



Exploring the web of desire
The story of *Intersextions*



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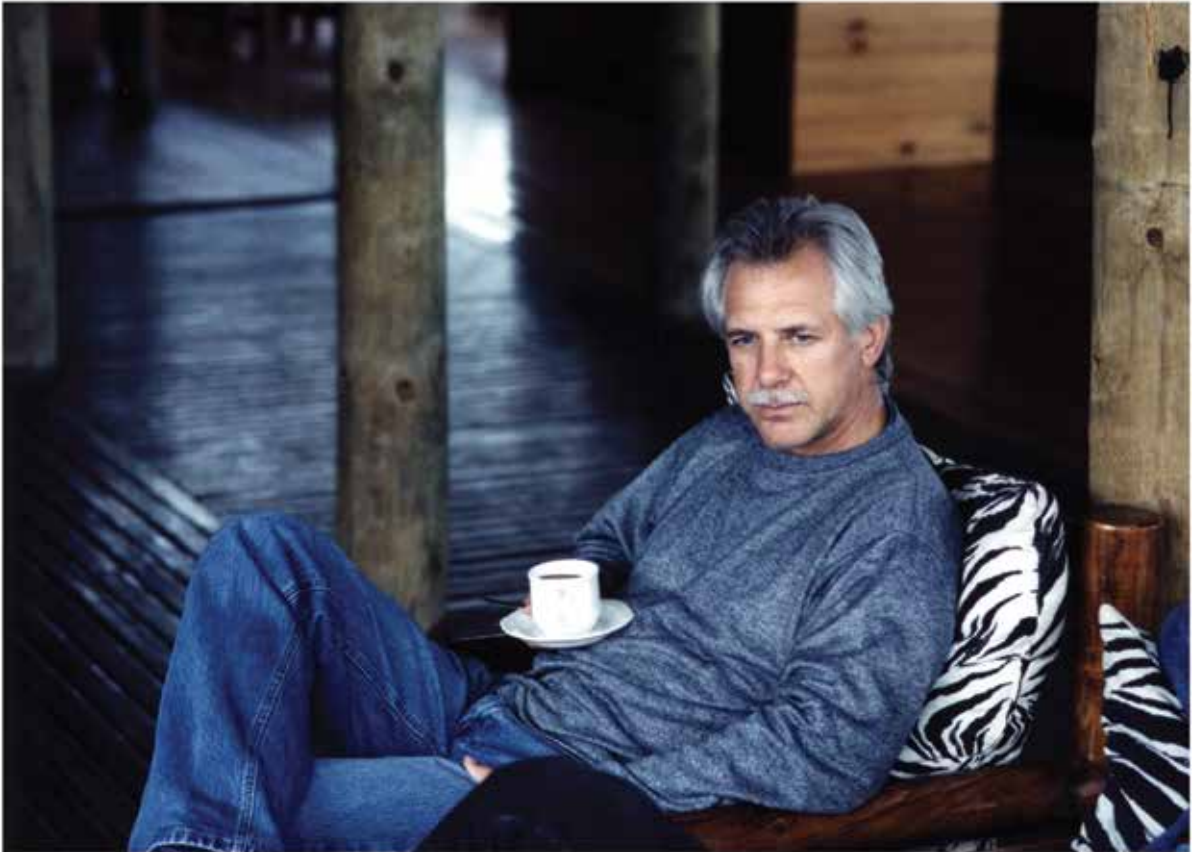
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Dedication to Johan 'Jo' Neethling



Jo Neethling, Tsha Tsha Planning Retreat, 2003

by Larry Kincaid

This report is being produced in memory of Johan 'Jo' Neethling, Commissioning Editor at the SABC who tragically passed away shortly after the finalization of Intersexions II. Jo was not around to see that this project was awarded the SAFTA Best Drama Award for two years running – largely due to his influence, passion and belief in Intersexions.

“Jo was the Commissioning Editor at SABC Education under whose guidance JHHESA worked. Patrick Coleman and Jo collaborated on the development of the popular SABC drama series TshaTsha, this was followed by Masupatsela and more recently Intersexions. It seems to me that whatever the Coleman/Neethling/Gavshon/Makhetha collaboration touched turned to gold. All three series would go on to become award winning series not only in South Africa but also internationally. Jo took chances, where few would have taken chances in the SABC— his job was to convince the powers that be that the issues that we were dealing with and their representation in the drama series were necessary, and based on evidence. At the same time he had a remarkable ability to diffuse the flames of passionate argument between the entertainment experts, the educational experts and the corporate objectives of the SABC. Often he would sit silently, observing the passionate debates and then finding the middle ground.

If there is one thing I will always remember about Jo is his endearing smile, his laughter and his sense of humour and always his commitment to excellence. He pushed us, and together we were able to make and tell compelling stories, build characters that made South Africans laugh, cry and rage at. His legacy lies in the work that will always serve as a testimony to who he was”. - **Richard Delate, Managing Director JHHESA**

"We worked with Johan Neethling closely for many years and together we produced a number of projects including Tsha Tsha and Intersexions. It's not surprising that he guided us to some of our best work in television. He was always insightful, supportive and respectful. He never judged us, was never petty but always had a way, in his quiet and firm presence, of ensuring that we stayed on track. He did this without ever raising his voice. He was no pushover though. When he wanted something or pursued an issue, you always knew that it was important and you needed to take note.

If he said he would get back to you, he always did. If he said he would do something, he always did it. He was a man of his word – even though he was also a man of few words.

Johan Neethling was one of the Universe's great souls and a gentleman– in every sense of the word. We are grateful to have had the privilege of working with him and so sorry to have to say goodbye".

- **Harriet Gavshon, Quizzical Pictures**

"During the 12 plus years that we worked together we developed a friendship that transcended the often difficult working relationship we enjoyed. You see, I am a brash, egotistical know-all American and Jo learned to deal with me to keep me calm, centred and to draw the best from both of our different corporate sides and world views. As time went on in our friendship we managed to delve into the important parts of our lives: our family, our sons and go beyond the world of work".

- **Patrick L Coleman, Former Managing Director JHHESA**

"He was a very passionate, constructive contributor to South Africa's social development and to its HIV prevention program, and he helped us get over many bumps in the road many times. But as others have said, he was also just a fun person to be around and be with. He taught me a lot about South Africa. I cannot imagine South Africa without him. For me, there are so many nice memories. In a real sense, he will always still be there for us all".

- **Larry Kincaid, former Senior Advisor for the Research and Evaluation, JHU-CCP**

I met Jo over 11 years ago, when I started working at CADRE. Over the years, we worked closely together on many television series and several radio talk shows. In all the time I knew Jo, he was the same gentle man that I first met, who inevitably always had me laughing. Always chasing a dream to develop the best of the best for South African audiences and who would listen with interest and joy, when he heard research accounts of how an episode or a scene on television, had touched viewers, led to change or had touched someone's life in a meaningful way.

- **Helen Hajjiannis, Acting Director at CADRE**

I met Jo during the early days of Tsha Tsha, in the midst of the intense balancing of ideas and practicalities that make television series a reality. Jo was quiet, but astute, and made points at exactly the right time to keep us all on track. He was energetic and committed and above all, insightful. And as part of a planning week at a secluded nature reserve in the Eastern Cape, we had time to take to the hills on mountain bikes. One of these rides included coming back pale and shaky after a wildebeest had run at full speed through the narrow gap between the bikes, missing us by milliseconds. The last time I saw Jo was by coincidence, at a filling station in Mpumalanga. He was on a 'breakfast run', and in good spirits from the fun of being away from the city and out in the wind. It was good to catch up and it's sad to know the world is less without him.

- **Warren Parker, former CADRE Director**

Jo was a 'genuine', a real mensch, with no airs about him; and yet commanded respect. He had a lovely quiet, inoffensive and gentle presence.

- **Kevin Kelly, former CADRE Director**

Intersexions was an award-winning television series that showed how the tangled sexual web we weave – in search of love, power, affirmation, adventure, self-definition, belonging, status, sensation – enables HIV to spread insidiously across society. Episode by episode, *Intersexions* systematically filled in another link in the sexual network which spread and doubled back on itself, introducing new characters and occasionally revisiting familiar ones.

Intersexions was commissioned and managed by JHHESA within the framework of the USAID/JHU HIV Communication Programme in South Africa¹. USAID and the SABC jointly provided the resources required to realise the drama, the associated radio series and social media platforms.

Acclaimed as a piece of film-making, with 11 South African Film and Television Awards and the prestigious Peabody Award — the oldest award in broadcasting, there was no single factor that accounted for *Intersexions*' artistic and popular success. But two elements were particularly significant.

The first is the innovative way in which the creators of *Intersexions* depicted the network of sexual relationships, showing how two people who have never slept together may yet be sexually linked because they have shared a partner or even a partner's partner. In order to make this network real, the creators of *Intersexions* adopted an original "relay" format for the drama series. Every episode featured a new story and new characters and the only link to other episodes was a sexual relationship or encounter.

Audiences loved the "what next?" factor and appreciated being honestly confronted with the reality that participation in a sexual network is almost unavoidable and the extent of this network is often unknowable. Every episode began with the question: "*Do you know who your lover's previous lovers are?*"

The second success factor was a network of a different kind – the collection of individuals who dreamt up *Intersexions* and brought it to fruition. The word "diverse" doesn't begin to describe them! They ranged from writers and directors driven from the gut by memory and instinct, to intellectuals with theories of education and change in their heads, to researchers and media executives concerned with audience needs and headspace, and the nuts-and-bolts people responsible for making an authentic product under all sorts of pressures.

The creators of the series shared a passionate desire to break new ground both artistically and in terms of impact on the course of the HIV epidemic. With so much invested in *Intersexions*, the process was often combustible.

"None of the JHHESA work is bloodless," says Harriet Gavshon, managing director of Curious Pictures² and an executive producer of *Intersexions*. "It's like that because you have a lot of experience and a lot of passion involved. The essence of creativity is to tap into that blood."

Intersexions was also full-blooded in its approach to sex and relationships, recognising their complexity and power. Perhaps more than any previous HIV communication initiative it acknowledged the depth and difficulty of the personal transformation required of young adults, in particular, in this age of HIV.

¹ The programme was underpinned by a five-year partnership between the United States Agency for International Development (USAID) and Johns Hopkins University Center for Communication Programs (JHU-CCP) in the United States.

² Curious Pictures, a Johannesburg-based company, changed its name to Quizzical Pictures after the completion of the first series of *Intersexions*. However, the name Curious Pictures is retained throughout this document as the entity that existed at the time of development, production and broadcast of *Intersexions*.



A detailed presentation of the evidence that informed all major interventions comprising the USAID/JHU HIV Communication Programme in South Africa appeared in the introductory document in this series, *Exploring the foundations of the USAID/JHU HIV Communication Programme in SA*. The most pertinent points are recalled here for convenience.

The evidence is drawn from the Human Sciences Research Council survey of 2008 (HSRC 2008) (Shisana O et al, 2009) and the National HIV Communication Surveys of 2006 and 2009 (NCS 2006 & 2009) (Kincaid DL et al, 2008). The HSRC 2008 and NCS 2006, contained the most recent information available when JHHESA approached the SABC in 2008 about a partnership to produce a drama series designed to strengthen HIV prevention practices among young people; the 2009 NCS became available at the time when the development and production of the series were about to commence.

The three surveys showed:

- Persistently high HIV prevalence of 16.9% in the 15 – 49 year age group, with one in five women infected in the 20-24 year group and one in 20 men infected in the same age range. (HSRC 2008)
- Low perceptions of risk of HIV infection. In the NCS 2006, 36% of people said they were at risk of HIV infection (half of these said they either did not use condoms, did not trust their partners or had multiple partners). In 2009, 28% of women and 15% of men believed that they were likely to become infected with HIV— risk perception amongst those with MSPs was high: 31% of people with MSPs said they thought they would become infected with HIV, compared to 24% of people with one sexual partner. However, among those who thought they were not at risk the most cited reasons are not the drivers of HIV in South Africa, e.g. “don’t share needles” and “don’t have sex with prostitutes”.
- High awareness of condom use as an HIV prevention method, but low awareness of the protective effect of sexual faithfulness (26% in NCS 2006) and reduction in the number of sexual partners (7% in NCS 2006).
- A rapid fall-off in condom use by young men and women after the age of 20 and lower rates of condom use by women than men, in all age groups.
- High levels of partner turnover or concurrency among young men. The 2009 NCS found that close to one-third of men aged 20 – 30 years reported having at least two sexual partners in the past year and about one in eight said they had had two or more partners in the previous month.
- Relatively low levels of stable relationships – indicated by marriage or co-habitation – in all age groups. Among men, 82.4% in the 20-29 year age group were single and in the 30-39 year age group nearly half were single.

In 2007, JHHESA and the Centre for AIDS Development, Research and Evaluation (CADRE) jointly published a qualitative study on concurrent sexual partnerships among young adults in five provinces. The report defined concurrent partnerships as those “where one partnership begins before the other terminates”. (Parker W et al, 2007)

The study suggested that concurrent partnerships are likely to form part of many sexual networks. Some of these concurrent relationships might be secretly conducted, as when one partner showed his or her “faithfulness” to a main partner by pursuing additional relationships discreetly. In other instances, both partners were quite open about the fact that their relationships were not exclusive. The study concluded that there was “a pervasive norm of sexual partner turnover, sexual partner concurrency and casual sex, which is readily available in clubs, bars and shebeens”.

In late 2010 *Intersexions* became a reality on the TV screens of South Africans. By this time additional research had become available – for example, the second National Communication Survey (2009) – and it essentially confirmed the pattern described above.

The original partnership between JHHESA and the South African Broadcasting Corporation (SABC) that gave rise to *Intersexions* also shaped the objectives of the series to a great extent. While other partners played a critical role in conceiving the series as South Africans came to know it, the early objectives were set essentially by JHHESA and the SABC, the entities which managed the resources for the series and commissioned the work.

From JHHESA's point of view, the objectives of *Intersexions* were very similar to the strategic objectives of JHHESA as a whole.

In terms of the behavioural prevention of HIV-infection, these were to:

- Increase people's perception of their risk of HIV infection due to:
 - Multiple and concurrent sexual partnerships.
 - Transactional sex.
 - Excessive alcohol use.
- Increase correct and consistent condom usage with all sexual partners.
- Increase other risk-reduction behaviours, including a reduction in the number of sexual partners and responsible consumption of alcohol.
- Increase the number of people who undergo HIV counselling and testing (HCT) and know their HIV status.
- Increase open communication in relationships, especially in relation to HIV.

In terms of HIV treatment, JHHESA's objectives centred on:

- Increasing the number of people who are treatment-literate.

SABC, as the national public broadcaster, has specific social objectives which relate to the fact that South Africa is a country in rapid transition. Values are in a state of flux and there are differing and often conflicting views on the social roles of men and women, young and old. The public broadcaster takes the view that it has a role to play in promoting a public discourse that will help redefine social values and build social cohesion.

It was against this background that SABC Education put out a brief in 2009 for a TV drama series, then known as *Dawn*, which listed the following objectives:

- Portray desirable ("cool") and responsible personal characteristics.
- Portray "good" and "bad" behaviour and demonstrate the possibility of change.
- Show the re-emergence of responsibility and values.
- Show responsible behaviour as an integral part of life; how it develops through defining choices, attitudes and behaviour.
- Show the consequences of risky sexual behaviour.
- Depict South Africa as a mobile society.
- Demonstrate how healthy relationships determine physical health.
- Indicate how HIV and AIDS impact on all the above.
- Impact on audiences in such a manner that qualitative research will reveal a "measurable change in attitude and behaviour". (Neethling J and Ndlovu A, 2011)

Apart from the SABC's specific goals for this drama series, it has broad corporate objectives which include the promotion of cultural diversity and support for the development of indigenous South African languages. These translate into specific requirements for the generation of content for various TV channels and radio stations.

Ultimately, Curious Pictures, the selected film and television production company, would develop particular educational objectives or outcomes for each episode as part of the detailed story synopses. Most of these objectives related to individual perceptions or behaviours that underpin HIV risk- reduction strategies – not to the strategies themselves. These were “life lessons” rather than “health lessons”. So, for example:

- An episode in which a young woman in dire economic straits turns her back on transactional sex has the educational objective of showing “how the desire for status and material wealth can be empty ambitions that will lead to disappointment”.
- An episode in which two men who have steadfastly avoided committed relationships each embark on a lasting partnership has the educational objective of highlighting that “one’s past need not define who one is . . . it is never too late to change”. (Effendi K and Quinn B, 2010)





As in all JHHESA's work, the social ecology model of social and behaviour change communication (SBCC) formed a theoretical building block for *Intersexions*. This model emphasises that transformational communication must take account not only of individual psychological factors but also of a hierarchy of social systems that impact on the individual. These social factors may either enhance or impede the individual's efforts to change.

Intersexions was mainly a mass media intervention – a television drama series backed by a 26-part radio talk show carried on 10 stations – which triggered a powerful social media response. It had none of the face-to-face outreach and political advocacy that people commonly associate with mobilisation of community and national opinion.

But it would be a mistake to characterise this mainly as an intervention focused on the individual radio and television consumer.

Any major mass media initiative is necessarily an intervention at the societal level. When a drama series is not only disseminated by the national public broadcaster but actually commissioned by it, as noted in the earlier section on objectives, certain cultural and socio-political dynamics inevitably come into play.

JHHESA's selection of SABC as a partner and of the SABC1 channel as the particular vehicle was in itself a strategic and value statement. It said that JHHESA was seeking the largest possible audience, across a wide range of socio-economic groups and geographic areas, with a bias towards a young audience.

The SABC's partnership with JHHESA was, in turn, a clear contribution to the national response to HIV by the public broadcaster.

From the point of view of the public, the mass media are a social force: political king makers, barometers of social trends and arbiters of cultural taste. They are not merely channels for various positions and opinions but a powerful influence in their own right, as a whole body of sociological analysis indicates.

Therefore, *Intersexions* as a national television drama accompanied by interactive indigenous language radio shows and (even more interactive) social media platforms had an impact at a societal and a (virtual) community level. This layering of media channels appears to have been a deliberate expression of the social ecology framework which is part of JHHESA's DNA.

However, the more immediate model that informed the creation of *Intersexions* was the Extended Parallel Process Model (EPPM) of behaviour change, in which fear-based appeals to abandon risky attitudes and practices are combined with content that builds efficacy to adopt new ways of thinking and behaving.

Intersexions very explicitly raised the factors that put us at risk of HIV infection and – more importantly – the personal and social situations in which these risk factors emerge. There are multiple examples of characters who handled the risks well and those who managed them poorly. We saw characters succumb to AIDS and we saw others survive; we watched girls suffer sexual abuse (and survive) and we applauded those who rejected the advances sexual predators. We witnessed same-sex rape and the unfolding of a loving gay relationship. We met lots of characters with multiple partners – both concurrent and in rapid succession, some doing this knowingly, some because they were duped and betrayed. We saw condoms used, condoms forgotten, past relationships that returned to haunt and past relationships that receded harmlessly.

Above all, there was the ominous question in every episode: *do you know who your lover's previous lovers are?* This confronted viewers with the reality that even a single sexual relationship linked them to a wider sexual network and the risk of HIV infection.

Kim Witte and Mike Allen undertook a meta-analysis of more than 100 studies of fear-based interventions for behaviour change. Not only did they confirm that fear and efficacy factors had to be balanced to result in change but they also concluded that, provided this balance was maintained, the stronger the fear factor and the efficacy-building measures, the greater the change. (Witte K and Allen M, 2000)

They warned that it was important in behaviour change programmes to perform pre-testing to ensure that audiences actually understood both the fear elements and the efficacy messages. Otherwise, this type of strategy could backfire and produce resistance to change.

Intersextions, without any doubt took the fear factor up several notches. Did it sufficiently balance this with a powerful efficacy element – either within the TV drama itself or through the supplementary radio and social media channels? The successful application of JHHESA's chosen model for the intervention rested on this question. The answers to this and other important questions are examined when considering the quantitative and qualitative evaluations of *Intersextions*.

It is important to note one more important feature of the USAID/JHU HIV Communication Programme's conceptual approach to HIV communication: recognition that communication is a reciprocal and dynamic process. JHHESA's communication interventions are conceived as a rolling dialogue in which audiences themselves become generators of messages; the content is modified in the retelling in potentially powerful ways.





Since *Intersexions* was commissioned through a tender process, the conceptual development unfolded in two distinct phases. The central idea and some initial storylines were prepared as part of the response to the tender brief. The elaboration of the central concept, the development of the full set of stories and the various stages of writing, through to final scripts, occurred after the tender was awarded to Curious Pictures and Ants Multimedia.

5.1 The start: an inspired idea


Even before the SABC put out its first brief on this project in 2008, writer Uzanenkosi Mahlangu had been exploring the theory of six degrees of separation – the well-known notion that any two people in the world are separated by no more than five intermediaries. In the age of HIV, this theory suggested that almost every individual was at risk of infection. Therefore the stigma surrounding the epidemic and its stereotyping as a black people’s disease were utterly baseless. Mahlangu began to write an outline and a script for a “relay” series about HIV that would be structured on the degrees of sexual separation. But, as often happens in the movie business, he couldn’t find anyone to finance and produce the series.

In 2009, the SABC’s revised brief for *Dawn* was circulated. Curious Pictures had worked widely in the field of educational television and was well aware that the scope of HIV prevention messaging had expanded to include awareness of the risks posed by multiple sexual relationships and concurrency of relationships, in particular. The company began to prepare its pitch for the drama commission with the intention of building it on the network of multiple partnerships.

Curious Pictures’ creative director Rolie Nikiwe was aware of Mahlangu’s script-in-the-making and as they got to grips with the SABC brief he realised where the answer lay. “Uzanenkosi had told me the story and it was a powerful idea that stayed with me: the idea that HIV was using the infrastructure of the six degrees of separation. I couldn’t come up with anything better,” Nikiwe reflected.

Mahlangu agreed to join Curious Pictures in their pitch for the SABC drama series. He became an executive producer and continued to contribute to the development of the series. Both Nikiwe and Mahlangu, intensely creative and introspective, believe that the magic of *Intersexions* was that it was inspired rather than made to order – that the essence of the script actually preceded the brief.

Intersexions at a glance

- *Intersexions* was a television series designed to help curtail the spread of HIV. It was also a stunningly successful and highly original drama.
- It focused primarily on the complexities of sexual relationships and how these intersect, forming a sexual network that exacerbates HIV transmission and is threaded through with every shade of emotion and shape of motive.
- *Intersexions* comprised 26 episodes each of which was 24 minutes in length (except for the last double-length episode). Every episode featured a different story with new characters, new issues and new locations. The only link to some previous episode was a sexual relationship.
- *Intersexions* was jointly commissioned by JHHESA and the SABC. It was conceptualised, written, produced and directed by Curious Pictures (now known as Quizzical Pictures) in conjunction with Ants Multimedia. A sustained process of research was conducted by CADRE principally in support of the development phase.
- *Intersexions* was carried on South Africa’s biggest TV channel, SABC1, between October 2010 and April 2011. It averaged about six million viewers a week during its initial run, according to the Television Audience Measurement Survey (TAMS). The series enjoyed a successful rerun only a few months after the first run concluded, with an average of five million viewers a week, according to TAMS ratings.
- Every *Intersexions* episode elicited a torrent of tweeting – about 2 000 tweets per episode – and a flood of Facebook  and comments. By the end of the rerun there had been several thousand Facebook interactions, some of which were moderated by a sexologist.
- A series of *Intersexions* radio talk shows ran in parallel to the TV drama on 10 indigenous language stations of the SABC. They featured experts on various aspects of HIV and provided in-depth information on the issues raised in the drama.
- *Intersexions* garnered 11 of the 2011 SA Film and Television Awards – including best director for Rolie Nikiwe – and was recognised with a Peabody Award in 2012.

The representation of the sexual network posed the key conceptual challenge of *Intersextions* and it was achieved by:

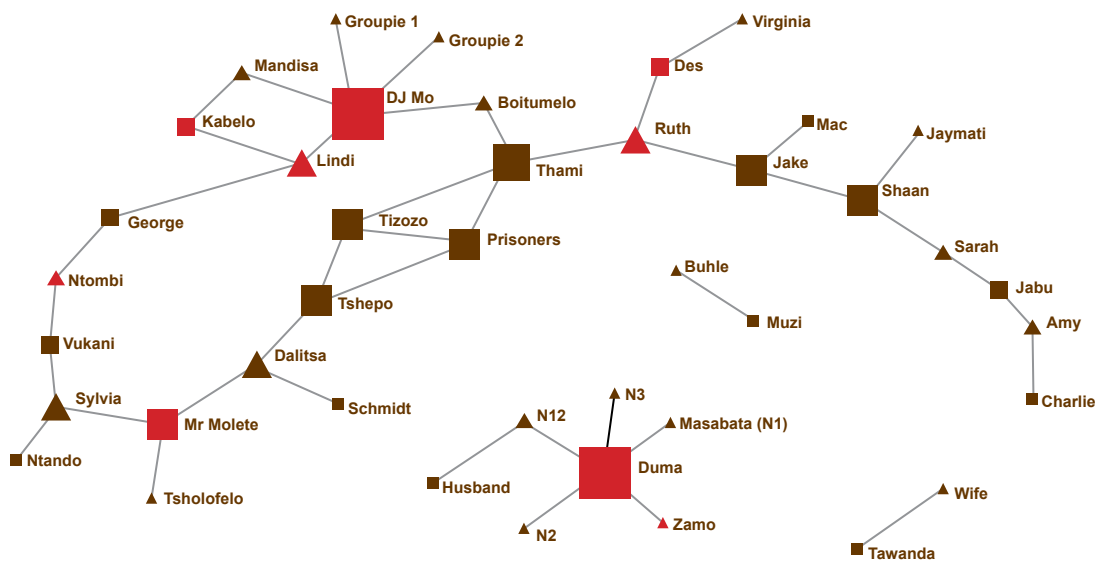
- Making the form of the drama match the concept of the sexual network. The “relay” series, comprising individual but linked stories with different characters, plots, and social landscapes, was a way of “drawing” the network explicitly in another medium.
- Firmly establishing the meaning of the link between stories. This was achieved through an introduction to each episode which flashed back to a scene in the first episode in which a doctor asks a woman awaiting her HIV test results: Do you know who your lover’s previous lovers are?
- Focusing on the nature of intimate relationships and sexual (ir)responsibility – not directly on HIV. The risk of HIV was shown to be a dependent variable, deriving from the decisions characters made about sex and relationships.

The first few episodes are all about aspirations and self-belief and the way these affect how the characters act sexually. . . . My image of the whole series is that HIV is not the problem. The problem is the cracks (in relationships) that we create by lying to ourselves and to others. (Rolie Nikiwe, creative director, Curious Pictures)

5.2 Next steps: a matter of craft

The development phase of *Intersextions* was complex and intense and extended over a period of nine months. It involved the writing of plausible and diverse individual stories plotted and populated on the basis of the map of relationships depicting the sexual network. Mapping out the sexual network was a time-consuming exercise that laid the foundation for the entire series. The network is represented in Figure 1.

Figure 1: Network of sexual relations among *Intersextions* characters



Note: Lines indicate sexual relationship; women are shown as triangles, men as squares. Red signifies known HIV positive status; size is proportionate to centrality in each network.

Sources: Mahlasela LN & Delate R, undated. *Intersextions*: an overview. Unpublished presentation; Mahlasela LN, Boulay M, and Kincaid DL (2012).

Primary HIV prevention content such as consistent use of condoms and protection afforded by mutual faithfulness were threaded into these stories along with secondary themes such as alcohol and sexual risk taking, same-sex relationships, transactional sex, and the abuse of teenage girls by older men.

The stories had to take account of the language and location mixes required by SABC1 in terms of its audience profile and positioning as a channel.

Each story was written in such a way that it did not simply cover HIV-related themes, but also contained certain life lessons and fulfilled particular educational objectives. These were encapsulated in a set of story synopses, key elements of which are presented in Table 1 below. (Effendi K and Quinn B, 2010)

Once the educational elements had been worked into the individual plots, each of these story outlines or synopses would be further elaborated until there was a full script for each episode. A team of writers, selected and guided by head writer Brent Quinn, created the set of scripts.

Each script would go through various drafts, which were scrutinised and amended by no fewer than five executive producers, and would be submitted to pre-testing through focus groups before it was finalised.

“We pre-tested scripts a lot, more than in any other series because of the *Intersextions* format of telling a new story in every episode. We would test for authenticity, sensitivity to gender, culture, religion, believability or credibility, and identification with characters,” says Helen Hajjiannis of CADRE.

Two focus groups were set up in Gauteng and Western Cape to pre-test scripts throughout the development of the series. These groups were constituted in a way that would ensure they could deal with all languages required by SABC1. Some episodes dealing with sensitive issues required more than the routine script pre-testing. An example was the episode in which antiretroviral drugs are advocated as the only treatment for AIDS and traditional medicines are clearly described as ineffective. Research included interaction with traditional healers. Episodes that were set in rural areas were tested with rural focus groups to ensure their authenticity. Where differences of opinion within the team could not be resolved, additional testing was occasionally used to determine matters on the basis of audience preference.



Table 1: Summary of *Intersextions* storylines

(Source: Effendi K and Quinn B, 2010. Some minor updates have been introduced, as per final broadcast)

	Story line		
1	Mandisa discovers on her wedding day to Kabelo that her former lover, well-known DJ Mo, is dying of AIDS. She delays telling Kabelo who later finds out and walks out of the marriage. Mandisa finds out that she is pregnant and takes an HIV test during her first ante-natal medical check-up.	Dramatic issue Denial	Educational objective(s) To highlight the importance of honest communication before entering into a serious relationship.
		Controlling idea Denial leads to a day of great reckoning.	Lessons Even in a committed relationship it is important to test for HIV.
2	(Previously) DJ Mo and Mandisa are in love. She manages his skyrocketing career. He can't handle fame and sleeps around. Mandisa dumps DJ Mo and leaves Durban for Joburg when she finds him sleeping with social climber Boitumelo. DJ Mo then dumps Boitumelo.	Dramatic issue Disempowerment	Educational objective(s) To encourage men to think about their motives for playing the field.
		Controlling idea When a disempowered man falls for false admiration he is at risk.	Lessons If you try to deceive your lovers you could lose them all. Having multiple partners exposes you and others to the risk of HIV infection.
3	Boitumelo and actor Thami become lovers. He promises her a movie part. She is unaware that "sugamama" Ruth finances his luxury lifestyle. The couple and Tshepo's friend, Thami, take a trip. Ruth learns Tshepo is cheating and cuts off his credit. Unable to pay, they defraud an hotel and the men are arrested. Boitumelo is left heartbroken.	Dramatic issue Deception	Educational objective(s) To show how the desire for status and material wealth can be empty ambitions that can lead to disappointment.
		Controlling idea The worst form of deception is self-deception.	Lessons If you don't have self-worth, you have nothing. Transactional sex destroys self-esteem.
4	Tshepo and Thami both fall foul of gangs in Polokwane Prison and are raped by the gang leader. Their friendship shatters. But still Thami tries to defend Tshepo and as a result is brutally gang raped. He commits suicide. Tshepo leaves prison a broken man.	Dramatic issue Friendship	Educational objective(s) To highlight high-risk sexual behaviour in prisons.
		Controlling idea For friendship to survive, it has to grow.	Lessons One small bad decision can have serious consequences. Prisoners are often ordinary people. Even in the harshest of worlds, people can find humanity.
5	Tshepo seeks refuge in Hillbrow and befriends a young Zimbabwean sex worker, Dalitso. He confesses his love for her and proposes they leave Hillbrow to start a new life. She hesitates and considers an alternative offer from a client, teacher Israel Molete. Tshepo leaves town. Dalitso realises her need of him and follows.	Dramatic issue Love and freedom	Educational objective(s) To highlight the plight of sex workers and their risk of infection. To inspire belief in the possibility of escaping a damaging life.
		Controlling idea You cannot be free unless you believe you deserve it	Lessons Love has the power to change anyone's life for the better.
6	Israel Molete, outwardly a charitable man, sexually abuses girls at the Daveyton school where he teaches. A colleague tries to expose Molete but is fired for doing so. This causes the abused girls, Sylvia (who is pregnant) and Tsholofelo, to reveal what has happened. Molete is forced to leave the school and his colleague is reinstated	Dramatic issue Respect	Educational objective(s) To show that a consensual relationship is impossible where one party has authority over the other. To show that sex with a young person entrusted to one's care is wrong.
		Controlling idea You have to command respect, not demand it.	Lessons With a strong sense of self-respect you can be protected from being exploited.

	Story line		
7	Tsholofelo's granny is dying. To support her siblings she gets a job in a restaurant where a young chef, Charlie, shows her the ropes. She is mistrustful of men and rebuffs Charlie's kiss. Her boss gives Tsholo a loan to bury her gran and suggests she repay it sexually. She quits - but comes to appreciate Charlie's sincerity as he helps her find new work.	Dramatic issue Self-sufficiency	Educational objective(s) To show how dire financial problems need not defeat the spirit or make one vulnerable to sexual abuse.
		Controlling idea Self-sufficiency is the key to long-term survival and freedom.	Lessons If you strive for independence even in little ways you will find a way toward self-sufficiency.
8	Charlie goes to stay in Pretoria to do a training course. He gets hopelessly drunk at a club and lands up in bed with Amy. Next morning neither can remember how they got there or whether they had sex. They recall buying condoms but cannot find them.	Dramatic issue Alcohol abuse and diminished responsibility	Educational objective(s) To show how good people are not immune to making very bad decisions.
		Controlling idea Two good people can make bad decisions when drunk.	Lessons Excessive use of alcohol lowers inhibitions and makes it easier to act irresponsibly.
9	Jobless, aimless Amy squats with Sarah and Jabu, best friends from university. Jabu is a musician, Sarah a hard-working woman. Left idly at home, Amy and Jabu end up in bed. The truth of this betrayal surfaces and Sarah kicks both Amy and Jabu out.	Dramatic issue Fidelity and trust	Educational objective(s) To show the importance of taking responsibility for one's actions.
		Controlling idea When friends cross the line into a sexual relationship they might destroy romance and friendship.	Lessons Learning to control your impulses is the mark of maturity.
10	(Months later) Sarah is working in a family business, having an affair with Shaan, the boss's son-in-law. When Sarah misses out on a promotion, she tries to force Shaan to reconsider who to promote, threatening to reveal their affair. Shaan's wife learns of his infidelity anyway and gives him an ultimatum: fire Sarah or lose your job and your marriage. It's no contest: Sarah is fired.	Dramatic issue Manipulation	Educational objective(s) To highlight the danger of presuming that sleeping with someone entitles one to special favours.
		Controlling idea Manipulation isn't a ticket to success.	Lessons Jealousy in a relationship must be dealt with or there will be repercussions. There is no such thing as an uncomplicated affair. When an affair sours, the retaliatory nature of former lovers emerges and hurt can turn ugly.
11	Shaan storms out of home after a marital fight. During a few days away, he encounters a worldly charming business analyst, Jake, who treats him with respect. They go to a club, do some drugs and have (protected) sex. Shaan is thrown: is he gay? Jake talks him through issues of sexuality and personal freedom. Shaan returns home determined to restore his marriage.	Dramatic issue Repression	Educational objective(s) To show you cannot separate sex from intimacy and self-respect. To show how we invest sex with meaning.
		Controlling idea Extra-marital sex is not the solution to repression.	Lessons You can't define yourself by the people you sleep with.
12	Ruth (Thami's older lover from episode 3) and Jake are friends and occasional lovers. Ruth would like more, but Jake has met an artist, Mac. Ruth sees this relationship is the real thing and encourages Jake to persist in winning the commitment-averse Mac – which he does. Ruth then bumps into Des, a friend from the past.	Dramatic issue Fidelity Condom use Risk assessment	Educational objective(s) To highlight that one's past need not define one's present. It is never too late to change.
		Controlling idea Commitmentphobes can find themselves falling for each other.	Lessons Commitment and fidelity don't just happen – they need to be negotiated. Sex is always risky: protect yourself.

	Story line		
13	Des travels to Joburg on business. His marriage and his life in Cape Town are stale. His affair with Ruth is an attempt to recapture the excitement of their youth. But Des gets more than he bargained for; his wife, Virginia, files for divorce. His affair with Ruth becomes jaded; he leaves. Ruth is HIV-positive.	Dramatic issue Regret	Educational objective(s) To reinforce being honest about infidelity in relationships.
		Controlling idea Regret blinds us to what we have.	Lessons Understanding the unintended consequences of multiple concurrent partnerships.
14	Des's wife, Virginia, is a housing rights activist. During Des's time in Joburg, her work brings her into contact with Zimbabwean journalist Tawanda and there is an instant attraction. When Tawanda suggests they take it further, she tells him it's not the right time for her.	Dramatic issue Empowerment	Educational objective(s) To encourage honesty with oneself and in relationships in order to prevent the risk of HIV infection.
		Controlling idea If you empower yourself, you empower the world.	Lessons Others cannot be responsible for your happiness. Infidelity in marriage can have irreversible consequences.
15	Tawanda is back in Joburg. His wife is fed up with his neglect of their son, Tunde. So he takes Tunde on assignment. Their car is stolen near Witbank. A single mother, Masabatha, offers them shelter for the night. Masabatha's pain about the absence of her man, Duma, gives Tawanda insight into his own situation. Duma eventually arrives and wrongly accuses Tawanda of sleeping with Masabatha. Tawanda returns home determined to do his family justice.	Dramatic issue Avoidance	Educational objective(s) To encourage men to make decisions they feel they can stand by.
		Controlling idea Avoidance destroys trust.	Lessons The importance of honesty in relationships, open communication and confronting and overcoming problems, including the correction of gender imbalances.
16	Truck driver Duma has a terrible motor accident after leaving Masabatha's home. At his bedside in Witbank Hospital, his wife, Zamo, discovers a list of odd names in his cell phone. She finds out that they are his lovers along various trucking routes. He has children with some and has infected all, including Zamo, with HIV. With the greatest reluctance, Zamo takes the disabled Duma home upon discharge.	Dramatic issue Conscience	Educational objective(s) To show how multiple relationships expose you and everyone else to the risk of infection.
		Controlling idea You can run away from your conscience but you can't hide.	Lessons Only honesty can repair broken trust. Unprotected sex with multiple partners has unintended consequences. Men need to be responsible for children they bring into the world and expectations they set up in casual relationships.
17	Zamo has taken Duma back out of duty. It is a bitter homecoming; resentment continues to simmer. Zamo crumbles and becomes infatuated with the helpful young man, Ntando, renting their outside room. Duma regains some mobility and decides that the right thing is to go and live with his brother to rebuild his life. Zamo debates whether to act on her feelings for Ntando. In the end, she takes a remorseful Duma back to rebuild their relationship.	Dramatic issue Temptation	Educational objective(s) To highlight the importance of avoiding emotions overwhelming responsible sexual decisions. To consider how our choices impact on our self-worth. To present various notions of manhood and the impact these have on women's self-perception.
		Controlling idea Temptation is hardest to resist when it is fuelled by revenge.	Lessons We are not fixed as human beings; we have the capacity to change, no matter what our past has been. Often the most difficult life choices are the right choices. Personal growth requires real courage.

	Story line		
18	Ntando has enrolled at university in Gauteng and is living with his father, Israel Molete (the abusive Daveyton teacher of episode 6), who is severely ill with AIDS. Ntando is unaware that his lover, Sylvia, is one of the schoolgirls his father abused. The truth of Molete fathering Sylvia's child emerges against a background of poverty, imminent death, and dark secrets, blame and guilt between father and son.	Dramatic issue Forgiveness	Educational objective(s) To open discussion on manhood, sexuality and the imperative of honest communication between men. To show the long-lasting consequences of sexual abuse.
		Controlling idea Real forgiveness is only tested when we have to forgive the unforgivable.	Lessons Risky sexual choices come home to roost and impact on family. A father's philandering ways can expose a sexually active son to the risk of HIV infection.
19	(Months later) Sylvia is sharing a house in Joburg's city area with other young women, writing poetry, getting her life together. She meets Vukani at a slam poetry club. They become lovers but he steals her poetry to advance himself. Her fury with him propels her beyond her fear of performance and she takes the stage to claim her own talent.	Dramatic issue Self-confidence	Educational objective(s) To underscore the need for mutual respect in relationships between men and women. To encourage viewers to hold onto goals and dreams as a compass in life.
		Controlling idea Lack of self-confidence diminishes agency.	Lessons The road to recovery for an abused individual begins with tentative steps. Many young women make the mistake of thinking they need to be rescued by a man.
20	In rural KwaZulu-Natal, tongue-tied Muzi tries to woo Buhle through his love songs. His cousin, Vukani, visiting from Durban, complicates things by making a move on Buhle, who is confused by Muzi's reticence. However, all is resolved: Muzi and Buhle swear their love. Vukani turns to Buhle's sister, Ntombi, who happily falls in with him as her means to escape her rural village. They leave for Durban.	Dramatic issue Sincerity	Educational objective(s) To show romantic love and honesty in courtship.
		Controlling idea Loving with sincerity is the only way to love.	Lessons The consequences of sincerity versus insincerity. The imperative of choosing wisely when finding a life-long partner. Judge a man by his heart and not by the flashy clothes on his back.
21	(Some time later) Ntombi returns to the village for Buhle's wedding. She is obviously ill and secretly taking ARVs. Her family forces her to consult a traditional healer but she does not take his medication. She continues with ARVs and becomes healthy. Everyone thinks the sangoma has cured her. When she sees an old friend dying of AIDS she breaks her silence and reveals the key to her own recovery so that her friend can follow her example and start taking ARVs.	Dramatic issue Truth	Educational objective(s) To inform the audience that no cure for HIV exists but ARVs, taken correctly and not mixed with traditional medicine, can lead to long life. To challenge stigma and denial of HIV. To encourage open and frank communication about HIV risk.
		Controlling idea The truth sets one free.	Lessons It is possible to be brave and to challenge denial and stand up for the truth. We need to examine our own fears, beliefs and prejudices.

	Story line		
22	(Months later) Ntombi is living in Joburg, looking great, being courted by restaurant-owner George, who lives next door. He asks her to manage his restaurant. But George is also involved with Lindi, a lawyer (who appeared in passing in episodes 1 and 2). Ntombi attempts to tell George her HIV status but through a mix-up he doesn't get the message. Nevertheless, they use protection when they have sex. But then Ntombi finds out about Lindi and realises that her honesty has been repaid with deception. It's over between Ntombi and George.	Dramatic issue Honesty	Educational objective(s) To demonstrate the need for honesty about concurrent partners. To demonstrate the need for honesty about one's HIV status.
		Controlling idea Honesty is a two-way street.	Lessons People are often awkward and hesitant when falling in love. Even attempts at honesty can be miscommunicated and misread. Without openness and frankness about who we are, we can hurt people that we really care about.
23	Driven by guilt George proposes to Lindi and she accepts. But Lindi is still really in love with her colleague, Kabelo (the bridegroom in episode 1), with whom she had a relationship before his marriage to Mandisa. After accepting George, Lindi learns that Kabelo's marriage is on the rocks. She and George confront the fact that their marriage would be a disaster and call it off. Lindi then makes her feelings for Kabelo plain but learns at the same time that she is HIV-positive. George begins the uphill journey of winning back Ntombi's trust.	Dramatic issue Settling for second best	Educational objective(s) To encourage maturity and honesty in relationships. To show that infidelity has long-lasting consequences.
		Controlling idea "Settling" is no foundation for a marriage.	Lessons We can all make misguided romantic decisions. Doing what we think is the correct thing is no substitute for following our hearts. Being faithful to the one we love requires honesty and maturity. Adulthood means being true to ourselves and what we really want.
24	DJ Mo (from episodes 1 and 2) dies and Mandisa (episodes 1 and 2), Kabelo and Lindi attend the funeral in rural KwaZulu-Natal. Mandisa observes the caring relationship between Kabelo and Lindi and Lindi's deep distress at DJ Mo's death. The two women get talking and Lindi, thinking that Mandisa knows about her relationship with Kabelo prior to their marriage, confirms this. Mandisa realises the full extent of Kabelo's dishonesty and hypocrisy. Kabelo realises that Lindi, too, was sleeping with DJ Mo.	Dramatic issue Disclosure	Educational objective(s) To encourage viewers to take full responsibility for their sexual health.
		Controlling idea The hardest thing to disclose is often the most important thing to disclose.	Lessons Relationships are complicated and the reasons for which people have sex are complex. We can't blame anyone for HIV: we can only protect ourselves.
25	Mandisa miscarries and is rushed to hospital. Kabelo discovers he is HIV positive. He realises that he might have infected both Lindi and Mandisa. But Mandisa's HIV test, taken months earlier, came back negative. When Kabelo learns this his remorse deepens and he pleads with Mandisa to take him back. But Mandisa has emerged from Kabelo's earlier rejection and the loss of her baby with a stronger sense of self. She tells Kabelo she deserves better than him.	Dramatic issue Forgiveness	Educational objective(s) To show: The importance of honest communication in relationships. Gender equality in relationships. The possibility of living happily and for many years with HIV.
		Controlling idea True forgiveness must be earned.	Lessons Self-forgiveness and self-respect are prerequisites for happiness and building future relationships.
26	This episode took a different format. It was a journey across the entire sexual network, narrated by "V" – the personification of the HI virus. It combined factual information about HIV prevention with commentary on risk-taking behaviour. Its hard-hitting representation of the risk of HIV-infection was unprecedented in South African education entertainment.		



As the *Intersexions* process moved from development into preproduction and production, the complexity that existed on the page became a major exercise in logistics. The “relay” format increased the difficulty of the logistics exponentially.

The 25 stories required the casting of 68 lead actors. This task was complicated by the fact that the series was being shot in a range of languages, so the linguistic abilities of actors had to be overlaid on their acting skills and general suitability for the part. Furthermore, all major casting decisions had to be taken jointly by the production company and the SABC, and their priorities were not always identical.

The series required the identification and securing of 100 different locations in rural and urban settings. Most locations were needed for only a couple of days so premium prices were paid to secure them; none of the economies of scale of a normal TV series applied. (Gavshon H, 2009)

The actual shooting of the series occurred under high pressure. Inflexible time schedules had to be adhered to in order to keep the production within budget and meet end-point deadlines.

A team of directors, headed by Curious Pictures’ creative director Rolie Nikiwe, brought *Intersexions* to the screen. Although Nikiwe set the overall style by directing the first few episodes, the relay format created some leeway for each director to express his or her individuality. A number of the directors on the series were young up-and-coming talents who might not ordinarily have received a break on a mainstream production.

The producer of *Intersexions* carried enormous responsibility for a period of about 18 months, from the point the tender was awarded to editing of the last episode. Producer Karima Effendi saw her role as preserving the vision of *Intersexions* as it moved from script to production. In her words, this involved “coming as close as possible to representing the truth of people’s lives and experiences, especially when it came to how they spoke about sex, relationships and so on”.

The unrelenting pace of production occasionally demanded that whole scenes would have to be omitted in order to complete shooting within the time period allocated for individual episodes. This meant that the producer, in consultation with the director – and perhaps with the research consultant, available by phone – would rewrite parts of the script on the day of shooting in order to bridge the gap left by an excised scene without sacrificing the coherence of story and key messaging.

The executive producers, representing JHHESA, Curious Pictures, SABC Education and SABC1, along with CADRE reviewed every episode after off-line editing. At this point, additional editing changes were easy to effect and final adjustments were made. Only episode 25, the concluding story in the series, had to be reshot to make a significant change to the ending.

The original episode 25 had been shot out of sequence because it required the same locations as those used right at the beginning of the series. When JHHESA’s executive producer and technical advisors viewed the original episode 25 in sequence, they felt that the classical happy ending was a jarring note in a series which had striven for authenticity and realism. Input from the audience through social media also played a role, as is explained below.

The episode was re-scripted and reshot, with Curious Pictures’ executive team playing a critical role in finding a way to produce a strong conclusion without the comfort of reconciliation between the series’ opening characters, Mandisa and Kabelo.

6.1 Culture of production

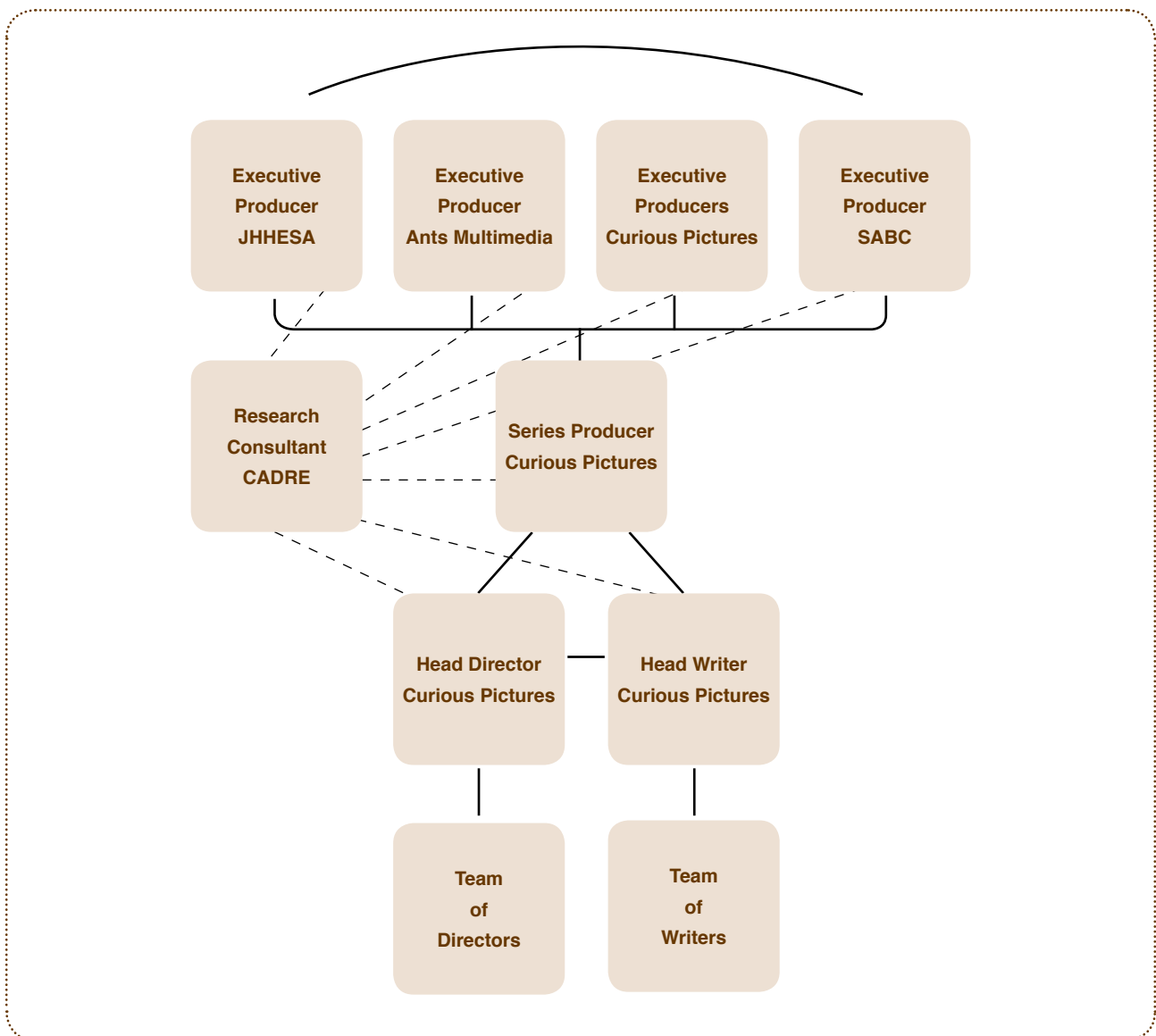
HIV education entertainment on TV is a well-established genre in South Africa and it has a culture all of its own. This involves a blend of the practices of communication theorists, empirical social science and film-making. Educational entertainment on HIV is almost always initiated by an HIV education and advocacy group, such as JHHESA, mediated through the broadcast partners, and ultimately brought to life by film makers who may be experienced in this particular

field of work or entirely fresh to HIV communication. The precise interplay between these various sources of expertise and authority varies from team to team.

Partnerships and management

The *diversity* of the partners responsible for *Intersextions* was essential to the realisation of the envisaged product. It was important to have the creative corner pushing the truth of the human psyche, the HIV-education corner keeping the behaviour change objectives in mind, and the broadcaster focusing on the interests of viewers (and advertisers) and the broadcasting mandate. Clearly the robust interchange among these forces led to the innovation, emotional impact and intellectual challenge that *Intersextions* embodied.

Figure 2: The formal structure of the *Intersextions* team



There were many moments where members of the team did not see eye-to-eye. But there were very important integrating and conflict-resolution mechanisms built into the mix.

Critical to the success of the team were several “middle-grounders” who helped preserve the integrity of the series and hold the team together.

- At Curious Pictures there were highly skilled craftsmen and craftswomen who would find the mechanisms to achieve an honest balance between the truth of drama and the content demands of the educational objectives. Their special ability and the respect that they commanded meant that they had enhanced power in the team which sometimes transcended their more formal position as “service providers”.
- At JHHESA, the project managers and technical experts were sensitive to the integrity of the creative process. Concerned though they were with health-promoting behavioural outcomes, they subscribed fully to the notion that education was best served by a sophisticated and articulate engagement with audiences.

In addition, the team had access to social science researchers whose function was to constantly feed the views of typical viewers into the creative process. Across the team there was a good measure of respect for the process of testing scripts and researching particularly contentious issues before moving forward with production.

There were five executive producers who jointly made the final decisions on *Intersextions*. In some instances technical experts within the partner organisations also played an influential role. Members of the executive production team made their mark particularly during:

- The development phase, when they provided initial input on the storylines and themes to be covered and made detailed comments on drafts of every script.
- The post-production phase, when they jointly reviewed and suggested changes to the off-line edits of each episode.

Evidence-based production

JHHESA and the SABC were both clear that the series that became *Intersextions* should be an evidence-based intervention that would contribute to the national effort to reduce the rate of new HIV infections. The empirically defined behavioural drivers of the epidemic were clearly incorporated into the storylines of various episodes of *Intersextions*. Multiple sexual partnerships, concurrent sexual partnerships, transactional sex, inter-generational sex, sexual assault, and reckless alcohol use all featured in the series, woven into the lives of ordinary and mostly likeable people.

Proven methods of HIV prevention (such as condom use) and management (such as antiretroviral therapy – ART) also formed prominent but natural features of a series whose subject was relationships and sex.

Evidence of a different type was also used to underpin *Intersextions*. Pretesting of scripts was used to test the water of audience reception and to fine-tune the series in terms of authenticity and believability. It was the presence of this safety net that allowed the team to take chances that no previous HIV communication programme had in terms of the sharpness and power of messaging. (See box below: Setting new limits: intensifying the fear factor (Episode 26).

6.2 The multi-media dimension

For the duration of the first run of the TV drama, a weekly *Intersextions* talk show featured on 10 radio stations of the SABC.

The other dimensions of the *Intersextions* multi-media programme were:

- A dedicated *Intersextions* website with a regular blogger.
- A Facebook page which hosted discussions mediated by a sexologist during the broadcast of *Intersextions* and beyond.
- A Twitter account.

Unpacking the issues on air

Each of the weekly 30-minute *Intersextions* radio talk shows dealt with the issues that were embedded in the most recent episode of the television drama. Guest experts dealt more directly and extensively with educational content which was implicit in the drama and answered questions from listeners. “It wasn’t necessary to watch the TV show in order

to understand the radio programme, although the radio producers would have seen the TV show and some presenters referred to it,” says Johan Neethling, SABC’s commissioning editor for public education and social development. On all African language stations of the SABC, *Intersexions* talk shows were scheduled into the slots normally accommodating a health programme. Collectively, these stations have a listenership of more than 14 million and they include the biggest stations in the country. An additional station, Trufm, which caters to a youth audience in the Eastern Cape, was added to this group. Trufm adopted a different format, incorporating 10-minute *Intersexions*-related inserts into its regular programming.

The radio element of *Intersexions* was managed essentially by JHHESA, SABC Education and the individual radio stations.

JHHESA organised an initial content workshop in Johannesburg for senior producers at all the stations to ensure that they had a good understanding of the purpose of the intervention and the scope of the issues to be addressed. The senior producers in turn briefed and prepared the producers and presenters of the *Intersexions* radio programmes. Neethling explains that the choice to work through senior producers was made for reasons of continuity; producers were often shifted between programmes and might not complete 26 weeks in the same position.

JHHESA undertook the preparation of radio scripts and the identification of a range of experts who could be invited to participate in the shows. These were circulated to the stations each week by SABC Education. Producers at the individual stations were responsible for translating the scripts and adapting them, where necessary, and for making the arrangements with guest experts.

With 260 shows being broadcast over a six-month period in a range of languages and at different times, this decentralised approach – which leveraged each station’s knowledge of its particular audience – was the best possible solution.

“Generally it worked very well. . . . Producers were warned to lock down their experts well in advance and it was made clear that getting the experts was their responsibility. But things did occasionally go wrong,” Neethling reflects.

Social media platforms

The TV drama series was supported by a blog, as well as by dedicated use of Facebook and Twitter.

Facebook was used to preview upcoming episodes and it provided a platform for viewers to reflect on and discuss the most recent episode. Fans themselves drove the discussion, raising subjects of their choice and interacting with each other. However, this on-line discussion was monitored by a sexologist who provided relevant information on sexuality and health and counsel where needed. There were weekly polls on an issue raised by the most recent episode.

Intersexions’ Facebook page attracted 23 000 participants during the initial run and numbers continued to grow even when the drama was off-air, reaching 42 000 by the second anniversary of *Intersexions*’ launch.

“Moderation of the discussions was difficult because, although we wanted people to be free to talk openly about sex, relationships and love, discussions sometimes became too explicit. The fact that we had a sexologist on the page was very good as she provided critical information and advice,” observed JHHESA managing director Richard Delate.

The blog provided a platform for a more personalised way of previewing upcoming episodes and providing information on the series generally. It also carried advice on relationships, sexuality and health, and ran weekly polls on issues raised.

The immediacy of Twitter was used to advantage to remind followers to watch *Intersexions*, and to provide snippets of news about the programme (for example, awards won). It served to sustain interest in the series and also, very importantly, to allow viewers to express their immediate responses to each episode in real time. *Intersexions* had 2 800 Twitter followers and it was quite usual to get 2 000 mentions during a single episode.

Delate says that powerful responses on social media actually played a part in the decision to reshoot the ending to the story of Mandisa and Kabelo which framed the series. Viewers' tweets and Facebook comments showed they were not happy with the fact that several other female characters in the series simply forgave their cheating partners. This was taken into account in the decision to replace the intended reconciliation between Mandisa and Kabelo with a decisive split in which Mandisa declared she "deserves better".

Financing and resourcing of *Intersextions*

The major direct costs involved in *Intersextions* were the development and production costs of the TV drama series, the prime time airtime on South Africa's largest TV channel, the production and presentation of the series of radio talk shows, and the airtime on national indigenous language radio stations.

These were shared as indicated in the table below.

Table 2: Financing sources for *Intersextions* Series 1 and associated interventions

Medium	Production	Airtime
Television	USAID paid for the development and production of the drama series through its five-year commitment to JHU (and JHHESA).	SABC provided the airtime at no cost to JHHESA. <i>Intersextions'</i> high audience ratings enabled SABC to maximise advertising revenue.
Radio	SABC radio stations provided producers and presenters on 10 radio stations. JHHESA supported production through training of senior producers at all stations, preparation of scripts and identification of expert guests. SABC Education coordinated the radio series.	USAID funded the sponsorship arrangement reached between JHHESA and SABC for the talk shows. Sponsorship does not entirely cover the costs of airtime. However, SABC may accept commercial advertising during sponsored programmes.





This section presents the results of the evaluation of *Intersexions* in terms of the following:

- The extent to which it gave effect to the model of the change that USAID/JHU HIV Communication Programme selected as its theoretical framework.
- Its ability to reach and sustain the interest of the audience that it sought to influence.
- Qualitative research which was undertaken to assess the series in terms of its achievement of educational objectives and a range of other factors.
- Quantitative research on recent behavioural trends in relation to HIV and the impact of communication programmes on these behaviours.

7.1 Actualising the chosen model for change

USAID/JHU HIV Communication Programme selected as its primary theoretical framework for attitude and behaviour change the extended parallel process model in which fear is used to motivate behaviour that will avert harm. For such strategies to succeed, the representation of risk must be counterbalanced by the representation of an effective and workable remedy. Furthermore, the model is likely to work best where both the risk and the remedy are powerfully and persuasively portrayed.

The drama therefore needed to present the risk of HIV infection as serious and real and applicable to every viewer. *Intersexions* did so in a number of ways:

- It demonstrated the potentially devastating consequences of acquiescent, careless, reckless, exploitative and, occasionally, violent sex. These included destruction of friendships, implosion of marriages, derailing of careers, HIV infection and death due to AIDS . . . even suicide (as a consequence of violent male-on-male rape within a correctional institution, not HIV infection).
- It revealed a whole range of factors that heighten the chances of sexual risk-taking. These included factors that are commonly recognised in HIV campaigns: the irresponsible use of alcohol, transactional sex, domestic violence, and coercive sex in schools and work places. They also included less acknowledged human weaknesses that drive us to engage in sex without calculating the possible cost: social ambition, loneliness, and poor self-esteem or the need for personal affirmation.
- It portrayed humans as inherently sexual and acknowledged the power of sex, the human tendency to follow our impulses and seize opportunities for sexual novelty or adventure.
- It depicted all sorts of people engaging in risk-loaded sex: rich and poor, young and middle-aged, black and white, men and women, straight and gay. *Intersexions* up-ended stereotypes showing that career success was no predictor of relationship success; that “good” people and “bad” people were equally capable of sexual duplicity; that self-confidence and integrity could be attributes of both the simple and the worldly.

The concluding episode of *Intersexions* arguably did more than the entire series to reinforce the fear factor of HIV infection. It departed from the story-telling format of previous episodes, taking the form of a docudrama, a commentary on the entire series and the behaviour of the characters. It also disregarded orthodox HIV education entertainment by personifying the HI virus as “V” and making “him” the narrator. (See box below: Setting new limits: intensifying the fear factor (Episode 26).

Building personal efficacy

The extended parallel process model holds that fear-driven behaviour-change strategies are only effective where those on the receiving end are also equipped and assisted to take the actions necessary to avert the danger that threatens them. (*Continued on page 22*)

Setting new limits: intensifying the fear factor (Episode 26)

The characters you have met are all my friends. Did you recognise yourself in them? Let me tell you why I love them all so much. I love how they follow their hearts' desire, always searching for that perfect partner, always hoping, always yearning . . . and, of course, having sex along the way. Sex is the power. Sex is the mystery. Without sex we would never meet.

These words opened the final episode of *Intersextions*. The narrator was “V”, the HI virus. With selected scenes from various episodes playing, “he” sustained a 48-minute narration on the frailties and strengths of various characters when pitted against “him”.

V's observations were often brutal.

- On sexual abuse of children: *Why do you allow this to happen to your children? . . . You all have free will, you have a choice. I am HIV: I have none of those things.*
- On hypocrisy and cheating: *The things you do not to get caught when you break your own silly rules . . . For me the soap opera of how you humans love makes me your biggest fan.*
- On love and hurt: *You humans fascinate me . . . how you always hurt the one you love . . . how blame has a way of backfiring on the blamer. Yes, you are your own worst enemy – far more scary than any virus could ever be.*

But V also handed out grudging compliments to those who successfully thwarted him.

- *I'm often on the losing side. Most of you are in control. You block me out.*
- *This thing we call romance confuses me. Couples who choose to wait are my hardest catch.*
- *Condoms offend me; they shut me out. Jeff pisses me off. He gets around but he always carries insurance. . . . He keeps shutting me out.*
- *Virginia didn't play by my rules. (She) placed her self-respect above what I need.*

V was also very informative about the invisible period of maximum infectiousness (“My greatest power lies in the first six weeks after I've met you”) before there is an immune system response to the virus. He shocked with his blunt recognition of the efficacy of ARVs. “The only thing between you, me and death is ARVs.”

Above all, this last episode underscored that human frailty – not bad luck, not nature – allows V to flourish. The neediness of a broken-heart, the temptation of an old flame, the uncertainty of middle age – these understandable, common weaknesses lead so often to the sharing of bodies and the spread HIV.

When head writer Brent Quinn proposed to give the virus a voice in the final episode, some of the team thought it was too wild an idea. . . . “I said: no way, it cannot work. You can't personalise the virus because the virus isn't good or bad, it's just a virus. Now I think it was a stroke of genius,” says Mariki van der Walt, executive producer. “For this last episode to be so judgmental was a huge risk, in my mind. I was hoping that audiences would . . . be mature enough not to rebel against such a harsh and judgmental tone,” recalls producer Karima Effendi.

Most of the executive team were prepared to take the risk, provided the script was approved during focus group pre-testing. The script cleared this hurdle and after many re-takes in the sound studio, the final episode aired with the *Intersextions* team anxiously awaiting the public verdict. Effendi recalls: “It resonated with our audiences: phenomenally. We had people on Facebook, Twitter and calling us that night, shocked, moved, disturbed. But most importantly we experienced something I certainly hadn't experienced before . . . people actually declaring how they'd gone to test for HIV after watching that episode.”

Audiences need to understand (and believe) that there are proven methods of avoiding harm and they need to be confident that they can use these methods. How did *Intersextions* counter-balance its graphic portrayal of risk-taking in sexual relationships with its depiction of ways of avoiding harm?

In the TV drama, *Intersextions* certainly did not offer neatly packaged lectures or discussions on the basics of HIV prevention. It did not even put this kind of dialogue into the mouths of its many characters. Executive producer Mariki van der Walt explained their approach: “We feel we do messaging better than most – the messaging is not that obvious, it’s inside the drama. You must take your character on the same journey that you want your viewers to make. The journey is not always a good journey . . . sometimes it’s a terrible journey”.

More direct information and guidance was provided through the radio talk shows and the facilitated Facebook dialogues.

On TV, *Intersextions* sought to contribute to efficacy by showing a **diversity of appropriate responses** to situations that place people at risk of HIV infection. There were a good number of characters who did the wise thing, the right thing, and even the brave thing. These ranged from monogamous couples who stayed clear of the sexual network, to a man with a rapid succession of partners of both sexes whose commitment to condoms was as powerful as his aversion to personal commitment, to a teacher who put his job on the line by reporting sexual abuse of learners. The stories were peppered with HIV testing, condom use, and adherence to antiretroviral therapy (ART). The significance of all these actions was underscored in the hour-long final episode. (See box on page 23.)

The series also told some stories of individuals and **couples salvaging a future** from the ashes of disaster. This was not the invariable pattern; the series would have been implausible if it had been. However, it did occasionally model the difficult **process of change** and suggest how both partners have work to do in order to set their relationship on a more stable and fulfilling footing.

But above all, *Intersextions* **promoted critical thinking and the notion of active decision-taking** in the realm of close relationships, sexual behaviour and personal integrity. While it provided some models of desired risk-reduction behaviour and stories of change, far more often it posed difficult questions and demanded that viewers find their own answers.

Intersextions producer Karima Effendi says the vision was to get audiences “to really look inside of themselves as individuals with regard to the choices they were making when it came to loving and to having sex in a time of HIV and AIDS; to value themselves enough as individuals to make the best decisions they could.

“We wanted to acknowledge that we understood the complexity of these decisions and not to judge people for their decisions or to blame anyone for the reality of life in South Africa. Life in South Africa is not easy; negotiating sex or the terms around which sex (and safe sex) happens are very, very complex. It’s what I mean when I say that we respected our audience,” commented Effendi.

7.2 Engaging and retaining audiences

None of the above devices would have worked without the series having an ability to reach mass audiences and hold their attention. The potential to secure large audiences was certainly built into the partnership arrangement: SABC1 is South Africa’s largest TV channel, with a total viewership exceeding 27 million viewers a week (SAARF, 2011) and *Intersextions* occupied a prime time slot on this channel.

But one of the big questions was whether the relay format with its constant changing of characters and plots would succeed in engaging audiences. The familiar mechanism of audience identification with one or more central characters would be impossible with this constantly shifting focus. And the tried-and-tested formula of the cliffhanger at the end of each episode could not be used as bait to keep the audience coming back.

On the other hand, the multiple story lines of *Intersextions* meant it could quite naturally be inclusive in terms of the race, class, sexual orientation, lifestyle, residential area and language of its characters. The series also portrayed a wide range of relationship dilemmas. There were very few viewers who would not glimpse an aspect of themselves in *Intersextions*.

“What we did in *Intersextions* is use both identification and what Bertolt Brecht would call distanciation or alienation – in which identification is interrupted. It would, we hoped, create a situation of critical thoughtfulness rather than a purging of emotions through catharsis. We tried to engage the brain and not just the heart,” Curious Pictures managing director and *Intersextions* executive producer Harriet Gavshon explained. (Gavshon H, 2011)

Those associated with *Intersextions* frequently refer to the series as a “mystery”. Of all forms of storytelling, the mystery is probably most compelling in terms of the grip it exerts on its audience. But what made this collection of modern-day morality stories a mystery?

The mystery, *Intersextions*’ creators insist, lay in the impossibility of really knowing who our lovers’ previous lovers are, what their personal stories are. They insist that the mystery was not whether the female lead in the two opening episodes, Mandisa, was HIV positive or not. In fact, the series deals a sharp lesson to those inclined to pre-judge Mandisa for her relationship with a sexually extravagant DJ: at the end of the series, she turns out to be HIV-free and shows that things are often not as they seem when it comes to HIV.

Audience figures and “tweetability”

Audience figures, which were available on a week-by-week basis from the first episode, bore immediate testimony to the ability of *Intersextions* to attract and hold the attention of audiences.

During the initial broadcast of *Intersextions*, an average of six million people viewed each episode, according to the Television Audience Measurement Survey (TAMS). The rebroadcast, which began just a few months after the end of the first run, was viewed by an average of five million people per episode.

Viewership patterns were quite similar across the initial broadcast and the rerun.

- Overall, women viewers considerably outnumbered male viewers, by a ratio of about 56% to 44%.
- In the age group 16-29 years, the proportion of male and female viewers was more balanced.
- The numbers of women viewers in the age groups 16-29 years and 30-44 years were about the same, while male viewers tended to drop quite sharply after the age of 29 years. (TAMS)

Each episode of the TV drama gave rise to about 2 000 tweets. The content of these short messages and of longer Facebook comments spoke eloquently to a heightened sense of risk in relation to HIV and some direct action to curtail risk. Here are some excerpts:

- *I'll have2 [sic] offend HIV and condomise!*
- *Just got tested lol dankie.*
- *U guys finally convinced me 2 get tested.*
- *I bet most of us are gonna test today so far most people on my profile ar [sic] doing it.* (Neethling J and Ndlovu A, 2011)

Intersextions’ Facebook page attracted more than 23 000 fans during the broadcast of the series. However, most of these simply indicated that they “liked” the page and only a minority engaged in an exchange of comments related to the weekly episode.

7.3 Qualitative evaluation of series

Immediately after the first run of *Intersextions* concluded, CADRE conducted a qualitative evaluation involving 12 focus groups drawn from urban, peri-urban and rural areas in six provinces and 11 in-depth individual interviews. The focus groups comprised men and women (in separate and mixed groups) and covered three different age ranges: 18-24 years, 25-29 years, and 30+ years. (Hajjiyannis H et al, 2011)

This report focuses on the following aspects of the evaluation:

- Participants' general perceptions of the series, including its realism and authenticity and their identification with its stories and characters.
- The achievement of key educational objectives, in terms of building knowledge, changing attitudes and intentions, and eliciting behaviours to reduce the risk of HIV infection.
- Participants' accounts of interpersonal and social media communication linked to *Intersextions*.
- Their responses to the final episode and more broadly to the strong portrayal of HIV risks and the consequences of risk-taking sexual behaviour.

CADRE cautions that the timing of the evaluation (immediately after the conclusion of the series) means that it is only able to reflect an immediate influence on knowledge, attitudes and actions. It would be necessary to undertake additional research at a later stage to ascertain the series' sustained impact.

General audience reception

The CADRE report observes that "*Intersextions* was broadly perceived as being a contemporary, unconventional, dramatic and realistic series" and that its characters were regarded as "compelling, complex and interesting". (Hajjiyannis H et al, 2011)

Intersextions was rated as very realistic and true to life.

It was based on the truth and on what goes on in relationships and how HIV can circulate within the community. (Male, 25-29 years, urban and peri-urban, Free State)

The reality of this show is what made me watch it, because it was so scary and yet so true. We are living that. (Female, 25-29 years, urban and peri-urban, Free State)

It is a thing that is happening in our communities . . . we change partners continuously and we do not pay attention to the fact that there is a disease out there and it is killing us. (Male, 25-29 years, urban and peri-urban, KwaZulu-Natal)

Yes, the cheating, clubbing, taking girls home when your girlfriend is not around, stuff like that. It always happens, each and every night it happens. But then we just choose to ignore it. (Female, 25-29 years, urban, Mpumalanga)

Individual participants mentioned particular episodes that resonated with them:

- A female participant from Mpumalanga said she had a friend who dated a taxi driver who behaved like the character, Duma, the multi-partner truck driver.
- A participant from the Free State related that he had to leave the room during the prison rape scene because he had a friend who was raped and then died in prison.
- Many participants said they had known someone like, or had themselves been like DJ Mo, who contracted HIV.

There were several participants who indicated they appreciated the sophisticated, indirect manner of "teaching" life lessons. *I didn't feel I was in school again . . . now with Intersextions it was the characters (that) were playing people.* (Male, 25-29 years, Gauteng)

I wouldn't compare it with anything I have watched before. It was not about sex or AIDS for me; it was about understanding life. We are hiding AIDS . . . but they were giving us a picture of what is happening and (asking) 'Where are you in this?' And you can say, 'I am there' or 'I was there'. (Male, 25-29 years, peri-urban, Gauteng)

Some participants found aspects of *Intersexions* less than believable. But, overall, there was a striking correspondence between the hopes and intention that creators of *Intersexions* had and the manner in which focus group audiences experienced the series

Stimulating discussion

Focus group participants reported discussing *Intersexions* face-to-face with sexual partners, family members, friends, colleagues, neighbours and even with strangers in public places. This communication included recommendations to watch the series, filling in the gaps for those who had missed episodes or discussions of the issues raised and how these related to their lives.

- Parents were said to use examples from *Intersexions* to warn and guide their children.
- Individuals related that “*Intersexions*-talk” dominated their work places on Wednesdays.
- Several participants doing community work with younger people explained how they used discussions about *Intersexions* in their work.
- *Intersexions* encouraged and provoked discussions between sexual partners, sometimes leading to greater openness and sometimes to the ventilation of suspicions.

Even more striking was the extent of participants' social media interaction about *Intersexions* and the issues raised by the series. The evaluation report indicates that the *Intersexions* Facebook page had 23 144 fans at the time of the research was undertaken and the Twitter profile had 2 975 followers. However, this was only the tip of the *Intersexions* social media iceberg. Focus group participants said that they tended to use their own social media platforms – Twitter, MXit and Facebook – to interact about *Intersexions*.

During each episode large numbers of viewers would tweet or update their social networking statuses.

Even if Intersexions went on an ad break and you logged on to Twitter or Facebook, you would just see people commenting and telling you what they think should happen . . . Even if you don't have a TV you get to hear about it on Twitter and you can just visualise it. (Female, 18-24 years, urban and peri-urban, Free State)

On Facebook, it was people showing a general action but on Twitter it's so live . . . we picked up every single vital point that happened on the show. The thing with Twitter is that it is instant – you talk about something now and 30 seconds later they are talking about something else. But on Facebook people are, like, 'people let's change our behaviour and think this thing through'. (Male, 25-29 years, urban and peri-urban, Free State)

The people that I'm friends with on Facebook, we'd actually have discussions for long, from 8 o'clock until 12 o'clock and you're like, hey! (Male, 25-29 years, Gauteng)

The evaluation concluded: “Viewers' engagement with different forms of social media enhanced the fulfilment of *Intersexions*' health communication objectives. Social networking was used to pique viewers' interest in the series, was a vehicle for the provision of sexual health information, and became a platform for peers to discuss issues that emanated from televised stories . . . and support each other in choosing behaviours that reduce sexual risk.”

Influence on key behaviours

Although the number of participants in the qualitative evaluation was only 87, there were numerous reports of changed behaviour (and even more of changed thinking) directly in response to *Intersextions*.

The evaluation report states that the most common form of self-reported behaviour change was taking an HIV test, followed by consistent condom use. Other changes included improved communication between sexual partners, managing sexual behaviour when consuming alcohol, and partner reduction. In relation to partner reduction, the evaluation observed that there was a lot of talk and reflection about this matter, but very few reports of individuals changing their behaviour completely.

Following are quotations from participants who were motivated to *take an HIV test*:

A few of my friends . . . vowed that they would never go and test. But after that I actually met people that I didn't think I'd meet at a clinic. So now, it's only now that everyone is going to test . . . I even went before the last episode. Intersextions really freaked me out. Me, on my side, I needed to go and make sure because there are a few things that really happened. (Male, 25-29 years, urban, Gauteng)

Yoh, 'cause after watching it you wanna go and test . . . it takes you back (down) memory lane, you know? Although I have changed (and) I always use a condom, but there was a guy, we did it without a condom. To break those 'what ifs' you need to go and test. Seriously I did go. (Female, 30+ years, peri-urban, Free State)

Like, I tested and then I was supposed to go for (testing) for the window period . . . I was like, I went for the first time, why should I go for the second time . . . But then you watch it (Intersextions) and you're like, hey no! I have to go back. I went back and I was actually glad that I went back. (Male, 25-29 years, urban, Gauteng)



A 69-year-old woman from Mpumalanga who was interviewed by CADRE related how she persuaded her 40-year-old daughter, who was seriously ill, to watch *Intersextions* with her. The mother was convinced her daughter had AIDS but the daughter refused to take an HIV test and only consulted a traditional healer. The day after the *Intersextions* episode where Ntombi rejects traditional medicine and regains her health by persisting with ARVs, the daughter went to take an HIV test and was immediately enrolled for treatment. The mother recalled: *When she came back there (from) the clinic and say 'Mama, they say I have got HIV,' I said: thank God, she knows – she will take pills now. She is better now . . . she is better, better, better . . . She is alive because of them, the pills.*

A Gauteng woman in the 25-29 years age group reported dumping her partner because he stubbornly refused to take an HIV test, although his previous partner had died of AIDS. *"I have always insisted on using a condom with this guy, because I just cannot take that risk. I always insisted that he takes an HIV test and he just never does. So, during Intersextions, I dumped the guy."*

The four participants who reported a **change in condom use** were all female. The comments of two are captured below.

I have to be more responsible now and not depend on someone. It's my responsibility too to have condoms, not depending on my partner, that he would have them . . . I am buying them now because I find that sometimes he will say, 'No I don't have them,' (and) I will say, 'I have got them'. (Female, 18-24 years, rural, Eastern Cape)

Although I would say I trust my partner I am not totally sure that he is trustworthy . . . so I try to make sure that if we are to engage in a sexual act we always use protection. The last episode (of Intersextions) freaked me out. And the voice that they used for HIV! When it says, 'I can get you,' it made me traumatised actually. The voice always comes back to my mind . . . and I always make sure that I use protection. (Female, 18-24 years, peri-urban, KwaZulu-Natal)

Talking heart to heart

Many artists work with the assurance that self-knowledge allows them to see into and touch the hearts of others. *Intersextions* afforded a close-up glimpse of this.

One of the least popular forms of HIV prevention – saving sex for marriage – became one of the most loved episodes of *Intersextions*. It featured Muzi, the tongue-tied village musician and Buhle, the girl of his dreams. Eventually Muzi musters the courage to propose. He draws a line in the sand on the river bank and invites Buhle to cross the line if she truly loves him – but cautions that there is no going back, no trifling with his feelings. Buhle happily takes the few life-changing steps.

Intersextions creative director Rolie Nikiwe relates how he wanted to make this episode special to celebrate romance. He retrieved a memory from his boyhood in the Eastern Cape where teenagers would settle their love rivalries by drawing a line in the earth and inviting the girl at the centre of their contest to make her choice by crossing the line. He donated this precious memory to *Intersextions*.

Its value was widely recognised, focus groups revealed, particularly by women viewers. Some insisted it elicited more Facebook updates than any other episode.

F2: What we all liked was the rural guy when he was proposing. The following day, everyone was like: 'I will draw a line for you.' (Laughter)

F1: And some of us have never experienced that, hey.

F5: It makes you feel robbed and cheated.

(Females, 30+ years, urban and peri-urban, KwaZulu-Natal)

It was so romantic and we don't get that a lot and it hit in my heart. We don't get a guy proposing to you in a traditional way.

(Female, 18-24 years, urban and peri-urban, Free State)

Respect from a guy to a woman. A guy doesn't have to pressure you to have sex with him before he marries you. I want that for my 16-year-old daughter and for my niece. They learned a lot from that.

(Female, 30+ years, urban and peri-urban, KwaZulu-Natal)

Some focus group participants felt the line-crossing ritual was unreal. But others rated the inarticulate Muzi as their favourite character.

JHHESA has a reputation for trusting the creative instinct. This little slice of *Intersextions* offers a reason.

Four participants described greater openness in **communicating with their partners** and attributed this to *Intersextions*.

A Gauteng man in the 25-29 years age group admitted, laughingly, that he was more responsive to his partner's "let's talk" invitations. *"So, ja, it did change my behaviour in a way, you know, being honest and open,"* he said.

A young woman from a rural area in the Eastern Cape related that after testing (as a result of *Intersextions*) *"me and my boyfriend now we are free to talk about everything . . . there is this bond that each and every moment we have to talk about what we are facing"*.

A young man from the Eastern Cape described how he had encouraged his partner to express herself.

She used to be very shy and I would tell her when we're watching (Intersextions) that you discuss things with someone you're in a relationship with because I have ears and you have ears; I have a mouth and you have a mouth . . . So now she's free just to talk to me when we're sitting together. (Male, 25-29 years, rural, Eastern Cape)

Two participants described a more cautious approach to having sex in situations where they might **consume too much alcohol** and one related how *Intersextions* had influenced her brother in this respect.

I am a party animal . . . so the scene with DJ Mo and the music video chick taught me a lot. When someone approaches you while you are drunk just talk to them and make friends but don't go any further than that because you don't know where they have been and their sexual history . . . What I learned for now is just drink and (go) home to sleep. In the earlier days I used to be a bit rough. (Female, 18-24 years, peri-urban, North West)

Partner reduction was something that gave many participants food for thought and discussion. But few who had more than one partner actually reduced the number of sexual partnerships or attained a situation where they were in an exclusive relationship with one person.

A 48-year-old HIV-positive man from the Gauteng had reduced his partners since viewing *Intersextions* but still had three and said he had learned a lot from the final episode. He said he was beginning to feel the impact of HIV on his health. *"I am always at home. I am no longer looking for other partners. Like, if I can hear the word Intersextions from someone, I feel like, eish, the virus was talking there"*.

This man had attempted to map out his personal sexual network on paper and said he had begun to empathise with other people. The DJ Mo episode had affected him particularly.

Looking at this guy who is positive and having external affairs, Mo, making other people suffer because of his deeds. And when it comes to me, I even said to myself: I am a devil. I am a devil because I am killing other people and myself. (Male, 30+ years, peri-urban, Gauteng)

In one of the North West groups, a participant challenged another who had suggested that he had mended his ways.

I don't want to lie. I haven't changed yet and M7 is lying because I know him and I live around him . . . It's difficult for me, my sister. Let's say I am going out with F1 and I want to end things. When you get there, you freeze and can't do it. Then on your way out you meet F2 who professes her love for me and . . . (Male, 18-24 years, peri-urban, North West)

The thing is guys like to brag about the number of girls they have slept with: 'Do you see that one over there? I have had her.' And then they start to argue and disagree with you. Then you go and prove it to them. Such things take you off course. (Male, 18-24 years, Gauteng)

Other responses to messaging

CADRE examined various levels of response to important messages of *Intersextions*, ranging from:

- Engagement or identification of the basic “lessons”.
- Realisation, which involves applying this to one’s own situation.
- Conceptualising possible forms of action to take.
- Forming attitudes on social issues raised by the drama.

There were multiple examples of these responses in relation to a whole number of themes and messages. Highlights and general trends are presented briefly below.

New understandings and representations of HIV and AIDS

The researchers remarked that the “development of strong, multifaceted understandings of HIV and AIDS among viewers was a key achievement of the series”. They described this knowledge as dynamic and actionable, in that it often lent itself to specific forms of action. Some of the key understandings were that:

- HIV is a real threat that exists in close proximity to every South African and can insert itself into personal relationships.
- HIV does not discriminate: all sexually active people are susceptible, regardless of wealth, status, age or race.
- HIV is a destructive force: it harms relationships and unless managed carefully it will kill. However, if HIV is managed, it is possible live long and well with the virus.

The sense of real and present danger is captured by a woman participant in an Mpumalanga focus group: “*AIDS is a reality. You can be careless with your life and within seconds your life could change completely because of one stupid mistake, because of trusting a person that you do not know*”.

Participants did not seem to feel helpless in the face of this pervasive threat. Many forms of action came to people’s lips:

For me the whole thing was to teach people that AIDS is around us everywhere we go. You can’t judge a book by its cover. Always condomise, initiate it no matter what. (Female, 30+, peri-urban, Free State)

(The point of the show) is that HIV is there and it kills. People must be aware, be responsible. (Female, 18-24 years, rural, Eastern Cape)

If I am diagnosed with HIV tomorrow, I wouldn’t know what to do but I think that I have enough information to get through it. (Female, 18-24 years, urban and peri-urban, Free State)

Many people drew the lesson that ARVs are the only effective treatment for HIV and that traditional medicines do not work, but some showed ambivalence about rejecting traditional medicines in this context.

Getting the concept of the sexual network

The concept of the sexual network was absolutely central to *Intersextions* and many respondents were able to explain it lucidly and apply it to their own situations.

You may find that Mandisa (a key character) has slept with four people but those people have slept with more than 15 people. It also means that she has slept with the more than 15 people. (Female, 25-29, KwaZulu-Natal)

At the end of the day we are all inter-twined, if I may put it like that. We are all connect . . . if I sleep with you, I sleep with everyone that you ever slept with. So it made me aware of those things. (Male, 25-29 years, urban, Gauteng)

I think the message was delivered and it shows that HIV doesn't have any borders. The scary part is how you meet a stranger on the road and think you don't know them, only to find out that they are former partners with your partner. That was scary. (Female, 30+ years, urban and peri-urban, KwaZulu-Natal)

Many reflected on whether their own partner was faithful to them and on their own sexual histories.

Reflecting on high-risk behaviours

Participants associated various behaviours with a high risk of HIV infection, including alcohol use, casual sex, multiple concurrent partners, transactional sex, intergenerational relationships and sexual abuse. Their reflections on these behaviours often took the form of commentary on peer group or social practices they observed.

Focusing on healthy and wise living

Participants spoke about having foresight and thinking for the future, rather than sacrificing long-term health and happiness for immediate gratification.

For me it was about changing my lifestyle, from changing my sexual behaviour to my mentality, just everything . . . I wish everybody thought this way. If you say to yourself, 'Let me start with me' and everybody else will live a better life. (Male, 25-29 years, urban and peri-urban, Free State)

We take life very small and we don't think about the future. Intersexions was showing us what could happen if we are not aware of how other people live their lives out there . . . They wanted us to carry ourselves right. (Female, 18-24 years, urban and peri-urban, Gauteng)

It taught me that anything can happen to me. Sometimes you may tell yourself that you are satisfying yourself and you may be destroying someone else's life and that things always come back to bite you. (Male, 18-24 years, urban and peri-urban, Gauteng)

Examining relationships

People drew lessons about not taking relationships at face value and having to work at relationships. For some, the experience made them more cautious about trusting partners.

I think I have learned a lesson, It is something I know but it was reinforced by Intersexions: trust no-one. You can have a partner and regardless of how they act in front of you, you must always know that he is coming from someone else and somewhere else. (Female, 30+ years, peri-urban and urban KwaZulu-Natal)

You have to use a condom every time. Then if you can't do that, it means you don't care about your health. Because you don't know what your partner is doing. That's the only way, even though people think it's impossible. (Female, 25-29 years, urban, Mpumalanga)

(Faithfulness) is being honest to your partner and true. Like, if you do not like something in the relationship, just talk about it. Like, maybe you can fix it or if you can't fix it you stop the relationship rather than going out and coming back and going out and coming back. (Female, 25-29 years, rural, North West)

What I found was that it wasn't right that you just love someone and love them so much that you just marry them, because on the other hand you need to understand and know each other well. (Male, 25-29 years, rural, Eastern Cape)

Episode 26: bull's eye or backfire?

In their meta-analysis of fear-based behaviour change studies, Kim Witte and Mike Allen confirmed the principle that interventions resulted in positive change if they raised the sense of risk **and** sufficiently empowered subjects to take

effective action to avert the risk. But they also warned that strong representations of risk could backfire if the measures to build efficacy in avoiding harm were not clearly understood. (Witte K and Allen M, 2000)

In the concluding docudrama, narrated by Mr V, the HI virus personified, the fear factor was particularly potent. It was combined with information on several effective ways of avoiding HIV infection. The tweets during and immediately after this episode suggested the strong medicine had paid off – that many viewers had been scared into realisation of the pervasive risk of HIV infection and even into constructive action. Did the more systematic examination of focus groups confirm this impression?

Focus groups left little doubt that giving the virus a voice also gave the virus a presence in their memories.

I think that giving it a voice, then you know what it wants to do, it wants to invade your body and make you sick one day. (Female, 30+ years, urban and peri-urban, KwaZulu-Natal)

I had to listen and listen and then I realised that it was HIV (speaking). And I was shocked at the way it got so excited when someone didn't use a condom. (Female, 30+ years, urban and peri-urban, KwaZulu-Natal)

I also like the way he made HIV sound so human. He made you feel that it is real and it will get to you the same way he said it would. (Male, 18-24 years, peri-urban, North West)

The way the virus spoke, it was like it was talking to me. If it is already in my body this is what it is doing and it wants me to take it out to other people. (Female, 30+, urban and peri-urban, KwaZulu-Natal)

The experience did not begin and end with fear. This episode, with its review of all previous episodes, also made the sexual “*intersextions*” or network clearer for many viewers.

I liked it because they proved what Intersextions is. They showed us who slept with who and how someone got infected by the other. (Male, 18-24 years, urban and peri-urban, Gauteng)

It showed how it started, how it bedevilled the rural communities, then to Cape Town. It shows how all those people got it . . . It was the perfect conclusion. (Male, 18-24 years, rural, Mpumalanga)

Specific HIV prevention methods were mentioned in relation to V's response to them – “his” hatred of condoms, HIV testing and couples who save sex for marriage. In the context of this episode, many participants seemed to regard HIV as an adversary that had to be taken on and outwitted.

You know, it (the virus) is like a thief. I liked it when the narrator said 'they think that they are protecting me, but I'm around – I will get them,' you know what I mean? (Male, 30+ years, peri-urban, Gauteng)

(V revealed) that he kills. That he is always around the corner and he always has targets. You can be his target if you are not firm enough about the condomising part. You fall for it – he will get you. (Female, 30+ years, peri-urban, Free State)

The evaluation concluded that the docudrama was “successful as a culmination of the series and that, through this episode, viewers attained a deeper engagement with mainstream messages about HIV risk and sexual behaviours”. The researchers were of the view that some participants reflected deeply on the messages they drew from this episode and saw both HIV and the actions they could take to protect themselves in a new light. This suggests that the docudrama hit the mark and predisposed viewers to action rather than freezing them in their tracks.

CADRE's conclusions

CADRE concluded that *Intersextions* not only met most of its educational objectives in terms of messaging but also “communicated meaning beyond these objectives”. The concept of sexual networks and their risk in terms of HIV infection were widely understood and absorbed. In addition, many viewers were able to identify a range of risk behaviours and gained new insights into the nature of HIV.

There were indications that this knowledge had triggered internal and interpersonal discussions in order to apply the knowledge gained and perceptions formed in viewers' everyday lives. The researchers refer to acquisition of “actionable forms of knowledge” that sometimes resulted in positive behaviour change. Many participants derived explicit messages on HIV prevention, mainly in terms of HIV testing, condom use, having a single sexual partner, and not allowing excessive alcohol use to lead to risky sex.

The questions posed by *Intersextions* were, for many participants, questions about life and relationships in general – not specifically about HIV. “Some participants engaged with the issue of lack of trust in relationships and, rather than falling back on increased condom use as the answer, called for a change in relationship values and communication so that one is able to trust that one's partner *is* faithful,” the researchers observed. “This differs from the fatalistic approach that was quite common among participants as they expressed their understanding of the sexual network concept; that one can never be certain of one's sexual partner's history of current behaviour, so it is better to protect oneself at all times.”

It was not clear whether *Intersextions*'s viewers understood the science of HIV infectiousness and the heightened risk during the window period. It also appeared that the series had not impacted on social norms relating to sexual orientation and gender roles – although evidence on these matters was scant.

7.4 Quantitative evidence of impact

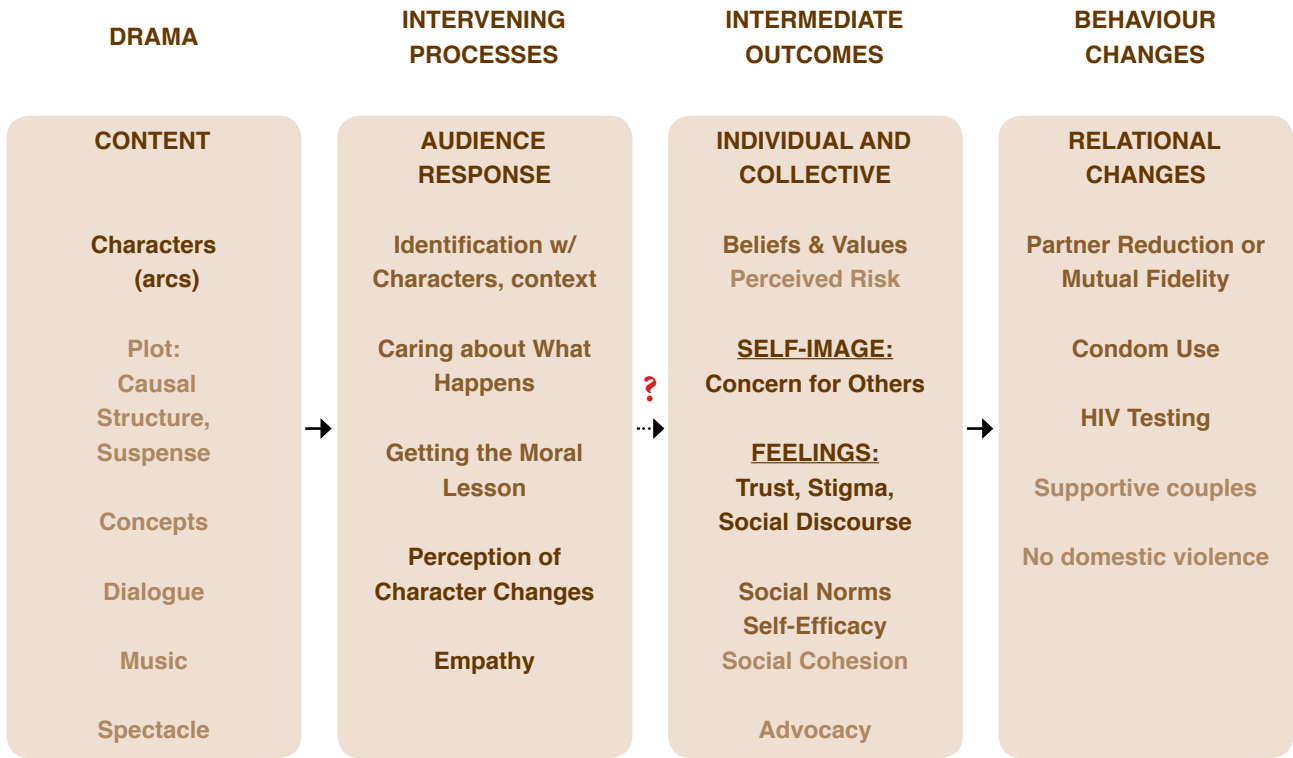
The third National HIV Communication Survey (NCS 2012) was undertaken in the first half of 2012 approximately a year after the initial broadcast of *Intersextions*. It evaluated the reach and impact of a range of communication programmes, including *Intersextions*, on the behavioural drivers of the HIV epidemic. The survey sampled 10 034 males and females from all provinces in the age range 16 – 55 years.

Dr Lawrence Kincaid and Dr Maria-Elena Figueroa faculty at Johns Hopkins University Center for Communication Programs (JHU-CCP) undertook specific analysis on the impact of *Intersextions*, not only on behaviour but also on beliefs and values, social norms and self-efficacy of viewers. (Kincaid DL and Figueroa ME 2012). Multivariate causal attribution (MCA) analysis (Kincaid & Do, 2006; Babalola & Kincaid, 2009) was used to justify causal inference and estimate the impact of *Intersextions* on HIV prevention behaviors. MCA analysis includes Structural Equation Modeling (SEM) to test the directions and causal pathways (direct and indirect effects) between communication exposure and dependent variables via multiple regression analysis. Dose response analysis was also conducted. Some of these results are summarised below.

The analysis framework they used is represented in Figure 3. It indicates that the focus of behavioural impact was partner reduction (or mutual fidelity), condom use and HIV testing. Related intermediate outcomes, in the form of changes in relevant beliefs and values, social norms and sense of self-efficacy were also measured.

Figure 3: Framework for study of impact of *Intersextions* drama on HIV prevention

FRAMEWORK FOR THE SYSTEMATIC STUDY OF THE IMPACT OF INTERSEXTIONS TV DRAMA ON HIV PREVENTION



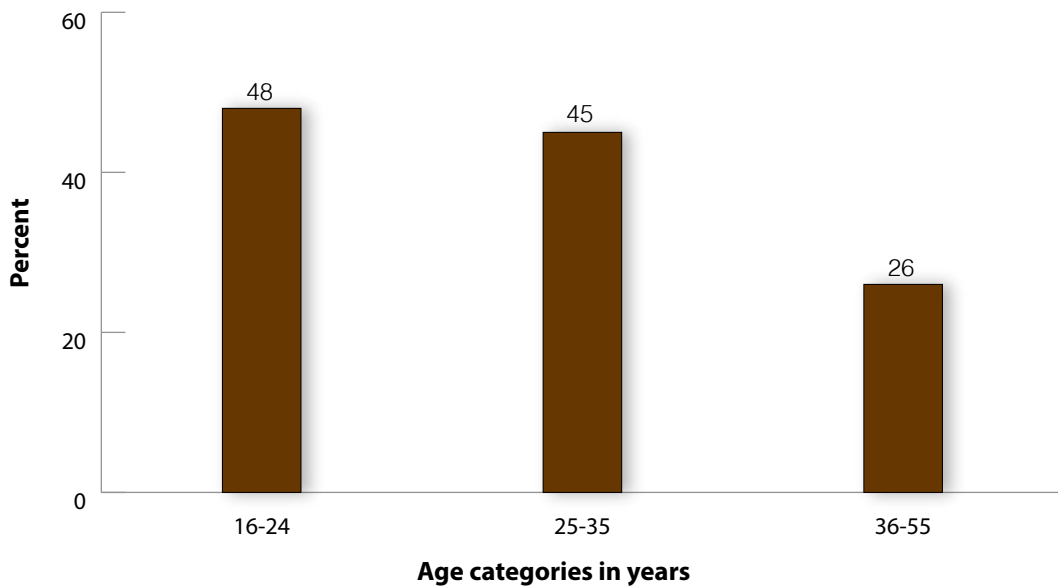
Adapted from Kincaid DL and Figueroa ME (2012). The impact of *Intersextions* TV drama on prevention behaviour. Unpublished presentation.

Public exposure and recall of Intersextions

NCS 2012 data show that nearly half of all TV viewers in the 16-35 year age range watched *Intersextions* in the 12 months preceding the survey. (Figure 4) The rate of viewing by female audiences (46%) was higher than that of men (33%).



Figure 4: Percent of TV viewers who watched *Intersextions* in past 12 months, by age group



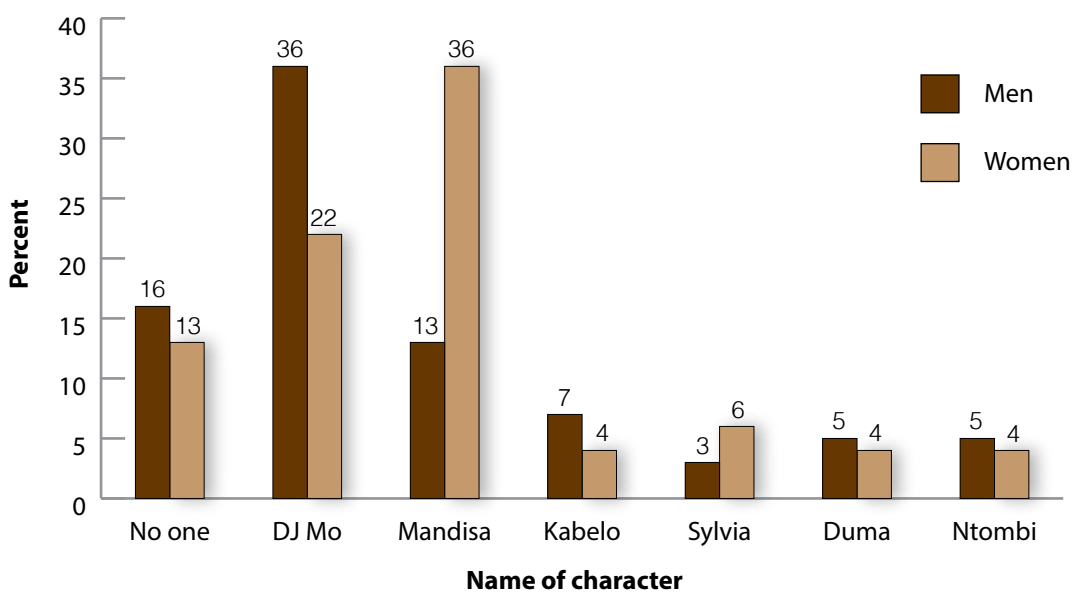
Sample n = 7,954 men and women 16-55 that watch TV. Viewers of *Intersextions*= 3,658. Weighted data.

About half (48%) of those who watched *Intersextions* saw 13 or more episodes. Story recall was relatively low, with 56% of *Intersextions* viewers able to recall a maximum of three out of the wide range of stories. Message takeaway, described more fully below, seemed to be stronger than story recall.

Identification, meaning and lessons learnt

Intersextions featured a large number of characters, with only a few appearing in more than two episodes. There was, therefore, only a limited opportunity for viewers to develop an emotional attachment to these characters. The data show that 16% of male viewers and 13% of female viewers did not care much about any of the characters.

Figure 5: Characters of *Intersextions* that viewers cared most about, by sex

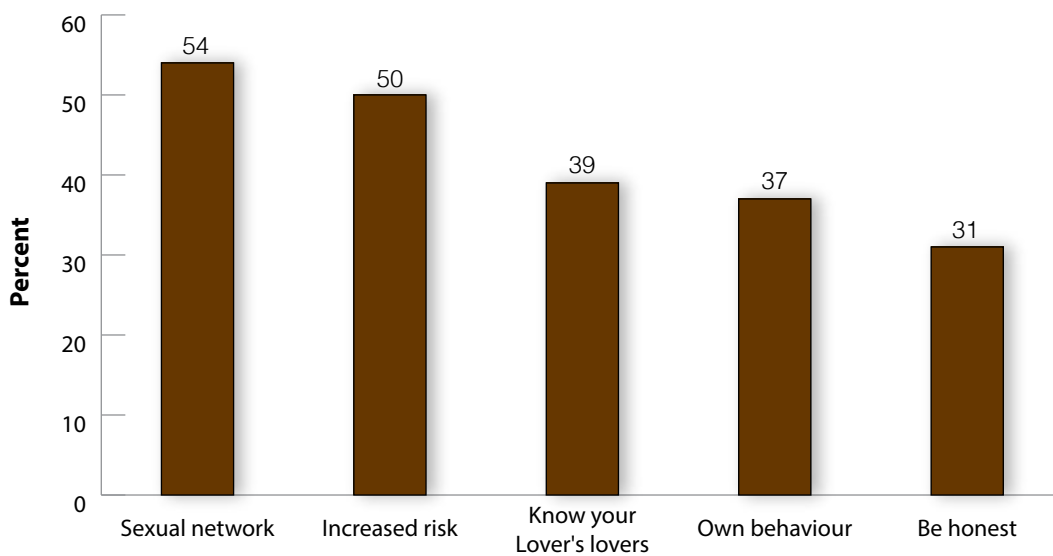


n= 3,658 viewers; equivalent to 9,042,421 men and women aged 16-55 years. Weighted data.

More than one third of female viewers, reported that they cared most about Mandisa, the young bride whose story started and concluded the series. The same proportion of male viewers said they cared most about DJ Mo, the young man who made the most of the sexual opportunities of celebrity, contracted HIV, and died when he failed to adhere to antiretroviral therapy. DJ Mo also attracted a fair amount of female sympathy, with 22% of female viewers saying they cared most about him. Apart from these two characters, nobody scored more than 7% on the “most cared for” scale.

The main meanings that viewers ascribed to *Intersextions* corresponded well with those intended by the programme’s creators. The notion and risk of a sexual network with the possible HIV risk posed by one’s lover’s lovers (past and present), as well as the need to be responsible for one’s own behaviour topped the list of attributed meanings.

Figure 6: Meaning attributed by viewers to *Intersextions* (unaided)



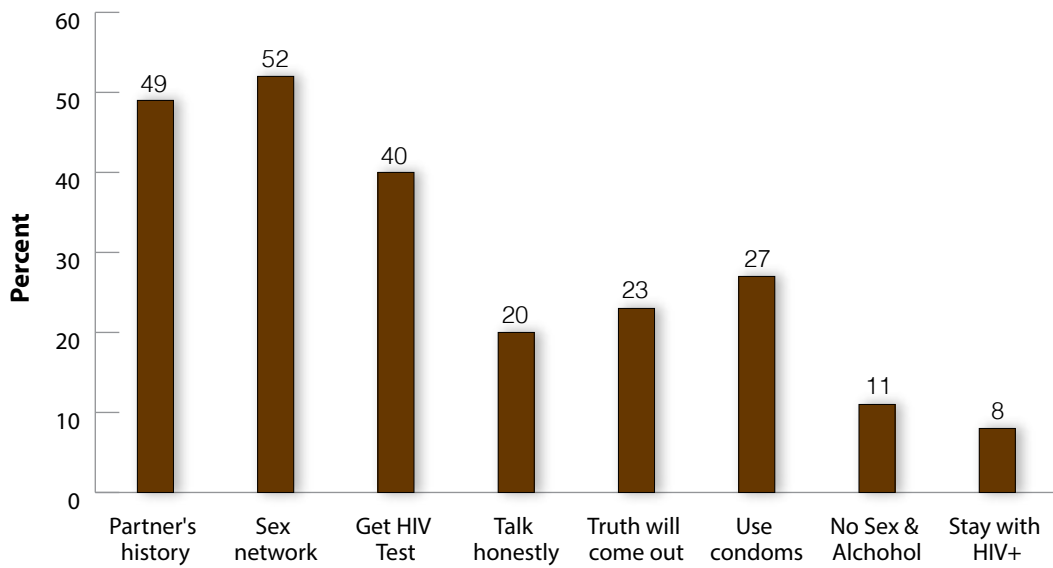
Meanings attributed by viewers

n= 3,658 viewers; equivalent to 9,042,421 men and women aged 16-55. Weighted data.

Sixty percent of viewers said they learnt at least two lessons from *Intersextions*. These lessons corresponded quite closely to the meanings viewers attributed to the series, with the importance of one’s partner’s sexual history and the reality of sexual networks dominating. Standard HIV prevention interventions (such as HIV testing and condom use) were also mentioned frequently.

More than half of viewers (58% of women and 53% of men) were able to complete the slogan, “Do you know who your lover’s . . . [*previous lovers are*]?”

Figure 7: Lessons viewers learnt from *Intersextions* (unaided)



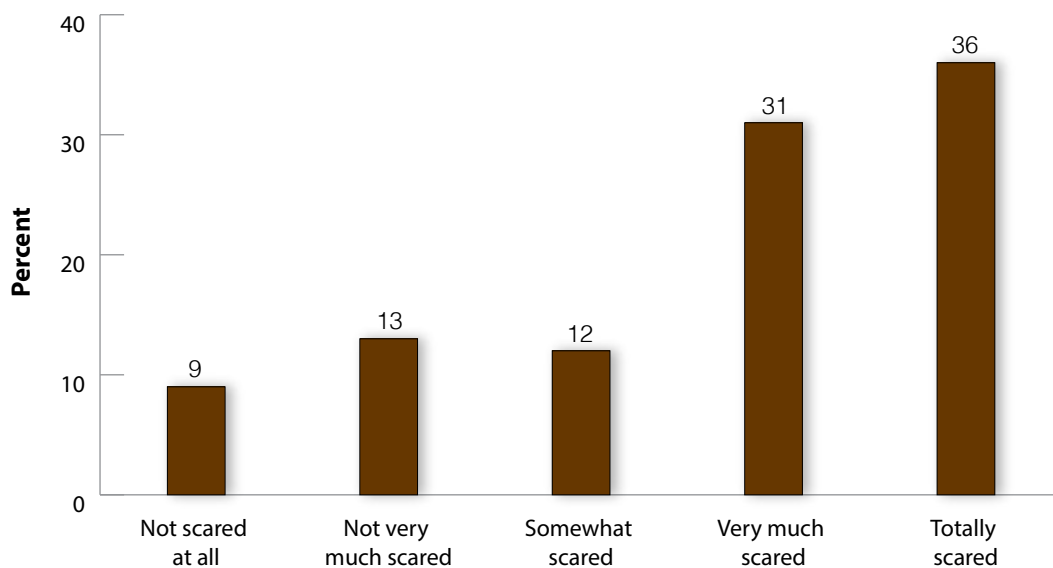
Lessons learned by viewers

n= 3,658 viewers; equivalent to 9,042,421 men and women aged 16-55 years. Weighted data.

Other responses

National viewership of the closing episode (episode 26), the “docudrama” narrated by the HI virus, was lower than average because many viewers assumed the series had ended at episode 25. Among those respondents who watched it, 67% reported that they had been “very much” or “totally” scared by it.

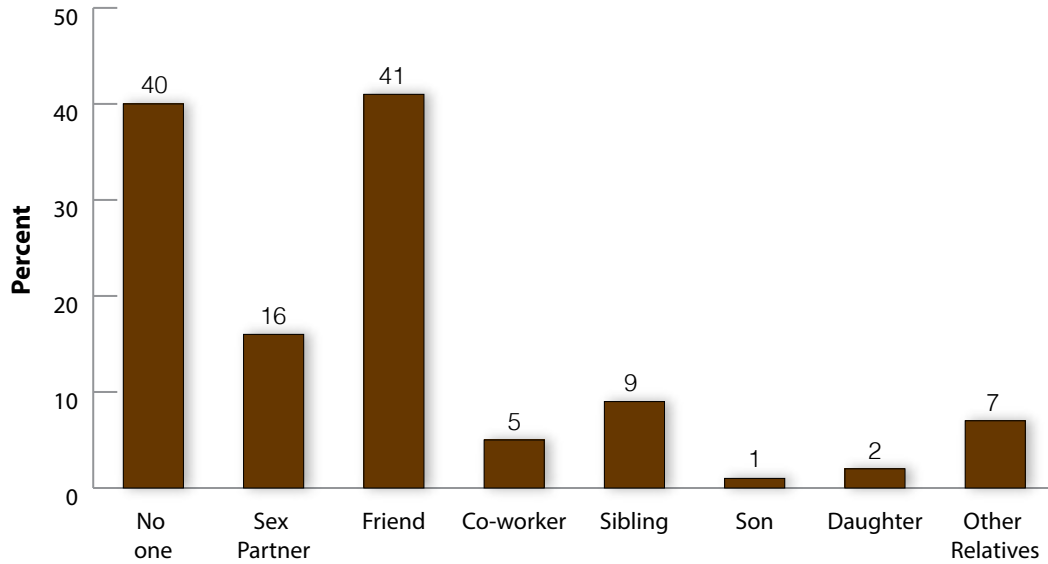
Figure 8: Viewers’ reactions to episode 26 of *Intersextions*



n= 1,433 viewers that watched episode 26; equivalent to 3,648,366 men and women aged 16-55 years. Only 40% of those who watched *Intersextions* said they watched episode 26. Weighted data.

Most viewers of *Intersexions* discussed the series with someone in their immediate family and social network. (Figure 9)

Figure 9: People with whom viewers of *Intersexions* discussed the drama series (unaided)



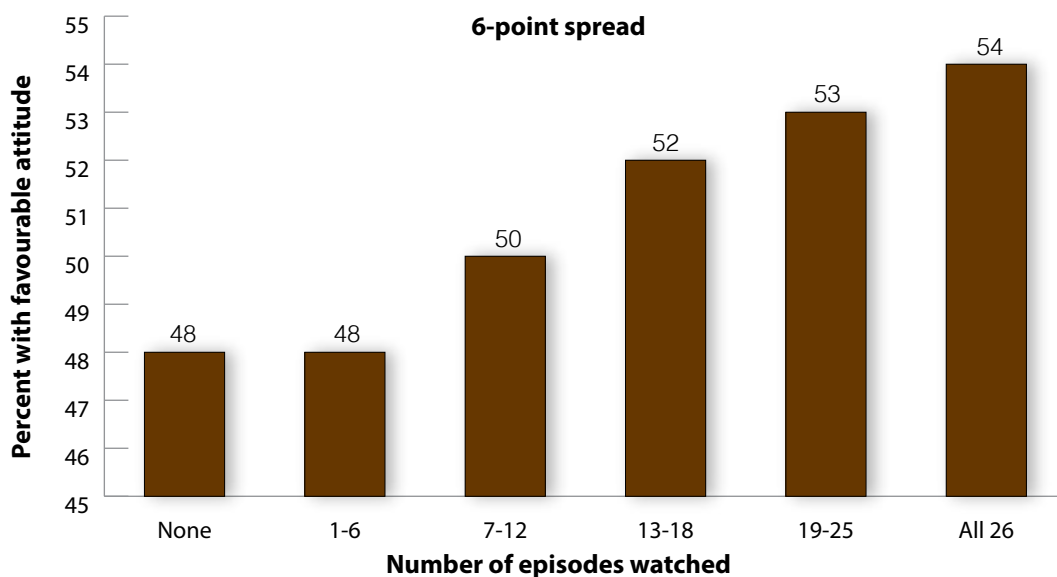
n= 3,658 viewers; equivalent to 9,042,421 men and women aged 16-55 years. Weighted data.

Impact of *Intersexions* drama on condom use

Attitudes towards condom use and efficacy in the use of condoms were measured by constructing a scale based on a series of questions. It was therefore possible to *grade* both the attitudes and efficacy of viewers.

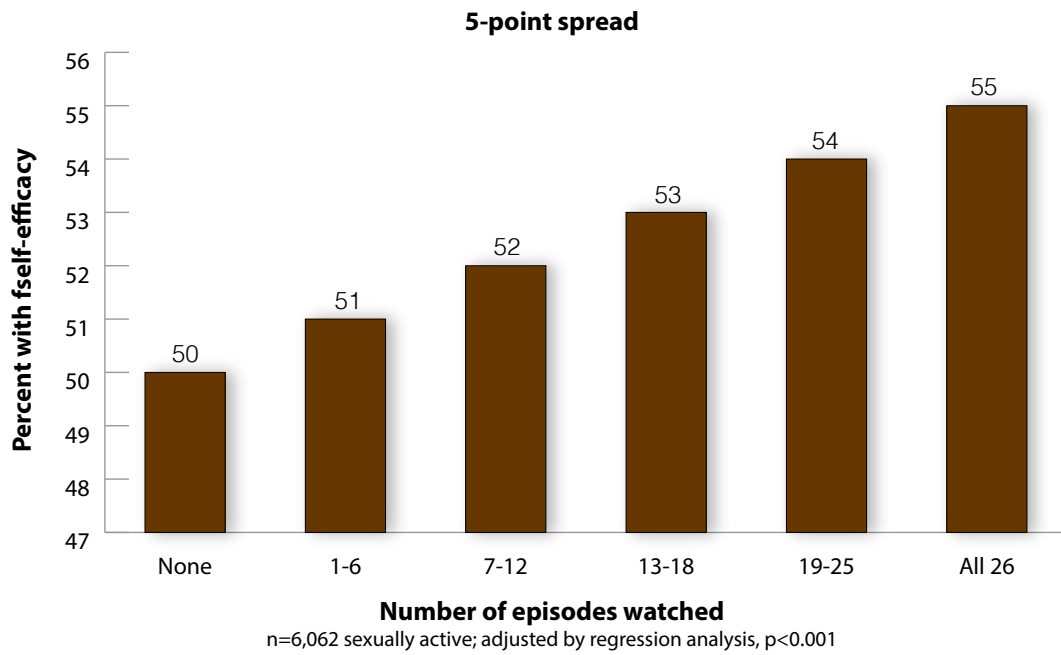
Analysis of NCS 2012 data showed a modest effect of exposure to *Intersexions* on positive attitudes towards condom use as well as self-efficacy in the use of condoms.

Figure 10: Favourable attitudes towards condom use by level of exposure to *Intersexions*



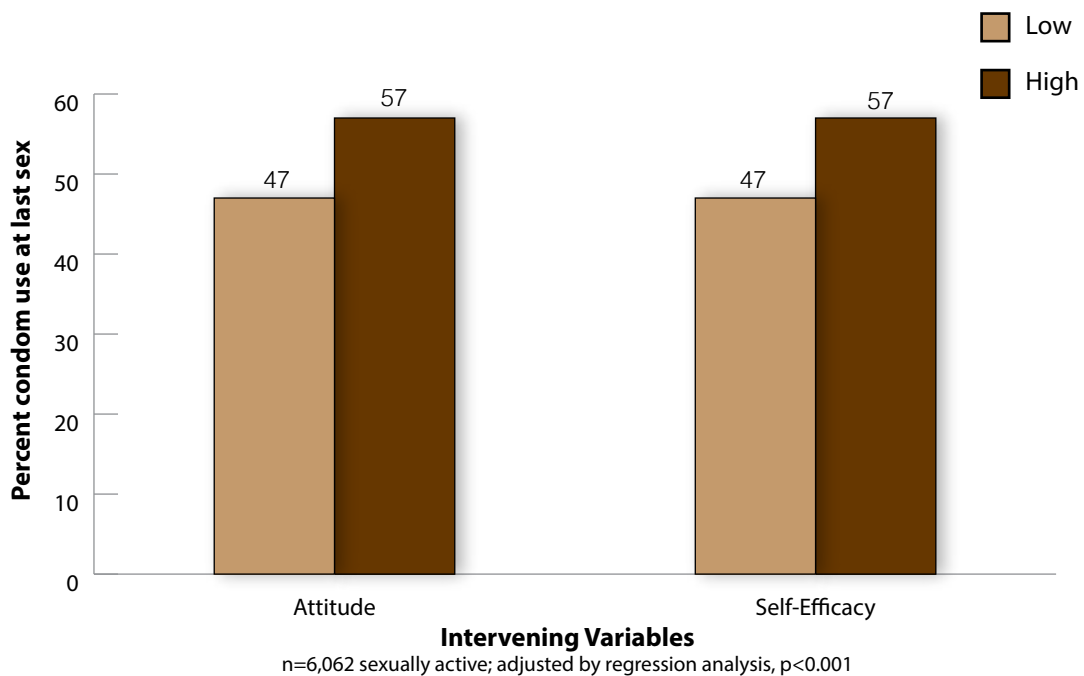
n=6,062 sexually active; adjusted by regression analysis, p<0.001

Figure 11: Self-efficacy in condom use by level of exposure to *Intersexions*



Both positive attitudes and a strong sense of efficacy translated into higher levels of condom use. (Figure 12)

Figure 12: Condom use at last sex by attitude to condoms and self-efficacy



Impact of *Intersexions* drama on HIV testing

Successive communication surveys indicated that the percentage of men who reported undergoing an HIV test in the 12 months prior to the survey grew from 29.9% in 2009 to 39.3% in 2012; and for women these percentages increased from

43.4% in 2009 to 51.6% in 2012. The analysis of *Intersextions* data suggests that the drama contributed to this increase in HIV testing by exerting a positive influence on perceived norms and social dialogue on HIV testing.

As exposure to *Intersextions* increased, viewers were more likely to believe that HIV testing was a norm in their social circles and to report that they had discussed testing with a sexual partner.

Figure 13: Discussion of HIV testing by level of exposure to *Intersextions*

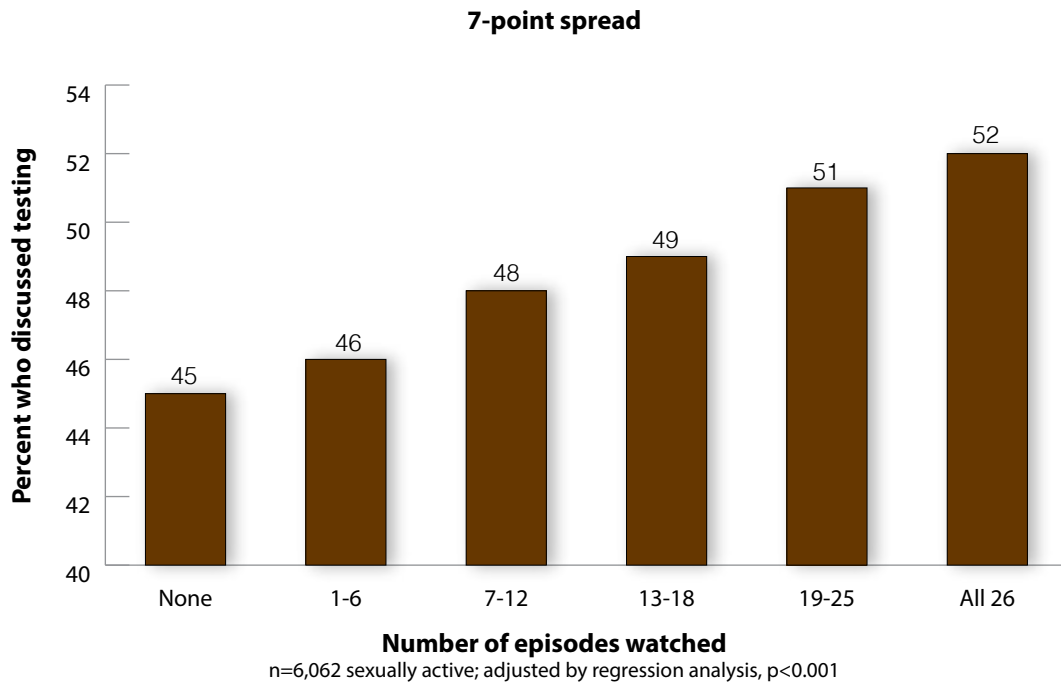
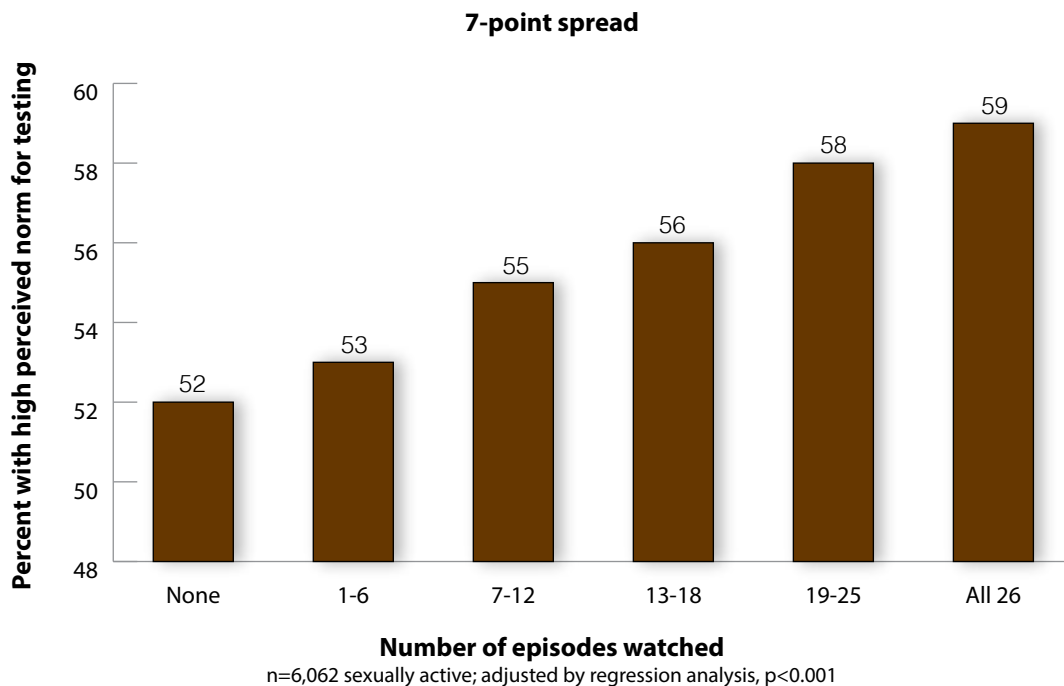


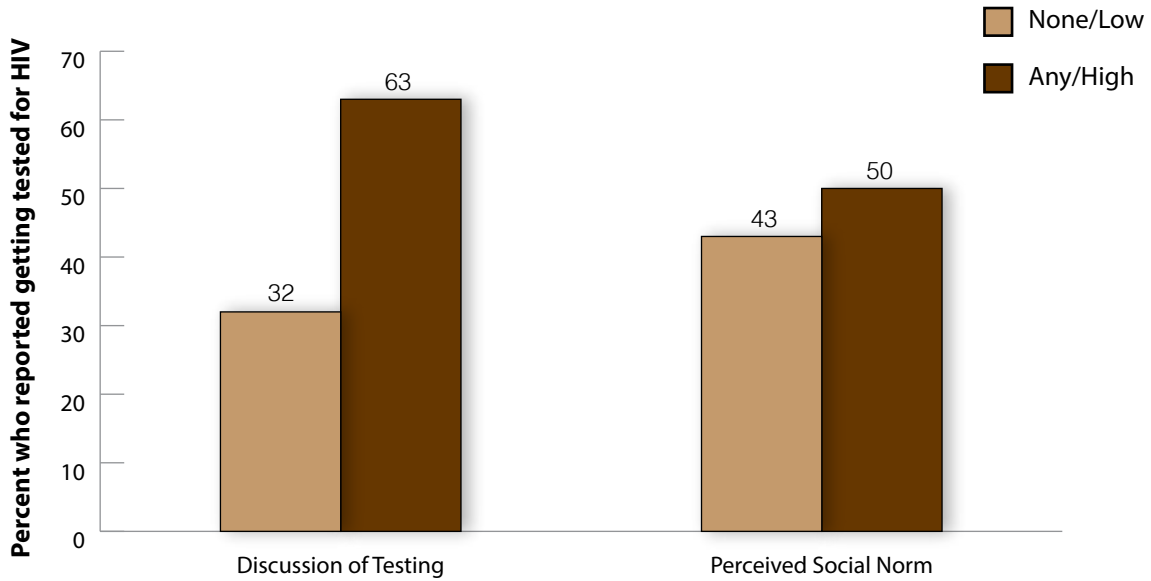
Figure 14: Perceived norm for HIV testing by exposure to *Intersextions*



The NCS 2012 analysis further showed that:

- Respondents with high perceived norm for testing were more likely to report having taken a test themselves in the 12 months prior to the survey. (Figure 15)
- Respondents who reported having discussed HIV testing with their sexual partner were also more likely to report that they had tested for HIV in the 12 months prior to the survey.

Figure 15: Percent testing for HIV in the last 12 months by perceived social norm and discussion of HIV testing



Intervening variables for HIV testing
 n=6,062 sexually active; adjusted by regression analysis, p<0.001

Impact of *Intersexions* drama on multiple sexual partners

Overall, 12.6% of sexually active respondents in NCS 2012 reported having had more than one sexual partner in the 12 months preceding the survey. There were marked gender and age differences in terms of relationship patterns.

NCS 2012 data revealed that one in five men between the ages of 25-35 years and one in four men ages 16-24 reported having more than one sexual partner during the course of a year. The equivalent ratio for women in these age groups was less than one in 10. Even in the 36-55 year age group, about one in eight men reported having a minimum of two sexual partners in the 12 months preceding the survey.

High exposure to *Intersexions* was associated with higher self-efficacy to resist having multiple sexual partners. (Figure 16) In turn, respondents with high self-efficacy in resisting multiple partners actually had fewer partners. The percent reporting MSP was almost double among those with low self-efficacy (9%) compared to those with high self-efficacy (5%) (Figure 17)

Intersexions was not shown to have had an impact on attitudes towards multiple sexual partners or on the actual behaviour. All the impact of *Intersexions* on MSP behaviour was through self-efficacy.

Figure 16: High self-efficacy to resist MSP by exposure to *Intersexions*

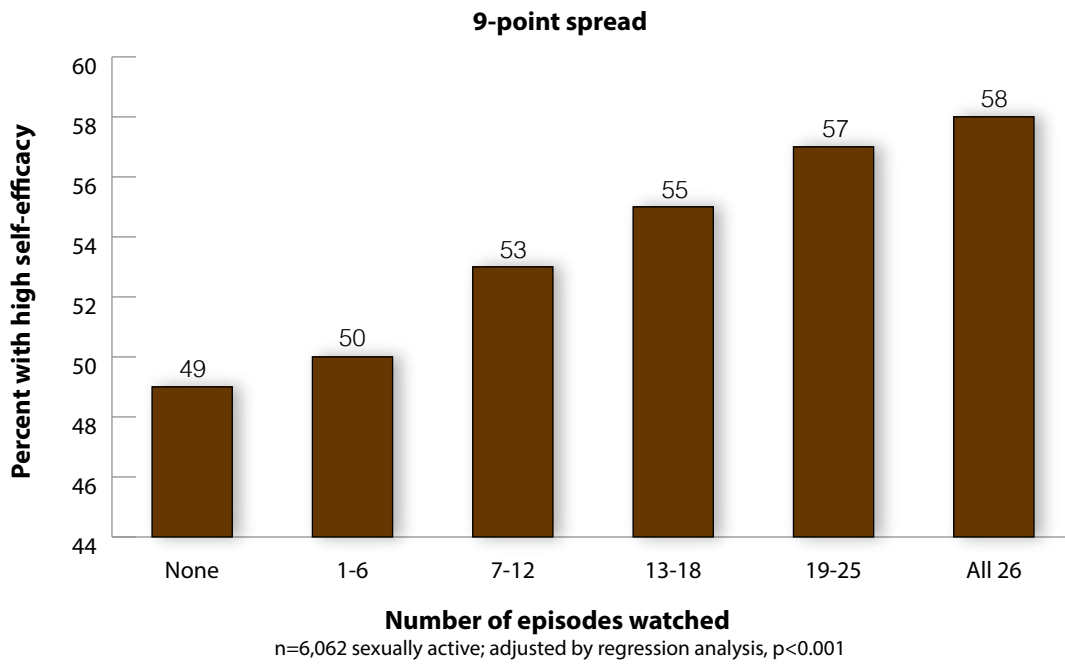
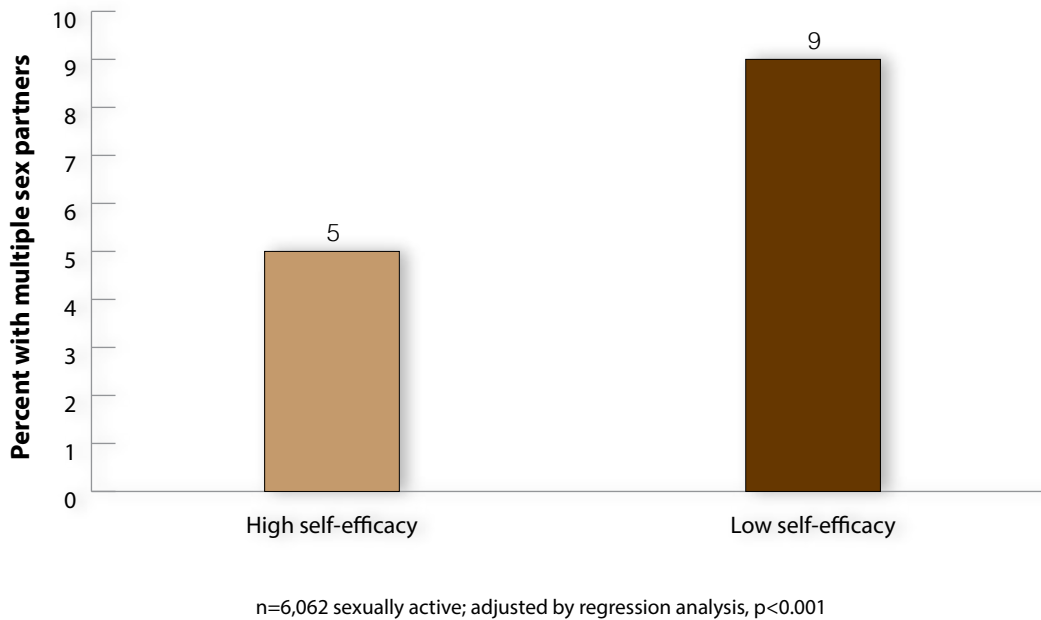


Figure 17: Percent with more than one sexual partner by level of self-efficacy in resisting multiple partners



Summation of quantitative evaluation of *Intersexions*

The findings of the qualitative and quantitative evaluations of *Intersexions* coincided to a large extent in establishing that the drama series impacted on critical risk-reduction behaviours in an *indirect* way, mostly by strengthening understanding and self-efficacy as well as by influencing attitudes and perceptions in a positive manner. (Table 3)

Table 3: Summary of impact of *Intersexions* on attitudes, perceptions and practices related to HIV prevention (NCS 2012)

Type of <i>Intersexions</i> impact: direct and indirect	Percent difference between highest & lowest scores		
	Condom use	HIV testing	MSP
<i>Intersexions</i> impact on attitude towards the practice	6ppt (48-54%)	--	None
<i>Intersexions</i> impact on perceived norm of the practice	--	7% (52-59%)	--
<i>Intersexions</i> impact on self-efficacy regarding the practice	5ppt (50-55%)	--	9ppt (49-58%)
<i>Intersexions</i> impact on discussion about the practice	--	7ppt (45-52%)	--
<i>Intersexions</i> direct impact on practice	None	None	None
Indirect Effects through intermediate variables			
Impact of attitude on practice	10ppt (47-57%)	--	5ppt (5-10)
Impact of perceived norm on practice	--	7ppt (43-50%)	--
Impact of self-efficacy on practice	10ppt (47-57%)	--	-4ppt (9-5%)*
Impact of discussion on practice	--	31ppt (32-63%)	--

* A negative result is the desired outcome because it denotes a drop in MSP among those with high self-efficacy.

ppt Percent point difference; it refers to the arithmetic difference in two percentages; in this table it is the difference in the outcomes between those with the highest and those with the lowest exposure.

-- indicates variable not measured or analysis not available.

Intersexions messaging on HIV testing and condom use was low-key compared to the up-front messaging that would feature in an above-the-line advertising campaign. On the other hand, the matter of multiple sexual partners (MSP) was closely associated with the concept of sexual network, which formed the very heart of the drama. A high proportion of episodes centred on the fall-out from multiple partnerships.

One might have expected a stronger impact on MSPs than on condom use and HIV testing, but the picture is not that stark. *Intersexions* had *indirect* impacts on condom use, on HIV testing and on MSPs. It is possible that a strong message on the risk of sexual networks might result in a condom response rather than a partner reduction response. This possibility was suggested in the CADRE focus groups where some participants dealt with the reality of the sexual network and the lack of honesty among sexual partners with a pragmatic “condomise always” response, while others responded by trying to improve communication and openness with their sexual partners.

7.5 Analysing the social media response

The Centre for Communication, Media and Society (CCMS) at the University of KwaZulu-Natal analysed how the *Intersextions* Facebook page had been used to prevent HIV infection and promote care, support and treatment for those living with HIV. (Teer-Tomaselli R, undated)

A group of 19 post-graduate students undertook a qualitative analysis of the responses of viewers to each episode of *Intersextions* in the period immediately after the broadcast. They analysed the data using a standard analysis package (NVivo) and then generated and refined themes derived from the data.

The majority of Facebook fans were passive participants who simply “liked” *Intersextions* but did not engage in commentary. About 3 000 participants were active participants and between them generated more than 25 000 impressions.

The analysts concluded that social media:

- Extended the messaging of HIV by providing a platform for dialogue and for expressing the outcome of introspection.
- Contributed to the process of social learning, by building knowledge and reinforcing existing knowledge.
- Provided an immediate barometer of *Intersextions*' impact on viewers' perceptions of their risk of HIV infection and of positive responses. For example, 18% of the comments relating to episode 8 contained reports of viewers going to take an HIV test.
- Offered a safe forum for people to talk about traditionally taboo subjects and gain support from others. Women who had been sexually abused – and had never disclosed this – were able to do so via Facebook.
- Served as a medium for the provision of additional information on topics raised in the drama.
- Allowed for debate on some of the social issues – such as attitudes towards men who have sex with men.

In the larger scheme of *Intersextions*, the numbers reached through social media were relatively small – although they far outstripped all other HIV campaigns in South Africa. However, the engagement was sufficiently substantial to demonstrate value added by social media for those who used them and the potential of social media once they become truly mass-based within the South African context.

Radio talk shows offered fairly similar opportunities for interaction, the elaboration of messages, the provision of additional information and the pursuit of debate on social issues. There is, however, no formal evaluation of the content of these shows or of the audience response to them. The sheer volume of information and the variety of languages used would make this a truly formidable task, and the costs involved might well outweigh the value of information received.



There is no doubt that *Intersexions* successfully dispelled HIV fatigue and actually excited and challenged audiences to think again about one of the most important personal and social issues of our generations. The audience ratings, the social media response and the thoughtful comments of focus group participants all bear testimony to this.

Intersexions had an immediate impact on certain risk-reduction behaviours across a range of age groups. This is attested by the content of some social media messaging and the clear reporting of behaviour change among the limited number of participants involved in the qualitative evaluation conducted by CADRE. HIV testing, communication between sexual partners, more consistent condom use and partner reduction (if not exclusivity) were some of the areas of reported behaviour change.

CADRE cautioned that the qualitative evaluation had been undertaken immediately after the conclusion of the first broadcast of the series and could not give any indication of the sustained impact of the drama.

In the longer term, the analysis of NCS 2012 data established that *Intersexions* also impacted on various ideational factors associated with HIV risk-reduction and through these impacted on condom use, HIV testing and partner reduction. While the NCS relies on self-reporting of behaviours, the data consistency and robust results from the analysis, suggest high data validity.

Perhaps *Intersexions*' most significant impact was its power to provoke extensive debate and discussion, to stimulate self-examination and social reflection, and to create new ways of thinking about HIV.

The notion of the sexual network was widely understood among focus group participants and it seemed to weigh heavily on many of them. Likewise, a wide range of participants spoke of HIV as an ever-present and immediate threat which could be warded off only with a dedicated effort. It was as if people had gained a new vocabulary and a new set of thoughts about HIV and this had increased their sense of personal vulnerability, at least in the short term.

The series presented the problem of HIV in a far more complex, honest and sophisticated manner than comparable communication initiatives have done. And the response it received (as revealed through focus groups) was in turn more nuanced and more brave.

The discussions, debates and dialogues that *Intersexions* gave rise to at various levels – between partners, within families, among friends and colleagues, on social media platforms, and through the dedicated radio talk shows – deserve recognition as a factor with more far-reaching consequences than individual risk-reduction behaviours. The formation and transformation of social norms begin by openly saying the unspeakable.

Many viewers remarked that *Intersexions* was not so much about HIV, but about life, sex and relationships. What *Intersexions* did particularly successfully was reveal how HIV flourishes when there are double standards or normative ambiguities about sexual relationships. These value ambiguities exist in relation to multiple sexual partners, marital infidelity, transactional sex, gay relationships, gender-based violence and the subordination of women. The discourse generated by *Intersexions* was a contribution to clearing the murk.

Intersexions chose as its immediate theoretical model the extended parallel process theory of behaviour change and it became a readily recognisable example of this approach. Much of the research on the effectiveness of this model has been based on highly controlled laboratory experiments with relatively little evidence from the field. The *Intersexions* experience, with its very clear implementation of the model and its extensive evaluation, casts valuable new light on the matter.

Social media platforms were developed and utilised in support of the *Intersexions* TV drama to a much greater extent than in other HIV communication programmes. Once again, this is an area in which the entertainment industry has much to teach the education field. JHHESA drew an important distinction between the Facebook, web and Twitter platforms “owned” by *Intersexions* and those belonging to members of the public.

With the assistance of a respected sexologist, JHHESA was able to facilitate and guide the sequences of comments on its Facebook page and to insert factually correct content into these discussions. This was a valuable advance in harnessing social media constructively to the objectives of an HIV programme. However, it is only a first step and truly strategic use of social media requires a more resource-intensive process of monitoring and creative opportunistic use of the platforms of numerous anonymous account and profile owners.

The judgment call about investing further in social media interventions needs to be made in the light of its relatively small reach in the South African context at present and evidence of its rate of growth into significant demographic sectors.

The radio component of *Intersextions* posed many unanswered questions. While the reach of these programmes was huge, no evaluation has been done on the quality of the content of the shows, their reception by the public, and their impact in terms of knowledge, attitudes and action. The potential of this component, with its use of indigenous languages and its interactive features, is readily apparent. However, there are many variables that would determine whether this potential was realised, the most obvious being the manner in which presenters and scores of guest experts presented the material. Talk shows can be riveting – or appallingly dull. There is no accessible way of telling which of the shows matched the excitement of *Intersextions* on TV and which fell short.

Finally, it is important to record that all implementation partners involved in *Intersextions* look back on the experience with great pride. For Curious Pictures and Ants Multimedia there was the prestige of industry acclaim, the excitement (as one member of the production team put it) of having a “hit” and not just a “success”, and above all a sense that *Intersextions* had captured viewers’ imaginations and compelled very many to turn their eyes inward and consider the nature of their own sexual relationships.

For the SABC, *Intersextions*’ extraordinary audience ratings meant increased advertising revenue, which remains the main source of income even for public broadcast channels. This success also vindicated the decision of SABC commissioning executives to take a chance on the unorthodox “serial drama” rather than sticking with a tried and tested formula.

JHHESA has taken a long-term, fairly sober perspective on the achievements and popular acclaim of *Intersextions*. “The enduring question about social and behavioural change communication is whether a single episode or a single series on its own would affect or bring about behavioural change,” says director Richard Delate. “Behavioural change is a far more complex process that is intertwined with issues relating to culture and the availability of commodities or services.

“Possibly a single series or episode may contribute to or provide new knowledge. But for that change or that new knowledge to take hold, it needs to be communicated not as a once-off, but as part of an ongoing social dialogue, in a way that makes sense to people in the context of their everyday lives.”

By this yardstick, was *Intersextions* a meaningful contribution to HIV communication? “If *Intersextions* planted a seed of questioning in the minds of people, if it contributed towards people talking or self-examining their individual and collective behaviours, norms and attitudes, then possibly it has succeeded in starting them on a pathway that may contribute towards change over time,” comments Delate.

Acronyms and abbreviations

ART	Antiretroviral therapy
CADRE	Centre for AIDS Development, Research and Evaluation
CCMS	Centre for Communication, Media and Society, University of KwaZulu-Natal
HCT	HIV counselling and testing
HSRC	Human Sciences Research Council
JHHESA	Johns Hopkins Health and Education in South Africa
JHU	Johns Hopkins University
JHU-CCP	Johns Hopkins University Center for Communication Programs
MSP	Multiple sexual partners (or partnerships)
NCS	National (HIV) Communication Survey
SABC	South African Broadcasting Corporation
USAID	United States Agency for International Development

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Video material

Intersexions Series 1 (26 episodes)

Interviews

Karima Effendi, formerly of Curious Pictures, producer of *Intersexions*.

Harriet Gavshon, MD of Curious Pictures (now Quizzical Pictures) and executive producer of *Intersexions*

Helen Hajjiannis, acting director, Centre for AIDS Development, Research and Evaluation.

Rolie Nikiwe, creative director, Curious Pictures (now Quizzical Pictures) and head director of *Intersexions*

Uzaneenkosi Mahlangu, owner of Ants Multimedia and executive producer of *Intersexions*.

Mariki van der Walt, head of productions at Curious Pictures (now Quizzical Pictures) and executive producer of *Intersexions*.

Johan Neethling, Commissioning editor public education and social development, SABC Education and executive producer of *Intersexions*

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