

CAN TRU LOVE WITHSTAND THE TEST?

Radio Programming Guide for Producers

SERIES II 2009

*it begins
with* **you**



AFRICAN BROADCAST
MEDIA PARTNERSHIP
AGAINST HIV/AIDS



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ABMP

The African Broadcast Media Partnership Against HIV/AIDS (ABMP) is a pan-African coalition of 60 broadcast companies across 39 countries working to increase and reinvigorate the role of broadcast media in combating HIV/AIDS. ABMP members commit their own personnel and production resources in support of the effort and contribute a minimum of 5% daily airtime for HIV/AIDS-related programming.

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For more information go to www.broadcasthivafrica.org or www.itbeginswithyou.org



Over the past year, ABMP's radio mini drama *Can Tru Love Withstand the Test?* has established a strong audience following across ABMP member countries (for more information on the ABMP see www.broadcsthivafrica.org). Focus group research shows that listeners really appreciate the highly dramatized format and have strong recall of the key messages. The educational value of this series can be substantially increased if broadcasters develop supporting programming like talk shows, news and magazine programmes to expand on the key themes and messages reflected in the series. This guide aims to give you information and ideas about how to do this. Your efforts to reinforce the key messages of the *YOU* campaign are a critical part of the stepped up fight against HIV/AIDS. We hope we can rely on YOU!

CONTENTS

The <i>YOU</i> Campaign	4
<i>Can Tru Love Withstand the Test?</i>	4
About the Guide & Your Programming	4
The Story	7
Key Themes: Hope for the Future, Stigma, Gender Equity	8
Additional issues: PMTCT, MCP, Condoms, HIV testing	14
Programming Ideas	19
Episodes 18 – 24	20

THE YOU CAMPAIGN

The *YOU* campaign anchors the ABMP's efforts and aims to re-engage all Africans in the fight against HIV/AIDS with a focus mainly on young people (18-25 years) who make up more than 50% of the African population. The *YOU* campaign emphasizes a strong call to action – It begins with *YOU!* - and urges all Africans to consider their role in helping realise the vision of an HIV-free future.

The tagline *Imagine the Possibility of an HIV-free Generation: It Begins with YOU!* is used to promote a theme of inclusivity, hope and possibility. (For more information on the *YOU* campaign see www.itbeginswithyou.org)

CAN TRU LOVE WITHSTAND THE TEST?

This is an innovative radio series developed by the ABMP as a key part of the *YOU* campaign and broadcast across all ABMP member countries. The series builds on the popular radio soap drama formula using a serialised story line in 2-minute episodes renewed twice a month. Based on the success of the year-long pilot series, 24 new episodes have been produced to air between May 2009 and April 2010. The series features the typical circumstances and issues most young adults deal with in their day-to-day lives with a strong focus on respectful relationships, gender equity, stigma, open communication about HIV/AIDS, reducing HIV-risk and promoting HIV testing.

Focus groups among young people (18-25 years) show strong identification with the highly dramatized story line and strong recall of the key HIV/AIDS related take out messages. The value for broadcasters is that the short 2-minute format enables regular repeat broadcast which is key to the effectiveness of this campaign. ABMP member companies report broadcasting each episode at least five times per week.

WHY A GUIDE?

As a member of the ABMP, your company is committed to provide production resources and air time for longer-form programming in support of the *YOU* campaign. The 2-minute episodes raise key themes which can be used as a hook for development of longer form programming particularly talk shows, news ,documentary and magazine programmes. This guide provides some ideas to help in developing these programmes. It also provides additional supporting information on the main themes and messages highlighted in this year's campaign.



YOUR PROGRAMMES

You can produce talk shows, magazine programmes, documentaries or news stories or any other kind of programme that suits your schedule, but supporting programmes must compliment and reinforce the *YOU* campaign and its core messages. You can choose to do what will suit your audience.

The main goal is to:

- ☞ Provide for expanded examination and discussion of the issues
- ☞ Introduce expert advice and referral
- ☞ Add local human interest dimension

The most important consideration is to ensure the programmes you produce:

- ☞ Reflect and reinforce the themes and upbeat/hopeful approach of the *YOU* campaign
- ☞ Consistently promote the vision of an HIV-free generation and the potential contribution of all Africans to that goal
- ☞ Engage, inform and entertain
- ☞ Are designed to attract young audiences
- ☞ Provide accurate information, as well as referral to resources for further information and/or services such as HIV-testing
- ☞ Use the coming 2010 Soccer World Cup as an opportunity to talk about sport and healthy (HIV-free) living
- ☞ Always reinforce the campaign tagline: *Imagine the Possibility of an HIV-free Generation: It Begins with YOU!*

So how do you do this?

Read the information on the themes below. This will give you a good understanding of the major HIV issues covered in the show. The new series should begin airing on May 1 with a new episode going on air every two weeks for the next year. This guide contains a short summary of the first seven episodes and gives the names and background of all of the characters, so all you need to do is read what is written here and use the questions and discussion points as the basis of your locally produced show. You should also engage local experts and HIV/AIDS service providers in developing your programmes. Contact your local National AIDS Coordinating Council and major NGOs working in HIV/AIDS to assist you. The local offices of the World Health Organization (WHO) and UNAIDS will also be willing to help you. You will find a comprehensive list of contacts for information sources and referral in your country at www.itbeginswithyou.org/countryresources/index.

Talk Show

The host/DJ announces the show's topic and gives a short background of the topic. The 2-minute episode is played. A panel of experts on the theme/topic is introduced. In addition to "experts" it is a good idea to include a few regular young adults (18-25 years) to reflect how the issues affect their lives. Remember females and males have different perspectives on many of the issues and teasing these angles out is helpful too. Ensure you have a balance of males and females on the panel. Adding true human interest angles always adds listener appeal—for example including a person who took an HIV-test after hearing the series, or a VCT counsellor or clinic health worker. "Real people" working on the frontline have more listener appeal than academic experts.

The panel is then asked to comment on the issues as reflected in the episode under discussion. Questions are asked of panellists based on the discussion points under both themes and episode breakdowns below. The host/DJ can also give facts and figures from the HIV Facts list after each advert break. Always make sure your information is accurate. Do not throw figures around if you are not sure. If it is a phone-in callers can be directed to comment and ask questions related to the show topic. Towards the end of the show the host/DJ asks the panel to give their final words on their specific points and then sums up the views of the callers. A final round up of the discussion is given and a list of contact numbers is read so that listeners can make follow-ups. Very important is that the host/DJ of the show should never give advice to listeners—this is the role of experts. Remember not to lecture your listeners. Your goal is to encourage them to think about and talk about the issues. The host/DJ should only refer listeners to sources of information and or services.

News story/Documentaries

Use the HIV facts and figures along with the theme notes below to produce content for either a news story or documentary. For example, if you decide to do a story on testing you can visit a VCT facility and interview a counsellor about the procedure, and get facts and figures from them about how many people test daily, how many are positive, how many negative, whether treatment is readily available and where people go for this. You can follow this with interviews with young people as well as adults about whether they have tested with follow-up questions why not, why they did and would they again, etc.. Ask them about the facts - what was the counselling like and also what made them want to test. Obviously you need to respect personal confidentiality and you should not ask the interviewee for their HIV-test results. Additional interviews can be done with the National AIDS Council, UNAIDS, WHO and other NGOs working in the field about how they deal with promotion of testing, facilities and the outcomes of their work. Look up service providers and provide a list to listeners so that they get further information and assistance.

Magazine shows

Magazine programmes thrive on variety of content and there are plenty of different views where HIV is concerned to make an informative and entertaining slot. The style should be a mix of music, vox pops and expert opinion. For example, if you make condoms the topic of discussion you can break a half hour slot into five segments. Start with a live interview with an expert on condoms who can explain correct and consistent condom usage. Mix in music. Switch over to a prerecorded vox-pop of people's opinions on condoms – make sure you cover a broad spectrum of people with differing opinions. Follow this with a recorded interview with someone from a faith-based organisation opposed to condom usage or someone who represents a differing opinion on condom usage. It is also good to get both a male and a female opinion on condoms so juxtapose these comments in the next slot, followed by a community leader or celebrity endorsing condom usage. End the segments with the expert setting straight the myths and presenting the facts. Throughout the programme intersperse HIV facts and figures from the list below. Close the programme by giving referral numbers as the intention is to leave the listener or viewer better informed and wanting to know more.

THE STORY: CAN TRU LUV WITHSTAND THE TEST? SERIES II

Over the next year, 24 episodes will be produced and aired. The main themes are hope, stigma and gender equity. Other topics raised and integrated through the series include respect in relationships, sexual coercion, peer pressure, multiple concurrent sexual partners, open communication about HIV/AIDS, HIV-testing and PMTCT (prevention of mother to child transmission).

The characters are:

Claire – was involved with Ali, a sugar-daddy; got HIV and had a baby, Junior.

Sandra – goes out with Paul; she is reliable, a true friend and has big dreams.

Zama – got dumped by Leo, has HIV and is supportive and nurturing of the group.

Paul – goes out with Sandra; tries to do things right and is a role model to his sisters.

Leo – works with Paul and is a real 'playa', is in denial about his HIV status.

Claire's mother – supportive of Claire and Junior; does what she can for them.

Claire's father – battles to come to terms with Claire's status.

TK – is Claire's father's best friend who enlightens him on the world.

THEME: HOPE FOR THE FUTURE

Hope for the Future, a sense of personal optimism - namely that things can be better in my life if I strive for my goals - is a major factor in motivating young people to live an HIV-free life. Young people who don't have a sense of future, hope or opportunity, lack self esteem and are more likely to engage in high risk behaviour – including sex, substance abuse and crime.

The importance of personal initiative in setting goals and achieving ambitions should be emphasized—i.e. “Don't wait for somebody else to deliver your future dream—tackle it yourself!”

Staying in school is one of the most important parts of ensuring a young person's future prospects. Most young Africans drop out of school before graduating. Encouraging school retention is an obvious way to improve young people's prospects in life. Although personal success most often depends on personal initiative, the *YOU* campaign aims to mobilize all Africans in support of a shared greater goal—an HIV-free generation and better future for all Africans. You should emphasize this idea of collective action. It is about encouraging people to consider what they can do as individuals, families, communities and nations to stop the spread of HIV on the continent.

Soccer is a recurring element in the radio drama series and the *YOU* campaign over the next 12 months. There is a lot of excitement across Africa in anticipation of the FIFA 2010 Soccer World Cup, the first ever in Africa. It is a landmark in African achievement and pride. This should be emphasized and used as an opportunity to encourage discussion about Africa's future and the role of young people in achieving the goal of a better, HIV-free future for all Africans. This should be the central message of all supporting programming. For more information of the FIFA 2010 Soccer World Cup go to: www.fifa.com

SPECIFIC QUESTIONS YOU MIGHT EXPLORE IN YOUR PROGRAMMES ARE:

- ☞ Are young Africans optimistic about the future of the continent?
- ☞ Do young Africans believe an HIV-free generation is possible and what would it take?
- ☞ How can young Africans contribute (as individuals and as part of communities and nations) to a better future for all?
- ☞ How do young Africans think the 2010 Soccer World Cup might benefit Africa?
- ☞ Identify and discuss African role models with whom young people can find something in common.
- ☞ What are the sites, inventions and accomplishments that Africans can take pride in and build on?
- ☞ If there is hope and treatment available are people more likely to test for HIV?
- ☞ What do young Africans see as the stumbling blocks toward progress in realizing an HIV-free generation and a better future for all Africans?

DID YOU KNOW?

- ☺ An estimated 315 million Africans (in 2001) manage to live on less than \$1 per day (Source: library.thinkquest.org)
- ☺ Africa has six Nobel peace laureates: Wangari Muta Maathai - Kenya (2004), Kofi Annan - Ghana (2001), Nelson Mandela & Frederik Willem de Klerk – South Africa (1993), Desmond Tutu – South Africa (1984), Albert Lutuli – South Africa (1960) (Source: www.nobelprize.org)
- ☺ Africa has three Nobel literature laureates: Nadine Gordimer –South Africa (1991), Wole Soyinka - Nigeria (1986), John Coetzee – South Africa (2003). (Source: nobelprize.org)
- ☺ Ellen Johnson-Sirleaf of Liberia is the first female African president
- ☺ Kenyan athletes won 5 gold medals at the 2008 Olympics. (Source: www.voanews.com)
- ☺ 5 (Angola, Cote d'Ivoire, Ghana, Togo and Tunisia) national soccer teams competed in the 2006 FIFA Soccer World Cup (Sources: www.fifa.com)
- ☺ The 2010 FIFA Soccer World Cup, to be hosted by South Africa, is expected to have a world-wide TV audience in excess of 2,6 billion (Sources: www.fifa.com)
- ☺ Egypt won the 2008 Africa Cup of Nations (Source: www.cafonline50.com)
- ☺ The Pyramid of Giza, in Egypt is considered one of the Seven Ancient Wonders of the World and The Victoria Falls is considered one of the Seven Natural Wonders of the World
- ☺ The first university was established in Timbuktu (Source: www.wikianswers.com)



THEME: STIGMA

Because of strong stigma surrounding HIV/AIDS many people are fearful of talking openly about HIV/AIDS or their status, and they are discouraged from seeking information about HIV, from getting tested, or from disclosing their HIV status to potential sexual partners, family and friends. Only about 10% of people with HIV have ever been tested. One result is that a person infected with HIV who does not know it, runs the risk of infecting those with whom they have sex, and the infected person delays seeking medical care and treatment which could cause severe complications. Stigma also reinforces personal denial and a mind-set that “it can’t happen to me”!

The key to ending stigma is open communication about HIV/AIDS and sexual behaviour as the key driver of HIV infection. Breaking stigma means people must talk openly about the facts such as: the need to use a condom during all sexual encounters; that many young adults have multiple sexual partners and this dramatically increases risk of HIV-infection; the role of sexual coercion, violence, alcohol and substance abuse; and the lack of gender equity and mutual respect in relationships between men and women. Talking about these facts is the starting point to recognizing that these behaviours are driving the epidemic and put any sexually active young adult at risk of HIV infection. The time for hiding behind traditional, cultural, political and other taboos to deny HIV/AIDS is long gone. Media can play a critical role in opening up communication about these issues.

In addition many myths, such as sex with a virgin as an antidote to HIV-infection, have been spread and these myths need to be counteracted with facts and expert information. People living with the virus have endured discrimination and abuse, such as losing their jobs, thrown out of their houses, disowned by family and physically attacked as well, all of which contributes to the stigma associated with the disease. It is important to emphasise that HIV does not discriminate—anybody can get it. It is also important to recognize that HIV is transmitted mainly through heterosexual (male-female) sex and that there is nothing shameful about sex.

Attitudes toward sex and talking about sex are often culturally ingrained. But all cultures have ways of talking about these issues and the role of the media is to find culturally appropriate ways to open up the discussion, and draw listeners into more open conversation about these issues, not to alienate listeners by being culturally insensitive. One way to do this is to involve culturally respected local figures, parents and teens in your programme.

Specific questions you might explore in your programmes are:

- ② The importance of open communication among family (particularly parents and their teenage children) and between friends and sexual partners about HIV/AIDS, sexual behaviour and HIV-testing as a routine part of good health management.
- ② The role of individuals in leading by example (e.g. By speaking out publicly) to confront the taboos around HIV-testing, and the perceived stigma associated with HIV/AIDS generally.
- ② Emphasis on the caring traditions of African family and community life, and the need to respond in caring and inclusive ways to individuals and families infected and/or affected by HIV/AIDS.
- ② The importance of regular HIV-testing as part of a healthy lifestyle, and the most essential key to HIV prevention and/or treatment.
- ② Promotion of the understanding that the goal of an HIV-free Africa is everybody's responsibility and all Africans must consider how they as individuals and with family, community and nations can contribute to this goal.
- ② The establishment of HIV support groups are very effective in combating HIV stigma and people living with the virus can use their united voices to change communities.
- ② What are the kinds of stigma and discrimination associated with the disease?
 - ② Why do you think people postpone testing and also postpone treatment and support?
 - ② Why do women and girls tend to experience greater discrimination and that violence against women is associated with stigma?

THEME: GENDER EQUITY

Gender inequity (inequality between males and females) is a major driver of HIV infection. Discrimination against women is deep seated, and even in an age when women hold positions and assume roles only played by men in the past, in sexual relationships, gender equity still lags far behind. Women are seldom treated as equals in sexual relationships, meaning generally they do not have the “power” to negotiate when to refuse sex, or the use of a condom or to insist on HIV testing. Women are also often subjected to more blatant forms of sexual abuse and violence. Whether blatant or subtle, the root is the traditional stereotype of a woman’s subordinate role.

Young women who are better educated, more confident and are well motivated are more likely to say no to the pressures of sex and are more likely to avoid abusive relationships. Women who are less economically dependent are also more likely to be able to negotiate sexual relationship and to better protect themselves from HIV. But male attitudes and behaviour toward women remains fundamental to the disrespectful and often abusive treatment of women in relationships. Traditionally, males are most often socialized to believe that manhood requires them to be sexually dominant.

A key part of this effort is to promote an understanding of the role of gender inequity in driving the HIV-epidemic, and to promote gender equity as demonstrated by:

Open, respectful communication between men and women about sexual relationships – both men and women need to feel and be able to talk to their partner openly about a number of sexual issues. There needs to be love and genuine caring for each other and this requires good communication. If you are not ready to have sex then you need to be able to share this and have your wishes respected and not feel pressured in to having sex. Most young girls say that they didn’t choose to have sex that they were coerced by their partner – this does not make for a good relationship! Both need to be able to discuss condom usage and other contraceptives so that they can protect one another and open discussion about HIV status, sexual history and faithfulness are all important issues to discuss.

Consensual sexual decision making and reduction in sexual violence and abuse – If you say NO – that needs to be respected and violence and abuse should not be tolerated in any relationship. The best relationships are based on love, understanding and a genuine respect for each other; no relationship should make someone feel subservient.

Joint HIV-testing of sexual partners – If I test negative it does not mean my partner is also negative and therefore it is good for both of you to test. Testing together shows that one believes in taking responsibility for ones past and future and can be a great unifying experience, especially for new partners.

Shared responsibility – it is both men and women’s responsibility to talk, discuss and make decisions jointly about your relationship and then to share the responsibility for those decisions. So, if you decide to have sex it is both of your responsibility to share the consequences of that decision – say you fall pregnant then both of you need to make decisions about the baby – to care for, love and nurture it.

What social and cultural factors make women more vulnerable?

Social and cultural norms contribute to the unequal status of women in societies, which facilitates the spread of diseases such as HIV. In their sexual relationships, women are often denied the power to make decisions that may lower their risk of HIV infection. Social norms may restrict women's ability to negotiate sex with a condom, demand fidelity in a relationship or seek information about protection, treatment or health care. The unequal power balance between men and women puts women at a greater risk of HIV infection.

In some societies, social norms may dictate that women remain monogamous, while men may be allowed and even encouraged to engage in sex with multiple partners.

What economic factors make women more vulnerable?

Poverty and the reliance on men for economic support compound women's risk of HIV infection. Women might engage in unsafe sex or commercial sex work as a means of survival or to support their families. Women's financial and material dependence on men often makes it difficult or impossible for them to take control of their sexual relationships.

Specific questions you should explore in your programmes are:

- ☞ Relationships between men and women based on shared respect, responsibility and caring acknowledge gender equity.
- ☞ Men and women are created equal and that sometimes tradition and stereotypes regarding women's role in society are a barrier to respect and caring.
- ☞ Why is manhood associated with sexual dominance, how can that perception be changed and how can men improve the quality of their relationships with an appreciation of gender equity?
- ☞ Understanding that there should be no limits to a woman's ambition and possibility to fulfil life's dreams through hard work in the same way as men.
- ☞ Knowing that sound relationships should be based on joint decision-making particularly about issues of when to have sex and/or start raising a family.
- ☞ HIV testing is fundamental to the good health of men and women, and to ensure the health of their children.
- ☞ Understanding that it is difficult for women to talk openly about sex with their partners and to negotiate condom usage thereby exposing them to HIV.
- ☞ Physiologically the make-up of a woman's body makes them more predisposed to HIV infection.
- ☞ Women and girls are exposed to violence and rape that makes them vulnerable.
- ☞ Why are women who have greater access to education and economic empowerment less likely to have HIV?

PMTCT

A baby can contract the HIV virus from its mother during birth or during breast feeding. Without treatment, about 1 in every 3 babies born to mothers who are HIV positive will get HIV. But pregnant women who are HIV positive now can register for special treatment called PMTCT (Prevention of Mother to Child Transmission). This involves the mother taking special medications to reduce the chances of the virus being passed on to her baby. The normal regimen is a single dose of nevirapine given to the mother at the onset of labor and to the baby straight after birth or a short course of treatment - this can prevent transmission of HIV by up to 50%.

There are also various choices available around feeding your baby so talk to your local clinic staff about what option is best for you and the pros and cons of both need to be fully explained and understood by the mother. If mothers have access to milk formulas and are in an environment where water is safe, heating is available, formula is affordable and can be used exclusively then they are advised not to breast feed. However, in many regions breast feeding is still recommended as these support systems are not in place and in fact by not doing so you could put your babies life in jeopardy due to other infections and illnesses that they may be exposed to. In some places mothers may even be discriminated against if they do not breast feed. In these cases exclusive breast feeding is recommended for the first month. What is not recommended is mixing bottle and breast feeding as this combination puts the baby at most risk for HIV transmission. Once a mother chooses to bottle feed breast feeding must stop immediately. In developing countries, an estimated one-third to one-half of all HIV infections are transmitted through breast feeding.

MULTIPLE CONCURRENT SEXUAL PARTNERSHIPS (MCP)

MCP refers to the fact that the more sexual partners you have the higher your risk of contracting HIV/AIDS. It is often the case that young adults have several sexual partners at the same time (concurrently). This practice greatly increases the chances that you, the people you sleep with and the other people they sleep with will get HIV/AIDS. This expanding network of infection is the reason MCP is a focal point for HIV prevention. The most obvious way to protect yourself is to reduce your sexual partners and use a condom *every time* you have sex. Often people don't realise that they are at risk because they don't see the number of sexual partners connected to each other. In a number of countries people have a "steady" partner and then they have a partner on the "side". Side partners are often kept a secret – but what happens if each of these side partners has a steady partner who also has a side partner? It just takes one to contract the virus and spread it to the entire network of sexual partners. Do you really know how many partners your partner has had in the past or currently has? Even if you are married, can you be certain your partner is not putting you at risk by being involved in such a network that you are not aware of?

Discussion Points

- ② How does culture and social norms contribute to the possibility of having multiple sexual partnerships?
- ② Struggling financially could mean that you take on a sexual partner to provide for you financially – how does this impact on HIV?
- ② Dissatisfaction in relationships – are you able to talk to your partner or do you go get satisfied elsewhere thereby increasing your chances of contracting HIV and exposing your partner to the virus too?

CONDOMS

Condoms are the only sure way to protect yourself from HIV/AIDS. Even if you are circumcised, the only way to fully protect yourself and your partner from HIV infection is to use a condom *every time*. Consistent and correct condom usage each time you have sex is vital to protect yourself from HIV. However, consistent condom usage wanes in medium to long term relationships. Men often refuse to use a condom because they claim it diminishes their sexual pleasure. It is important to emphasise that in an environment where HIV is highly prevalent not using a condom every time you have sex is gambling with your life. Women need to understand this too, and be encouraged to demand consistent condom usage.

COMMON QUESTIONS ABOUT HIV TESTING

Central to the series is the importance of getting tested and knowing your HIV status. HIV-testing is the bridge between prevention, treatment and care. People who have been tested for HIV are more likely to exercise and adopt HIV-risk avoiding behaviour. Obviously for people who test negative, continued protection is the goal. For people who test HIV positive, protection is as important to them to avoid repeat HIV infections which could make them sicker quicker and to avoid infecting their sexual partners. Also, early detection of HIV-infection greatly increases prospects for continued healthy HIV positive living, by early detection and care for secondary infections, and access to AIDS drugs when necessary.

What is an HIV test and how does it work?

Most HIV tests are designed to detect the antibodies that the body produces to fight HIV once infection has occurred. Most people will develop antibodies within three months, but it can take longer, including up to six months in some cases. This time period is known as the “window period”, when an individual may be infected with HIV, but may not yet test positive. There are several different types of approved HIV tests, including blood tests, oral fluid tests, and urine tests.

Will my health care provider test me for HIV as part of a routine physical?

Unless you ask them to do the test, you can't be sure you are being tested.

Do all HIV tests involve drawing blood?

Most require a blood sample while some newly developed ones use oral fluids, which is a simple swab inside your cheek. There are also urine tests, but these are not readily used or available.

How quickly will I get my test results?

It depends on the type of test you are given. Results from conventional blood, oral fluid and urine tests are generally available within a few days to two weeks. Rapid HIV tests can provide results in 20 minutes or less.

Will my parents know if I get tested?

Each country has its own laws and regulations regarding parental permission.

How much does it cost to get tested?

Most government clinics offer free testing for HIV and other STIs. Prices at private health care facilities vary.

How does someone know if they are infected with HIV?

The only way to know for sure is to get an HIV test. You cannot tell by looking at someone.



Where can I get tested for HIV?

It will vary depending on where you live. Some clinics can provide tests as can some private doctor's offices. There may be HIV testing sites in your community and some health departments and organisations will sponsor HIV testing days, providing free testing to anyone who wants to be tested.

What if I test positive for HIV?

It means that you will carry the virus in your body for the rest of your life. It also means you can infect other people if you have unprotected sex or share needles. You can infect others even if you feel fine and have no symptoms of illness. It is important that you talk with your health care provider as soon as possible to discuss ways to keep yourself healthy and to reduce your risk of transmitting HIV to partners. It is important to use protection as you may become infected with another STI with serious health consequences, or become infected with an even more dangerous strain of HIV. And remember, if you are a woman who is living with HIV, you can pass the infection to your baby during pregnancy, delivery or breast feeding. Special medications are given at some medical facilities to help ensure that your baby is born healthy – find out where you can access these. Advances in the treatment of HIV/AIDS are occurring all the time—new medications are allowing people to live longer and healthier lives.

If I test HIV negative, does that mean that my partner is HIV negative?

No. Your HIV test result reveals only your HIV status.

How often should I get tested?

If you are having unprotected sex you should be tested every six months.

If I am HIV-positive, when would I need anti-retroviral treatment?

When you are diagnosed as HIV-positive, it is very important that you regularly report to your local medical facility so they can monitor your CD4 count (measure your white blood cells to get an indication of the state of your immune system). When your CD4 count falls below 200, you will be started on a course of anti-retroviral treatment (ART) – a combination of AIDS drugs. Once you start ART treatment you will likely be on treatment for the rest of your life.

KNOW THE HIV FACTS

- ☞ It is really important to ensure that you are broadcasting accurate information. Get your facts straight before you go on air. Particularly if you are producing a live talk show—you must know the facts—or ensure you have an expert on hand to provide the correct information. Although facts can be useful to underscore the seriousness of the situation, you should also be aware that using too many big and scary numbers can be overwhelming to many and could result in a greater sense of hopelessness for the existing situation. So use facts with accuracy and discretion and always personalise the facts.
- ☞ More than 39 million people are currently estimated to be living with HIV/AIDS worldwide. (Source: www.unaids.org)
- ☞ Sub-Saharan Africa remains the region most affected by the AIDS epidemic, with more than two thirds (68%) of all people infected with HIV living there. (Source: www.unaids.org)
- ☞ More than 5,000 new HIV infections occur in Africa every day. (Source: www.kff.org)
- ☞ 1.5 million Africans (adults and children) die of HIV/AIDS every year. (Source: www.globalhealthreporting.org)
- ☞ An estimated 15 million African children are growing up without one or more parents because of HIV/AIDS. (Sources: www.avert.org; www.globalhealthfacts.org)
- ☞ Women are disproportionately affected, representing 61% of people living with HIV in sub-Saharan Africa. (Sources: www.unaids.org)
- ☞ Approximately 2.1 million Africans are currently enrolled for AIDS treatment. Only 1 in 5 Africans who need AIDS treatment currently receive it. (Sources: www.unaids.org; www.avert.org)
- ☞ Circumcised males are less likely to get HIV but should still wear condoms for more complete protection. (Source: www.alternet.org)
- ☞ There is no cure for AIDS and no effective vaccine. (Sources: www.avert.org; www.iavi.org)
- ☞ One of the highest risk factors for HIV is having sex with many partners.
- ☞ The more sexual partners you have the greater your chances of getting HIV/AIDS.
- ☞ Most people who have HIV do not know it because only about 10% have ever tested for HIV.
- ☞ If you are sexually active you should be tested for HIV at least every six months.
- ☞ Testing for HIV is the only way to ensure your health and to protect your sexual partners.
- ☞ The HIV/AIDS epidemic has already claimed over 25 million lives worldwide (Source: www.unaids.org)

PROGRAMMING IDEAS

EPISODE 18

Claire comes up with an idea for 2010 called the 2010 HIV/AIDS Ambassadors and she shares it with her friends Zama and Sandra who are very supportive. Zama even offers to help her. Leo has been diagnosed HIV positive but he denies this and blames Zama who breaks down emotionally.

Story themes: hope, stigma, gender, denial, positive peer pressure and volunteering.

Discussion Points

When one of your friends or colleagues has an idea how supportive are you of the idea? Did you know that there is both negative and positive peer support? Positive peer support encourages action that develops one and gives hope for the future. You can encourage a friend to build a business, to go for an HIV test, to volunteer, to stay in school, to study, and you can support a friend who is HIV positive.

Both Zama and Claire are HIV positive but they still have ideas and dreams for their future and both are making plans to give back to their community. They could blame their circumstances for their status but they have accepted their status and have made choices to move on with their lives. How easy is this generally for young people and especially when you know you have HIV?

Leo is in denial of his status and blames Zama. He thinks that this is something that couldn't happen to him and is therefore stigmatising the virus. The sooner you find out about your status the better in terms of dealing with it. Early detection means you can monitor your status and regularly check your CD4 count. Nutrition, exercise, a positive mental state, minimising stress and early detection of opportunistic infection are necessary when living with the virus – this helps to delay the onset of AIDS. The longer you wait the sooner you may have to go onto treatment. Stigma surrounding the disease means that people do not test for HIV, and even when they are diagnosed remain in denial and therefore up-take of treatment is low resulting in people getting sicker faster. People also continue to stick to the behaviour that put them at risk in the first place thereby spreading the virus further. Why also is blame often shifted to the woman for HIV infection – Leo blames Zama?

Show Ideas

- 🕒 African ideas, innovations, experts, being an entrepreneur and setting up a business
- 🕒 Volunteer programmes in communities and in faith-based organisations
- 🕒 Speak to a young person living with HIV about finding out their status, disclosure and about their day-to-day life
- 🕒 Discuss stigma in your community and how families and businesses respond to HIV
- 🕒 2010 – what does this mean for the African continent and how is HIV linked to the soccer tournament?



EPISODE 19

Claire decides to share her idea of the 2010 HIV/AIDS Ambassadors with her mother. Her father, however, wants nothing to do with either Claire or her baby – Junior, and is spending more and more time at the local tavern getting drunk unable to deal with her HIV positive status.

Story themes: stigma & gender, family support, communication and alcohol.

Discussion Points

Communication within the family predominantly falls on the mother. Young people say they cannot talk to their fathers, especially not around sexual issues. Claire opens up to her mother who is supportive but her father wants nothing to do with her. Why does the responsibility fall on the mother and how is this seen as gender inequity?

Why does Claire's father treat her like this – is this common treatment of people who are HIV positive or is it because she has had a baby out of wedlock? How is stigma coming in to play in Claire's father's reaction to her?

Alcohol is linked very closely with HIV and people are more likely to say yes to sex under the influence of alcohol. Alcohol is also often used by people to escape from day-to-day reality. Why is HIV and alcohol linked and why would you need to reduce your alcohol intake if you are HIV positive?

Show ideas

- ☞ Communication – within families, between men and women and between parents and children.
- ☞ How easy is it to talk about sex, HIV and other issues?
- ☞ Stigma – how do we react as a community to people living with HIV and young girls who are either pregnant or who have a young baby out of marriage. Do we treat men and women the same around these issues?
- ☞ Alcohol and the social impact on society, with a specific focus on alcohol and HIV.

EPISODE 20

Claire's father and his friend TK chat in the tavern. TK needs to leave early as he is off to pick up his nephew who is HIV positive. This leads to TK sharing how he went for VCT so he could support his nephew.

Story themes: stigma, testing, PMTCT, family relationships, alcohol, communication and peer pressure

Alcohol Fact Box

Scientists have shown that there is a link between HIV progression and alcohol intake for people living with HIV. Alcohol and other drug usage has been linked to greater risky behaviour including greater sexual activity without condom usage

Discussion Points

Family Relationships – Due to the nature of the epidemic extended families have been called in to support family members during extended periods of illness as well as to care for and raise young children orphaned by HIV/Aids. The onus falls predominantly on “grandmothers” to raise their grandchildren, nieces and nephews. The radio show portrays TK as the care-giver and shows how families need to unite to assist one another.

Stigma – Children born with HIV are often stigmatised through no fault of their own. What are the types of stigma they face and how do you raise a child who is HIV positive within a society that often stigmatises them? What do you do when they go to school?

PMTCT – Prevention of Mother to Child Transmission. It is important to test for HIV when pregnant in order to minimise transmission of HIV to one's baby during birth and through breast-feeding. Depending on the treatment regimen in your country, mothers who are HIV positive will be offered medication that limits HIV transmission.

Show ideas

- ☞ How are families responding to the HIV/AIDS pandemic? What are they doing and what is the impact on the extended families lives?
- ☞ Raising a child who is HIV positive.
- ☞ What are the procedures to follow if you are HIV positive and you are expecting a baby?



EPISODE 21

Claire's father is encouraged by his friend TK to go for counselling with his family and is told where to go.

Story themes: stigma, hope, testing (VCT) and peer pressure

Peer Pressure Fact Box

Pressure can have both a positive and a negative influence. The negative impact of peer pressure is well known, and is one of the primary reasons for young people engaging in high risk behaviours such as teen sex, alcohol and drug abuse and crime. Positive peer pressure on the other hand is when peers dissuade each other from such behaviours by reinforcing more positive responses to the social and economic pressure young people have to navigate. There is also no age limit to peer pressure!

Discussion Points

How important is open communication between parents and children about sex, HIV/AIDS and relationships?

What is routine HIV-testing and how often do you think one should go to get tested? What happens if you are married?

Peer Pressure – TK talks to Claire's father and gives his point of view of how he dealt with a situation and what he thinks Claire's father should do. Pressure is often subtle and the recipient is not even aware they are being pressurised. Good pressure reinforces the positive aspects of the behaviour.

Show ideas

- ☞ Do you think it is possible to have an HIV free Africa?
- ☞ Peer Pressure – what is it? Negative versus Positive.
- ☞ VCT – unpack what it means and the importance of counselling linked to testing.

EPISODE 22

Claire and her parents attended their first counselling session together. Her father raises issues about what others will think of them and during the session emotionally asks for forgiveness.

Story themes: Stigma, family communication, testing (VCT)

Discussion Points

VCT – Voluntary Testing and Counselling is for everyone and is something that should be done every six months if you are sexually active. Going with friends and family is often advised as this is your support base and you need to be prepared for a negative outcome and what it means for your future.

Stigma – Claire’s father is worried about what others will think – words such as shame, curse, ignorance and the linkage between HIV and sex are brought up. Why are we so worried about what others think at the expense of those who we love and should be supporting? HIV is mainly transmitted through heterosexual (male-female) sex but HIV can also be transmitted through drug usage, contaminated blood transfusions, open wounds where blood is transferred, and from mother to child either at birth or through breast feeding. Many married women who have remained faithful become infected due to their husband’s infidelities – how can they possibly be blamed for their status?

Show ideas

- 🕒 VCT – what is it and why should we go every six months?
- 🕒 How do you get HIV and how are people really getting infected – let’s look at the statistics?
- 🕒 Family Counselling – counselling is a concept foreign to many of us... but talking to someone like a friend about an issue of concern always makes one feel better so why not around HIV, too?

EPISODE 23

Claire opens up to her father about her HIV/AIDS Ambassadors idea. He thinks it's a great idea and promises to put her in contact with his friend TK who can assist her. Claire's mom has decided to collect items for children orphaned by HIV/AIDS.

Story themes: Hope for the future, positive support, communication, volunteering

Discussion Points

Volunteering is something one can do in addition to holding down a full time job. It also leads to other opportunities so if you are a young person battling to find a job, volunteering in the community or within a business can often lead to a paying position being offered. Claire's mother is exposed to the needs of young children in the community due to Claire's HIV positive status and has decided to take action. What can you do in your community to make a difference?

Positive support – how often have you come up with an idea and it is shouted down. Receiving a positive response or constructive criticism that you can then build on the idea makes a big difference as to whether someone actually goes ahead with a concept. See how you can compliment an idea rather than destroying an idea before it has the room to grow. Business and life is often about who you know – connect people to other people who can make a difference in their lives.

Show ideas

- 🕒 Volunteering in the community
- 🕒 2010 – what does this mean for Africa?
- 🕒 Connecting Africa - Building people up and supporting their ideas and enthusiasm

Claire, Zama and Sandra are at the soccer club chatting about the future and the HIV/AIDS Ambassador programme. Sandra is worried her boyfriend Paul may be retrenched due to the economic slump, Claire says she needs to get a job as well as work on the Ambassador programme.

Story themes: Volunteering, hope for the future, economic hardships, soccer, relationships

Discussion Points

The worldwide economic crisis is hard for everyone and more and more people are out of work – how do we deal with this and support those who are struggling financially and emotionally? Sandra shows genuine concern for her boyfriend who may be laid off.

Many women get involved in transactional sex (sex for money, food, shelter and clothing) due to financial hardships and expose themselves to greater risk of HIV infection. How do we as a society deal with this especially when the reports show that we will continue to face hardships due to the current crisis?

2010 – For many Africans next year promises hope and opportunities as Africa gets showcased on the international stage and prepares for the influx of first time visitors. What does this mean for the continent and what can you do wherever you are to promote Africa when sub-Saharan Africa has the highest HIV figures in the world?

Show ideas

- 🕒 The financial and economic crisis – how can we minimise the impact?
- 🕒 Transactional sex – why do women take this up as a profession?
- 🕒 How can we better promote Africa on the world stage?

FINDING MORE INFORMATION AND SERVICE REFERRALS SPECIFIC TO YOUR COUNTRY

It is important to source local organisations and experts for advice and information that is specific to your region. You will find a comprehensive list of contacts for information sources and referral in your country at:

www.itbeginswithyou.org/countryresources/index.

For more information on the *YOU* campaign see

www.itbeginswithyou.org

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