

MY ISLAND MY COMMUNITY HIV/AIDS SCRIPTWRITERS GUIDE

Version 3, 9 June 2012

Introduction

To provide technical advice to the scriptwriters of Callaloo to help translate science to relevant messages and actions to address knowledge, attitude and behavior changes in the key results areas. Building the knowledge, shifting attitudes and ultimately changing behaviors will support reaching the objectives of the program. The following HIV/AIDS scriptwriters guide has been developed based on the results of the knowledge, attitude and behavior change (KAB) baseline survey conducted between January to March 2012 and supplemented by current research conducted by key partners (Refer to Sources of Information).

My Island My Community Objective and Result Areas

HIV/AIDS OBJECTIVE: *to improve knowledge, attitudes and behaviors with regard to HIV prevention among youth in the Caribbean*

Result Areas:

1. Preventing HIV and STI transmission (knowledge of methods, role of consistent condom use)
2. Perceptions of HIV positive people/stigma
3. Acceptability of sexual health care and of using contraceptives and sexual lubricants
4. Awareness of reproductive rights, including sexual violence

In My Island My Community there are three objectives (HIV/AIDS, Climate Change and Conservation of Biodiversity) each objective has specific result areas. For each result area there is a specific Knowledge, Attitude and Behavior Change objective that is Specific, Measurable, Meaningful, Assigned, Realistic and Timed (SMART) (Refer to KAB SMART OBJECTIVES table).

Requirements from Scriptwriters

1. Projection of Storylines from June to December 2012 (approximately episode 60 to 108). The projection of storylines should indicate peaks around result areas
2. Between June to December there should be 20 episodes that peak around HIV/AIDS themes and/or contain factual information on HIV/AIDS

KAB Values Grid. HIV/AIDS Objective: *To improve knowledge, attitudes and behaviors with regard to HIV prevention among youth in the Caribbean*

Result Area	Target Audience	Knowledge	Attitudes	Behavior Change
Preventing HIV and STI transmission (knowledge of methods, role of consistent condom use)	Youth and High Risk groups (sexually active people, prostitutes, drug users, MSM)	<ul style="list-style-type: none"> • Know what are the main HIV/AIDS and STI's • Know ways of HIV/AIDS and STI transmission: <ul style="list-style-type: none"> ○ Sexual contact ○ IV – needs/razors etc ○ Mother/child transmission • Dispel myths on HIV transmission • Know methods of prevention: <ul style="list-style-type: none"> ○ Correct and consistent condom use (including sexual lubricants) ○ Mutual monogamy (after both being tested) ○ Abstinence ○ Encourage others to use condoms 	<ul style="list-style-type: none"> • I know that I am at risk of HIV/AIDS and STI's • I am at risk for HIV/STI infection if I don't take precautions • I am responsible for protecting myself and my partners • I am willing to adopt prevention measures • I can/it is my right to demand condom use • Do not discriminate against people against women/men/youth carrying condoms or negotiating that they be used • It is important and easy to discuss prevention methods and SRH with partners/peers/family • It is okay be faithful to one partner • Abstinence is okay/my choice 	<ul style="list-style-type: none"> • Correct and consistent condom use • Mutual monogamy • Abstinence • Encourage others to correctly and consistently use condoms
Perceptions of HIV positive people/stigma	General population, HIV/AIDS positive people	<ul style="list-style-type: none"> • Know the ways of transmission • Know what the myths are around transmission and who it affects 	<ul style="list-style-type: none"> • It is wrong to discriminate against persons with HIV/AIDS • I am willing to support a 	<ul style="list-style-type: none"> • Don't discriminate • Support people living with HIV/AIDS • Encourage others to

		<ul style="list-style-type: none"> • Know that discrimination against HIV/AIDS positive people is a common problem and affects the entire community • Know it is illegal to discriminate against persons with HIV/AIDS in schools and in the workplace 	<p>friend, family or member of community with HIV/AIDS</p> <ul style="list-style-type: none"> • (HIV positive person) It is my right not to be discriminated against • HIV positive people are not “bad” people • I will not get infected for non-sexual contact with people living with HIV/AIDS 	<p>support people living with HIV/AIDS</p> <ul style="list-style-type: none"> • Advocate for appropriate application of existing policy and legislation
Acceptability of sexual health care and of using contraceptives and sexual lubricants	General population, service providers (family planning associations, national AIDS programs, HIV support groups)	<ul style="list-style-type: none"> • Know the types of STI’s/symptoms • Know consequences of infections • Know importance of testing • Know what activities put you at risk of HIV/AIDS • Know the importance of your own health and the health of others • Know the process of where and how to get tested • Know that it is important to get tested early and regularly • Know what happens if you are positive (counseling, treatment, disclosure) 	<ul style="list-style-type: none"> • I know that I am at risk of HIV/AIDS and STI’s • I am at risk for HIV/STI infection if I don’t take precautions • I am responsible for protecting myself and my partners • I am willing to be tested (not afraid) • It is important and easy to get tested • It is important to get tested early and regularly • It is important to encourage others to get tested, if at risk • Testing is for my own benefit and that of my partners • It is better to know my status and treat (than not) • I believe that if I am positive that treatment is 	<ul style="list-style-type: none"> • Get informed, seek advice and/or counseling • If at risk, get tested • Encourage others to get tested if at risk • Advocate for appropriate services • Provide safe, friend and confidential services

			<p>available and can help me to live a full life</p> <ul style="list-style-type: none"> • (General Population) It is my right to received services that are friendly, confidential and safe • (For service providers) It is my responsibility to provide friendly, confidential and safe health care services 	
<p>Awareness of reproductive rights, including sexual violence</p>	<p>Women and Youth</p>	<ul style="list-style-type: none"> • I know that I have a right to say no • I know that I can have a mutually monogamist relationship • I know my sexual and reproductive rights • I know where to seek information on my reproductive rights • I know how to access support if my reproductive rights are violated • I know that men and women play important roles in promoting reproductive rights • I know that domestic violence is a crime 	<ul style="list-style-type: none"> • I believe that I can say 'no' • I believe in having mutually monogamist relationships • I would access support if my reproductive rights are violated • I believe that men play an important role in promoting reproductive rights 	<ul style="list-style-type: none"> • I do say 'no' • I can stand up for my reproductive rights • I can get help if my reproductive rights are violated

SCRIPTWRITERS GUIDE

Result Area 1: Preventing HIV/AIDS infection

Target Audience: Youth and High Risk groups (sexually active people, prostitutes, drug users, MSM)

Knowledge:

1. Know what are the main HIV/AIDS and STI's?
2. Know ways of HIV/AIDS and STI transmission:
 - a. Sexual contact
 - b. IV – needles/razors etc
 - c. Mother/child transmission
3. Dispel myths on HIV transmission
4. Know methods of prevention:
 - a. Correct and consistent condom use (including sexual lubricants)
 - b. Mutual monogamy (after both being tested)
 - c. Abstinence
 - d. Encourage others to use condoms

Attitude:

1. I know that I am at risk of HIV/AIDS and STI's
2. I am at risk for HIV/STI infection if I don't take precautions
3. I am responsible for protecting myself and my partners
4. I am willing to adopt prevention measures
5. I can/it is my right to demand condom use
6. It is important and easy to discuss prevention methods and SRH with partners/peers/family
7. It is okay be faithful to one partner
8. Abstinence is okay/my choice

Behavior:

1. Correct and consistent condom use
2. Mutual monogamy
3. Abstinence
4. Encourage others to correctly and consistently use condoms
5. If at risk of HIV/STI, get tested

Observations from KAB Baseline Survey

- 10% to 14% of respondents do not believe correct or consistent condom use or reducing number of sex partners can reduce risk of contracting HIV, and 8% believe that douching after sex can protect them. These erroneous beliefs are strongly correlated, meaning that the same people are likely to believe all three wrong ideas. The most believed (at 95% or higher) correct prevention strategies are (1) mutual faithful partners, (2) abstinence, and (3) not sharing needles. On average, respondents answered 6.4 out of 7 HIV knowledge questions correctly (6.4 in Tobago and St. Vincent/Grenadines and 6.3 in St. Lucia.
- About half of sexually-active respondents report efficacious behavioral intentions (1) 50% plan to get tested for HIV, and (2) 54% plan to use condoms consistently and yet only 7% of sexually-active respondents consider themselves to be at risk of contracting HIV and 18% feel it would be difficult to prevent themselves from getting HIV. Those who feel they are at risk of getting HIV have higher intentions to get tested (63%) and use condoms (70%), but these numbers should be higher.

- Condom use at last sex: About 34% of men reported using a condom at last intercourse with a female partner and 14% of women reported condom use with their last male partner.
- About 21% of sexually-active respondents had a condom on them at time of interview; the rate was about twice as high for men as for women.
- 38% of sexually-active respondents report having been tested for HIV in past year. The rate is about 5 pp higher for women than men.

Recommendations for Storylines:

Role-modeling conversations are critically important to the drama. The drama should include storylines that role-model conversation around:

- Incorrect beliefs/myths on HIV transmission (i.e. douching)
- Highlight the risks involved when condoms are not consistently used (i.e. STI's and HIV/AIDS)
- Should explain, walk through, how to use a condom
- Using condoms is a shared responsibility of both the man and woman
- The drama should draw attention to the high numbers of men and women who have multiple partners
- Drama should encourage an environment of social support around condoms, family planning and responsible behavior no matter the age.

The drama should role model supportive “peer networks” as this is a major driver of consistent condom use with partners. Messages and storylines should promote the support among friends to use condoms and have open discussions about HIV and STIs.

Key Messages:

The storylines MUST reinforce as much as possible:

- **To carry and use a condom at all times**
- Abstinence is an option

Facts to Draw From:

Ways of HIV/AIDS and STI transmission

- Unprotected sex – vaginal or anal - between men and women—especially paid sex—is the main mode of HIV transmission in the Caribbean
- Sex work, sex between men and drug use play a key role in HIV transmission
- High HIV infection levels have been found among female sex workers in the region
- Unsafe injecting drug use contributed significantly to the spread of HIV
- High numbers of men who have multiple partners
- One in five men who have sex with men surveyed in Trinidad and Tobago was living with HIV, and one in four said that they regularly had sex with women
- HIV/AIDS can be transferred from HIV positive mother to child. However, there is treatment to prevent transmission

Myths on HIV and Condoms

- Douching after sex does NOT prevent pregnancy or HIV/AIDS
- HIV can NOT be transmitted through mosquito bite (35%)
- HIV can NOT be transmitted shaking hands with someone with HIV (96%)
- HIV can NOT be transmitted through kissing
- HIV can NOT be transmitted through sharing food with an HIV positive person

- condoms do not leak
- condoms do not break easily (if used properly)
- condoms do not inhibit pleasure

Methods of prevention:

1. Correct and consistent condom use (including sexual lubricants)
2. Mutual monogamy (after both being tested)
3. Encourage others to use condoms
4. Abstinence

Interesting Facts:

- The Caribbean has the second highest HIV/AIDS prevalence rates in the world
- In 2004 AIDS-related illnesses were the fourth leading cause of death among women and the fifth leading cause of death among men in the Caribbean
- Adult HIV prevalence in the Caribbean is about 1%, higher than in any other world region outside of sub-Saharan Africa
- Aside from sub-Saharan Africa, the Caribbean is the only region where the proportion of women and girls living with HIV (53%) is higher than that of men and boys
- Sex and money are inextricable and sex is commoditized as part of the norm of relationships

Result Area 2: Perceptions of HIV positive people/stigma

Target Audience: General population, HIV/AIDS positive people

Knowledge:

1. Know the ways of transmission
2. Know what the myths are around transmission and who it affects
3. Know that discrimination against HIV/AIDS positive people is a common problem and affects the entire community
4. Know it is illegal to discriminate against persons with HIV/AIDS in schools and in the workplace

Attitude:

1. It is wrong to discriminate against persons with HIV/AIDS
2. I am willing to support a friend, family or member of community with HIV/AIDS
3. (HIV positive person) It is my right not to be discriminated against
4. HIV positive people are not “bad” people
5. I will not get infected for non-sexual contact with people living with HIV/AIDS

Behavior:

1. Don't discriminate
2. Support people living with HIV/AIDS
3. Encourage others to support people living with HIV/AIDS
4. Advocate for appropriate application of existing policy and legislation

Observations from KAB Baseline Data

- Stigma against HIV positive people is very high
- Nearly 25% of respondents would not invite a friend with HIV into their home!

Recommendations for Storylines:

- The drama should role model supportive “peer networks”. For example, a storyline where a positive role model invites a person with HIV to their home for dinner and have a strong friendship emerge.
- The messages and storylines around transmission of HIV/AIDS will also support perceptions of HIV/AIDS (i.e. that you cannot get HIV from sharing a meal with an HIV positive person).

Key Messages:

The storylines MUST reinforce as much as possible:

- **It is wrong to discriminate against persons with HIV/AIDS**
- **Discrimination Hurts! How would you feel?**
- Know your rights

Facts to Draw From:

- Refer to Result Area 1.

Result Area 3: Acceptability of sexual health care and of using contraceptives and sexual lubricants

Target Audience: General population, service providers (family planning associations, national AIDS programs, HIV support groups)

Knowledge:

1. Know the types of STI's/symptoms
2. Know consequences of infections
3. Know importance of testing
4. Know the importance of your own health and the health of others
5. Know the process of where and how to get tested
6. Know that it is important to get tested early and regularly
7. Know what happens if you are positive (counseling, treatment, disclosure)

Attitude:

1. I know that I am at risk of HIV/AIDS and STI's
2. I am at risk for HIV/STI infection if I don't take precautions
3. I am responsible for protecting myself and my partners
4. I am willing to be tested (not afraid)
5. It is important and easy to get tested
6. It is important to get tested early and regularly
7. It is important to encourage others to get tested
8. Testing is for my own benefit and that of my partners
9. It is better to know my status and treat (than not)
10. I believe that if I am positive that treatment is available and can help me to live a full life
11. (General Population) It is my right to received services that are friendly, confidential and safe
12. (For service providers) It is my responsibility to provide friendly, confidential and safe health care services

Behavior:

1. Get informed, seek advice and/or counseling
2. If at risk, get tested
3. Encourage others to get tested if at risk
4. Advocate for appropriate services
5. Provide safe, friend and confidential services

Observations from KAB Baseline Data:

- Only 37% of sexually-active respondents report talking about condoms with their partner. The rate is about 10 pp higher for men than women.
- 31% of sexually-active respondents report talking about family planning with their partner. The rate is about equal for men and women.
- 63% of sexually-active respondents report using a family planning method at last intercourse (mostly male condoms and pills) but only 6% report that they are either pregnant or trying to get pregnant! The rate is about 10 pp higher for men than women.

Recommendations for Storylines:

- Negotiating condom use with your partner at every sexual contact regardless of partner type. (Do not associate condoms with the concept of trust or mistrust. Linking the two results in

condom use being associated with cheating, and could reinforce the idea that condom use represents a demotion in one's relationship)

- Emphasize that women have the skills to manage their partners (and hence to negotiate condom use)
- Emphasize that using condoms is the responsibility of the man and woman
- Family planning
- Could role model a male character encouraging his girlfriend to seek sexual health care/family planning

Key Messages:

The storylines MUST reinforce as much as possible:

- **To carry and use a condom at all times**
- **If at risk, get tested early**

Facts and Figures:

- HIV Testing and STI screening and treatment are very low
- Only 38% of sexually-active people in the Caribbean have been tested
- Health-seeking behavior (at a clinic) is very low among most at risk men and younger youth

Result Area 4: Awareness of reproductive rights, including sexual violence

Target Audience: Women, Youth

Knowledge:

1. I know that I have a right to say no
2. I know that I can have a mutually monogamist relationship
3. I know my sexual and reproductive rights
4. I know where to seek information on my reproductive rights
5. I know how to access support if my reproductive rights are violated
6. I know that men and women play important roles in promoting reproductive rights
7. I know that domestic violence is a crime

Attitude:

8. I believe that I can say 'no'
9. I believe in having mutually monogamist relationships
10. I would access support if my reproductive rights are violated
11. I believe that men play an important role in promoting reproductive rights

Behavior:

12. I do say 'no'
13. I can stand up for my reproductive rights
14. I can get help if my reproductive rights are violated

Observations from KAB Baseline Data:

- While most people (94%) disagree that “there are times a woman needs to be beaten,” still 5% agree with this statement.
- Similar proportions agree that women should tolerate violence to keep family together, and more (around 8%) feel domestic violence should be kept quiet, a private matter.
- Because of the seriousness of the repercussions of domestic violence, this issue should be emphasized, and can be used to dramatic effect.
- Nearly all (92%) believe alcohol is a contributing factor to family violence.

Recommendations for Storylines:

- Domestic violence should be portrayed, and particularly highlight how women can seek outside help
- Role model men being involved and proactive in supporting reducing gender-based violence. Men that support this are real men (transform definition of masculinity)
- Role model a strong male leader, parent or educator promoting gender issues and respect for women’s sexual and reproductive health and rights
- Show that education helps women and their families economically, and that it also helps them avoid early or too frequent pregnancies, which will also help them financially (and their health, not based on this survey).

Key Messages:

The storylines MUST reinforce as much as possible:

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Facts and Figures:

Sexual and Reproductive Health and Rights: can be understood as the right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing these respect the rights of others to bodily integrity. This also includes the right to access information and services needed to support these choices and optimise health.

Upholding women's human rights, including their sexual and reproductive rights, is essential to preventing and ending gender-based violence.

- Denying women access to reproductive health services is a violation of their reproductive rights
- Denying them access to lifesaving obstetric care is a violation of their right to life and a form of cruel, inhuman and degrading treatment.
- Forced abortions or sterilizations carried out by family planning officials or others acting in an official capacity violate reproductive rights and are grave violations of physical and mental integrity amounting to torture.
- Obstructing rape survivors' access to legal abortion services is a violation of their sexual and reproductive rights.
- Women must have access to safe and legal abortion services in cases of unwanted pregnancy as a result of rape, sexual assault or incest.
- Imprisonment or other criminal sanctions for seeking or having an abortion is a violation of women's reproductive rights.
- Women must have access to safe and legal abortion services where continuation of pregnancy poses a risk to their life or grave risk to their health.
- Individuals have the right to seek, receive and impart information in relation to sexuality and reproduction without unreasonable restrictions. They have the right to access to information and services regarding sexual and reproductive health, including in relation to prevention of sexually transmitted infections.
- Women have the right to not be denied maternal health care, which should be accessible, affordable, adequate and of sufficiently high quality, taking into account their cultural needs. They have the right to access health care without discrimination.
- <http://www.amnesty.org/en/campaigns/stop-violence-against-women/issues/implementation-existing-laws/srr>

Women can seek outside help from:

- Family Planning Clinics
- Women's advocacy NGO's

SOURCES OF INFORMATION

All information contained in this scriptwriters guide has been sourced from:

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PEER REVIEW:

The HIV/AIDS Scriptwriters Guide has been peer reviewed by Julia Roberts of Population Services International (PSI).