

SUPPLEMENT 2
EPISODES 31 - 42

CAN TRU LOVE WITHSTAND THE TEST?

Radio Programming Guide for Producers

*it begins
with* **you**



AFRICAN BROADCAST
MEDIA PARTNERSHIP
AGAINST HIV/AIDS



ABMP

The African Broadcast Media Partnership Against HIV/AIDS (ABMP) is a pan-African coalition of 60 broadcast companies across 38 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.

Major funding for this project is provided by the David and Lucille Packard Foundation. The ABMP receives operational, technical and funding support from the Henry J. Kaiser Family Foundation. Additional funding is provided by the Bill and Melinda Gates Foundation, the Coca Cola Africa Foundation and Johnson & Johnson.

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

PURPOSE OF THIS GUIDE

The educational and entertainment value of the *Can Tru Love Withstand the Test?* series can be substantially increased if broadcasters develop supporting programming such as talk shows, news, documentaries and magazine programmes to expand on the key themes and messages reflected in the series. The Main Guide in this series (April 2009) sets out guidelines, about how to do this, as well as additional information on the HIV/AIDS-related themes occurring in the current episodes of the Edu-Dramas and ideas about how to use these themes across different programme formats. This Supplement covers themes in Episodes 31 – 42 and should be read together with the Main Guide and the supplement for episodes 25 to 30.

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!!

THE *YOU* CAMPAIGN

The *YOU* campaign focuses mainly on young people (18-25 years) and 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.

CONTENTS

THE <i>YOU</i> CAMPAIGN	1
<i>CAN TRU LOVE WITHSTAND THE TEST?</i>	2
YOUR PROGRAMMING	3
KEY THEMES: HOPE FOR THE FUTURE, STIGMA, GENDER EQUITY	4
REPRODUCTIVE HEALTH	5
EPISODES 31 – 42	7
COUNTRY SPECIFIC INFORMATION AND SERVICE REFERRALS	19



CAN TRU LOVE WITHSTAND THE TEST?

Over the past year and a half, ABMP's two-minute radio mini drama *Can Tru Love Withstand the Test?* has established a strong audience following across ABMP member countries. Focus group research shows that listeners really appreciate the highly dramatized format and have strong recall of the key messages.

THE MAIN CHARACTERS IN THE SERIES ARE:

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

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

Leo – is a real 'playa', has been in denial about his HIV status and starts treatment way too late.

Claire's father – is hot tempered and battles to come to terms with Claire's status.

Ali – is the sugar-daddy who infected Claire with HIV.

Sandra – is in a relationship with Paul; is reliable, a true friend and has big dreams.

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

Claire's mother – supportive and loving to her family; does what she can for them.

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

Lara – is Leo's younger sister who is involved with an older man.

YOUR PROGRAMMING

You can produce shows and programmes to suit your schedule and your audience, but supporting programmes must compliment and reinforce the *YOU* campaign and its core messages.

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?

Have you read the first part of this Guide sent to you last April and the supplementary guide sent to you in August? If not, take the time to read them now. The Guide and supplements have very useful information on how to go about developing and producing content to suit various programme formats to help reinforce the *YOU* campaign. There is information on HIV and the main themes that are examined in the series. They also have story ideas relevant to Episodes 18 – 30. This is a continuation of those guides and focuses on story lines and ideas for longer form programming building on the themes and messages contained in Episodes 31 to 42. If you no longer have the Main Guide or first supplement these can be found at www.broadcsthivafrica.org.

So all you need to do is use the questions and discussion points below 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 NGO's 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 local information sources and referral in your country at www.broadcsthivafrica.org/resources.

4 3 KEY THEMES

Can Tru Luv Withstand the Test? 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.

THEME 1: HOPE FOR THE FUTURE

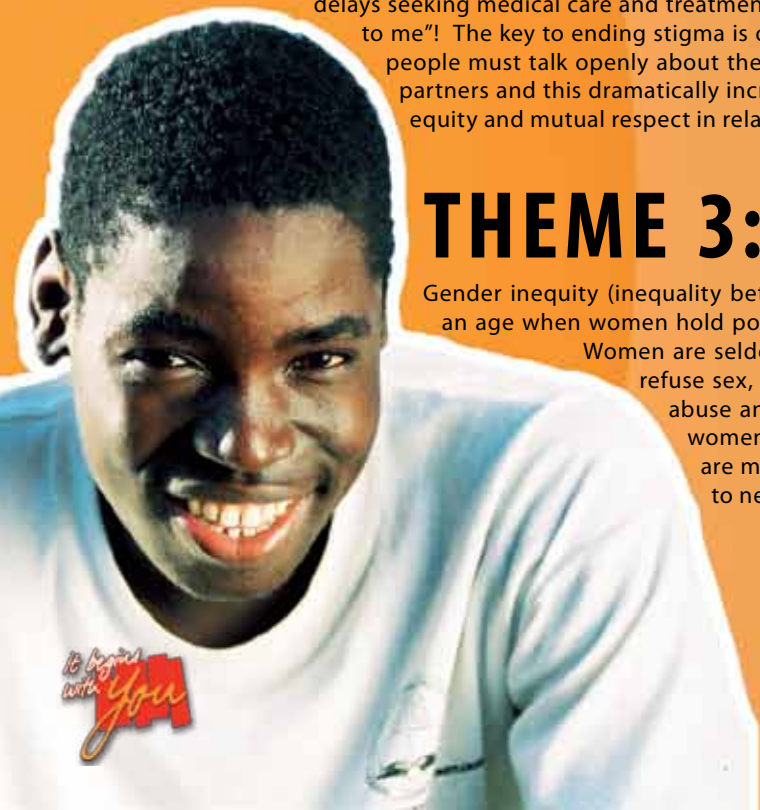
Hope for the Future, a sense of personal optimism - namely that things can be better in life if one strives for personal goals - is a major factor in motivating young people to live an HIV-free life. Young people who don't have a sense of future, hope or opportunity, lack self esteem and are more likely 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!!"

THEME 2: 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 mindset 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.

THEME 3: GENDER EQUITY

Gender inequity (inequality between males and females) is a major driver of HIV infection. Discrimination against women is deep seated, 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 relationships and to better protect themselves from HIV.



REPRODUCTIVE HEALTH

The environment that young people are growing up in is significantly different to the way it was when we adults were growing up. Today's teenagers are exposed to a far greater range of diverse influences; they have greater access to education, the media and new technologies, and greater exposure to global trends, fashions and attitudes. Although young people today are not initiating sex earlier or having sex more frequently than in past years, they are becoming sexually active at the height of the HIV/AIDS epidemic. Nearly two-thirds of the HIV population comprises young adults with young women (under 25 years) being particularly vulnerable. These days sexual and reproductive health education is generally integrated into school curriculums, but what has not changed is the inhibition among parents in talking to their children about relationships, sex and other difficult issues. The result is that young people are exposed to perfunctory education about reproduction and most young people have very little knowledge about basic human reproduction before initiating sexual activity. Even the advent of the HIV/AIDS epidemic has not ended the taboo among adults in general in talking to teenagers about sex and HIV/AIDS. Many people feel that it is not appropriate to talk about sex and HIV together but since HIV is mainly transmitted through heterosexual sex the messaging needs to be comprehensive and include sex, relationships and HIV. Therefore, traditional perspectives on talking about sex and different value orientations tend to limit the availability of comprehensive reproductive health education for young people.

Parents often fear that by talking to their children about sex they will encourage them to experiment with sex. Research from across the world shows that young people are more likely to delay their first sexual experience if they are given all the facts and that when they do have sex that they are more likely to protect themselves. In fact many parents also lack the knowledge and facts to pass on to their children as they too often were not given the correct information.

Research shows that most young women report that their first sexual encounter was coerced and most often their first pregnancy was unintended. Young women are generally exposed to social and economic pressure after leaving school to find a husband to support them materially. The result is that many young women between the age of 18-20 years become pregnant for the first time, usually as part of establishing a relationship with a male in his mid-twenties. Because older men are more likely to already be HIV infected, young women under 20 years have a disproportionately high rate of infection relative to males of the same age. Furthermore, the biological make-up of women makes them more vulnerable to HIV transmission, young women in particular as their membrane is not fully developed allowing the virus to easily penetrate. Sadly there is a strong correlation between first pregnancy and HIV-infection among young women.



Sexual debut for most males and females usually occurs between the age of 16-18 years and it is therefore important that reproductive health information is given to young people prior to their first sexual relationship. Sexual activity has consequences and can lead to unintended pregnancies, sexually transmitted infections, including HIV. Unplanned pregnancies also lead to increased termination of pregnancies and the associated health risks. Maternal mortality rates across Africa remain among the highest in the world. Early pregnancy also often leads to premature school leaving among girls, intensifying poverty and dependence. Another problem is that teenage girls and young women often avoid visiting a clinic for reproductive health services because clinic nurses often have a reputation for stigmatizing young girls who are sexually active or pregnant. Contraceptive usage is considered taboo in a number of societies. In many cases adults think giving teenagers early access to contraceptives, including condoms, encourages premature sexual activity. Women fear that if they request contraceptives their partners will leave them or abuse them by becoming emotionally or physically violent. In other cultures women's identities are so linked to motherhood and fertility that contraceptives are just not acceptable.

Being able to talk openly and honestly with your partner about sex, protection from HIV, sexual satisfaction and if and when to have children should be the right of both men and women. Young people should be encouraged to access reproductive health services for counselling and support, and to receive advice on HIV protection and contraception. The often judgemental attitude of clinic staff toward sexually active young people creates a barrier to essential services. In addition, contraception and related reproductive health matters are too often considered the sole responsibility of females. Gender inequity and out-dated male attitudes toward gender roles and responsibility in relationships, sex and sexual behaviour are a major driver of the epidemic and have no place in this age of AIDS. Traditional gender attitudes and fear of AIDS stigma, as well as traditional attitudes to child rearing are significant barriers among pregnant women to accessing services for the prevention of mother to child transmission of HIV (PMTCT). The earlier a pregnant woman establishes her HIV status, and if HIV positive begins anti-retroviral treatment, the better the odds that her baby will be born HIV free (up to 95% chance if treatment begins in the first three months of pregnancy).

EPISODE 31

Paul, Zama, Claire and Sandra are enthusiastically discussing their HIV/Aids Soccer Ambassador Project when Paul gets a call. Leo has collapsed at the Clinic and has been admitted to hospital. The team rush off to be with him but the doctor is not very hopeful. Leo left his treatment for HIV too late and his body is not coping. Imagine a world where people are not afraid to deal honestly and openly with HIV/AIDS.

STORY THEMES: hope, future, plans, treatment, gender, relationships, friendships, care, support

DISCUSSION POINTS

- ∂ HIV / AIDS: The first years after infection are generally not life-threatening and people are usually not aware that they have the virus, so they unknowingly infect others. The first three months after infection are when infected persons are most contagious and most likely to infect others. If the virus goes undetected it steadily weakens and destroys the immune system of the infected person. As a result one's body becomes more susceptible to opportunistic infections because your body finds it hard to fight these off. Pneumonia, TB, influenza, thrush and Cryptococcal Meningitis are just some of the many infections to which one becomes more susceptible.
- ∂ CD 4 Count: These are also known as T-helper cells and help the body fight off infection. HIV destroys these cells and as they start to diminish you will be more likely to suffer from a variety of illnesses. It is also a useful measure to monitor the virus. Once your CD4 count drops below a certain point medical staff will start you on treatment. A CD4 count of 300 is often cited as the threshold for treatment. However, this varies from country to country. By maintaining a healthy lifestyle, exercising and generally looking after yourself you can keep your CD4 count up and therefore can delay going on treatment. However, in very poor countries and where people are living in poverty access to good nutritious food and stress-free living is not always available and CD4 counts can drop over a shorter period of time.
- ∂ Fear of stigma is the major disincentive preventing people from getting a regular HIV-test. Fewer than 10% of people already infected with HIV know their HIV status. This fact greatly exacerbates the continued spread of the epidemic. Regular HIV-testing is of paramount importance if the epidemic is ever to be curtailed. Delayed access to HIV-testing, often because of fear of stigma, is also the primary reason why HIV positive persons are often already too sick by the time they report to a clinic to benefit from AIDS treatment. Making HIV-testing a regular, routine part of every sexually active persons' life, would help debunk stigma.

SHOW IDEAS?

- ∂ Talking frankly about HIV/AIDS. There is so much information out there but what is correct? Let's dispel the myths and lay the facts out.
- ∂ What are the barriers to HIV-testing? What's the big deal? Is it more stressful than going to the dentist?
- ∂ Treatment for HIV – I have a friend who is HIV positive. What do I need to know about their treatment so I can support them in adhering to it?
- ∂ Are you heard? As a woman do you speak out and let yourself be heard or do you keep quiet when there is a man around? How does this impact on your role and likelihood to succeed in the workplace? Men are you deliberately overshadowing women in your workplace and at home?
- ∂ How good a friend are you really? Friendship and relationships, what do they mean to you and what you expect in return from friends?



8 EPISODE 32

*Leo sadly dies from AIDS related complications after having delayed seeking treatment. His friends attend his funeral in the village. Paul is devastated and feels he didn't do enough but then Leo was a real playa and slept around; unknowingly he infected Zama with HIV. Paul and Sandra have a disagreement about traditions and the concept of men sleeping around and not using protection. Paul talks to Leo's younger sister Lara and promises to be a big brother to her now that Leo has gone. They are also shocked to discover that she is in a relationship with an older man and she is only sixteen!
Imagine a world where friends look out for each other, stop them from risking their life through reckless behaviour and encourage them to make the right choices.*

STORY THEMES: Treatment, culture & traditions, unprotected sex, sugar-daddies, poverty, young women's susceptibility to HIV, choices, urban versus rural, mentoring

DISCUSSION POINTS

- ∅ Culture & traditions: Only too often culture and tradition are cited as justification for risky behaviour, including sexual behaviour. However what are your culture's true views on love and what is expected when it comes to family? Relationships based on respect, care, support and love last longer and are more fulfilling to both partners. If your actions and behaviour is fraught with risk you are putting your partner and your family in jeopardy and this goes against most cultures and traditions. As friends we need to talk openly about these behaviours and make sure we don't use our culture to hide behind.
- ∅ Multiple Partners: The more sexual partner's one has the greater the risk of contracting HIV and other sexually transmitted infections. Multiple concurrent partnerships (MCP) refer to the fact that it is common for many people to have multiple sexual relationships at the same time. This creates a network of sexual relationships which greatly increases the risk of HIV infection. Multiple concurrent partnerships are common among young people as well as older adults, and it involves both men and women equally. The fact that this kind of sexual networking is so common and generally tolerated is in large part a function of traditional stereotypes about gender equity and male sexuality. Reducing the number of sexual partners should be emphasized as a key measure for reducing HIV risk - and of course always emphasize that the only way to prevent infection (or infecting others) is to use a condom for every sexual encounter - even in monogamous relationships.

SHOW IDEAS?

- ∅ Do we hide behind our culture and traditions to justify our risky sexual behaviour? Let's unpack the original intention of our culture and look at what it means for us today.
- ∅ Big house versus small house! It is becoming common in Africa to call the house of one's second partner a "small house". How prolific is this in our society?
- ∅ Two partners is one too many! But what about polygamy and our traditions? When HIV/AIDS is so prolific should we question our traditions?



EPISODE 33

Back in the city the friends start chatting. Claire reveals that she misses being away from her baby that the motherly instinct is strong. They are concerned for Zama who is really devastated by Leo's death. While they are chatting Sandra gets a call from Paul. He has heard from Lara; she says she thinks she is pregnant and is desperate. Sandra agrees to accompany him to the village and on the way they discuss the fact that young women may feel that they are not in control and think they have limited options so end up in relationships with "sugar-daddies" for security.

Imagine a world where young women have the same opportunities as young men and are not pressured into relationships with older men for material security, and where men respect women as more than sex partners.

STORY THEMES: Mothers and mothering, care and support, friendship, teenage pregnancy, relationships, gender, inter-generational sex

DISCUSSION POINTS

- ∂ Young women are at greater risk of contracting HIV: Due to the biological make-up of a woman's body they are more exposed to the HI virus as a greater area is exposed during sexual intercourse. In addition teenage girls are still in their developmental stage so the vaginal membrane is very thin allowing the virus to easily penetrate through. If a woman is not lubricated adequately the area around the vagina can easily tear making her more vulnerable to exposure. The only sure way of protecting her from contracting the virus, is by using a condom each and every time she has sex.
- ∂ Inter-generational sex: It is not uncommon across the world for women to have a partner who is somewhat older. However, young women between 18 -21 years of age are most at risk of contracting HIV as they have sex with men who are older and are already sexually experienced and more likely to already be HIV positive. Young women enter these relationships for material possessions such as clothing, and security in the form of food, accommodation, transport and the promise of a better life in return for sexual favours. These relationships are often characterised by their lack of mutual respect and responsibility. Young girls feel that they cannot negotiate and fear losing their partner if they make requests for protection, such as contraceptives and condoms.
- ∂ Equal Relationships: These are relationships based on love, respect, trust and shared responsibility. Each partner feels that they can openly talk to the other about their fears, their hopes and their desires. They make their decisions based on consensus and take mutual responsibility for their actions. When it concerns sex they openly express their feelings and do not feel pressured into having sex and doing things that they feel uncomfortable with. They also discuss when to have sex, protection and when to start a family.

SHOW IDEAS?

- ∂ Why are young women vulnerable and are most at risk of contracting HIV?
- ∂ Who has the say in a relationship?
- ∂ The power difference in transactional and inter-generational sex means sex is risky.
- ∂ Sugar-daddies, mistresses, small houses, toy-boys – let's be frank about what's happening out there.



10 EPISODE 34

Lara thinks she is pregnant but she is too frightened to go the clinic, fearing that the nurses will yell at her and tell her mother that she is having sex. Sandra agrees to accompany her. Everyone is relieved when the test comes back negative. The nurse explains the importance of using a condom to protect against pregnancy but also to protect oneself from contracting HIV. Lara says that her boyfriend threatens to leave as using a condom shows she doesn't really love him. The nurse shares her story of how she had to go live with her Aunt after she fell pregnant as a teenager and was thrown out of the house by her mother. The nurse says there are options and choices but you need to be in control of your life.

Imagine a world where young girls are given support, love and guidance to recognise their choices and opportunities in life no matter what obstacles they might encounter.

STORY THEMES: Clinics, communication, pregnancy, condoms, abusive relationships, family, choices, future, opportunities

DISCUSSION POINTS

- ∂ Inequality of power in relationships: Relationships that involve hitting, yelling, pushing, pressurising, bullying, name-calling, insecurity, jealousy, mental and emotional strain are all abusive. If one party in the relationships feels that they are not being heard and is unable to express their feelings or their needs then there is inequality in the power of the relationship. Young women often feel pressured into these relationships and end up staying in them because they fear losing their partner – no relationship is worth staying in if you cannot be yourself.
- ∂ Choice: There are always choices in life even when one feels there aren't. When people feel restricted and not in control of their destiny they are often unable to see beyond their current predicament. Having a mentor, a friend, a family member who you are able to talk to and share your concerns with helps to highlight the options and choices available. When one is young, by working hard and focusing on schooling so that one gets good marks increases ones options. The more that people expose themselves to opportunities the more choices they will have.
- ∂ Fears: We often fear the unknown and for some reason, clinics are high up on that list of places we fear and try to avoid. If people put aside their fears and went for help and advice early on, especially regarding their health, a number of illnesses could be kept at bay. If you are uncertain, get advice, get help and get checked out.

SHOW IDEAS?

- ∂ It is never too late to start over. What dream do you have for your life and how can you get back on track to action it happening?
- ∂ Choices and Opportunities. Do women and men have the same choices and opportunities in life?
- ∂ How to recognise an abusive relationship and how to get out before you really get hurt.
- ∂ Let's talk openly about relationships, sex and HIV.



EPISODE 35

Everyone is relieved that Lara is not pregnant and she wants to rush off to tell her boyfriend. The Nurse however wants to chat further and Sandra in the meantime tries to persuade Lara to focus on school. The Nurse advises her to take an HIV test and also discusses contraception options to avoid unwanted pregnancies - choosing with your partner when to have sex and choosing whether to have a baby is your right. They also discuss traditional views of proving fertility in order to get a husband and the Nurse says she used to think that way but the man she had a relationship with left her to fend for herself and her baby when she was just a teenager. They end up by talking about mutual love and respect in relationships.

Imagine a world where men and women overcome their old fears and beliefs, where they recognise that traditional attitudes toward relationships, the role of women and sexual behaviour are no longer appropriate in an age of HIV and where there is equality between men and women.

STORY THEMES: School, future, HIV test, contraception, unwanted pregnancy, sexual rights, fertility, traditions & culture, family expectations, teenage pregnancy, relationships, respect

DISCUSSION POINTS

- ∅ Contraceptives: These are pills, injections or objects (condoms and diaphragm) that help prevent pregnancy. Condoms, both male and female variety, are the only means to protect against contracting HIV. The only sure method of not falling pregnant or contracting HIV is to abstain from sex all together. Contraceptives give women more power to decide if and when to have a baby. It is important to know the facts about contraceptives prior to having sex for the first time – many young people believe that they cannot fall pregnant or contract HIV the first time they have sex but they are wrong. Both men and women need to take responsibility for using contraceptives and the consequences of not using them need to be borne by both.
- ∅ Fertility: In a many cultures women and men think it is important for a woman to prove her fertility and therefore her worthiness in the relationship. By falling pregnant it is hoped that the man will be proud and marriage will follow. This is not always the case. In some situations women deliberately fall pregnant to entrap a man into marriage but relationships that start with deception are not likely to endure over time as trust and respect have been compromised. In other instances men do not feel that they should share responsibility for the pregnancy and disappear shortly after learning about the pregnancy leaving the women solely and financially responsible for the raising the child. It is important to discuss children, the future and contraception before having sex and prior to falling pregnant.
- ∅ The evidence shows that premature school leaving particularly among young girls increases the risk of HIV infection. Encouraging young girls to stay in school is obviously one way to help reduce their risk of early HIV infection and it is also crucial in the effort to advance gender equity and equal opportunity. Too often young girls are forced to leave school prematurely for economic or out dated socio-cultural reasons putting them at a lifetime of disadvantage.

SHOW IDEAS?

- ∅ Male chauvinism versus Female submissiveness. Is this a reality and how can we change this stereotypical thinking?
- ∅ Contraceptive choices – when is the right time to fall pregnant?
- ∅ Fertility in the Age of HIV/Aids
- ∅ Are nurses really as bad as they are made out to be?
- ∅ There is such a thing as a female condom! Let's find out more.

12 EPISODE 36

Sandra and Paul head back to the city; while driving they talk about the pressures placed on young women to find a husband and have children. They are relieved that Lara is not pregnant and that she didn't get HIV either - most young women are not so lucky, like Zama. They decide to go see her. She is still upset about Leo's death and they discuss the importance of a positive attitude and maintaining a healthy lifestyle if you are HIV positive. They then start chatting about the future and their plan of using 2010 to build African pride. They are all inspired and tasks are allocated to keep them on track.

Imagine a world where young people support their friends no matter what the circumstances and work together to make a difference in the lives of all Africans.

STORY THEMES: Pressures, HIV, attitude, death, healthy lifestyle, future, planning, African pride

DISCUSSION POINTS

- ∂ Societal pressures: How much is culture and society impacting on the lives of young people in your community? Are young girls expected to get married and look after a family straight from school or are they being given the opportunities that young men are given? Why is there this difference? And what do adults in your community expect from the younger generation?
- ∂ Healthy lifestyle and positive attitude: Looking after oneself, exercising regularly, eating well, reducing stress and planning for ones' future is good for everyone and contributes to living a long and fulfilling life. But it is especially important if you are HIV positive to follow these rules. It helps ward off opportunistic infections by helping to keep your CD 4 count up.
- ∂ Death: It is normal to feel really depressed after the death of a parent, a sibling, a partner or a very close friend. In fact it could take six months for you to feel back to normal and to take a real interest in life again. It does take time to heal and it is important to grieve but if you feel that life is not worth living and after six months you are still heavily depressed then you do need to talk to a counsellor or a social worker.
- ∂ Planning for the Future: Having goals and plans for the future and mapping out concrete steps to obtaining those dreams helps to keep people focused. These people are more likely to become achievers as they focus on making their dreams come true. People can assist others to keep on their life path and mentors play an important role in doing just that. Our biggest mentors are usually our parents but they can also be teachers, faith leaders, friends or a next door neighbour.

SHOW IDEAS?

- ∂ What kinds of pressure does our society place on young people?
- ∂ We talk about it all the time but are we actually living a healthy lifestyle?
- ∂ How to cope when a loved one dies? And am I depressed or am I just grieving?
- ∂ Who are your mentors? If you don't have someone how do you go about finding one?



EPISODE 37

The friends have worked hard on their 2010 HIV/AIDS Soccer Ambassadors Project. Uncle TK has arranged a meeting with the local organising committee. They meet the Chairperson and Claire presents. The Chairperson is very impressed and congratulates them. But it doesn't end well - the Communications Director walks in and the group are shocked to see that it is Ali – the man who infected Claire with HIV and disappeared after she told him she was pregnant. The friends thank TK and leave the room he turns to Ali for an explanation as to what has just happened.

Imagine a world where men and women deal with each other openly and honestly.

STORY THEMES: Work, presentations, sugar-daddies, responsibilities, actions, confrontation, communication, future

DISCUSSION POINTS

- ∂ Good fortune comes to those who work hard: People who actively pursue opportunity, are ambitious and innovative are more likely to find what they are looking for. They don't wait for opportunities to come to them, they go out looking, they volunteer, they know what is going on in their community and they create a network of people who open doors for them. These people also understand that education and life experience is key and actively continue to learn and further their education. This creates an enabling environment of opportunity. It's not easy taking initiative, developing proposals and then presenting ideas but unless you put in the effort and take the chance you are not likely to succeed. Not all business plans work and it is through learning from ones mistakes and trying again and again that you will eventually succeed.
- ∂ Confrontation: People tend to avoid confrontation because it is not easy, but being open and honest and getting the facts from the actual person is far better than talking behind their backs. That way both parties know where they stand and issues can be resolved between the individuals.
- ∂ Community: It is important to focus not just on oneself but also on one's community. People who are truly successful in life focus on shaping a society that looks after all its people. Where the gap between rich and poor does not continue to grow, and where all are given equal opportunities in life. Where there is an understanding of the inter-connectedness between joblessness and crime, unemployment and lack of education, and a sense of hopelessness with abuse and mental disease.

SHOW IDEAS?

- ∂ How to make things happen in your life.
- ∂ Backing away from issues or confronting things?
- ∂ Developing a community
- ∂ Speak Up
- ∂ I am a responsible individual



EPISODE 38

TK questions Ali as to the relationship he had with Claire. He is shocked to learn that Ali had a sexual relationship with Claire while his wife lay sick in bed and that he is the father of Claire's baby and was responsible for infecting her with HIV. He admits that he didn't know he was HIV-positive, that he got tested after his wife died and is now on antiretroviral treatment. Ali shows remorse and pleads with TK to assist him so that he can see his child and to right the wrong he has done to Claire. Imagine a world where people recognise their wrongs and live up to their responsibilities to others.

STORY THEMES: Extra-marital affairs, small-houses, HIV transmission, ART, apologising, communication, friendship

DISCUSSION POINTS

- ∅ Big house and small house : In some cultures it is common for a man to have his house where his wife and children live and a second or "smaller" house where his mistress or second wife lives. Sometimes the arrangement is known to both women and sometimes only one knows. There are a number of other terms used: second house, other house, girlfriend's house, etc. In other cultures polygamy is also common and taking on the spouse of a deceased brother is also practiced in other communities. In a time of HIV/AIDS these practices need to be discussed. What happens if the reason for the deceased brother's death is HIV/AIDS and now another family unit gets infected through a common cultural practice? If secondary relationships are kept secret from spouses just how many partners are being brought into the relationship and how many sexually transmitted infections are people being exposed to?
- ∅ Friendships: True friends encourage one another to do the right thing. They are there to lend support, lend a helping hand, give guidance and of course are lots of fun to be around. Friends also trust one another, are honest and acknowledge when they are wrong by apologising. There are other relationships that are damaging, where a "so-called" friend will try to pressurise you into doing something that you don't want to do, they are takers and users. It is quite okay to assess these relationships and to walk away from them. It may be tempting to try to be in the "in-crowd" but if it goes against what the true you believes in then walk away, they will just get you into trouble and you will suffer.

SHOW IDEAS?

- ∅ Forgiving and forgetting
- ∅ Extra-marital affairs
- ∅ Friends forever
- ∅ Common cultural practices regarding sexual relationships – how do we change?
- ∅ Lies and honesty – who can we trust?
- ∅ AIDS - the reality of dying.



EPISODE 39

Claire and Uncle TK reveal to her parents what happened at the presentation. Claire's father is angry especially when TK says that Claire has some responsibility too and should have known better than to have a relationship with a man old enough to be her father who was also married. Claire stresses that there are pressures placed on young women to find the right man, to wear the hottest fashions, and to be seen in the right places - Ali gave her all of that. When TK tells the family that Ali would like to see his child and the family, Claire's father gets furious and throws him out of the house. Imagine a world where people are not afraid to speak the truth to friends and loved-ones.

STORY THEMES: Inter-generational sex, material possessions, pressures, forgiveness, gender, communication, self-esteem

DISCUSSION POINTS

- ∂ Young women: There is an expectation created by adults that after school young women who are not able to further their studies need to find a suitable husband who can take care of them financially and their role in society as mothers is then mapped out for them. Other young people put pressures on them too and it is easy for young women to slip into the trap of having sex with an older man for material goods and the possibility that they may become their life partner. Society needs to allow young women the same opportunities as young men to further their studies and to wait for a loving and trusting relationship based on equality. Parents need to chat to their daughters and sons about what true love is and to build their self-esteem to avoid them falling into relationships where they are exploited.
- ∂ Love: You should be able to talk openly and honestly with someone you love; to share your feelings, your hopes and desires, your fears and concerns. Love is about trusting, if you worry about where your partner is all the time and who they are with then you don't really love them. Love is about respecting and making each other feel good, it is about supporting them to fulfil their dreams and jointly making decisions that are respectful of each other's wishes. If one partner belittles or makes the other feel less than who they are then they do not respect their partner and they certainly don't love them.

SHOW IDEAS?

- ∂ Let's explore what real love actually is.
- ∂ Are our young women achieving their full potential – how can we help them to do so?
- ∂ Let's talk about REAL men.
- ∂ The family unit and what is expected
- ∂ Just how far should friendships extend... are there boundaries?
- ∂ Are you able to talk about sex and your sexual needs with your partner? If not are you straying from the marriage bed to find satisfaction elsewhere?

EPISODE 40

Claire's mother and father have a heart-to-heart. She doesn't like the way he treated TK and just because he is a man it doesn't give him the right to make all the decisions concerning their family. They too have some responsibility for what happened to Claire, talking openly about sex and relationships is not easy but parents need to do this in order to protect their children. They also talk about women not having the same opportunities as men and possibly ending up in relationships because they aren't able to continue their studies or find a job.

Imagine a world where parents recognise the importance of open discussion with their children about relationships, sex and HIV.

STORY THEMES: Communication, gender, rights and responsibilities, family relationships, raising children, opportunities, inequalities, expectations, parenting

DISCUSSION POINTS

- ∅ Parenting: Being a parent is not easy, especially when your child is a teenager and is battling with hormones and the need to assert their independence. What is key in this age of HIV/AIDS is to talk openly and honestly with them about relationships, sex and HIV. Many parents believe that by talking they will encourage their children to experiment with sex. However, research from across the world shows that those who learn about sex and its consequences are more likely to delay having sex. And yes children say they would prefer learning about these things from their parents! If they don't hear about these issues from you they will start to ask questions of others and the information they receive might not be accurate. Make sure you have the facts and openly talk to them and remember to respect and support them. If you provide this enabling environment they will also more likely come to you for guidance when things get rough and you can continue to play a supportive role rather than have them rush off and do something they may later regret.
- ∅ Communication: Boys and girls need to be given the same information and be treated the same. They may look different and behave differently but they both need to be given similar information and expectations concerning, education, roles, choices, responsibilities, relationships and sex. If you treat them differently boys may feel it's okay to have many partners and girls may fear sex. Parents should also provide their teenager with skills to deal with negative pressure so that when things get rough that they are able to stand their ground and make choices that are right for them. Good communication starts from early childhood and parents should be encouraged to nurture a relationship with their children of honesty and respect. If they shout and use abusive language it is likely that their children will develop these communication techniques as role modelling within families is strong.

SHOW IDEAS?

- ∅ How do I talk to my child about sex and other difficult topics?
- ∅ Peer pressure is getting me down
- ∅ Girls and boys, men and women – are we told the same things?
- ∅ You cannot talk about HIV without talking about sex
- ∅ Whose responsibility is it?



EPISODE 41

Claire's father recognises he has some responsibility for Claire's situation and decides to go and talk with TK. But when he gets to TK's work place there are journalists all over place. There is a press conference going on and Ali is at the centre. He starts talking about the 2010 HIV Ambassadors Project but much to everyone's surprise Ali admits to the press that he is HIV positive and that he unknowingly infected a young woman and makes a public apology to her and her family. He continues to talk about men taking responsibility for their actions and how young women are getting infected from them spreading the virus. Claire's father and TK mend their relationship and they agree that it would be good for Junior to know his father. Imagine a world where people face up to their wrongs and their responsibilities.

STORY THEMES: Communication, friendship, disclosure of HIV status, HIV transmission, father and mother role-models, stigma

DISCUSSION POINTS

- ∂ Disclosure: Unfortunately most people who are HIV positive do not know they are. They therefore unknowingly infect their sexual partners with the virus. By knowing your status you can choose to then disclose or not. It is up to you to decide when to, who to and how to disclose. You may want to start with those people in your life who you trust most and then take it from there. There may also be people you choose not to tell, but it is important to tell anyone you plan on having sex with that you are HIV positive so that both of you can take the necessary precautions regarding protection. If you've been in a long-term relationship you do need to tell you partner, it's not going to be easy and issues of trust and the future will come up. Did they infect you or did you infect them? Bottom line is your partner needs to be told and tested. These are all personal choices but the sooner you tell those you love the better as they can then make informed choices about their own life, go and test and if necessary start on treatment .
- ∂ HIV Symptoms: You cannot tell by just looking at someone if they are HIV positive or not - there are no visible signs, which is why people who are having sex are encouraged to test on a regular basis. However there are symptoms that may occur repeatedly over a period of time and people are encouraged to see a doctor if these persist: losing weight; frequent colds; sweating or fevers, especially at night; swollen glands; coughing and regular chest infections; ongoing diarrhoea; mouth sores; skin rashes and sores; recurring vaginal infections and thrush.

SHOW IDEAS?

- ∂ How do I tell my partner I am HIV positive? Or what would I do if my partner came home and told me they are HIV positive?
- ∂ HIV symptoms and treatment
- ∂ Who do I tell?
- ∂ Stigma



EPISODE 42

The family has agreed to meet Ali. He apologises to them and Claire brings Junior in to meet his father. Ali is overwhelmed with joy and expresses his desire to live up to his responsibilities and be a father to Junior. Claire herself apologises to Ali for using him for material gain. Ali is also relieved to learn that Claire followed the treatment protocols to avoid transmission of HIV and therefore Junior is negative.

Imagine a world where men and women face up to their shortcomings and mutual responsibilities.

STORY THEMES: Shared responsibility in relationships, gender, relations, hope for the future, PMTCT

DISCUSSION POINTS

- ∅ Sexual relationships involve two people. Although young women are often exploited by older males for sex, young women also knowingly engage in sexual relationships with older men for material benefits. Both parties are at fault in these situations and both parties have to live with the consequences. But young women tend to be exposed to a much higher degree of economic and social pressure, particularly in the years following school leaving, to become economically self-supporting. In order to attract a suitable husband many young women feel they have to be fashionably dressed and to have the possessions associated with modern lifestyle such as cell phones, brand clothing etc. These factors exacerbate the risk that some young women take such as sexual relationships with significantly older and more materially secure males. Besides the fact that these relationships are inherently exploitative is the fact that the consequences can be dire including HIV infection and unintended pregnancy. It is usually the women in these situations who bear the burden of the consequences.
- ∅ PMTCT – With effective treatment transmission of HIV from mothers to their babies can be reduced to a risk of around 5%. There is therefore a high success rate if correct measures are taken. This requires early intervention and dual therapy treatment for the mother and treatment for the baby. However, the protocol, treatment and resources differ from country to country with some countries giving treatment only if CD4 counts are below a certain level. But what has been proven is that all interventions do assist to reduce percentages of HIV transmissions. Identifying HIV-infected pregnant women and giving them antiretroviral treatment is key. Pregnant women should be encouraged to take an HIV test. If they are positive; the earlier they find out the better as they can then start on treatment and can book to have their babies delivered in a clinic that will give medication to reduce transmission levels. Many women unfortunately do not know their status and therefore unknowingly infect their babies during delivery.
- ∅ Breastfeeding – There is a risk that HIV can be transmitted through breastfeeding; this can be minimised through medication and correct feeding methods. Mothers who are HIV positive need to be given information and options so that they can choose which will be best for their baby. If the mother chooses to breastfeed it must be exclusive breastfeeding and no other food or liquid must be given to the baby until breastfeeding stops. Bottle-feeding is another option but babies who are bottle-feed are exposed to other infections if sterilizing is not feasible so the pros and cons need to be assessed.
- ∅ Fatherhood and Responsibilities – Often raising children is handed over to women to take the responsibility. Fathers play an important mentoring role and wherever possible they should be included in the role of raising, supporting and disciplining children.

SHOW IDEAS?

- ∅ Is breast always best? If you are HIV positive you may transmit the virus to your newborn baby. Get the facts to make sure you protect yourself and your baby.
- ∅ It is possible to be HIV positive and have a baby who is not! PMTCT - what is it, how does it work and how can you make sure that you limit your baby's chance of getting infected?
- ∅ Honesty. Do you share your feelings openly and honestly or are you hiding your true feelings? What about your shortcomings? Do you try to hide those too and tell little white lies to mask over these inadequacies?
- ∅ Mutual responsibilities? What chores are you doing in the house? Think about it are you taking on the traditional female and male roles or are you sharing these? What about when it comes to your children. Are you both raising them or is the role falling on the woman in the house? So is there still a divide?



COUNTRY SPECIFIC INFORMATION AND SERVICE REFERRALS

You will find a comprehensive list of contacts for information sources and referral in your country at:

www.broadcasthivafrica.org/resources

***YOU* CAMPAIGN**

www.itbeginswithyou.org

CONTACT US

Email: contactus@broadcasthivafrica.org



AFRICAN BROADCAST
MEDIA PARTNERSHIP
AGAINST HIV/AIDS