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|----------------|---|
| 1 Health Field | HIV/AIDS  |
| 2 Item         | Mass, multiple media campaign focusing on concurrent sexual partnerships  |
| 3 Background   | <p>SFH has been promoting condoms in Zambia since 1993, and New Start VCT services since 2002. In 2008, SFH will sell around 16 million condoms, will counsel and test 145,000 individuals, and will reach more than 500,000 people through small- and medium-size IPC, drama and MVU sessions. Overall condom sales are increasing in the face of a massive influx of free condoms, while recent research suggests that condom use is falling. Around 13% of Zambians know their HIV status, and New Start is currently one of the most effective, popular VCT services in Zambia.</p> <p>The Health Communication Partnership is an innovative team (of Johns Hopkins University Center for Communication Programs, Save the Children, and the International HIV/AIDS Alliance) with the overall aim of promoting health competent societies by advancing the field of health communication. In Zambia, HCP's goal is to support communities, households and individuals to take positive health action through mass media communication, strengthening community-based systems and networks, mobilizing religious and traditional leaders and youth, and promoting the change of harmful social and gender norms.</p> <p><b>What are Concurrent (overlapping) Sexual Partnerships (CSP)?</b></p> <ul style="list-style-type: none"> <li>• Having more than one regular/long-term sexual partner at the same time (could be over a few weeks or many years)</li> <li>• Examples: A married man or woman has a girlfriend or boyfriend or a young girl or boy has more than one boyfriend or girlfriend</li> </ul> <p><b>What is the "window period"?</b></p> <ul style="list-style-type: none"> <li>• An HIV positive person is most infectious (or likely to pass on HIV) in the first few weeks after infection. About half of all HIV infections occur during this time.</li> <li>• The most commonly available HIV tests cannot tell if a person has HIV during this time, which is called the "window period."</li> <li>• A person newly infected with HIV could unknowingly put their partner(s) at high risk of HIV through unprotected sex (sex without a condom).</li> </ul> <p><b>How does having concurrent sexual partners increase a person's risk for HIV and other STIs?</b></p> <ul style="list-style-type: none"> <li>• If a person has more than one regular sexual partner at the same time, each of his or her partners may also have other partners and so on. In this way, the person may be connected to a large sexual network which includes many people.</li> <li>• It is, therefore, not only a person's immediate sexual partners that put him or her at risk for HIV and other STIs, but also their partners' partners and so on, (People you do not even know, let alone trust, could be putting you at risk for HIV and other STIs!)</li> <li>• Any time a member of the sexual network is infected with HIV or another STI and has unprotected sex (sex without a condom); it puts everyone else in the network at high risk of infection.</li> <li>• The more partners a person has at the same time, the larger his or her sexual network and the higher his or her risk of being infected with or passing on HIV and other STIs.</li> <li>• A person who has only one regular sexual partner at a time may still be connected to a sexual network and at high risk of being infected with HIV or another STI if his or her partner has concurrent sexual partners.</li> </ul> <p>CSP is increasingly recognized as a key driver of the HIV epidemic (along with lack of male circumcision) in Southern Africa (UNAIDS, SADC).</p> <p>Due to certain funding patterns, there have been almost no mass media campaigns relating to HIV prevention since the "HEART" campaign aired in 2003. More recently, there has been increased interest and funding from donors in the development of multiple media approaches to addressing issues around CSP and risk of sexual transmission of HIV.</p> |

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|   | <p>SFH and HCP recognize the need for a coordinated effort in addressing the issue through a national-level multimedia campaign in order to maximize exposure to consistent messaging. The campaign will probably comprise a series of short (30-60 second) TV and radio spots (in 7 local languages). TV spots will be aired on national TV as well as on MVUs. Radio will be aired through ZNBC as well as relevant community radio stations. The e-media effort will be complemented by billboards, IEC materials and references in IPC flipcharts. Other vehicles like community drama, short films, art, cell phones, Internet and folk media will also be explored.</p> <p>All the communication interventions will be connected to a common campaign theme, 'brand', key communication objectives and messages that have been informed by formative research conducted in Zambia and elsewhere.</p>  |   |  |
| <p><b>4 Target Group</b></p>  | <table border="0"> <tr> <td data-bbox="454 593 970 869"> <p><b>1 Phase 1 Primary Target: Men</b><br/> <i>Age: 25-50</i><br/> <i>Income: Medium to high</i><br/> <i>Education: Medium to high</i><br/> <i>Where they live: Urban/peri-urban</i><br/> <i>Marital Status: Married</i></p> </td> <td data-bbox="970 593 1543 869"> <p><b>2 Phase 1 Secondary Targets: Women (wives and girlfriends)</b><br/> <i>Age: 20-45</i><br/> <i>Income: Low to medium</i><br/> <i>Education: Low to medium</i><br/> <i>Where they live: Urban/peri-urban</i><br/> <i>Marital Status: Wives</i><br/> <i>Married/Girlfriends Unmarried</i></p> </td> </tr> </table>  | <p><b>1 Phase 1 Primary Target: Men</b><br/> <i>Age: 25-50</i><br/> <i>Income: Medium to high</i><br/> <i>Education: Medium to high</i><br/> <i>Where they live: Urban/peri-urban</i><br/> <i>Marital Status: Married</i></p> | <p><b>2 Phase 1 Secondary Targets: Women (wives and girlfriends)</b><br/> <i>Age: 20-45</i><br/> <i>Income: Low to medium</i><br/> <i>Education: Low to medium</i><br/> <i>Where they live: Urban/peri-urban</i><br/> <i>Marital Status: Wives</i><br/> <i>Married/Girlfriends Unmarried</i></p> |
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| <p><b>5 Research</b><br/> <i>What do we know about our Target Group from our research?</i></p>  | <p>In sub-Saharan Africa, approximately 50% of HIV-1-infected persons living in a couple have a serodiscordant partner.<sup>1</sup> As a high HIV prevalence country, Zambia also has a high rate of concordant positive and discordant couples. Such high discordancy would most likely not be possible if infidelity was not taking place.</p> <p>CSP is common in Zambia. Eleven percent of women and 22% of men in Lusaka aged 15-49 report that they had more than one regular sexual partner.<sup>2</sup> Among women in Zambia, the proportion with two or more partners in the past 12 months is highest among younger women age 15-24 (3%); while men reporting the highest proportions of sex with more than two sexual partners were in the 15-29 year age group (23%).<sup>3</sup> While many Zambians report low or no multi-partnering, the realities on the ground belie such claims.</p> <p>Preliminary data (ref: CDC models and the preliminary 2007 ZDHS) suggests that HIV incidence is increasingly occurring in concurrent sexual partnerships. 38% of men and 17% of women report having had sex with one non-regular partner in the last 12 months. (Condom use fell amongst key target groups from 41% to 37% between 2003 and 2007.)</p> <p>HIV prevalence in many countries in sub-Saharan Africa is shifting to older age groups among married, widowed and divorced people. Unlike past years where infection was highest among youth and high risk groups, the National AIDS Council suggests that the vast majority of infections in Zambia today are occurring among married people, most of whom consider themselves as being at low risk of infection.</p> <p>Qualitative research in other sub-Saharan African countries shows that women do not necessarily perceive themselves as passive but as active agents within these complex sexual networks.</p> <p><b>Qualitative Research Findings from Zambia:</b></p> <p>CSP is perceived to be very common (irrespective of demographic and socioeconomic profile - everyone is involved, especially men who are relatively wealthy given the local socioeconomic context).</p> |   |  |

<sup>1</sup> HIV-1-Discordant Couples in Sub-Saharan Africa: Explanations and Implications for High Rates of Discordancy, Brandon L. Guthrie,; Guy de Bruyn,; Carey Farquhar, July 2007

<sup>2</sup> M. Carael, 1995; Halperin and Epstein, 2004

<sup>3</sup> Source?

Motivations for CSP include (no particular order, however, the first three were the most commonly cited reasons):

- Transactional sex due to lack of financial support from husband (survival sex), widowhood, looking after family, abuse of authority, desire for trinkets of modernity (e.g. cell phones)
- Problems within relationships (quarreling, mistreatment, lack of communication, vengeance for infidelity [or suspected infidelity] etc.)
- Lack of sexual satisfaction (monotonous sexual positions, lack of foreplay, low sexual drive in older men, denial of sex due to pregnancy, menstruation, or tiredness, or the fact that one's partner has already been sexually satisfied by another partner)
- Peer pressure (prestige/sexual prowess/popularity for men, attractiveness for women)
- Infertility
- Libido drugs/aphrodisiacs and alcohol
- Media exposure (proliferation of negative role models and lack of positive role models)

With the advent of ARVs, some people are also less concerned about HIV (it is no longer viewed as a death sentence), this lack of concern is exacerbated by widespread fatalism (e.g. "we all have to die anyway," "after all, HIV came for people")

There is a large vocabulary surrounding CSP (following are in Bemba, Tonga, English and Nyanja):

Names for regular female partners include:

|                                |                                      |                               |                       |  |
|--------------------------------|--------------------------------------|-------------------------------|-----------------------|--|
| Kasholi                        | Babigi                               | Uluchetekelo                  | Mai gulu              | Bamayo   |
| Umukambule                     | My love                              | Bamwine                       | Bomulatiwa            | Inkeche  |
| Banakulu                       | Madam                                | Kafwa                         | Mutatwa wahae         | Mayo wachibili                                     |
| Side plate                     | Mama mummy                           | Mayo waluse                   | Spare wheel           | Ubuteko  |
| Uwakwisha nankwe               | Trustee                              | Kalungu kamoyo                | Uwakutushisha         | Dubai  |
| Plot 1                         | Spare wheel                          | Zwepa                         | Solola (prostitute)   | Plot 2   |
| Ndelyakofye (I am just eating) | Abachende bandi                      | Abakashi abaiche (small wife) | Mai nini (small wife) | Wakupishishako ichilaka (one for quenching thirst) |
| Kaulaya ulaya (temporary)      | Mwakutushishaf ye (just for resting) | Lila bai (not often seen)     | Sugar mommie          | Whore  |

Names for regular male partners include:

|                     |             |               |                              |               |
|---------------------|-------------|---------------|------------------------------|---------------|
| Uluchetekelo        | Umulume     | Ba Kazali     | Batata                       | Trustee       |
| Bashikulu           | Chikwilili  | Daddy         | Boss                         | Tycoon        |
| Kawilo              | Bapermanent | Sugar daddy   | Katiba kakubikila mereki     | Abalume       |
| Zemwine             | Lotion man  | Talk time man | Umukambule                   | Pillow        |
| Umuchende mukalamba | Maulu abona | Maulu antonda | Ihule likalamba              | Mukambwe      |
| Lila bayi           | Chimudala   | Casanova      | Hardcore                     | Player        |
| Ntomba ndeya        | Spare       | Kamudala      | Ka-sholi                     | Akachabechabe |
| Ka-guy              | Ka-brother  | Chigonena     | Bachacha (remains/deflowers) | Bashambai Joe |
| Bapabanchi          | Akakabwe    | Time waster   | Comforter                    | Spopa         |
| Ba guy              | Sniper      | Casanova      | Hardcore                     | Player        |

Who is considered the "primary" partner and who is/are considered the "secondary" partner(s) tends to vary. For instance, while "plot 1" might refer to a wife and "plot 2" might refer to a girlfriend, the man may consider his "plot 2" as his "primary" partner if he gives her more financial support or affection than his wife, or if she is more beautiful etc.

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|   |   | <p>Names for women tend to be demeaning, whereas those for men tend to be more prestigious.</p> <p>Perceived negatives of CSP include:</p> <ul style="list-style-type: none"> <li>• Loss of respect/dignity (more so for older age groups)</li> <li>• Disputes</li> <li>• Loss of financial and other resources (e.g. time)</li> <li>• Loss of freedom</li> </ul> <p>CSP is generally tolerated (especially for men), but sometimes reaction of partner/society is negative (especially for older, church going people).</p> <p>Condoms are usually only used in the initial few weeks or months of new relationships, until “trust” is established. Condoms tend not to be used with spouses for fear of breeding suspicion (condoms are associated by many with infidelity and disease).</p> <p>People associate increased risk of HIV with having multiple partners, but they do not understand the window period and it is unclear whether they truly understand the nature of sexual networks and their role in spreading HIV.</p> <p>Many people may not realize that their partners have other partners (i.e. people may not realize they are part of a sexual network, regardless of whether they even have just one or two sexual partners in total).</p> |
| 6 | <p><b>Behavioural Objective</b><br/><i>What do we want people to do after they see this item?</i></p>                 | <p>This mass media campaign will be a “wake-up call” or “epiphany” for target groups. After seeing the campaign, people engaged in CSP will:</p> <ol style="list-style-type: none"> <li>(a) Realize the risks posed by CSP (Phase 1)</li> <li>(b) Have one partner at a time who has no concurrent sexual partners, or, simply reduce their number of concurrent sexual partners (Phase 1 &amp; 2)</li> <li>(c) Realize that sexual partners have mutual rights and responsibilities to know and disclose their HIV status to each other (Phase 1 or 2?)</li> <li>(d) Go for VCT (preferably with partners) and disclose their status to partner(s) (Phase 1 or 2?)</li> <li>(e) Improve relationship with primary partner (better communication and sex) (Phase 2)</li> </ol> <p>Secondary Objective:</p> <ol style="list-style-type: none"> <li>(a) Use condoms correctly and consistently with all sexual partners (including regular/long-term/trusted partners (Phase 1 &amp; 2?))</li> </ol>   |
| 7 | <p><b>Communication Objective:</b><br/><i>What are the 1 or 2 key messages you want to give the target group?</i></p> | <ol style="list-style-type: none"> <li>1. Increase personal risk perception for acquiring HIV through better understanding of “window period” (viremicity) and sexual networks (role of concurrency)</li> <li>2. Increase understanding of protective behaviors (primarily partner reduction but also condom use)</li> <li>3. Increase sense of responsibility to not infect others</li> </ol>   |
| 8 | <p><b>Positioning statement</b><br/><i>Consider Target, Competition and Reason to Buy</i></p>                         | <p><b>Partner Reduction:</b> Having one partner at a time can greatly reduce your risk of HIV infection and can reduce the stress/strain on your resources (time and money)</p> <p><b>VCT:</b> You and your partner(s) have mutual rights and responsibilities to know and disclose your HIV status to each other</p> <p>Secondary:</p> <p><b>Condoms:</b> Condoms are not just for those who are unfaithful or infected/worried about being infected with STIs (including HIV), they are a sign of love/care for your partner</p>   |
| 9 | <p><b>Call to Action</b><br/><i>For example: “Get yourself tested”</i></p>  | <p>Action oriented version of behavioral objectives - what individuals can do as soon as they have heard/seen/discussed the key messages.</p>  |

### 10 Creative Considerations

*Consider tone, brand personality, colour schemes, clothing to be worn etc.*

#### Campaign should be phased:

**Phase 1:** Designed to provide people basic information about the issue, provoke thought, dialogue and increase risk perception

**Phase 2:** Designed to rebuild/repair primary relationships (e.g. husband and wife) by enhancing communication and satisfaction

#### Campaign should be branded:

One central “idea” around which to focus a series of TV/radio spots. This could be something like:

- (a) “Wake Up Zambia!” (HCP)
- (b) “Love Carefully”(HCP)
- (c) “One Love: Talk, Respect, Protect” (ZCCP)
- (d) Others?

“One Love” is a brand that was developed by Soul City (South Africa) for a 10 country regional multimedia CSP campaign. This campaign is going ahead and will be implemented in Zambia. The HCP/SFH campaign will be launched in a context where the “One Love” campaign is already running.

#### Other creative considerations:

- Concept of “risk” needs to be expanded from focusing on the individual to raising awareness that HIV risk depends on sexual patterns of both partners (and partners’ partners etc.)
- We should not address partner reduction and condom use in the same spots as this will dilute the message
- Ideas should have strong resonance with Zambian culture - people, role models, clothing, phraseology, proverbs or sayings included in the campaign should reflect traditional Zambian culture and values, and specifically those of our target groups
- Approach should be innovative, stand out, something that makes people stand up and take notice, especially since there will be other noise on this issue (e.g. “One Love”)
- Include the 990 HIV/AIDS Talkline in all executions
- Try to include New Start (and Maximum) in some executions
- Include unbranded public-sector VCT (and condoms)
- Ideas may be for any format (TV, video, billboards etc) but must be “campaignable” for use in multiple media
- Ideas should appeal to people’s sense of belonging as well as to their sense of individuality in making important decisions
- Men should be encouraged to communicate with their wives and make them what they want them to be - e.g. if a man is attracted to women who dress well, then he should encourage his wife to dress well, buy her the clothes, make her sexy etc.
- Concept of relationships such as marriage should be re-defined and spiced up (marriage does not necessarily = boring)
- Need to challenge gender norms, what it means to be a man (e.g. having more partners does not make you more of a man)
- CSP may be common but it is not the norm as the majority of people do not engage in it, so we need to challenge pluralistic ignorance regarding prevalence of CSP
- Need to challenge people to take responsibility for their actions and not use cultural/social “norms” as excuses for their behavior
- Must avoid moralizing and finger wagging
- Positive, healthy relationships should be modeled
- Avoid the term “faithfulness” as it could mean different things to different people
- Should not demonize sex, sex is good and should be enjoyed - let’s make it safer!

# Concurrent Sexual Partnerships (CSP)

## Zambia

## Creative Brief

|    |                                  |   |   |                               |
|----|----------------------------------|---|---|-------------------------------|
|    |                                  | <ul style="list-style-type: none"> <li>Sex workers should not be demonized; indeed, ideas may be designed to show respect for sex workers (Note: CSP is not really about sex workers, unless a person has an ongoing/regular relationship with a sex worker, if it is a one time or occasional thing, then it is not CSP, this is particularly important because sex with a sex worker is generally viewed as high risk and condom use tends to be higher in these encounters)</li> </ul> |   |                               |
| 11 | Logos                            | <b>Donor</b><br>KfW, USAID, PEPFAR, UNFPA/DfID (?)  | <b>Key Partners</b><br>SFH, HCP   | <b>Other</b><br>Possibly ZCCP |
| 12 | Technical/Program Specifications | <b>Geographical placement</b><br><b>Other languages</b><br><b>Materials to be used</b><br><b>Dimensions</b><br><b>Pre-test required? By when?</b><br><b>DESIGN DEADLINE</b><br><b>PROCUREMENT DEADLINE</b>  | <b>Nationwide</b><br>7 local languages<br>TBD<br>TBD<br>Yes<br>TBD<br>TBD |                               |