

# **Report from Creative Workshop on Concurrent Sexual Partnerships (CSP)**

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## **I. Introduction**

Concurrent Sexual Partnerships (CSP) are increasingly recognized as a key driver of the HIV epidemic (along with lack of male circumcision) in Southern Africa. The Health Communication Partnership (HCP) Zambia has received funding from the President's Emergency Plan for AIDS Relief (PEPFAR) to implement a national multimedia campaign that conveys the risks associated with CSP and promotes corresponding HIV prevention behaviors such as partner reduction and condom use. The Society for Family Health (SFH) Zambia and the Zambia Center for Communication Programs (ZCCP) are also working on developing communication campaigns on the issue of CSP. HCP, SFH and ZCCP will potentially partner on this campaign in an effort to harmonize messages, avoid duplication, and maximize and leverage existing resources. As a first step in this process, HCP hosted a Creative Workshop in Chaminuka from July 23-24. Zambian filmmakers, radio producers, graphic artists, and web designers along with public health professionals were invited to brainstorm and refine elements of a creative brief that will inform the national campaign (see Appendix A for a list of participants and Appendix B for workshop agenda). The objectives of the workshop were to:

- Provide a technical overview of CSP (including dissemination of qualitative research findings from Zambia) to inform the development of Behavior Change Communication (BCC) interventions and creative proposals
- Brainstorm elements of a creative brief that will inform a national multimedia CSP campaign
  - Primary and secondary audiences
  - Desired behaviors and key messages
  - Creative concepts (branding, spots etc.)

Following is a summary report of the workshop proceedings.

## II. Overview of Presentations and Discussion Highlights

### a. What is CSP?

CSP refers to having more than one long-term/regular sexual partner at a time (i.e. multiple sexual relationships that overlap in time). CSP is common in Zambia: 11% of women and 22% of men in Lusaka aged 15-49 report that they had more than one regular sexual partner. Condom use tends to be lower with regular partners because there is less perceived risk in these relationships. Moreover, almost half of all HIV infections occur during the first few weeks or months of infection (the “window period”), which means that CSP – which connects people to vast sexual networks – results in exponential HIV transmission rates. HIV prevention strategies include:

- Having one partner at a time who is HIV negative and is only having sex with you
- Simply reducing the number of sexual partners can break up the sexual network and significantly reduce risk
- Correct and consistent condom use with all sexual partners (including all regular/long-term/trusted partners)

See Appendix C for the full presentation.

Workshop participants were asked to answer a self-risk assessment questionnaire. See Appendix D for results.

#### *Discussion Highlights:*

- “Faithfulness” means different things to different people so we should be careful about using that term. To some people it may simply mean treating your primary partner well, even if you are involved in CSP.
- We should not speak in terms of “Western” and “African” patterns of sexual relationships (i.e. there nothing inherently “Western” about serial monogamy or inherently “African” about CSP).
- Sex workers, truck drivers, uniformed personnel etc. are traditionally considered high risk groups but they are also part of the general population so we should not ignore them in CSP messaging.
- If the faith-based community wants to preach faithfulness (sticking to one sexual partner), that is ok. As long as they are preaching a prevention strategy that does not contradict the overall message of the CSP campaign, they should be allowed to adapt the message as they see fit. We will not be able to control that.
- We should not shy away from emotions on this issue. We should not be overly scientific – we are dealing human relationships which are, by definition, emotional so involving emotions will help the messages resonate among the population.
- Self risk assessments work! We should prompt people to question themselves and their behaviors as well as what is normative (or perceived to be normative). We need to have people start being honest with themselves.
- Sex is good! We should start from that premise and then talk about how to make it safer. We should avoid demonizing sex.

## **b. Literature Review**

Correlates of CSP include: male gender, wealth (among men), youth, identification as non-religious, HIV non-disclosure, negative HIV-test results, low self-efficacy to be faithful, less stable living arrangements, and reproductive failure (some studies have found no significant relationship for some of these factors). Correlation between CSP and condom use is inconclusive. CSP have been found to be characterized by transactional sex. Women do not necessarily perceive themselves as passive but as active agents within these complex sexual networks. There is a dearth of prevention programs in sub-Saharan Africa addressing CSP. One exception was Uganda's "Zero Grazing" campaign which was successful in stemming the HIV epidemic in the late 1990s. Recommendations:

- 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
- Structural interventions need to relieve socioeconomic determinants of CSP
- Role models could promote serial monogamy
- There is a need for further research on CSP in sub-Saharan Africa

See Appendix E for the full presentation.

## **c. Qualitative Research Findings from Zambia**

### **i. ZCCP**

CSP is common and everyone is involved. CSP is characterized by transactional sex due to lack of financial support from husband, widowhood, looking after family, and abuse of authority. Relatively "wealthy" men (within the socioeconomic context) are the ones who are able to afford to have concurrent partners. Problems within relationships also fuel CSP. These include quarreling, mistreatment, lack of communication, vengeance for infidelity (or suspected infidelity) etc. Lack of sexual satisfaction is another important motivation for people to engage in CSP. 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 are all factors that lead to lack of sexual satisfaction. There is peer pressure to have multiple partners. CSP leads to prestige and the more partners you have the more attractive and popular you are perceived to be. Availability of condoms and ARVs were also cited as things that facilitated CSP. ARVs prolong life (HIV is no longer a death sentence), which means that people are not afraid of HIV anymore. This nonchalance is exacerbated by a widespread sense of fatalism. ARVs also make it easier for a person to keep his or her serostatus a secret. Wives tend to tolerate their husbands' affairs. Long-term relationships are characterized by trust, which means that condom use tends to be lower. Condoms are also not used with spouses for fear of breeding suspicion.

See Appendix F for full presentation.

### **ii. SFH**

CSP is very common irrespective demographic and socioeconomic profile. Many names for primary and secondary partners (“mai gulu,” “plot 1,” “plot 2,” “mai nini,” “spare wheel,” “sugar mommie,” “solala,” “whore,” “player,” “sugar daddy,” “umuchende,” “sniper,” “spopa,” etc.). Names for women tend to be demeaning, whereas those for men tend to be more prestigious. Factors leading to CSP include infertility, material benefits (transactional sex), poor communication within couples, drugs/alcohol/aphrodisiacs, media exposure, revenge, and lack of sexual satisfaction. Perceived negatives of CSP include loss of respect/dignity, disputes, loss of financial and other resources (e.g. time), and loss of freedom. Respondents linked CSP to increased risk of contracting STIs including HIV. Condom use tends to be less common in long-term/stable relationships.

See Appendix G for full presentation.

### **iii. HCP**

CSP is very common irrespective of demographic and socioeconomic profile. Relationships last from a week to 10 years and duration depends on many factors including extent/ability of financial support and love. The primary partner varies, could be the wife/husband, the one who is supported/provides the most, the most beautiful/handsome, the newest etc. There are many terms used to describe primary and secondary partners (including “trustee,” “dubai spare wheel,” “side plate,” “lotion man,” “zemwine,” “talk time man,” “chimudala,” “maulu antonda,” “mayo waluse,” etc.). People engage in CSP for economic reasons, unfulfilling primary relationships, lack of sexual satisfaction, and social/cultural influences such as peer pressure and libido drugs. Reactions to discovering partner’s infidelity range from accepting/denying the situation to exacting revenge by engaging in CSP or beating/killing your partner. Respondents perceived risk in having multiple partners. There was general confusion and misinformation about when an HIV positive person is most infectious. Some thought that the window period is the safest because the virus has not had time to grow inside the body (which is understood as the reason why HIV tests are unable to detect the virus during this time). Respondents said that even knowing the risks associated with CSP may not motivate people to change behavior because the motivations to engage in CSP (particularly financial/transactional) were far too strong. Condoms are usually only used in the initial few weeks or months of new relationships, until “trust” is established. If a person knows s/he is HIV negative (but his partner does not), s/he would encourage his/her partner to get tested, would be motivated to stick to one partner or to engage in CSP (to raise money), and might also be motivated to start using condoms. If both partners knew of their HIV negative status, it would improve the quality of the relationship and discourage them from engaging in CSP. If a person knows s/he is HIV positive, s/he would not disclose to his/her partner, might refuse condom use, continue to engage in CSP and knowingly infect partners. If both partners knew they are HIV positive, they would stop engaging in CSP and be mutually faithful. Very few people disclose their HIV positive status to their partner(s) for fear of stigma, discrimination, lack of confidentiality, termination of relationship and accusations of unfaithfulness.

See Appendix H for full presentation.

## ***Research Discussion Highlights:***

- **Polygamy**
  - Traditional polygamy where the relationship is closed (no one has other partners) is safe
  - However, even if one partner has another partner outside the “marriage” then there is risk
  - Percent of polygamous marriages in any society (even where it is traditionally practiced) is usually very low
  - Cultural and social sanctions for engaging in polygamy in Zambia are generally high, so the actual number of people in polygamous marriages may be higher than we think (people may be hiding relationships)
  - Tailor CSP messages for provinces where polygamy is practiced, but do not address the issue in a national campaign
  
- **Men need to make their wives what they want**
  - “Make your wife sexy again, make her what you want!”
  - Encourage communication within relationships so that partners can meet each other’s needs (sexual and otherwise) and do not need to seek satisfaction elsewhere
  - Campaign should be provocative – even if it means embarrassing people into action
  - Making your wife/primary partner look good may cause other men to want her: “The beautiful ones we share, the ugly ones we marry” – this belies an inherent lack of trust within relationships, which is another argument for encouraging partner communication
  
- **Promote true risk perception**
  - Although research in Zambia has found that there is risk in having multiple partners, there is likely little, if any understanding of what role the phenomenon of sexual networks (concurrency) can play in spreading HIV (i.e. the nature of networks)
  - First objective of any communication campaign should be to promote an understanding of why sexual networks are risky – i.e. cultivating a truer, more sophisticated risk perception
  
- **Peer pressure varies by age**
  - Engaging in CSP is a source of pride/prestige for youth (may be a sign of beauty or sexual prowess among peers)
  - Among the older, church-going population, it is done quietly and not publicized (so as not to lose respect in the eyes of the community)
  
- **Consider social change, not just individual behavior change**
  
- **For some, increasing knowledge is enough**

- For some people, very basic information about risk such as the window period, sexual networks, women are biologically more vulnerable to HIV etc. is enough to cause behavior change
- **Re-define relationships/build trust and communication**
  - Concept of “husband-wife” relationship needs to be revised so that people can satisfy all their aspirations for a relationship within one relationship
  - CSP should not be an escape from marital problems
  - Partners need to be more honest with each other and discuss things that are difficult/hard to hear
  - Sex within primary relationships needs to be made exciting/interesting again, need to challenge the thinking that sex in primary relationships is necessarily boring and uninteresting
- **Focus should be on partner reduction**
  - The objective of the campaign should be (concurrent) partner reduction as this, along with male circumcision, is the only prevention strategy that has worked (condoms have not worked)
  - Continue to re-position and promote condoms but do not dilute the partner reduction message as this has not received enough attention and is relatively new (in its current form) – we should not address condom use with “trusted” partners in the same spots etc. where we talk about partner reduction (perhaps HCP could focus on the partner reduction message and SFH could focus on condom use with trusted partners?)
- **Cross-cutting risk**
  - HIV risk transcends age, gender, socioeconomic status, geography etc.
- **Political will is necessary**
  - Political will in Uganda helped the “Zero Grazing” campaign succeed
- **Gender norms need to be addressed/challenged**
  - Address issue of gender and social violence as well as the disparity between men and women in how sexual decisions are made
  - Challenge values we hold dear – e.g. male dominance, men with more partners seen as strong, more partners = financial success/more beautiful etc.
  - Improve the image of supportive, faithful, sensitive men – make them ‘cool’
  - Acknowledge and address the different motivations for CSP among women and men
- **Challenge view that CSP is ‘normal’**
  - How are communities accepting this? We need to challenge the acceptability so that people cannot hide behind cultural acceptability
  - CSP may be common, but it is not the “norm” – there is possible pluralistic ignorance of the true norm (i.e. one man and one woman)

- We need to challenge the belief that, “promiscuity of a man does not break a marriage” – there are other proverbs that counter these beliefs and we need to identify, use and promote them
- Aspirations could be a strong motivation for not succumbing to CSP
- Better role models could counter CSP
- **Self risk assessment and internalization of risk**
  - Perhaps having 2-3 stable/regular partners is not considered many/promiscuous/risky
  - Knowing one’s HIV status can be a tool for managing one’s risk
- **Sexual partners have mutual rights and responsibilities**
  - You and your partner have mutual rights and responsibilities to know and disclose your HIV status to each other
  - These rights and responsibilities are even more important if a person is engaging in risky behavior (e.g. CSP)
  - Disclosure can be a challenge given that there may be negative repercussions, which is why couples counseling and testing should be promoted
- **Safe sex is good sex**
  - People want to enjoy sex and feel good (important determinant of CSP) so we need to encourage that while encouraging safety
  - Safe sex does not have to be boring sex (“sex is good, safe sex is better”)
  - Need to make sure CSP messages do not contradict existing messages – need to figure out how to link ‘be faithful’ to ‘partner reduction’ to ‘good sex’ to ‘correct and consistent condom use’ messages
- **Re-positioning condoms**
  - Disassociate condom use with infidelity and disease
  - Associate condoms more with family planning instead?
  - We need to make sure that the services support what we are promoting
- **Fatalism**
  - Give people hope and a good reason to prevent HIV – discourage fatalism
- **Transactional sex**
  - Explore financial, economic reasons that people engage in CSP
  - There are different kinds of transactional sex (survival sex vs. sex in exchange for trinkets of modernity like cell phones and talk time)
  - Cross-generational sex (school going children) is also a component of CSP
- **Other**
  - Cell phones facilitate CSP (enable coordination and secrecy, also a motivation for engaging in CSP)
  - Travel enables CSP (having different partners in different locations)



#### d. What is a Campaign?

See Appendix I for full presentation.

#### *Discussion Highlights:*

- **Campaign Goal: Reduce the transmission of HIV through concurrent sexual partnerships**
- Need to generate discussion in Zambia around this issue, need to create a buzz and constantly remind people of the issue and also give people the language to talk about it
- Main messages should revolve around:
  - Give people information about risk and what they can do about it personally because it is their responsibility, other issues can be built on top of this basic information
  - Need to stress personal responsibility – motivations for CSP may be different but you cannot put yourself and others at risk, cannot make excuses for acting irresponsibly, need to take responsibility and take charge/ownership of your actions
  - Need to build self-efficacy by helping people know what they need to do to reduce risk (reduce partners or limit to one, know your HIV status and be responsible for it [disclose to partners], and use condoms with all partners)
- **Campaign should be phased:**
  - **Phase 1:** Designed to provide people basic information about the issue, provoke thought and increase risk perception
  - **Phase 2:** Designed to rebuild/repair primary relationships (e.g. husband and wife) by enhancing communication and satisfaction
- **Additional considerations:**
  - Society and norms should support/encourage healthy behaviors rather than moralizing and finger wagging
  - Male norms need to be addressed
  - Aspirations and goals should be used to counter CSP
  - Positive/healthy relationships should be modeled

### **III. Brainstorming Elements of a Creative Brief (Group Work)**

Participants were asked to break into buzz groups and identify primary and secondary audiences for a national CSP campaign. There was an even split among participants in men versus women as the primary audience. After some discussion, the following audiences were selected:

Primary: Men

Secondary: Wives and girlfriends

Participants were then divided into three groups and asked to develop demographic and psychographic profiles, key behavioral objectives and messages for each audience.

## **a. Primary Audience: Men**

### **Profile:**

- Aged 25-50 years
- Married
- HIV negative or status unknown
- Economically 'sound' (leader, businessman, politician, farmer)
- Rural and urban
- Access to TV (watches news and sports), cell phone, newspaper, posters (in bars and billboards), internet, and radio (listen to politics, talk shows, news)

### **Key Behavioral Objectives:**

- Reduce number of concurrent sexual partners (ideally to one)
- Use a condom correctly and consistently every time you have sex and especially with non-primary partners

### **Key Messages:**

- Understanding the window period, sexual networks and viremicity
- Understanding that condom use can shield you from the risks posed by the sexual network
- Is the risk in contracting HIV worth it?

### **Supporting Messages:**

- Your partners may not be able to "get enough of you" so may also go looking for other partners
- You risk infecting others with HIV
- You have a responsibility to your children and their future (economic, and emotional) – could possibly use Barack Obama's quote about the responsibility of fathers
- Your wife will be there when things get bad or you get sick, but your girlfriend will not be there

### **Phase 2 Messages:**

- CSP is expensive! Multiple girlfriends puts a lot of strain on your resources (time and money)
- Once you get into it you cannot run away from expensive responsibilities (tomorrow your girlfriend may have a baby and will become like your wife and you will need another girlfriend)
- Talk/communicate with your wife (you can find good sex at home)

## **b. Secondary Audiences: Wives and Girlfriends**

### **Profile: Wives**

- Name: Agge Phiri
- 30 years old
- Primary school teacher

- Devoted mother and wife in prime of life
- Not unattractive (fat and light)
- Two children and one dependent sister in grade 10
- Wants another child
- Lots of friends and neighbors
- Church-going and very involved in church
- Likes Nigerian dramas but rarely listens to radio

**Key Behavioral Objectives: Wives**

- Understand the risks associated with sexual networks and the window period
- Go for VCT (preferably with husband) using their desire to have another child as an excuse
- Use this risk assessment step to discuss networks with him

**Key Messages: Wives**

- The risk is in your house
- Secure your home
- Be responsible for yourself

**Profile: Girlfriends**

- Unmarried
- 20-30 years old
- Very attractive
- Peri-urban/urban
- Has access to TV, radio, etc.
- Earns ZMK200,000-1,000,000 per month
- Has several partners, each of whom gives her something (one takes her to Xenon [local nightclub], one buys her talk time and one pays her rent)

**Key Behavioral Objectives: Girlfriends**

- Self-risk assessment (with understanding of window period and sexual networks)
- Reduce her partners (ideally to one)
- Use condoms with all partners

**Key Messages: Girlfriends**

- The more concurrent partners you have, the higher your risk of contracting HIV
- You and your sexual partners have mutual/corresponding rights and responsibilities to know and disclose your HIV status to each other
- Condoms are not only for STI (including HIV) prevention, they are also a great contraceptive (dual protection)

### **c. Branding Ideas**

#### **Slogans/taglines/calls to action:**

##### **1. *“Wake up Zambia! Love carefully!”***

This slogan is designed to convey the idea that people need to “wake up” and begin to recognize the risk in their long-term/regular partnerships. People need to realize that they may be connected to a vast sexual network through concurrency (as their partners may have other partners and so on). “Love carefully!” is a call to action designed to be all inclusive – i.e. it is not prescribing any single prevention method (e.g. “Be Faithful!”) but can be effectively associated with different prevention methods (e.g. partner reduction, condom use with trusted/regular partners etc.) without connoting any judgment and avoiding moral undertones. “Wake up Zambia! Love carefully!” can be used seamlessly with a variety of prevention messages. “Wake up Zambia!” could also be accompanied by the sound of a cock crowing. This concept was developed by JHUCCP/HCP Zambia.

##### **2. *“Nisaitaye! Love carefully!” or “Usaitaye! Love Carefully!”***

This is a spin off from “Wake up Zambia! Love carefully” and is intended to “Zambianize” the slogan/call to action. “Nisaitaye/Usaitaye” is a widely understood Nyanja that means, “I/You have everything going for me/you, I shouldn’t/don’t lose it!” Men might say this to a friend in a bar before he does something foolish (like have sex with a sex worker). It encourages the person it is directed at to act responsibly. This concept was developed by workshop participants.

##### **3. *“The many you love, the more you risk” or “The many I love, the more I risk”***

This is an adaptation of a slogan developed by PSI/Kenya: “The more you love, the more you risk.” Workshop participants felt the PSI/Kenya slogan could be misinterpreted. For instance, if you only have one partner, is it wrong to love that partner more? “More” was therefore replaced with “many” to imply multiple or concurrent sexual partnerships. This concept was developed by workshop participants.

##### **4. *“Short term gain, long term loss/pain” or “Simplify your life”***

This is an adaptation of JHUCCP/Uganda’s “Something for something love” campaign which addressed transactional sex. Research indicates that many concurrent sexual partnerships in Zambia are transactional. These may range from survival sex to sex in exchange for “trinkets of modernity” (e.g. cell phones/talk time). “Short term gain, long term loss/pain” is something directed at women which encourages them to question whether transactional sex is worth it. One of the perceived negative aspects of CSP is that it complicates a person’s life (e.g. having to manage so many relationships, having to hide/be secretive, spending a lot of time and money on each partner etc.). “Simplify your life” is a call to action for men to rid their lives of the complications associated with CSP. These concepts were developed by workshop participants.

##### **5. *“An undercover lover can bring you HIV from another”***

This is a line used in JHUCCP's "Scrutinize!" television spots on CSP from South Africa. It effectively conveys the idea of a sexual network as well as the risk associated with it in words. This concept was developed by JHUCCP/South Africa.

**6. "One Love: Talk, Respect, Protect"**

This is a take off on the popular Bob Marley song. It focuses on faithfulness and encourages communication within relationships. This concept was developed by Soul City (South Africa) as part of a 10 country regional campaign.

**7. "Reduce your coverage area" or "Did you know this is not your only network?" or "This is one network you don't want to be a part of" or "Increase your cell network reduce your sexual network" or "Scratch your extra partners, top up/recharge the love in your home"**

Cell phones were mentioned numerous times in the qualitative research on CSP in Zambia as facilitators of CSP, as a way to maintain secrecy/privacy about other relationships, as well as a desired "trinket of modernity" that motivates people to engage in CSP. Cell phones also have "networks," which makes them not only a symbol of CSP but also an effective way to convey the idea of a "network" (many cell phone companies have already done the leg work in terms of showing people how phones connect them in their advertising). "Reduce your coverage area" is a call to action designed to connote partner reduction using the cell phone "coverage area" as a metaphor. "Did you know this is not your only network?" is designed to increase people's risk perception. This is along the lines of "Wake up Zambia!" where the audience is prompted to recognize their risk. "This is one network you don't want to be a part of!" is designed to convey the idea that while being part of a cell phone network may be good, being part of a sexual network is not. "Scratch/delete your extra partners, top up/recharge the love in your home!" plays on scratch cards used to purchase talk time for cell phones or, alternatively, deleting phone numbers from your cell phone, as well as topping up (a term used to describe purchasing talk time in Zambia) or recharging the battery on your cell phone. The call to action is to reduce (scratch/delete) additional partners and top up on/recharge that one special relationship. These concepts were developed by HCP Zambia and workshop participants and lend themselves to partnering with cell phone network service providers who could also potentially sponsor the campaign. CelTel's slogan is "Makes life better" which could be effectively used for co-branding as reducing your risk of getting HIV also "Makes life better." However, this slogan may change now that CelTel has been purchased by Zain.

**9. "Break the network" or "Be here with your one honeycomb"**

This is a call to action to disconnect yourself from a sexual network. See logo 3 for more information on "Be here with your one honeycomb." This concept was developed by workshop participants.

**Logos:**

**1. Cell phone**

Connotes networks, motivation for CSP, and facilitator of CSP. This concept was developed by workshop participants.

## **2. Web or chain with people breaking out**

Connotes breaking the shackles/chains, freeing yourself (of worry/risk), and attaining peace of mind. Alternatively, the slogan “Break the network” could be depicted physically breaking the web/chain logo like a brick through glass – shattering the network. We need to be careful not to stigmatize social networks as not all of networks are bad (need to figure out how to make it specific to sexual networks). This concept was developed by workshop participants.

## **3. Honeycomb**

Connotes a network of sorts. Each honeycomb could contain HIV positive and negative persons. Many honeycombs on one side and two honeycombs on the other side with the following text: “Be here with your one honeycomb.” This concept was developed by workshop participants.

### **Jingle/Theme Song:**

#### **1. “3310”**

There is already a popular song in Zambia called “3310” (name of a cheap Nokia phone) which relates coverage area and cell phones to sexual relationships. This song could possibly be used or adapted to serve as the campaign theme song.

### **d. Potential Channels**

#### **Potential Channels:**

- Film (short and feature films)
- Television (including animation, spots, drama serial, short dramas)
- Radio (spots, messages in traditional rap [“lamentations”])
- Music (songs)
- Internet (websites, instant messaging/chat sites, risk-o-meter, tapping into existing social networking sites such as Facebook or creating new ones, emails, pop ups)
- Cell phones (screen savers, SMS, downloadable ring tones and comedy skits, top up messages, scratch cards, etc.)

### **e. Creative Concepts/Considerations**

#### **Television Spots:**

##### **1. Six Degrees of Separation**

Designed to convey the concept of sexual networks and how people are sexually connected.

Concept 1: Two strangers brush past each other on a street and in the split second for which they touch we see a fast forward series of vignettes dramatizing the sexual relationships (not explicit) that connect them. They each take a step back and look at

each other differently, then look around the street at all kinds of other people, beginning to wonder if or how they might be sexually connected to them as well.

Concept 2: An exaggerated/humorous/bright game show with flashing lights and an announcer. Contestant is introduced to a stranger who s/he has never met. To win the prize, contestant has to guess how s/he is related to the stranger. Contestant is puzzled because has never met this person. Contestant gives up. Host explains the connection in fast forward with big smile then tells the contestant “You lose!” – implying that if you do not recognize the risk in sexual networks then you will lose the fight against HIV.

These concepts were developed by HCP Zambia.

## **2. Delete!**

A man comes home late at night and his wife treats him very well (takes his coat, brings him tea, begins to prepare dinner). The man is prompted to think in flashbacks about how he has just been with one or two other women. He feels bad, realizes he wants to be faithful to his wife then whips out his cell phone and begins thinking about each of his other partners. We see him in different flashbacks with each partner. After each flashback we cut to the cell phone screen where he hits the delete button – implying partner reduction. Could bring in the aspect of the husband being overwhelmed by the demands of CSP. Could borrow from Chris Rock film “I think I love my wife!” where Rock avoids an extra marital sexual encounter when he is about to do something with the woman that he usually does with his family...he has a flashback of this moment with his family and it prevents him from sleeping with the other woman.

This concept was developed by workshop participants.

## **3. Untitled Animation:**

An animated spot depicting how HIV spreads through a sexual network over time, the window period etc. Basically an animated version of Helen Epstein and Stewart Parkinson’s slides on CSP.

This concept was developed by workshop participants.

## **SMS Messages:**

### **1. Did you know.../Secret Lover**

Because they have to be short, SMS messages would have to be primarily factual or deliver very basic messages. However, they could be “spiced up” with provocative openings.

Example 1: “Did you know this is not your only network? Having more than one sexual partner at the same time greatly increases your risk of HIV infection. Usaitaye! Love Carefully!”

Example 2: “So, you thought this was from your secret lover? Having more than one sexual partner at the same time greatly increases your risk of HIV infection. Usaitaye! Love Carefully!” (Alternative ending: “An undercover lover will bring you HIV from another!”)

There are ethical considerations with SMS messaging. Sending unsolicited messages to cell phone subscribers could be considered an invasion of privacy and cell phone companies may not be willing to cooperate. A creative way to motivate people to sign up for messages will need to be devised. An alternative idea may be not to send actual messages but display the message on a cell phone on a billboard.

This concept was developed by HCP Zambia and workshop participants.

### **Website:**

#### **1. Self-risk assessment**

A website where people can take a quiz to assess their personal risk of HIV and get instant results with advice/recommendations. The website can have other interesting information about how to maintain a healthy relationship. Maybe even advice about how to improve communication and sex with a primary partner.

This concept was developed by JHUCCP/South Africa and workshop participants.

### **Film:**

#### **1. Untitled**

Depict a convoluted network of sexual relationships with the protagonists being a man, his wife and his girlfriend. The story will lead up to an HIV test and the tension around it. The couple ends up being negative but someone else in the network ends up dying from AIDS. The couple breaks away from the network just in time.

This concept was developed by HCP Zambia.

## **IV. Next Steps**

1. Develop refined creative brief
2. Informally pre-test creative concepts
3. Develop presentation for Zain (formerly CelTel) and/or MTN and pitch ideas to get them involved in and possibly sponsor the CSP campaign as part of their corporate social responsibility