process evaluation*

As there was no existing framework or model that evaluates all the dimensions we considered relevant, we developed the Pre-Im framework for process evaluation. In this framework, we made a distinction between Prerequisites and Implementation topics. Figure 1 provides an overview of the Pre-Im framework and the theoretical basis of the dimensions, which will be explained below.

<b>I. Prerequisites</b>			
	<i>Dimension</i>	<i>Topics</i>	<i>Main theoretical basis</i>
<b>I.a</b>	<b>General program strength</b>	- Concept of program - Knowledge - Attitude	- SCT, SMT - ICHC - TPB
<b>I.b</b>	<b>Organizational prerequisites</b>	- Communication organization - Staff professionalism	- ICHC, organization - ICHC, skills
<b>I.c</b>	<b>Environmental and social support</b>	- Organisational support - Social support of aoc	- RE-AIM, adoption, SCT - SCT, RE-AIM, adoption
<b>II. Implementation</b>			
	<i>Dimension</i>	<i>Topics</i>	<i>Theoretical basis</i>
<b>II.a</b>	<b>Reach</b>	- Frequency - Participation rates	- RE-AIM, reach - RE-AIM, reach
<b>II.b</b>	<b>Implementation in practice</b>	- Program Implementation	- RE-AIM, implementation, SCT, TPB
<b>II.c</b>	<b>Continuation</b>	- Registration of aoc - Contact between aoc and ncos - Continuation of the dance4life programme by country	- RE-AIM, implementation - RE-AIM, maintenance, ICHC, SMT - RE-AIM, maintenance, ICHC, SMT

SCT = Social Cognitive Theory (6,19-21).

SMT = Social Movement Theory (5).

ICHC = Implementation of Change in Health Care (17,18).

TPB = Theory of Planned Behaviour (7,22).

RE-AIM = Process and effect framework (16).

Figure 1. Pre-Im framework for process evaluation.

The Pre-Im framework is based on two process(-effect) evaluation frameworks, i.e. RE-AIM model (16) and ICHC model (17,18). The RE-AIM model is a combination of process and outcome evaluation (16). It states that the ultimate impact of an intervention is due to its combined effects on the following five evaluative dimensions: Reach, Efficacy, Adoption, Implementation and

Maintenance. The Reach consists of the amount, proportion and representation of the target group that has been reached, e.g. participation rates of aoc. The Efficacy in the RE-AIM model refers to an (in between) outcome evaluation and was therefore not included in the framework. Adoption is the proportion and representativeness of settings (such as work sites, health departments or communities) that adopt a given

policy or program. We transferred this dimension to the environmental support and the social support experienced by ncos resp. participants. Implementation refers to the extent to which a program is delivered as intended, e.g. the implementation of the three essential dance4life components (hct, s4l, a4l) and the dance4life campaign. Maintenance is the continuation of the behavior of the participants, i.e. continuation of contact between aoc and ncos, and the extent to which a program is sustained over time by the organizations, i.e. ncos (16).

The ICHC model – Implementation of Change in Health Care - is made for evaluation of the implementation of a new intervention among caregivers who work in a health care institution (17-18). This model represents several dimensions at caregivers' level and at organizational level that need to receive attention to establish long-term changes. We incorporated the dimensions knowledge, organizational prerequisites, staff professionalism (skills) and continuation in the dance4life process evaluation framework. The Theory of Planned Behavior (TPB) (7,19) provides an additional theoretical perspective that is used in the development of the Pre-Im Framework, especially in the dimension 'General program strength'. According to the TPB, a positive attitude towards the dance4life program, i.e. a general positive evaluation of implementing the program, as well as self-efficacy of staff members of nco, i.e. belief in their capabilities to implement the program and overcome the difficulties inherent in implementation processes, are prerequisites to reach optimal implementation behavior. Moreover, the Social Cognitive Theory (SCT) (6, 20-22) is used. Bandura describes two basic modes of learning: through the direct experience of the rewarding and punishing effects of actions, as well as through the power of social modeling (21). Social modeling is observing others, forming an idea of how new behaviors are performed, and using this coded information as a guide for action on later occasions (6). Role modeling is integrated into the dance4life program and incorporated in the dimension 'Implementation in practice' of the Pre-Im Framework.

Here we focus on the results of the dimensions 'General program strength' (I.a), 'Reach' (II.a),

'Implementation in practice' (II.b) and 'Continuation' (II.c). More results are described elsewhere (23).

## Methods

This study is part of a larger research project on evaluating the dance4life program. Two target groups in all nineteen countries participating in dance4life received a questionnaire that was adapted to the specific group: a) the implementing partners of dance4life, i.e. staff members (ncos), and b) participants, i.e. youngsters who participated in the past in the dance4life program (aoc). All staff members (n=103) from the ncos in nineteen countries received a link to the online questionnaire by e-mail. After the initial e-mail, two reminders were sent (after two and four weeks). Regarding the second target group, the ncos were involved in contacting the participants, who received a link to the online questionnaire by e-mail. Again, two reminders were sent after two and four weeks. The majority of African participants had no access to internet. Therefore, the ncos of five African countries (Sierra Leone, Kenya, Tanzania, Zimbabwe and Uganda) visited schools and gave former participants of dance4life a paper version of the questionnaire.

### *Measurements*

All 5-point Likert scales and statements mentioned below used answering options ranging from 1= completely disagree to 5=completely agree, unless otherwise stated.

### *General program strength*

Both target groups received an open question, i.e. 'what is the main goal of dance4life?' to measure 'knowledge'. 'Collective self-efficacy' (five items; Cronbach's  $\alpha = .82$ ) and 'Perceived strength of the combination of different elements in the dance4life program' (two items; Pearson's  $R = .69, p < .001$ ) were measured among the ncos on a 5-point Likert scale.

'Attitude' was measured on a 5-point semantic differential, based on Osgood et al. (24). The scale

assesses the extent to which the specific dance4life components (hct, s4l, a4l, d4l event, dance4life campaign) were considered weak–strong, negative–positive, annoying–nice, passive–active and superficial – in depth. Cronbach’s alpha was on average .91 (range .85 to .93).

‘Goal attitudes’ were measured among participants with a subscale based on Melucci (5), e.g. ‘dance4life gives young people the opportunity to show the world that we are involved in fighting HIV/AIDS’ (three items; Cronbach’s  $\alpha = .70$ ).

### *Reach*

General information about the reach of the dance4life program in 2008 was derived from the monitoring system from dance4life international. We collected information about the number of schools that participated, the number of youngsters that participated in the hct, s4l, a4l (and in which combination), the total number of aoc and the number of participants of the d4l event.

### *Implementation in practice*

Perceived ‘ease of implementation’ by the ncOs was assessed with five items (Cronbach’s  $\alpha = .70$ ). NcOs as well as participants received the statement ‘students who participated liked dance4life’. Role-modeling of ‘peer educators’, i.e. young people with HIV or AIDS who tell stories during the hct, was measured among participants with two single items. NcOs received a single statement on ‘famous’ role models.

Content information about the implementation of different components of the dance4life program (hct, s4l, a4l and dance4life campaign) was collected among the ncOs. These items are all based on the instructions in the handbooks from dance4life international. The ncOs were asked how often elements such as videos and music instruments (1=never, 5=always) were used in the hct, how often youngsters were trained in the s4l program in specific skills, such as negotiation skills, leadership skills and public speaking’ (1=never, 5=always) and how often youngsters were provided in the a4l program with

supporting materials, such as a special youth action package and an advocacy toolkit’ (1=never, 5=always). They also received eleven statements. Last, the ncOs were asked to mark the media they use for the dance4life campaign in their country, e.g. ‘radio’, ‘internet’ and ‘newspapers’.

### *Continuation*

NcOs received questions as ‘do you maintain a register of the aoc in your country?’ Contact between aoc and ncOs was measured by five questions, e.g. ‘does your nco stay in contact with all agents of change who participated after the dance4life program has finished?’ The participants received three questions on continuation, e.g. ‘when was the last time you had contact with dance4life?’

### *Analysis*

For the analyses, we divided the respondents into two groups, according to the division of countries among the regional project coordinators of dance4life: Africa (Sierra Leone, Zimbabwe, Kenya, Uganda, Zambia, Zimbabwe, South Africa) and Europe (UK, The Netherlands, Germany, Serbia, Turkey, Ibiza/Spain, Ireland). The data from the third dance4life region (Mexico, Vietnam, USA, Russia, Moldova) were left out, because this group appeared to be very heterogeneous. Differences between the groups on background characteristics were examined using t-tests or chi-square tests, if appropriate.

The question that was developed to measure knowledge (i.e. ‘write down the main goal of dance4life’) was analyzed qualitatively. We analyzed the answers according to the official main goal as defined by dance4life international: ‘Dance4life is a global organization within the field of HIV/AIDS specifically aiming to establish a social youth movement of one million youngsters, called agents of change (aoc), by 2014, pushing back HIV/AIDS’ (2). All answers were categorized in seven categories that were derived from this definition: 1) pushing back HIV/AIDS; 2) social youth movement; 3) recruitment of aoc; 4) worldwide/global; 5) network of organizations; 6) one million (aoc) and 7) 2014.

The other data were analyzed quantitatively. Although the Pre-Im framework intends to provide descriptive data, differences between quantitative scores from respondents from Africa and Europe were explored using oneway anova analysis or chi-square tests, if appropriate. We used a significance level of  $p < .05$ . It must be noted that the amount of subjects in subgroups was sometimes low, especially in the subgroups of the ncos. This diminishes the power and the chance to find significant differences, indicating that there might be meaningful differences that didn't reach significance. In the result section, quotes are illustrative in addition to the quantitative responses given by the respondents. All statistical analyses of quantitative data were carried out using SPSS 16.0.

## Results

The ncos of South-Africa, Zambia and Ireland collaborated in completing the questionnaire for implementing partners (first target group), but not in the recruitment of participants (second target group). Spain didn't participate in both. All other countries are represented in both target groups. In total, all 38 staff members from the implementing partners (ncos) in the seven participating countries in Africa were approached as well as 33 ncos of the seven participating countries in Europe. The mean response from the ncos was 50.7% (60.5% response of African ncos ( $n=23$ ) and 39.4% response of European ncos ( $n=13$ )). In addition, 460 participants (aoc) were approached in Africa (hard copy questionnaire) and 1491 in Europe (online questionnaire). In total, 485 aoc responded (24.8%). African participants ( $n=400$ ; 87.0%) responded clearly more than European participants ( $n=85$ ; 5.7%) (see also limitations).

### Subjects

The mean age of the responding ncos was slightly, but significantly older in Africa (30.2 years) than in Europe (29.8 years). There were more male respondents in the African subgroup (65.2%) than in the European subgroup (30.8%). The majority of the staff members in both groups (72.2%) had at least a bachelor degree.

The mean age of the responding participants (aoc) was 17.6 years old. The African respondents were about one year older (17.9) than the European respondents (16.7). Of the African responding participants, 61.3% was male, while 78.8% of the European respondents was female.

### General program strength

From the official dance4life definition, only 'pushing back HIV and AIDS' was mentioned as (part of) the main goal of dance4life by almost two thirds of the ncos (64.2%) and the aoc (65.0%) in their answer on the knowledge question. Almost half of the ncos named 'the recruitment of aoc' (47.2%), and around one third '2014' (37.7%), 'one million (aoc)' (34.0%) and 'social youth movement' (30.2%). The latter was also mentioned by 13.0% of the participants. All other elements of the definition were written down by less than 10% of the participants.

Table 1 shows that the ncos are rather positive about the extent to which the dance4life program contributes to the empowerment of young people and, subsequently, to collective efficacy. All ncos are convinced that the combination of the different elements is essential to reach this empowerment. Both the participants and the ncos also report a (very) positive attitude towards each component (hct, s4l, a4l, d4l event, d4l campaign) of the dance4life program. The results show a pattern in which the African participants consequently give (somewhat) higher scores than European participants on attitude towards all dance4life components, although not always significantly higher. Moreover, the African participants report a highly positive attitude towards the goals of the dance4life program ( $M=4.50$  for African participants vs. 4.15 for European participants;  $p < .05$ ).

### Reach

The reach in 2008 was largest in Africa. The total number of aoc was 121 980 in Africa, which is more than 100 000 more than in Europe (21 296). In Africa, quite a large amount of youngsters (58 201) participated in the hct as well as s4l and a4l.

Table 1. General program strength

<b>CONCEPT OF PROGRAMME</b>				
	<b>Africa; ncos (n=14 )</b>		<b>Europe; ncos (n=9)</b>	
<i>Subscales (M (sd); range 1-5)<sup>a</sup></i>	<i>M</i>	<i>(sd)</i>	<i>M</i>	<i>(sd)</i>
<b>Collective efficacy</b>	<b>4.47</b>	<b>(.64)</b>	<b>4.57</b>	<b>(.42)</b>
<b>Strengths of the combination of different elements of dance4life to empower youngsters</b>	<b>4.26</b>	<b>(.97)</b>	<b>4.54</b>	<b>(.50)</b>
<b>ATTITUDE</b>				
	<b>Africa; aoc</b>	<b>Europe; aoc</b>	<b>Africa; ncos</b>	<b>Europe; ncos</b>
<i>Subscales (M (sd); range 1-5)<sup>b</sup></i>	<i>M (sd)</i>	<i>M (sd)</i>	<i>M (sd)</i>	<i>M (sd)</i>
<b>heart connection tour (hct) Attitude</b>	<b>(n=302)</b> <b>4.63 (.87) *<sup>c</sup></b>	<b>(n=53)</b> <b>4.30 (.59)</b>	<b>(n=18)</b> <b>3.78 (1.31)</b>	<b>(n=9)</b> <b>4.16 (.85)</b>
<b>Skills4life (s4l) Attitude</b>	<b>(n=319)</b> <b>4.63 (1.08) **<sup>c</sup></b>	<b>(n=32)</b> <b>4.04 (.82)</b>	<b>(n=16)</b> <b>4.49 (.61)</b>	<b>(n=10)</b> <b>4.56 (.64)</b>
<b>act4life (a4l) Attitude</b>	<b>(n=254)</b> <b>4.61 (.86)</b>	<b>(n=40)</b> <b>4.35 (.76)</b>	<b>(n=15)</b> <b>4.00 (1.15)</b>	<b>(n=11)</b> <b>4.64 (.59)</b>
<b>Dance4life event (d4l event) Attitude</b>	<b>(n=310)</b> <b>4.71 (1.02)</b>	<b>(n=60)</b> <b>4.57 (.67)</b>	<b>(n=16)</b> <b>4.10 (1.23)</b>	<b>(n=11)</b> <b>4.56 (.56)</b>
<b>Dance4life campaign Attitude</b>	<b>(n=242)</b> <b>4.45 (1.05)</b>	<b>(n=46)</b> <b>4.29 (.75)</b>	<b>(n=14)</b> <b>3.78 (1.31)</b>	<b>(n=11)</b> <b>4.16 (.85)</b>

\* p<.05; \*\* p<.01; \*\*\*p<.001.

<sup>a</sup> The highest score is the most favourable score; 1=completely disagree; 2=disagree; 3=neutral; 4=agree; 5=completely agree.

<sup>b</sup> The highest score is the most favourable score

<sup>c</sup> Comparison between African and European aoc.

In Europe, many participants participated in the hct as well as a4l (18 237), but only 1 018 participants participated in all three essential components. This means that s4l seems to be less often implemented in Europe.

### *Implementation in practice*

Most of the ncos give scores between three (neutral) and four (agree) in reaction on statements about the perceived ease of the implementation of the dance4life program, indicating some room for

improvement. One of the obstacles mentioned by European respondents is the implementation of the s4l program, which is illustrated by the following statement: 'It is not possible to oblige schools to participate in skills4life. Therefore, not all youngsters pass through the whole program' (Europe). A lack of internet access and/or computers hinders the implementation of the s4l program in Africa: 'Yet most schools don't have computers and the program is computer based' (Africa).

Although the ncos in general believe that participants like the program, the European participants themselves report lower likeability scores

(Table 2). Regarding role models (i.e., young people who tell stories and can be observed with the aim of social modeling), more than 40% of respondents from Europe and almost a quarter of the African

respondents report that they did not ‘met a young person who talked about becoming infected with or being infected by HIV’, although this is intended in the dance4life program.

Table 2. Implementation in practice

PERCEIVED LIKEABILITY AND ROLE MODELING DANCE4LIFE PROGRAM	Africa; aoc (n=389)	Europe; aoc (n=83)
According to participants (aoc)		
Students who participated liked dance4life ( <i>M</i> (sd); range 1-5) <sup>a</sup>	4.09 (.79) *	3.18 (.99)
I saw young people from my age participating ( <i>n</i> (%) <i>yes</i> )	339 (89.4%) *	57 (74.0%)
We met a young person who talked about becoming infected with or being infected by HIV ( <i>n</i> (%) <i>yes</i> )	293 (77.7%) *	45 (58.4%)
	Africa; ncos (n=21)	Europe; ncos (n=12)
According to implementing partners (ncos)		
Students who participated liked dance4life ( <i>M</i> (sd), range 1-5) <sup>a</sup>	4.38 (.63)	4.33 (.69)
We have great (global) dance4life ambassadors who appeal to the young people in our country ( <i>M</i> (sd), range 1-5) <sup>a</sup>	2.71 (1.10) *	3.75 (1.25)
IMPLEMENTATION IN GENERAL		
<i>Subscale</i> ( <i>M</i> (sd), range 1-5) <sup>a</sup>		
Perceived ease of implementation	3.99 (.79)	3.64 (1.52)
IMPLEMENTATION DIFFERENT COMPONENTS DANCE4LIFE		
<i>In the hct, they.</i> ( <i>M</i> (sd), range 1-5) <sup>a</sup>		
Use images	3.06 (1.39) **	4.89 (.33)
Use videos	3.11 (1.32) ***	4.89 (.33)
Perform a play	4.56 (.62) ***	2.38 (1.41)
Use music instruments	4.17 (.99)	3.22 (1.86)
Include short testimonials by young people from other dance4life countries	3.19 (1.80)	4.00 (1.73)
Include young people living with HIV	4.28 (.90)	3.78 (1.86)
<i>In the hct, they.</i> ( <i>M</i> (sd), range 1-5) <sup>a</sup>		
Make it possible for young people to speak in an open and safe environment about HIV and AIDS	4.17 (1.10)	4.78 (.44)
Correct misperceptions about HIV and AIDS	4.44 (.62)	4.78 (.44)
Break taboos about HIV	4.17 (.86)	4.89 (.33)
Alternate fun with information	4.67 (.59)	4.89 (.33)
Include the experiences of agents of change (aoc) of previous years	3.61 (1.04)	4.38 (.74)
<i>In our skills4life program</i> ( <i>M</i> (sd), range 1-5) <sup>a</sup>		
Youngsters get training in negotiation skills	4.82 (.53) **	3.38 (1.77)
Youngsters get training in leadership skills	4.69 (.60) *	3.50 (1.85)
Youngsters get training in debating	4.44 (.73)	3.63 (1.19)
Youngsters get training in entrepreneurship	3.50 (1.27)	4.25 (.71)
Youngsters get training in public speaking	4.44 (.81)	3.88 (.99)
<i>In our act4life program.</i> ( <i>M</i> (sd), range 1-5) <sup>a</sup>		
We provide youngsters with a special youth action package	3.60 (1.30)	4.25 (1.49)
We provide youngsters with a fundraising toolkit	1.79 (1.19) **	3.80 (1.55)
We provide youngsters with an advocacy toolkit	2.87 (1.51)	4.10 (1.45)
<i>In our act4life program</i> ( <i>M</i> (sd), range 1-5) <sup>a</sup>		
Youngsters get the opportunity to register their plans (on internet or in a notebook)	3.07 (1.39) *	4.38 (.52)



<b>We encourage youngsters to take action</b>	<b>4.47 (.64)</b>	<b>4.60 (.52)</b>
<b>We support youngsters with a clear list of what we can offer them (an action plan, a T-shirt, condoms, posters, stickers, etc.)</b>	<b>4.07 (.80)</b>	<b>4.78 (.44)</b>
<b>We are available for youngsters when they need us</b>	<b>4.47 (.64)</b>	<b>4.90 (.32)</b>
<b>We offer the youngsters various volunteering opportunities</b>	<b>4.14 (.86)</b>	<b>4.60 (.97)</b>
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<b>We offer the youngsters a plan (or tips and tricks) to raise awareness in the community</b>	<b>4.20 (.68)</b>	<b>4.70 (.48)</b>
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<b>Kind of media used for the campaign by nco (n (% used))</b>		
<b>Flyers</b>	<b>7 (30.4%)</b>	<b>7 (53.8%)</b>
<b>Posters</b>	<b>8 (34.8%)</b>	<b>8 (61.5%)</b>
<b>Radio</b>	<b>11 (47.8%)</b>	<b>6 (46.2%)</b>
<b>TV</b>	<b>9 (39.1%)</b>	<b>4 (30.8%)</b>
<b>The movies</b>	<b>2 (8.7%)</b>	<b>1 (7.7%)</b>
<b>Internet</b>	<b>2 (8.7%) ***</b>	<b>9 (69.2%)</b>
<b>Newspapers</b>	<b>11 (47.8%)</b>	<b>8 (61.5%)</b>
<b>Magazines</b>	<b>3 (13.0%) **</b>	<b>9 (69.2%)</b>
<b>Other</b>	<b>1 (4.3%)</b>	<b>2 (15.4%)</b>
<hr/>		
<b>Mean number of different media used by nco for the dance4life campaign (range 0-9) (M (sd))</b>	<b>2.3 (2.7)</b>	<b>4.2 (3.1)</b>

\* p<.05; \*\* p<.01; \*\*\*p<.001

<sup>a</sup> The highest score is the most favourable score; 1=completely disagree; 2=disagree; 3=neutral; 4=agree; 5=completely agree.

With regard to the ‘famous’ role models, or ambassadors, especially the African partners do not really agree with the statement that dance4life ‘has great ambassadors who appeal to the young people in our country’. Table 2 also shows the results of the implementation of the different components of the dance4life program. In the hct, images and videos are often used in Europe, while Africa more often perform a play. All ncOs are very positive about the hct when it comes to the possibility to speak in an open and safe environment, to alternate fun with education and to break taboos about HIV. In the s4l component, the African partners are putting more efforts in the training of negotiation skills and leadership skills than the European partners. In the a4l program, Europe seems to be more active than Africa in the provision of support, for instance by offering a fundraising toolkit or opportunities to register the youngsters’ plans on internet or in a notebook.

Regarding media use for the dance4life campaign, almost half of the responding African partners and almost a quarter of the European partners report that they do not use media for the dance4life campaign. In Africa, a mean number of 2.3 different media is used. Radio, newspapers and TV are

mentioned most often. The European partners report a mean number of 4.2 different media, particularly the Internet, magazines, newspapers, posters, flyers and radio.

### *Registration and continuation*

Most of the ncOs register part of the aoc (65.0% in Africa and 66.7% in Europe). Less than a quarter of both the African (25.0%) and European (16.7%) ncOs register all aoc and more than half of the partners report that contact details such as address, email address or telephone, essential to keep contact, are not registered.

Although the ncOs completely agree that ‘it is important to stay in contact with the youngsters after the program is finished’, there is on average less than twice a year contact with all aoc who are registered. If there is contact, African participants mention ‘personal contact’ (i.e. school visits by the nco) as the main way to keep contact (36.3%), while the European respondents more often mention Internet and e-mail (both 48.2%). The majority of the African

participants (67.4%) would like to have more contact with dance4life as compared to a third of the European respondents (33.8%;  $p < .001$ ).

## Discussion

The aim of this study was to investigate to what extent the different components of the dance4life program are implemented as intended by the collaborating partners in Africa and Europe. The Pre-Im framework for process evaluation appeared to be applicable to identify strengths and weaknesses of the program. The results indicate that, from a conceptual viewpoint, the dance4life program is fairly successful as a preventive health program. The general program strength is considered high and the results show a very positive attitude towards the dance4life concept among both ncos and participants. Respondents generally perceive dance4life as a program that contributes to the empowerment of young people and collective efficacy, although among the participants there is a lack of knowledge and awareness of the main goal of dance4life, i.e. establishing a social youth movement.

A strong element in the actual implementation is the reach of dance4life, which is very large, especially in Africa. However, implementation is not perceived as really easy by both the African and the European ncos. More in-depth research is needed to get more insight into the beliefs of the ncos in their capabilities to implement the program adequately, the underlying factors of these beliefs and the difficulties they experience in practice.

The biggest barriers for successful implementation are found in the last dimension of the Pre-Im framework, i.e. registration and continuation. Less than a quarter of the ncos in both Africa and Europe register all aoc. This means that a considerable proportion of aoc is not registered (as yet), which makes it impossible to remain in contact with them and reach continuation and maintenance. There is, moreover, no systematic tracking of related activities that are prompted or facilitated by aoc in the wake of the schools4life program. Because there is no ongoing contact with the dance4life organization, the potential for aoc to continue activities is unknown. Such activities could be stimulated (and implemented)

to strengthen the social youth movement that dance4life is endeavoring to establish. Ultimately, activities should continue without the presence of dance4life, but conditions required to establish an actual movement should first be provided by dance4life. This might enhance the sense among aoc that they belong to a network after the schools4life program is finished and continue in their activities. If there is no continuation of activities or an engrained sense of membership then we cannot speak of a member of a social movement according to accepted definitions (5,25).

Overall, the combined ingredients of dance4life's schools4life program should provide a solid HIV and AIDS prevention program, at least if the components are implemented adequately. There are some strong elements, such as establishing a good balance between fun and content, which is based on an Entertainment-Education strategy. The program provides robust formats that cover the essential elements for each component, such as breaking taboos, creating a safe environment to speak freely (hct) and being trained in negotiation skills (s4l). All these elements and the Entertainment-Education approach contribute to an HIV and AIDS prevention program from a positive health perspective, which is absent in most other sexual prevention programs, which still over-emphasize negative consequences (26). However, a potential risk of focusing too much on the program's entertainment aspect is that funding bodies and other stakeholders might feel that the fun component seem to prevail over the serious educational aspects and content, even though this is not the case. Raising the profile of a strong content of the schools4life program could prevent such misconceptions.

Another potential threat to the global implementation of the program is that youngsters from developed (Western) countries might perceive dance4life as a program primarily for helping the poor in developing countries, rather than it being as much a program for them, intended to empower them to assume personal responsibility for safety precautions and offering them the personal benefits of being a member of the movement. This is affirmed by the results of this study, indicating that in Europe the a4l component seems to be more often implemented than the preceding s4l component. According to several

social psychological models, the sequence of the four components (hct > s4l > a4l > d4l event) is a key element for achieving behavioral change (see for instance the Information Processing Model (27,28)), but the s4l component is regularly left out in Europe. Moreover, the a4l component in Europe mainly focuses on fundraising, while the central aim of a4l is to propagate and stimulate participants to become an active aoc in a broader sense. The severe life-threatening HIV and AIDS pandemic in African countries might be grabbing most of the attention of participants and the emphasis on fundraising for 'others' might be feeding the notion that this program exists only to help others. This is the opposite of what dance4life is striving for. The content of the dance4life program in Europe should be evaluated in greater detail to unravel the motives and perceptions of youngsters from developed countries, thereby ascertaining whether adjustments are needed in order for aoc to perceive dance4life as a program which also embraces their personal interests.

### *Limitations*

This study has some limitations. The overall response was low among the target group of European participants. Although 87.0% (n=400) of the African participants given a printed questionnaire responded, only 5.7% (n=85) of the European participants approached by e-mail completed the questionnaire. A higher response could possibly have been received when printed questionnaires were used, partly because some of the emails might not have been received (e.g. e-mail address not in use anymore or considered as junk e-mail). However, the low response also prompts the question of whether the aoc are sufficiently engaged with dance4life. Given that dance4life's main goal is to establish a social youth movement in which aoc actively participate, a much higher response was to be expected. The participants who responded were probably the most committed aoc. Therefore, the results have to be interpreted with great caution. Further research should be conducted among a more representative group of aoc in Europe, including participating youngsters who did not become an aoc and might provide different opinions

and views on the strengths and weaknesses of the program and its implementation.

The response from ncos was moderate (50.7%), but above the average response rates in social science research (29, 30). Moreover, all countries except for Spain were represented in the sample. Therefore, the response among this target group was high enough to consider the data reliable.

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