United Nations
Educational, Scientific and
Cultural Organization

Getting the Story and Telling it Right

HIV on TV

A Handbook for Television Producers and Trainers

K. P. Madhu
Mia Malan
Nanna Engebretsen
Moneeza Hashmi
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Shane Etzenhouser

UNESCO Series on Journalism Education

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AUTHORS
K. P. Madhu
Mia Malan
Nanna Engebretsen
Moneeza Hashmi
Prerna Sharma
Shane Etzenhouser

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Foreword

Since 2002, UNESCO's Network of Young TV Producer's on HIV and AIDS has facilitated workshops through which 200 TV producers were able to create more than 100 TV items for free transmission in more than 70 countries. The producers are given a break from the daily routine of production and brought together to meet fellow producers. With the help of qualified experts on HIV and AIDS, they obtain multi-disciplinary knowledge about the epidemic.

Television producers throughout the world are looking to create interesting and inspiring programmes on HIV and AIDS, which require basic journalistic skills, production talent and knowledge about the epidemic. Telling the HIV story can be done with respect, dignity and sensitivity. It needs exposure to priority issues so that a wide range of stakeholders including individuals, households, communities and policy-makers can be involved in preventive action.

The talent behind innovative programmes and public debate platforms on this topic deserve to be nurtured and rewarded, at minimum, through the allocation of relevant air-time and broadcasting space. This requires political support by relevant broadcasting institutions and their commitment to ensure open, interactive and constructive dialogue.

Access to locally relevant scientific data and information and editorial independence are prerequisites for credible media reports and programmes about the pandemic. In the late 1990s, sponsored public service announcements, mass media campaigns and unimaginative reports about workshops, seminars and conferences dominated media reports in many countries. They did little to bridge the gap between scientific fact and taboo-driven perceptions about HIV and AIDS.

Recognizing the need to accelerate non-formal preventive education, UNESCO's Network of Young TV Producer's on HIV and AIDS facilitates workshops through which 200 TV producers have been able to create more than 100 TV items for free transmission in more than 70 countries. The producers are given a break from the daily routine of production to network, peer review each others' work, create new TV concepts, exchange information and TV programmes with their fellow counterparts. With the help of qualified experts on HIV and AIDS, they obtain multi-disciplinary knowledge about the epidemic and learn about innovative TV formats. Seed funding makes it possible for the producers to travel to rural areas, meet people and find footage.

The workshops always contain a discussion that highlights the views of the producers. Prejudices do exist and are not easy to remove but it is certain that by the end of the training all TV producers are better informed and able to tell a positive and constructive story using quality standards of broadcast journalism.

Regional media training organizations such as the Asia-Pacific Institute for Broadcasting Development (AIBD) and the International Council of French-Speaking Radio and Television (CIRTEF) among others are today providing leading discussants and trainers on HIV and AIDS. This is not without difficulty as workshops of short duration are limited in what they can cover.

In addition to access to scientific information on HIV and AIDS, TV producers need skills to use new information technologies; talent to hold the interest of the public audience and inspiration to report sensitively and creatively about HIV and AIDS. The effort is huge but it pays off when air-time is allocated by broadcasters to transmit quality, prime-time programmes.

This handbook is intended for TV producers who wish to make that extra effort; it aims to enlarge possibilities for accurate and credible TV reports on HIV and AIDS.

My special thanks to AIBD which contributed a portion of the funding for this publication.

United Nations
Educational, Scientific and
Cultural Organization

Abdul Waheed Khan

Assistant Director-General for
Communication and Information
United Nations Educational, Scientific
and Cultural Organization (UNESCO)

Inside

Part 1
MEDIA, HIV AND AIDS

Part II
RESPONDING TO HIV USING TV FORMATS

Part III
HIV MEDIA TRAINING IDEAS AND TIPS

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
CBO	Community-Based Organization
ELISA	Enzyme Linked ImmonoSorbant Assay
IAVI	International AIDS Vaccine Initiative
IEC	Information, Education and Communication
GIPA	Greater Involvement of People Living with or affected by HIV and AIDS
HAART	Highly Active Antiretroviral Treatment
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
ILO	International Labour Organisation
KAP	Knowledge, Attitudes and Practice
MSM	Men who have Sex with Men
MTCT	Mother-To-Child Transmission
NGO	Non-Governmental Organization
NRTI	Nucleoside Reverse Transcriptase Inhibitor
NtRTI	Nucleotide Reverse Transcriptase Inhibitor
NNRTI	Non Nucleoside Reverse Transcriptase Inhibitor
NSP	Needle-Syringe Programme
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PEP	Post-Exposure Prophylaxis
PLHIV	People/persons Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
PTCT	Parent-To-Child Transmission
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SW	Sex Worker
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNODC	United Nations Office on Drugs and Crime
VCCT	Voluntary and Confidential Counseling and Testing
WHO	World Health Organization
WFP	World Food Programme

1

MEDIA, HIV AND AIDS

Part 1
MEDIA, HIV AND AIDS

HIV and AIDS challenges are diverse and affect multiple sectors – political, economic, social, cultural, ethical, scientific, medical, psychological and physical. Programming on HIV and AIDS raises controversy, human interest and many different angles that also introduce extraordinary voices.

As a television producer, you will find that there is a mountain of information to research, and a constant need for double-checking to ensure accuracy and credibility. Misleading or false information can have severe consequences - particularly for people who use the media as a primary source for obtaining knowledge about HIV and AIDS.

The examples presented in Part I will draw your attention to interesting television reports and programmes about HIV and AIDS. A thorough look at the information provided on HIV transmission and prevention will help you to understand one of the great challenges of our times.

HIV is no ordinary virus. Unlike a cold or influenza virus, HIV leads to a large number of illnesses. And, unlike other viruses, people infected with HIV face stigma and discrimination. The complexity of the issues posed by the virus do not allow us to consider HIV as just another health issue. HIV transmission is largely preventable and the media can play a major role in conveying this information.

1.1 Media Reporting HIV and AIDS

IN THE early 1980s, clinicians came across rare cases of cancer called Kaposi's sarcoma and larger numbers of a special case of pneumonia called pneumocystic pneumonia. Within two years, both these problems were traced to a severe immunological deficiency, caused by a virus[1] that was soon acknowledged as the Human Immunodeficiency Virus (HIV), which causes the Acquired Immune Deficiency Syndrome (AIDS).[2]

Beliefs emerged widely throughout the world, that HIV was a punishment for immorality. Many people did not want to shake hands or hug HIV-infected people - even when they knew about the possible modes of HIV transmission. HIV-related stigma and discrimination have cost many people their lives and jobs. In many parts of the world, children have been thrown out of school and people with HIV have been victims of violence because of their infection.

Given the extent of the stigma and discrimination they experience, many people with HIV keep their status hidden from others. Often, this allows the virus to spread further. Certain social pre-requisites are urgently needed to remove some of the hurdles in HIV prevention. Unaffected populations will not recognize their own vulnerability if people with HIV cannot openly and safely disclose their status. Denial and blame will not be completely overcome in the absence of a human face to HIV and AIDS issues. Discrimination will not end unless sufficient empathy is created. Thus a vicious cycle prevails, where discrimination silences the voices of people living with HIV the silence allows the status quo, which allows discrimination to flourish.

The first news reports (in the early 1980's) reflected the outbreak of a rare pneumonia and cancer among gay men and the desperate search for a cure. For some time, the news media associated AIDS with homosexuality, then with sex workers and following that with intravenous drug users. To a large extent, people outside of these groups believed they were safe from HIV.

The first news reports (in the early 1980's) reflected the outbreak of a rare pneumonia and cancer among gay men and the desperate search for a cure. For some time, the news media associated AIDS with homosexuality, then with sex workers and following that with intravenous drug users. To a large extent, people outside of these groups believed they were safe from HIV. Public service announcements soon focused on the fatality of AIDS, emphasizing death and using frightening images. Media campaigns using fear tactics gave more reason to focus on stereotypes and blame. AIDS became one of the most controversial challenges on the planet, as governments chose to be silent for long periods - only to be shaken into action when the disease brought an end to the lives of entire villages of people.

1 For an interactive timeline of the epidemic, visit www.kff.org/ hivaids/ timeline/hivtimeline.cfm
2 There are still some who doubt that HIV causes AIDS. For example see www.healtoronto.com/nih/

Many media reports have focused on the disastrous and rapidly increasing impact of HIV and AIDS on children and women. Skeptics have argued that the media incorrectly pays more attention to HIV and AIDS than to other fatal illnesses, such as malaria and tuberculosis - a possible indication of the limited response to the magnitude of health related challenges in developing countries.

With antiretroviral therapy (ART) becoming available all around the world, access to credible information sources for media professionals on the science of HIV has become crucial. ART advancements happen fast, and if journalists don't know of them and understand them, they will misinform the public.

Media professionals are often called upon to mobilize political and social will, especially where HIV prevalence rates are low and AIDS fails to manifest itself overtly. Without the necessary information, journalists will not be equipped to respond effectively to this epidemic. Media professionals don't have to be HIV experts, but at the very least, they need to know the basics about HIV and AIDS.

BUILDING YOUR KNOWLEDGE ABOUT HIV AND AIDS

If you have not yet met someone affected by HIV, then now is the time that you did. Hearing the stories of people with HIV from their own mouths and in their own words, will help you to put a human face to HIV and better understand the challenges faced by people living with HIV. What is more, it makes for good and moving television. It may take extra effort on your part to prepare thoroughly for the story, but a human interest story like this will speak for itself. You may also want to invite feedback from your audience through text messages or phone calls so that you learn more about their experiences of HIV and AIDS. You will find very detailed information in this publication about HIV and AIDS. This, however, doesn't mean that you need to memorize it all! Instead, use the knowledge to direct you to areas of HIV and AIDS that you'd like to learn more about and to give you ideas for further research and story ideas.

As a TV producer, you may sometimes find it tricky to capture an HIV-infected person's testimony on camera. It will help to spend off-camera time with your interviewee beforehand to build trust. Also, make sure that you get the written consent of that person to reveal his or her identity.

RESEARCH TIPS

- Assess what your audience knows, does not know and needs to know.
- Read recently published HIV and AIDS news articles and official reports.
- Find out about the issues currently being discussed in your country.
- Browse the Internet to find out what is happening internationally.
- Note human rights violations, scientific developments, and new policy issues.
- Contact friends, colleagues and professionals for additional information.
- Remind yourself that all people are vulnerable in the face of HIV and AIDS.
- Keep updated about the accurate and sensitive terminology.

Worldwide, the main mode of HIV transmission is through heterosexual sex. The spread of HIV is often fueled by the fact that many societies don't approve of discussing sex openly. This makes it difficult for people to access accurate information about HIV prevention. It also makes it more difficult to discuss something like condom use with sexual partners or children.

Discrimination

against people affected by HIV and AIDS is a human rights violation

Because of the reluctance to discuss sex, it's important that you are sensitive when dealing with sexual issues in your television programs. But, nonetheless, they need to be discussed. Sexual taboos influence people's understanding of HIV – from unscientific clues on what is good sex to wild notions on how to prevent sexually transmitted infections (STIs), including HIV. It may be worthwhile to examine how taboos prevent knowledge sharing and what is required to remove them.

Most-at-risk populations, such as sex workers and intravenous drug users (IDUs), sometimes feel discriminated against, so they lack the confidence to visit reproductive or HIV health centers in order to get condoms, clean needles and information on HIV prevention. One of the controversies in HIV prevention programmes has been the promotion of sterilized injecting equipment among drug users. Governments have been urged to implement needle exchange programmes in which IUDs are provided with clean needles to prevent HIV transmission, but only some countries have done so. It's become problematic, as drug users are often perceived as criminals or worthless citizens not worthy of help. This type of stigma, also commonly experienced by sex workers and men who have sex with men, is often reflected in society through harsh and violent treatment of people with HIV.

It's crucial that you inform your viewers – who may include, politicians, policymakers and grassroots organizations – of incidents where people with HIV (PLHIV) are being treated unfairly. Like all of us, PLHIV have the right to be treated as human beings, and when that right is violated – whether through violence or social segregation - people need to be made aware of it.

You can contribute to change by performing your job professionally, introducing creative concepts and providing accurate information.

1.2 Producing HIV and AIDS TV programmes

WELL-RESEARCHED television content can create public awareness about HIV prevention, treatment, care and support can potentially influence the development and implementation of relevant policies. Defining your target audience will help to create a program with impact. A target audience is a subgroup of your audience, e.g. young people, children, women, pregnant women, sex workers, injecting drug users, street children, men who have sex with men, teachers, health workers, etc. You will need to know your target audience to ensure that the content and style of the programme is appropriate. It is possible that you may have some preconceived ideas about your target audience - but remember you have an obligation to respect their rights and dignity. If you have any negative biases, try to overcome them by spending time with members of your target audience before producing your programme. You will soon discover that your prejudices are unfounded.

When the group in southern Africa took part in a peer review and knowledge sharing workshop the trainer had to repeat "Think positively!" over and over. It took considerable discussion before the participants agreed to avoid using clichés and stereotypes.

TRAINING JOURNALISTS TO REPORT ON HIV AND AIDS

Useful lessons can be drawn from media development projects that use HIV and AIDS as an entry point to strengthen the overall performance of media professionals. For example, UNESCO's Network of Young TV Producers on HIV and AIDS has involved more than 200 young TV producers in short documentary production around the world. When the group in southern Africa took part in a peer review and knowledge sharing workshop the trainer had to repeat "Think positively!" over and over. It took considerable discussion before the participants agreed to avoid using clichés and stereotypes, as well as images of talking heads, dying people, dirty needles and tubes of blood.

TV producers in this project collected footage, met people living with HIV, and took part in heated discussions and debates. But when one of the trainees viewed his footage at the end of the workshop, he realized that the audience of the television station that he worked for would not be able to relate to most of the content. He then turned to an experienced producer and trainer who helped him understand how to best use the footage that he had gathered during the training for his target audience.

TV trainer Scott Rawdin, a consultant for Asia-Pacific Institute of Broadcasting Development (AIBD), says he spends a lot of training time on getting journalists to "unlearn negative attitudes and prejudice." He believes

"Quality reporting requires active, independent journalists who have the resources to seek out important stories beneath the daily press releases, the clatter of spin doctors and the media topic du jour. Reporters in all areas of journalism produce accurate and informed reports by having a diversity of sources for story ideas."

Dr. Steven Ward
Director of Journalism Ethics
University of British Columbia

Young TV Producers in the Pacific learning camera skills

more time should be spent on attempting to understand individual trainees' perceptions - for example their grasp of gender-related issues, to avoid their passing on the wrong messages through their stories.

Another TV trainer from the same Institute, Moneeza Hashimi, explains that many of the trainees she's worked with have found it difficult to discuss sex. "It's been quite obvious that particularly the female trainees are having certain reservations in discussing the sexual transmission of the virus", she says. "Using terms such as *condoms, sexual intercourse* or *homosexuality* embarrasses the women, even more so when they are in the presence of their male colleagues."

Television programs confirm this. Farrukh Afzal Malik is a television producer from PTV, Pakistan. In his programme titled *HIV and AIDS* a woman proclaims that she didn't think one should talk about "these evils" so openly. Another interviewee in the same programme agrees: "Whatever is shown on TV about the issue doesn't make us feel comfortable, especially when our children are present. It is not good for the family at all".

Issues relating to HIV-testing seem to be easier to discuss. TV producers of the South Pacific gathered at the Regional Media Centre of the Pacific Community in Fiji to discuss the pros and cons of voluntary and confidential counseling and testing. They questioned the practices of the Hare Krishna Movement and valued the lead trainer's ability to deepen their understanding of "telling stories with visuals". Motivated by a rich exchange of views, the trainees produced human-interest programmes about HIV testing and counseling. *It's Better to Know* is one such documentary that follows Llane Munau, a young Papua New Guinean girl, in her quest to encourage young people like herself to get tested. "As a media person, I had a basic knowledge of working with moving pictures, but I had a lot of unanswered questions about making documentaries on HIV and AIDS," Llane said after completing the workshop in Fiji. "It was an eye-opener as we compared how different groups and countries deal with HIV-related issues. Flying back to Papua New Guinea, I said a small prayer of thanks for all those who I met in Fiji."

EXAMPLES OF HIV COVERAGE ON TELEVISION

Not all journalists' experience regarding producing HIV-related content is the same, just like no single story is the same. But the attitude and HIV knowledge level of a journalist can influence the quality of the program significantly. This section contains background on the stories and experiences of three journalists with extensive HIV reporting experience on television.

MY DEAD HUSBAND'S LAND (32')
Directed by Mia Malan
(South Africa) South African Broadcasting Corporation, 2007.

SYNOPSIS

In 2006, one out of four people in Orongo village, western Kenya, was HIV-positive. Every week, up to five men died of HIV-related illnesses. According to a local custom, called 'ker', women are forced to marry male relatives when their husbands die, usually the brother of the deceased. But the women of Orongo managed to emerge victorious in a battle against practices they considered oppressive and cruel. Betty Tom is in her mid-twenties, the average age of Orongo's new generation of AIDS widows. She was chased off her deceased husband's land because she refused to be "inherited" by her brother-in-law. But she fought back and today lives on the same compound with her in-laws and is also the legal owner of her dead husband's land. Betty's example has paved the way for Orongo's other widows. Whether they are HIV-positive or HIV-negative, widows now have the right to refuse to be inherited and still keep their land. Contrary to tradition, they now also write wills to transfer their land rights to their children when they die. Widows and elders in Orongo have joined hands to successfully fight discrimination against women by arguing that widows with HIV could infect their "inherited" husbands.

CIRCUMSTANCES THAT LED TO THE CHOICE OF THE SUBJECT

At the time of making the film, I was managing the Local Voices pro-gramme of the media development organization, Internews Network, in Kenya. The project trains and supports broadcast journalists in HIV reporting. One of the training workshops that I organized focused on HIV and property rights. It was at this workshop that I met Betty Tom, the main character in the film. Betty had a really compelling story to tell, so I decided to travel to her village with a few radio journalists to help them to produce their stories. Here, I discovered the Orongo Widows and Orphans project, founded by Kenyan philanthropist, Florence Gundo. The organization was tremendously successful in transforming culture in

Knowledge
sharing is crucial for tackling denial, misconception and attitude.

Betty Tom with children

Orongo village. The project wanted to share with other villages how they managed to achieve this change. This motivated me to return to Orongo village and produce a television documentary that the organization could use to explain to others what they've done. Betty's story was the human face of the story – she was the living proof of how Orongo's culture had changed.

THE EXPERIENCE

Spending time with people like Betty Tom and Florence Gundo and realising how much they managed to do with so incredibly little was a truly humbling experience. We had a very, very limited budget. Dudley Saunders, the chief cameraperson, worked with us at a low rate because it was all we could afford. But, just like us, he believed in the story. The sound recordist and co-producer, Darren Taylor, worked for free. Due to financial constraints, we had only four days to film and this compromised quality. Ideally, we would have liked to shoot for at least two weeks. If we had more time we could have stocked more footage and filmed at more venues. But four days was all we had.

PROBLEMS AT THE EDIT SUITE

We filmed in PAL format in Kenya. A week after the filming, I moved to the USA which meant that I had to edit there . . . all the tapes had to be transferred to NTSC format. Over the next couple of weeks we started to edit on Final Cut Pro in the USA – in Kenya we edited part of the film on Avid. Final Cut Pro and Avid are not compatible, so a lot of it had to be redone. It took up a lot of time. I would have certainly preferred to work with only one editor. I would also have preferred for the narration of the film to be livelier.

TELL ME WHY (10')
Produced by Prema Sharma (India) Doordarshan, 2006.

SYNOPSIS

This is the story of a young girl whose mother is living with HIV. Though she is affected, she faces the world with courage and hope.

THE EXPERIENCE

I will always rem-ember the day I first met Maya. Her employers at the Women's Action Group - Chelsea in New Delhi introduced her to me. Maya entered the Counselor's office, where I was waiting, greeted us and sat quietly. She was confident and looked at us with bright, shining eyes. Maya herself is not infected with HIV. But some of her family members are. After talking to her I realized that her pain was no less than that of a person living with HIV. I wanted to understand how an adolescent girl could be so calm while a virus that has shaken the world was confronting her. She was willing to talk on camera. I warned her about the possible stigma and discrimination that she and her family could face as a result of the

screening of the film. Her response: "I will tell them to behave themselves. Nobody has the right to discriminate against families living with HIV". She left me speechless.

I was pleased when Maya invited me to visit her house. On the way I asked her about her dreams for the future. She wanted to make her family happy. "I want my younger brother to study; I want to make children aware of HIV. I want to teach society about the consequences of discrimination". "What do you want for yourself?" I asked. "That is all I want," she replied.

Her mother welcomed me warmly. She was leading a normal life with the virus and I could tell she was worried for her children's part. When I mentioned this, she told me about the antiretroviral treatment (ART) she was receiving. She then told me about her elder son who was diagnosed HIV-positive only few months earlier. He was not comfortable talking to me and I did not insist. His mother said that he too would lead a normal life with ART.

On my way home, I was stuck in a traffic jam for two hours without even realising it. My thoughts were still with Maya and her family and I was thinking about how to tell their story in the best possible way.

TSEHAI LOVES LEARNING (18')
Produced by Bruktawit Tigabu and Shane Etsenhouser (Ethiopia)
WhizKids Workshop, 2007

SYNOPSIS

Tsehai, an inquisitive 6-year old female giraffe, provides comfort to Tsinat, the turtle, who desperately misses her mother whom she has lost to AIDS-related illnesses. This is the plot of one of many episodes that run through the series taking on an early childhood education approach.

Tsehai loves learning is an independently produced children's television show in Amharic. It is an educational programme designed for children between the ages of three and six, but also widely viewed by children in their early teens.

MOTIVATION

"It doesn't take much time in Ethiopia to see the impact of HIV. It is estimated that the adult prevalence rate of HIV may be as high as 27% by the year 2010.[3] The production of "Tsehai Loves Learning" has been completely halted on more than one occasion to care for or mourn the loss of HIV-infected loved ones. There are at least 500,000 children in Ethiopia who have been affected by HIV and 5.4 million children have been characterized as "orphaned or vulnerable[4]."

As producers of "Tsehai Loves Learning", we tried to address HIV issues long before the first episode was aired. But with very limited funding, the expert consultation we needed to address these topics felt out of reach. In early 2007, Save the Children USA approached us.

3 US National Intelligence Council
4 HAPCO (HIV/AIDS Prevention and Control Office – Ethiopian Government Agency)

They wanted to partner with us in HIV messaging for young children. They provided both the funding and expert consultation we needed. In September of 2008, "Tsehai Loves Learning" launched four special episodes addressing HIV-related issues.

TOPICS

THE first topic people typically think of when messaging about HIV and AIDS is educating the public about the basic science of how the virus is transmitted. There are however, many other topics related to HIV and AIDS which are equally, if not more, important to address.

The topics we addressed were decided by the objectives of Save the Children's initiative, namely to

1. increase support
2. increase access to education and quality of education
3. improve nutrition and healthcare and
4. reduce stigma and discrimination for children affected by HIV and AIDS.

TEACHING COMPLEX CONCEPTS IN CHILDREN'S TELEVISION

TEACHING 3 to 6-year-old children about care and support or stigma can be a formidable challenge. Our first approach was to think of the character strengths that need to be drawn upon as a part of the solution. For example, to increase care and reduce stigma, perhaps we need more compassion or empathy. We can teach children about compassion and empathy, and then tell them why it is important and how it is applied to the care of orphans and vulnerable children. The key to approaching complex concepts is to start simply and to build in complexity as the story progresses. Child psychologists who have studied children's viewing of television have concluded that children aged 3 to 6 watch television when they understand it. (This is why young children like to watch the same movie over and over again: it becomes more appealing to a young audience with each successive viewing). By starting a story with an example that is easy to understand, you catch the attention of a young audience and draw them in. To teach a personal value like empathy, we followed a four-step approach:

1. Show an example of the use of the value in an everyday situation.
2. Recognise the use of the value, name it and define it.
3. Sing a song about the value and why it is important.
4. Create a situation in which the main character has to apply the value to solve a problem.

These four steps are related to four methods of approach we try to use in teaching: Knowing, Understanding, Applying and Expressing.

In the knowledge approach, we try to convey the basic facts regarding our subject.

In the understanding approach, we help the viewer grasp why the concept is important.

In application, viewers must figure out when the information applies to real world situations and how to apply the information.

In expressing, the viewer must be empowered to communicate their knowledge, understanding, and application of the subject to others.

PREPARATION

We always begin the writing of an episode with a learning objective. We gather a creative writing team and brainstorm for ideas, usually ending the first meeting feeling like we came up

4 methods

OF APPROACH TO USE IN TEACHING

KNOWING
UNDERSTANDING
APPLYING
EXPRESSING

with nothing. It is almost always only during our second meeting that story ideas flow and the creative team gets excited. Summaries of the stories are formed and assigned to scriptwriters. In the case of our HIV-specific episodes, we needed the advice of the child therapist from Save the Children. We learned of the behavioral stages of children recovering from trauma from her. We also learned about methods of child therapy and methods of identifying the extent of childhood trauma. In addition, we understood how to help children who have lost their parents, without traumatizing the larger percentage of children who have not.

PRODUCTION DECISIONS

We decided to introduce a new character, Tsinat, who had been orphaned by AIDS. We chose to make this new character a turtle, so that she could show her emotional states clearly by retreating into her shell or coming out of it. This served us well throughout the story line and also helped us show children the emotional impact when this character was stigmatised. We designed the episodes so that the children and viewers help our main character Tsehai to support Tsinat. We addressed HIV and orphaned children in television commercials for the episodes very directly, targeting parents during prime time. In addition, we worked with Save the Children to prepare parents for the content of these special episodes through billboard and magazine advertisements, articles describing activities in a parenting magazine, and a public screening/press event.

REVIEW OF SCRIPTS

In addition to incorporating feedback from the expert consultants, we did focus group testing of the scripts and storyboards with children at one of Save the Children's early childhood care and support centres. The children provided very good feedback, which helped us improve the scripts. We also provided alternatives to the children where our script writing team had some debate on the approach, and let the decision be made by the children themselves.

IMPACT

All the feedback we have received on these episodes indicates that they were well received and have had a positive impact on viewers. One 16- year-old orphaned child told us of his 8-year-old half-brother. His brother showed remarkable improvement after viewing the series. Before the series, he would often remember his mother and tell stories about her in tears. After seeing the series, he would remember his mother in a positive light. One 7-year-old girl is reported to have said: "I want to be like Tsehai so that I can help my friend whose mother just died." When children between the ages of 12 to 15 were asked which episode of "Tsehai Loves Learning" was their favourite, the most common answer was the episode above, where we meet Tsinat and come to learn about the death of her mother. This same episode has also gained international recognition, recently winning the "Next Generation Prize" at the prestigious Prix Jeunesse International Children's Television Festival.

CONCLUSION

Television can shed light on the societal dialogue surrounding HIV and AIDS, by bringing interconnected topics to people's consciousness. Through extensive planning to discern the most relevant aspects of a topic and approach it can target a specific age-group. It is certainly feasible for television to address HIV and AIDS issues catering to the needs of all ages.

INFORMATION, EDUCATION AND COMMUNICATION

IN the early days of the HIV pandemic, information, education and communication (IEC) was considered the primary way to prevent the spread of HIV. The assumption was that with access to *information*, people would increase their *knowledge* of the problem, and that *strategic communication* would lead to behavior change. However, the overbearing emphasis on information didn't result in the necessary changes, and the focus shifted heavily to behavior change communication (BCC).

Behavior change communication involves a long-term and complex process that depends on many factors for sustainability. It relies on people's understanding, acceptance, and willingness to change, as well as a social environment conducive to change. BCC experts use different strategies to change the perceptions, beliefs and behavior of individuals in a community. When these methods are applied in a much larger society - such as a country or region - it's called social change communication (SCC) or more generally, communication for development.

The ability of electronic media to reach masses of people in a short time contributes significantly to the behavioral change process.

GOOD journalists double-check and verify the credibility of their sources

Television can accelerate the process by reporting up-to-date and accurate information, providing investigative reports on social and policy issues and by introducing synergies between the media and other sectors such as communities of people with HIV infection, NGOs, national AIDS control programmes, the private sector and international agencies.

CAMPAIGNING VERSUS REPORTING

NGOs, UN agencies and increasingly governments all have important comments to make about HIV and AIDS. They produce large volumes of data, reports and press releases, which are shared with media professionals.

It's very important that you double-check the facts in these documents, so that you don't end up unknowingly campaigning for – instead of reporting on – these organizations. Whether you are producing a feature or working on a media driven behavior change campaign, your facts must be accurate and credible.

EMERGING STRATEGIES FOR MEDIA CAMPAIGNS

Over the years, many lessons have been learned from media campaigns. Below are some of the most important ones:

1. The most essential element in any media campaign is the creation of a human face for that campaign. When the voices and faces of people living with HIV (PLHIV) are included in television programs, viewers find it much easier to relate to those programmes and make personal connections. Humanizing campaigns break down barriers and help viewers to experience HIV and AIDS as something they have to deal with in their communities, as opposed to something that doesn't concern them.

2. Programme content has to be relevant to media consumers and

responsive to the community's needs. The information needs of media consumers constantly change - it's important that media professionals are aware of that and respond accordingly.

3. The repetition of essential information helps to reinforce messages. If the same messages are repeated in different formats and genres, e.g., on television, radio, print, billboards, news reports, soap operas, public service announcements, etc, the impact is even greater.

4. When audiences are involved in media campaigns, the impact is much greater than without their participation. It results in the target audience taking ownership of messages instead of being passive recipients. For example, television programs, which invite viewers to call-in, send text messages or e-mail during or after a programme, often have a measureable impact. Messages that are tested on focus groups before they are broadcast work much better than untested ones.

5. It helps when media campaigns, whether they are in the form of billboards or public service announcements on television, provide audiences with the contact details of organizations or centres that can help them and relate to the specific messages of the campaign, e.g. HIV testing centres, life skills centres, or pregnancy clinics with prevention-of-mother-to-child-transmission (PMTCT) services.

The human immunodeficiency virus (HIV), unlike the cold or influenza virus, will almost always deplete the immune system if left untreated. This leaves the body vulnerable to one or more life-threatening diseases that normally do not affect healthy people. This stage of HIV infection is called AIDS, or acquired immunodeficiency syndrome. The more the immune system has been damaged, the greater the risks of death from opportunistic infections.The implications of HIV are diverse and can severely disrupt livelihoods and economies. This section provides you with basic information on HIV and AIDS for quick reference purposes. It also includes a brief presentation on HIV-related stigma and discrimination. More in-depth, scientific information is provided in later sections.

1.3 HIV and AIDS: Basics

THE AIDS EPIDEMIC[5]

IN 2008 there were more than 30 million people living with HIV. In 2007 alone, more than 2 million people died from AIDS-related illnesses. The majority of deaths occurred among people in the productive phases of their lives[6] leaving behind millions of children. Sub-Saharan Africa is home to 11.6 million children orphaned by AIDS. The rate of new HIV infections has fallen in several countries, but these favorable trends are at least partially offset by increases in new infections in other countries. Globally, women account for half of all HIV infections — this percentage has remained stable for the past several years. The global percentage of adults living with HIV has leveled off since 2000. In virtually all regions outside sub-Saharan Africa, HIV disproportionately affects people who inject drugs, men who have sex with men and sex workers.

The latest data collected from 64 countries indicate that fewer than 40% of young people have basic information about HIV.

UNAIDS
Facts and Figures, 2008

HIV is transmitted through the exchange of bodily fluids, namely through unprotected sexual intercourse, exposure to infected blood, and transmission from a mother with HIV infection to her child. According to UNAIDS, since 2005 there has been a tripling of HIV prevention efforts focused on sex workers, men who have sex with men and people who inject drugs.

SEXUAL INTERCOURSE IS THE LEADING MODE OF HIV TRANSMISSION

Worldwide, sexual intercourse is the leading mode of HIV transmission. Unprotected sexual intercourse in any form, which does not involve the use of a male or female condom or similar barrier, can cause HIV transmission. Women are more likely to contract HIV from men than vice versa. Among females, the risk is greatest for adolescent girls and young women, whose developing reproductive systems make them more likely to become infected if exposed to sexually transmitted infections (STIs), including HIV. The presence of other

5 Reproduced from http://data.unaids.org/pub/GlobalReport/2008/20080715_fs_global_en.pdf
6 http://data.unaids.org/pub/GlobalReport/2008/20080715_fs_global_en.pdf The status of the epidemic is constantly changing. For the latest figures in your country or region please consult http://www.unaids.org/en/KnowledgeCentre/Default.asp

In 2007, an estimated 33 million people were living with HIV. 2.7 million new HIV infections and 2 million AIDS-related deaths occurred in the same year.

In Sub-Saharan Africa, teenage girls are 5 times more likely to be infected than boys, since girls are mostly infected not by boys their own age, but by older men.

Transmission from a mother with HIV infection to her child during pregnancy, delivery or as a result of breastfeeding.

sexually transmitted infections significantly increases the body's vulnerability. The risk of transmission can be reduced by consistent and correct use of condoms, sticking to one sexual partner or abstaining from sexual intercourse. It is important to disclose one's HIV status to a sexual partner.

EXPOSURE TO INFECTED BLOOD

The quickest means of HIV transmission is the introduction of HIV-infected blood into the bloodstream, particularly through transfusion of infected blood. Most blood-to-blood transmission occurs as a result of the use of contaminated injection equipment during injecting drug use. Use of improperly sterilized syringes and other medical equipment in health-care settings can also result in HIV transmission. It is always a good idea to stay clear of direct exposure to another person's blood to avoid not only HIV, but also hepatitis and other blood-borne infections. Medical professionals are aware of the protocols and generally manage, monitor and control any risks by ensuring that blood used for transfusions is safe. A few mishaps in the past have helped to ensure stricter adherence to the blood safety protocols.[7]

There is evidence that out of every 100 children born to HIV-positive mothers, up to 40 could be HIV-positive. This can be reduced if the HIV status of the pregnant woman is known in advance and treatment is given at the time of delivery. It is not always easy to control HIV transmission through breastfeeding because of related cultural and psychological factors associated with, among other factors, the additional immunity healthy breast milk provides to babies. Health professionals recommend formula preparations where this is "acceptable, feasible, affordable, sustainable and safe" And weaning as soon as the child is able to do without breast milk. Health professionals also recommend monitoring the child with regular tests.[8]

Over the last two years, good progress has been made with the prevention of mother-to-child transmission (PMTCT) of HIV.[9] The percentage of pregnant women living with HIV who received antiretroviral treatment to prevent mother-to-child transmission increased from 9% in 2004 to 33% in 2007.

HIV IS NOT CONTAGIOUS

HIV does not spread through hugging, touching, sharing food, kissing on unbroken skin or day-to-day contact with HIV-infected people.

ANTI-HIV THERAPY

These drugs attack various aspects of the process used by the virus to replicate itself. Because HIV quickly mutates to become resistant to any single drug, patients must take a combination of drugs to achieve maximum suppression of HIV. Combination anti-HIV therapy is known as antiretroviral therapy, or ART. ART changes the natural course of HIV infection, significantly extending the period between initial infection and the development of symptoms. To achieve these results, it is important to initiate therapy before AIDS symptoms develop - even though patients who start on therapy

7 For background materials on blood safety see www.who.int/bloodsafety/en/

8 Accelerating Scale-Up of Prevention of Mother-to-Child Transmission of HIV: Stories of Hope, 2008, UN General Assembly High-Level Meeting on AIDS, 10-11 June 2008, New York, www.who.int/hiv/topics/mtct/PMTCTSideEventConceptNote.pdf

9 Reproduced from http://data.unaids.org/pub/GlobalReport/2008/20080715_fs_global_en.pdf

For every two people put on antiretroviral drugs, another five become newly infected.

after being diagnosed with AIDS may also receive major and long-lasting health benefits. Though effective in slowing the progression of HIV-related diseases, ART is not a cure[10].

HIV testing is not yet available in all health facilities. The resource allocation for this will happen only when there is a huge public demand. Condom promotion, needle exchange and other related activities need political will and social acceptance.

AIDS activists are demanding universal access to treatment, care and support. Some governments have come forward to subsidize the costs, but most people who need treatment are still not getting it. Whether it is governments or individuals that bear the expenses for treatment and care, the cost is high.

For every two people put on antiretroviral drugs, another five become newly infected.

10 Reproduced from http://www.uncares.org/UNAIDS2/basics/treatment.shtml

This section will give you more detailed understanding of the virus. It will give you a basis for understanding HIV infection, HIV testing and antiretrovial therapies that follow in later sections.

1.4 Human Immunodeficiency Virus

VIRUSES, HIV AND AIDS

A VIRUS (from a Latin word meaning toxin or poison) is so small that it cannot be seen even through optical microscopes. Viruses' sizes range between 15 to 750 nanometres. A nanometre is one millionth of a metre.

Ordinarily, a virus does not show any sign of life. It is only when it enters a living cell and starts replicating that we can recognise it as a form of life.

There are a large number of viruses that infect bacteria, fungi, plants and animals. Many of them have been studied in detail because they cause damage to crops or create diseases in animals and human beings. Well-known diseases that are caused by viruses include, amongst others, the common cold, influenza, chicken pox, dengue, measles, mumps, viral hepatitis, encephalitis, polio, rabies, yellow fever and herpes.

While HIV has resulted in the deaths of many babies and children, most HIV-infected people are in the economically productive phases of their lives, as HIV is most commonly transmitted through sex. This leads to impoverished families, and the slowing or even halting of the development of countries.

Usually one species of virus will cause only one specific disease. But there is one virus, which leads to a large number of diseases. The Human Immunodeficiency Virus (HIV) causes deficiencies in our immune system that leave the body defenseless against other infections. A syndrome develops where the infected person falls prey to a series of infections caused by other viruses, bacteria and fungi. This syndrome is known as the Acquired Immuno-Deficiency Syndrome (AIDS).

In congenital immuno-deficiency, where children are born with a deficiency of the immune system, the child usually dies at a very young age. But the Acquired Immune Deficiency Syndrome (AIDS), caused by HIV, is different. While HIV has resulted in the deaths of many babies and children, most HIV-infected people are in the economically productive phases of their lives, as HIV is most commonly transmitted through sex. This leads to impoverished families, and the slowing or even halting of the development of countries. It is not surprising then that the United Nations has included the reduction of HIV infection rates as one of the targets in the Millennium Development Goals (MDGs).

THE SPECIFICS OF HIV

HIV is about 60 times smaller than an ordinary red blood cell. It can only be visualised through powerful electron microscopes or by scanning tunneling microscopes.

MILLENNIUM DEVELOPMENT GOALS

1 Eradicate extreme poverty and hunger
2 Achieve universal primary education
3 Promote gender equality and empower women
4 Reduce child mortality
5 Improve maternal health
6 Combat HIV/AIDS, malaria and other diseases
7 Ensure environmental sustainability
8 Develop a Global Partnership for Development

An artist's impression of the virus, derived from such images, is given below. Please note that the virus is really quite colourless, and that colours have been added only to demarcate the parts.

Unlike humans, whose genetic material is called DNA (Deoxyribose Nucleic Acid), the genetic material of HIV is referred to as RNA (Ribose Nucleic Acid). After the virus enters a human cell, it manufactures DNA by using its own RNA as the template. For this, it uses an enzyme called reverse transcriptase, which is also packaged with the RNA of the virus. (See Box 3 for insights into some technical terms).

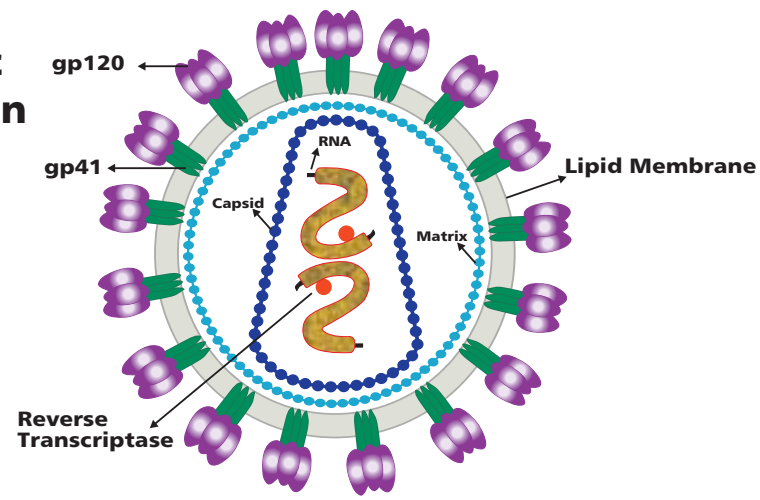
The usual flow of genetic information in animals and plants is from DNA to RNA to protein. But HIV uses a "retro" mode - from RNA to DNA - after infecting humans. That is why it's called a retrovirus.

When the genetic information in the viral RNA is changed (reverse-transcribed) to DNA, mistakes are sometimes made, as there is no proof reading or correction facility in the viral genome. As a result of the mistakes, different variants of HIV develop. Every generation of the virus looks different. This makes it difficult to develop treatment or a vaccine that works on all the different types of variants.

In the case of HIV, two copies of the viral RNA and the enzymes reverse transcriptase, integrase and protease, are packaged in a protein coat called a capsid.

The capsid (see picture below) is made up of copies of a protein called p24. The virus could, therefore, be targeted with drugs that break up this protein coat. Covering the protein coat is a two-layered lipid membrane, the viral envelope. Most ordinary viruses do not have a membrane

Diagrammatic Representation of HIV-1



Adapted from www.niaid.nih.gov/factsheets/howhiv.htm, November 2007

4 fluids

THROUGH WHICH HIV SPREADS

SEMEN AND PRE-EJACULATE
VAGINAL FLUIDS
BLOOD
BREAST MILK

envelope. This feature puts HIV in the category of more evolved viruses.

Lipids contain fatty acids, which, like oil, try to keep away from water. The other part of lipids is water-soluble. In a two-layered lipid (bi-lipid) membrane, the water soluble part moves towards water and the fatty parts of the molecule, represented by the wiggly lines in the picture, point at each other to escape from water. To retain the structure of the bi-lipid membrane, water is an important factor: the virus can survive only in a liquid environment like blood, semen and other bodily fluids.

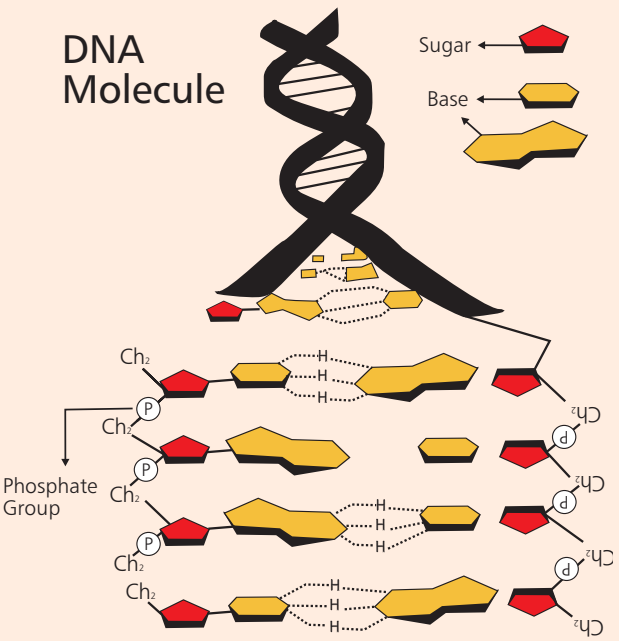
Embedded in the bi-lipid membrane are proteins. Some of these proteins have sugars attached to the outside, which is why they are called glycoproteins. They play a crucial role in the entry of the virus into human cells. One of the strategies in developing drugs for the treatment of HIV-infected people is to prevent HIV from entering human cells where it can then reproduce.

These glycoproteins protrude from the viral membrane in the form of spikes. The spikes contain copies of a molecule called gp 120 facing outside and are anchored to the envelope by other molecules called gp 41. These molecules play a major role in the entry of the virus into human immune cells. Scientists are working to target these proteins for developing vaccines and treatments. Antibodies formed in response to these proteins are the main indicators in testing for HIV infection.

BOX 3
LANGUAGE OF DNA

We get our genetic features (blue eyes, dark hair, etc.) from long chains of molecules called Deoxyribose Nucleic Acid (DNA). They are packaged in the chromosomes of the sperm and egg from our father and mother. DNA contains the genetic code specified by the sequence of its sub-units called nucleosides. The nucleosides in DNA contain ribose sugar without an oxygen atom (deoxyribose).

There are four types of nucleosides in DNA. When the nucleosides are linked to a phosphate group, they are called nucleotides. Thousands of nucleotides link together to form a strand of DNA. Two strands of DNA form a double helical structure.



DNA MOLECULE

After the sperm and egg unite, the resulting cell replicates many times to form multi-cellular animals like us. The DNA also replicates each time. All the cells in our body therefore contain the same set of DNA (except the red blood cells which lose all genetic material once they start to carry oxygen).

The genetic code contained in parts of DNA, called genes, is copied into another kind of molecule called Ribose Nucleic Acid (RNA). As the name implies, RNA also has nucleosides, but they contain ribose sugars. The bases in RNA are also different from those found in DNA. See the figure in the next column for more details.

Three consecutive nucleosides in RNA constitute the code for an amino-acid. The long chain of nucleosides in RNA therefore contains the code for a chain of amino-acids. Such chains of amino acids are called proteins. Proteins are responsible for the colour of our eyes, hair, etc. This is how inheritance works in molecular terms.

LANGUAGE OF SCIENTISTS

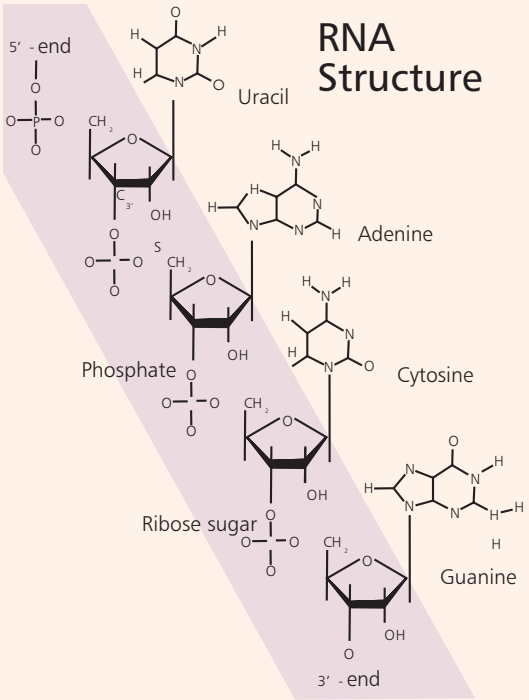
Molecular biologists use terms like replication, transcription and translation to describe the processes by which the genetic code contained in the DNA expresses itself. To better understand these, let's "translate" it to broadcast language!

If we receive a TV programme in a foreign language and are asked to broadcast it in our own language, we will first make a duplicate copy (replication). We will then get it transcribed by somebody who knows the foreign language. Once we have such a transcript, we will be able to hand it to someone to translate it.

Genetic programming uses a similar process in deciphering and making sense of the genetic code written in the language of DNA – replication of DNA, transcription of the DNA into RNA and the translation of the RNA into protein.

The enzyme, which replicates DNA, is called replicase. The enzyme, which transcribes DNA into RNA, is called transcriptase. In the case of HIV, there is a step where the DNA is manufactured from an RNA template - the opposite or "reverse" of the normal process. For this process, reverse transcriptase is needed.

Note that the names of all the enzymes end with "-ase". Biochemists have decided to give all enzymes names that end with "-ase", so that they are easily recognizable.



summary

HIV has many characteristics that are different from most other viruses that can be controlled more easily.

1. HIV has a membrane that can fuse with the membrane of human cells.
2. The viral membrane has specific proteins that help fusion with human cells.
3. Inside the membrane is a protein coat and inside the protein coat there are two copies of genetic material and some enzymes.
4. HIV is a virus that has RNA as its primary genetic material.
5. HIV has an enzyme that can convert the genetic code of RNA into DNA. Since the flow of genetic information is the opposite of that seen in most living beings, the virus is described as a retro virus.
6. The virus has another enzyme that helps to integrate the DNA into the human DNA.

HIV attacks our immune system. Without understanding the immune system, we cannot understand how HIV breaks down the system or the principle behind HIV testing. This chapter is a brief introduction to the immune system and its normal function – defending us against infections.

1.5 Our Immune System

OUR BODY: A FORTRESS

Our body protects us against attacks by microorganisms. Most organisms cannot penetrate the skin, but entry is possible through nicks, scratches or cuts. Our lungs have tiny hair-like cilia, which prevents foreign obstacles from entering our bodies while breathing. Coughing and sneezing also help to get rid of unwelcome visitors to our bodies. Other protective measures include:

- The sticky mucous in the respiratory and gastrointestinal tracts, that traps many micro-organisms.
- Saliva, tears, nasal secretions and perspiration that contain lysozyme, an enzyme that destroys the cell wall of some bacteria.
- Spermine and zinc in semen that destroys some pathogens.
- The stomach secretes hydrochloric acid and enzymes, which break down proteins and kill off most harmful organisms.

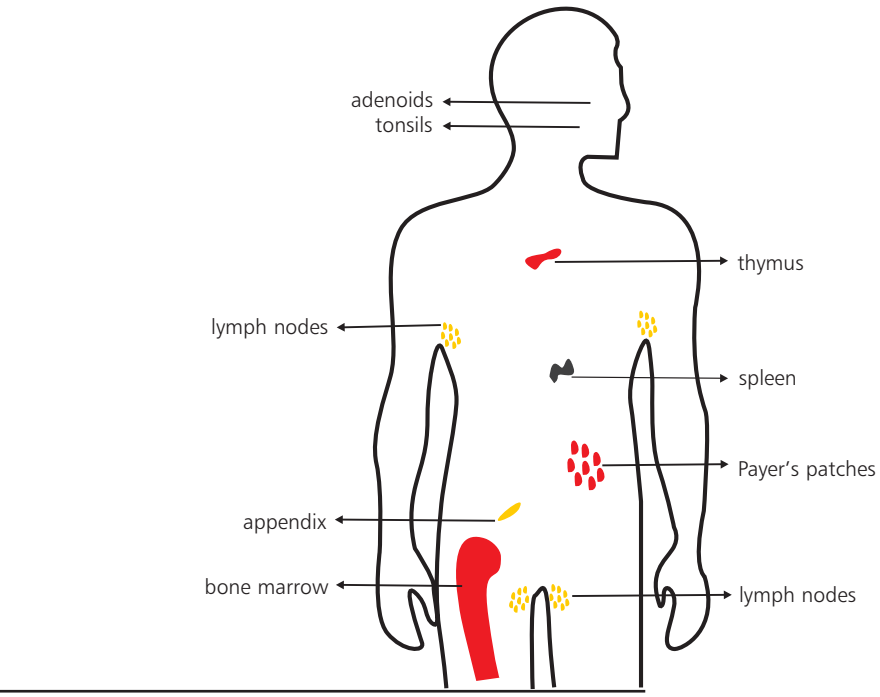
If the invading organism manages to overcome the body's external defenses, it will be attacked by its innate immune system that has been inherited from its parents. Centuries of evolution have given the human body the capacity to recognise a wide range of infections and to immediately act. There are cells that recognise pathogens (disease-causing organisms) and when they encounter these pathogens, they engulf and kill them. But this defense mechanism is too broad, too generic and not very specific. So many pathogens manage to get away.

The third layer of the defense system of our body is the adaptive immune system – it responds adaptively to any specific microorganism and is hence a very complex system. Though every cell in our bodies can, in some way, respond to invasion by calling for help, it is the immune system, which is responsible for protecting the body against attacks from viruses, bacteria and fungi.

The cells of the adaptive immune system originate in the marrow of the big bones in the body. The bone marrow produces both red and white blood cells. There are different types of White Blood Cells (WBC) working inside our bodies. HIV does not affect all white blood cells equally.

ADAPTIVE IMMUNE SYSTEM

The cells of the adaptive immune system originate in the marrow of the big bones in the body. The bone marrow produces both red and white blood cells. There are different types of White Blood Cells (WBC) working inside our bodies. HIV does not affect all white blood cells equally. It is therefore useful to know about the different sub-categories. The sub-categories of the cells of the immune system are given in Box 4.



Anatomically, the immune system consists of several organs – the bone marrow, thymus (a gland near the heart), spleen, tonsils, adenoids, appendix, Payer's patches in the small intestines and the lymphatic system, which consists of lymph nodes and lymphatic vessels.

Lymph means clear. The lymphatic system contains a clear liquid that carries a sub-category of white blood cells called the lymphocytes.

RECOGNISING THE INVADERS

There are billions and billions of cells in our bodies. They carry molecules called Major Histocompatibility Complex (MHC) class 1 proteins on their surface. These proteins mark the compatibility of any tissue or cell with the "self".

MHC class 1 proteins are unique to each individual. The cells that do not carry these proteins are non-self or invaders. (Some countries have introduced a system of national identity card that all citizens have to carry at all times. Those who do not have the identity card will be identified as foreigners. MHC class 1 proteins play the role of such identity cards).

FIRST LINE DEFENSE

If foreign invaders succeed in getting past your skin barriers and manage to reach your body tissues, they are usually recognised, ingested, and killed by phagocytes strategically positioned throughout the body.

Monocytes circulating in the blood mature to specialised macrophages that migrate into the tissues of the body in preparation of stopping a possible invasion. When such tissue-based macrophages encounter an invader, they eat or ingest the invader. Neutrophils soon reinforce their immune response by coming to the site of infection in large numbers. Macrophages and neutrophils are the main phagocytes involved in the cellular defense against pathogens.

T-CELLS AND AIDS

It is essential to understand the role of helper T-cells, which activate the B-cells, and, through that process generate antibodies, which are specific to the invading pathogens. Without enough helper T-cells, the immune system is severely compromised and cannot ward off diseases. This is what happens in the case of AIDS.

SOLDIERS OF THE IMMUNE SYSTEM

A country protects itself with its army, navy and the air force, which are further sub-divided into battalions and platoons. Some of them have very specialised functions. But they work in co-ordination with each other to defend the territory. The body's defense system works in the same way.
Below is a short description of the battalions and platoons of the body. White Blood Cells or Leukocytes (leuco = white, cytes = cells) are divided into three categories: granulocytes, lymphocytes and monocytes.
The granulocytes and monocytes are the first line of defense and act against a broad range of infections. The lymphocytes are slower to respond, but able to handle a much wider set of bacterial and viral infections.

GRANULOCYTES

Granulocytes, the most common type of white blood cell, get their name because they contain granules. The granules contain different chemicals. Based on these chemicals, scientists classify granulocytes into neutrophils, eosinophils and basophils.

Neutrophils can move through the capillary walls of the blood vessels into body tissues. If you have a cut or open wound, neutrophils will be attracted to it. Once a neutrophil detects a foreign particle or bacteria, it will engulf it, releasing enzymes and chemicals from its granules to kill the bacteria.

Eosinophils focus on parasites in the skin and lungs. Basophils help to dilate capillary walls, so that other immune system cells can get to the site of the infection.

MONOCYTES AND MACROPHAGES

Monocytes make up seven percent or so of all leukocytes. They enter tissue and turn into macrophages. ("Macro" means "big", "phages" means "eaters"). Macrophages swim freely to eat pathogens and to clean up the debris including the dead neutrophils and emission as part of the healing process.

LYMPHOCYTES

Lymphocytes are found in blood. But they tend to concentrate in lymph vessels and lymph nodes. Hence the name lymphocytes. Lymph means clear. The liquid circulating in the lymphatic system is quite clear, unlike blood. Blood contains red blood cells as well, which gives it a red colour.

Lymphocytes, like all white blood cells, originate in the bone marrow. Some of them mature in the bone marrow itself. They are called B-cells. B-cells mature in bone marrow before they enter the blood stream.

Some lymphocytes do not mature in bone marrow. They migrate through the bloodstream to the thymus (a gland close to your heart) and mature there. Because they mature in the thymus, they are called T-cells.

DIFFERENT FUNCTIONS OF LYMPHOCYTES

We will focus more on the functions of lymphocytes, as HIV interferes with the immune system by selectively reducing the number of one specific type of lymphocyte.

T-CELLS

The thymus is a kind of military academy which trains three subtypes of T-cells 1) to recognise foreign invasion and to activate the defense mechanism, 2) to kill foreign invaders and 3) to keep the killer cells from running amuck. Scientists refer to them as Helper T-cells, Killer T-cells or Suppressor T-cells respectively.

Helper T-cells do not attack the pathogens directly, but help by activating the Killer T-cells to go ahead and kill the infected cells. The Suppressor T-cells make sure that the killer T-cells do not go on a rampage and suppress their action when needed.

Scientists are able to distinguish between these types of T-cells due to markers on their surfaces. All the helper T-cells carry a molecule called CD4. (CD stands for cluster differentiation). The Killer T-cells carry molecules called CD8. Instead of helper T-cells and Killer T-cells, some people refer to these as CD4+ T-cells and CD8+ T-cells.

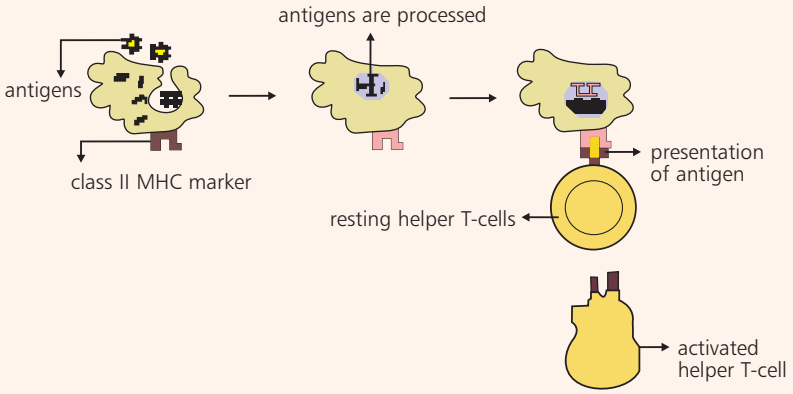
B-CELLS

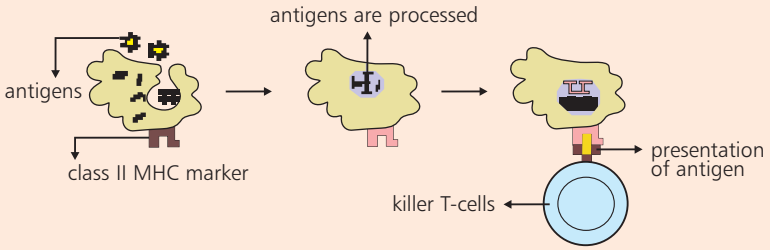
B-lymphocytes can recognise specific parts of foreign invaders (antigens) and can produce antibodies to fight them. They are flexible enough to recognise billions different types of antigens and to generate antibodies specific to each. The antibodies incapacitate the pathogens and mark them to be engulfed and killed. A resting B-cell can become a factory producing millions of specific antibodies (called Plasma-cells) but only with the help of helper T-cells.

ROLE OF HELPER T-CELLS

ACTIVATION OF HELPER T-CELLS

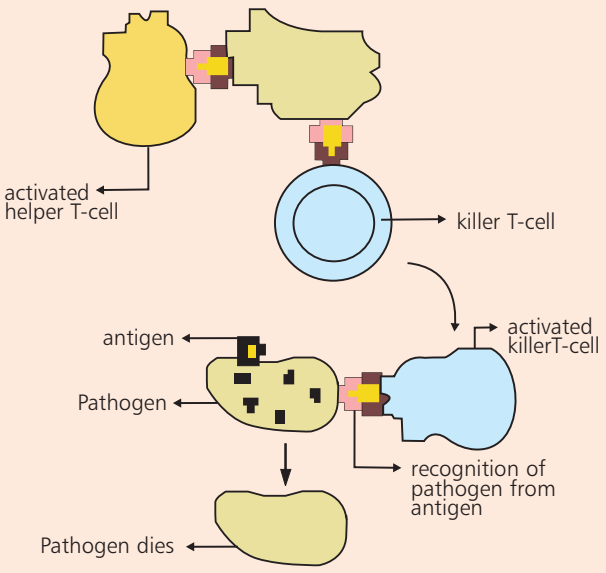
After ingesting the invader, the macrophages take recognisable parts of the invader (called antigens, a short term for "antibody generators") and present them alongside proteins called class II MHC markers. The helper T-cells can recognise antigens in the clasp of the class II MHC marker, and through the CD4 protein, confirm that an invasion has indeed occurred. This activates the helper T-cell. Activated helper T-cells assume command of the immune response. Their first job is to wake up and activate the resting cytotoxic killer cells needed to quell the attack.

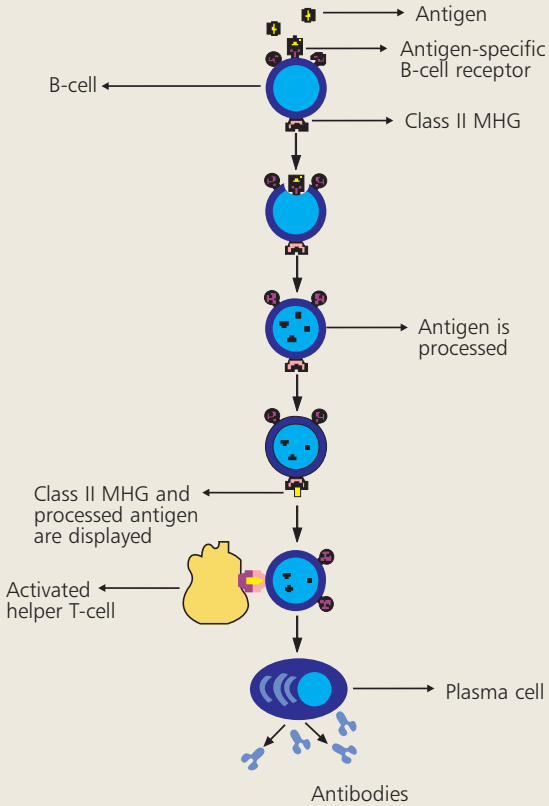




ACTIVATION OF KILLER T-CELLS

Macrophages also present the antibodies to Killer T-cells. The activation process is similar to the activation of Helper T-cells. The activated killer T-cells have the ability to identify infected cells. It's their job to go around killing the cells that are infected.





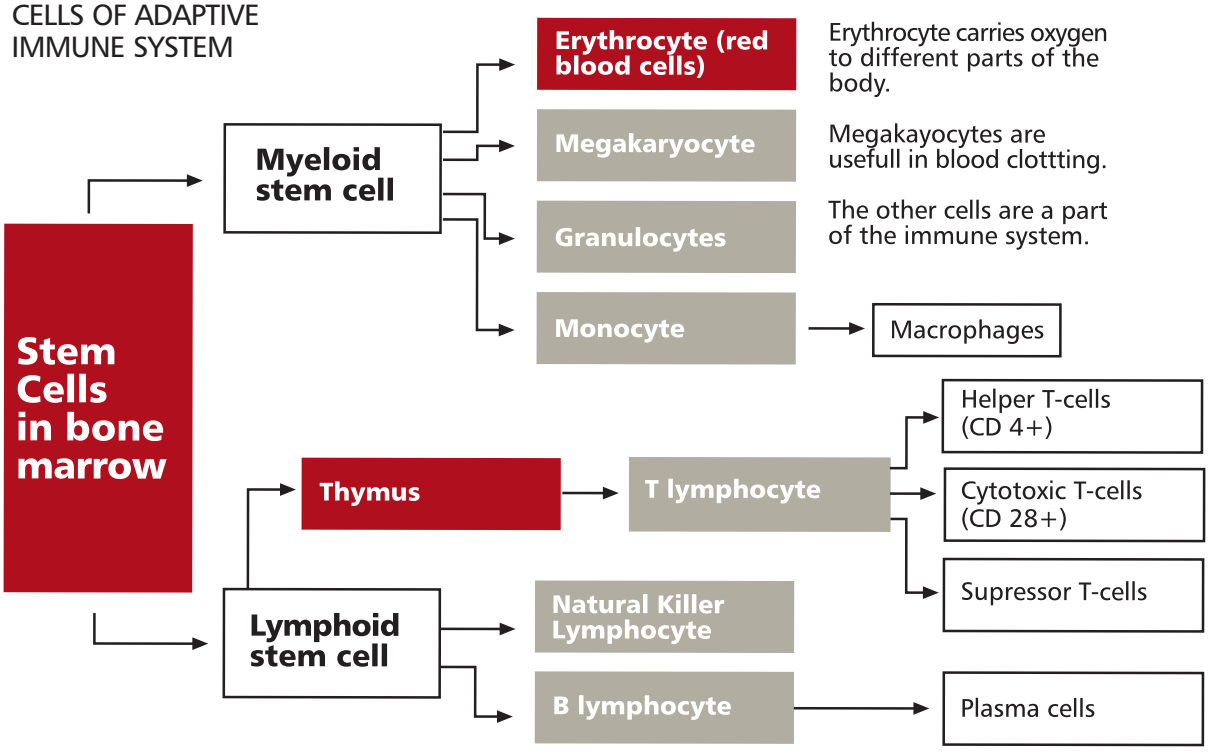
ACTIVATION OF B-CELLS

Helper T-cells have another role: they help to convert the B-cells to plasma cells. The helper T-cells give signals to B-cells when to transform to plasma cells that are able to produce million of antibodies to fight invaders. These antibodies are released throughout the body to look for invaders. Each invader's antibodies look different. They attach themselves to the antigens and are often successful in paralyzing the pathogens. Phagocytes then follow and kill the pathogens that have been marked by antibodies.

HIV tests detect antibodies formed against HIV proteins – they don't detect the virus itself.

BOX 4

ONE ORIGIN, MANY DESTINIES
CELLS OF ADAPTIVE IMMUNE SYSTEM



summary

1. The immune system consists of a variety of organs, cells distributed in different parts of the body and a large variety of molecules used for signaling between these.
2. Leucocytes or White Blood Cells are one of the most important components of the immune system.
3. There are a variety of White Blood cells with specialised functions.
4. Out of these, the CD4+ cells called helper cells are important in mobilising the immune response to invading pathogens.
5. The CD4+ cells called helper T-cells have two very important functions. They activate the killer T-cells that help in killing the infected cells in the body. They mobilise the immune response by activating B-cells to produce antibodies against the invaders. The primary target of HIV is a CD4+ cell.

The earlier two chapters dealt with the Human Immunodeficiency Virus and the human immune system. This chapter will examine how the virus breaks down the defences against infections.

1.6 HIV Infection

HIV can be transmitted only through bodily fluids. The blood of an infected person may contain a huge viral load (i.e. a lot of HI-viruses). Hence transfusion with infected blood has a 99 percent chance of HIV infection. After more than two and a half decades of recognising HIV as a threat, blood safety standards have become very stringent and transmission through blood transfusion has become rare.

HIV can also be transmitted by contact with infected blood, most often by the use of needles or syringes contaminated with minute quantities of blood containing the virus.

Semen, pre-ejaculate and vaginal fluids of HIV infected people also contain high amounts of HIV, though not as much as in blood. To a lesser extent, HIV may be present in breast milk and to an even lesser extent, in saliva.

Pregnant HIV-infected women not receiving antiretroviral therapy may pass on the virus to their babies. Without any intervention, about one out of three babies born to HIV-infected women get the virus from their mothers before or during birth. The virus could also be transmitted from an HIV-infected mother to her infant via breastfeeding.

Among adults, HIV is spread most commonly during sexual intercourse with an infected partner. During intercourse, the virus can enter the body through the mucosal linings of the vagina, vulva, penis, or rectum or, rarely, via the mouth and possibly the upper gastrointestinal tract after oral sex.

The likelihood of transmission increases because of factors that may damage these linings, especially other sexually transmitted infections (STIs) that cause ulcers or inflammation. Even if there are no cuts or ulcers, the cells of the innate immune system in the mucosa may begin the infection process by binding and carrying the virus from the site of infection to the lymph nodes where other immune system cells become infected.

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The immune system, as explained in the previous section, reduces the chances of infection. Yet, HIV has already infected more than 30 million people with many already showing signs of AIDS.

HIV IS NOT TRANSMITTED BY

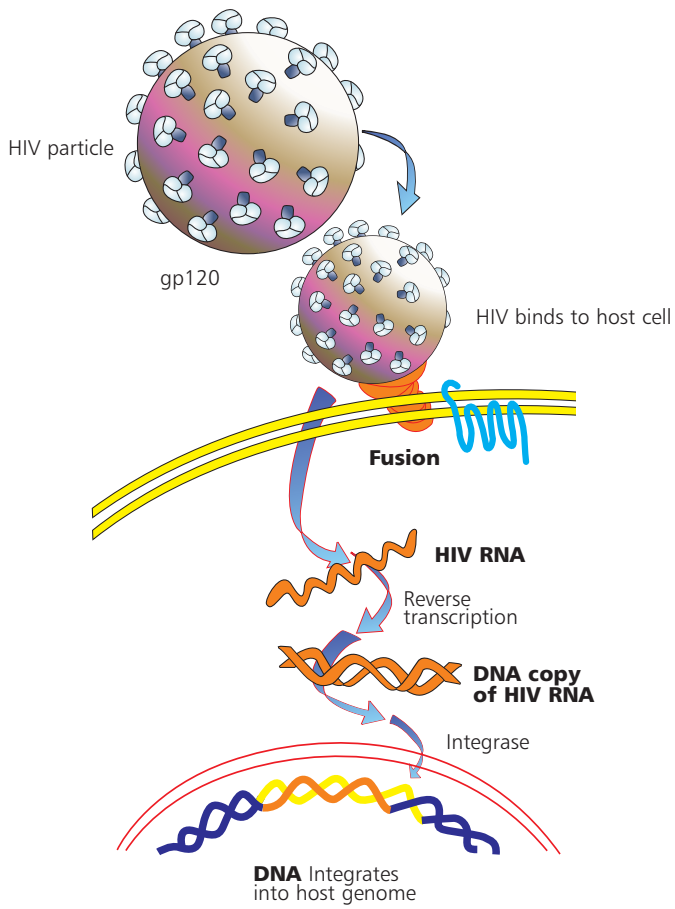
Mosquitoes, flies or fleas: Parasites of malaria, filariasis and dengue have developed special mechanisms for transmission through vectors like mosquitoes, which HIV does not seem to possess.

Casual every day contact: Not a single case of HIV- infection has been documented as having happened as a result of contact with non-bloody saliva or tears. In fact, saliva is reported to possess characteristics that inhibit the fusion of the virus with the target cells.

Sharing utensils or food: Exposure of intact skin to HIV-contaminated body fluids (e.g. blood, including menstrual blood) is not sufficient to transfer the virus.

BREAKING DOWN DEFENSES

HIV enters the body via the medium of semen, vaginal fluids, blood or breast milk through the outer layers of our bodies. The gp120 proteins on the virus can recognise CD4 proteins and bind tightly with the cells that carry CD4 – helper T-cells, macrophages and monocytes.

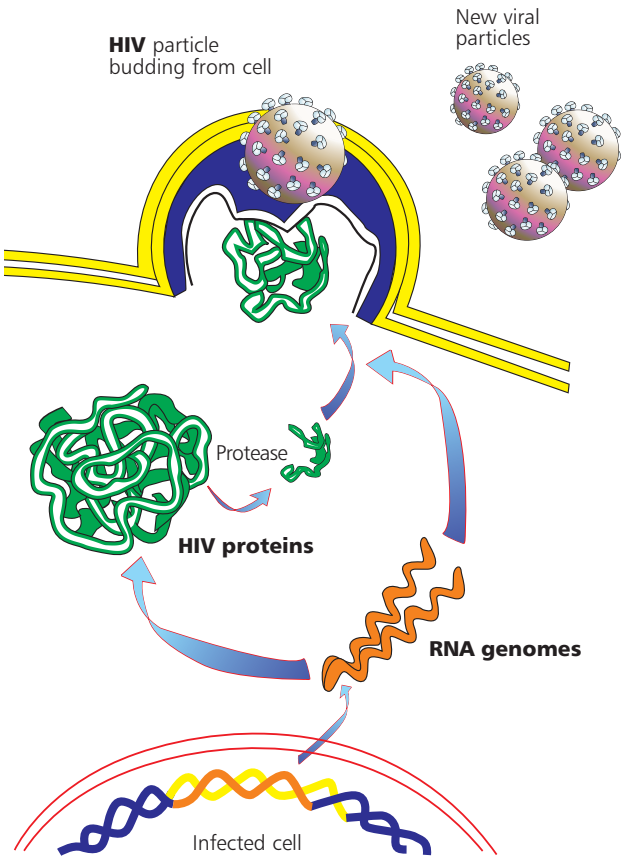


Ordinarily, the macrophages should be able to eat them up. But, macrophages and monocytes also carry CD4 proteins on their cell surfaces, just like the helper T-cells. HIV is able to use the gp41 proteins as a key to unlock the CD4 receptors as doors, to open and fuse with the macrophages, monocytes and helper T-cells.

The HI-viruses that gain entry into the human cells first transcribe the RNA to make the corresponding DNA using reverse transcriptase.

This process does not have a proofreading mechanism. Our own DNA, when replicating, has a proofreading mechanism, which ensures that no mistakes are made. The mistakes made in reverse transcription lead to the generation of new strains of HIV. Besides the well-known HIV-1 and HIV-2, scientists have noted many other sub-types of the virus - HIV-1-N, HIV-1-O, HIV-1-M, HIV-1 C, B, etc. The DNA manufactured by reverse transcriptase from the viral RNA can integrate with the DNA of the infected cells, using the viral enzyme called integrase. They are able to lie there as proviral DNA, undetected by the immune system.

In macrophages and monocytes, the proviral DNA does not produce active viruses. But in the case of helper T-cells, they do reproduce. This means normal transcription to messenger RNA coding for the virus and then translation of this code to proteins. See box 3 in this section for explanations of these terms. These are long chain proteins that have to be cut into smaller pieces that can complete the formation of the viral proteins. An enzyme called protease cuts up the proteins. (Protease inhibitors that stop this process are often prescribed for treating AIDS patients).



Graphics adapted from EMBO reports 4, S1, S10–S14 (2003)

Through this process, thousands of viral particles are created in the helper T-cells. They can come out of the cell by budding. This is when the virus takes a part of the membrane of the T-cell to cover itself in the process. Thus many more viruses are released into the body.

Budding releases the viruses into the lymph and blood vessels where they infect more helper T-cells. And so the cycle continues.

In short, the helper T-cells are soon depleted and the body is left open to opportunistic infections: many other viruses, bacteria and fungi use the opportunity created by the weakened immune system to enter the body. Since there is not enough helper T-cells to amplify the response of the immune system to different pathogenic organisms, the proliferation of these organisms inside the body does not stop. This leads to the syndrome that is known as AIDS.

The progression to AIDS is described in more detail later in chapter 1.8 AIDS and ART.

summary

1. HIV has a mechanism of latching on to cells containing CD+ cells – White Blood Cells called monocytes, macrophages and helper T-cells.
2. From the genetic code contained in the viral RNA, a piece of DNA called proviral DNA is manufactured which integrates into the DNA of the cells.
3. The proviral DNA lies dormant in monocytes and macrophages.
4. In the helper T-cells, the proviral DNA start to make RNA copies, which in turn manufactures proteins, using the T-cells' normal mechanisms.
5. The viral RNA is packaged in proteins.
6. They depart the T-cells in thousands, taking a part of the cell membrane, as fully formed viruses, thereby killing the helper T-cells.
7. The newly formed viruses are not able to infect more CD4+ cells and helper T-cells soon start to decrease.
8. Since helper T-cells are necessary both for activating the production of antibodies and to kill pathogens, the reduction in the number of T-cells leaves the body helpless against infections.

Testing and knowing the HIV status is the first step to containing the spread of the HIV. Most of the tests are indirect: instead of testing for the virus, we test for the presence of antibodies against the virus that the immune system produces in response to the HIV infection. This chapter gives a brief account of the different techniques used for HIV testing.

1.7 HIV Testing

HIV TESTING

The only way to determine someone's HIV status is by doing an HIV test. There are different possibilities for testing:

1. Detect the RNA of virus,
2. Detect the proteins (antigens) of the virus,
3. Detect the provirus -the DNA that has been incorporated into the immune cells - and
4. Detect HIV-specific antibodies generated by the immune system.

Out of these possibilities, detecting the antibodies generated against HIV by the body is far easier and cost-effective. Hence when we say HIV testing, we mean testing for antibodies generated against HIV.

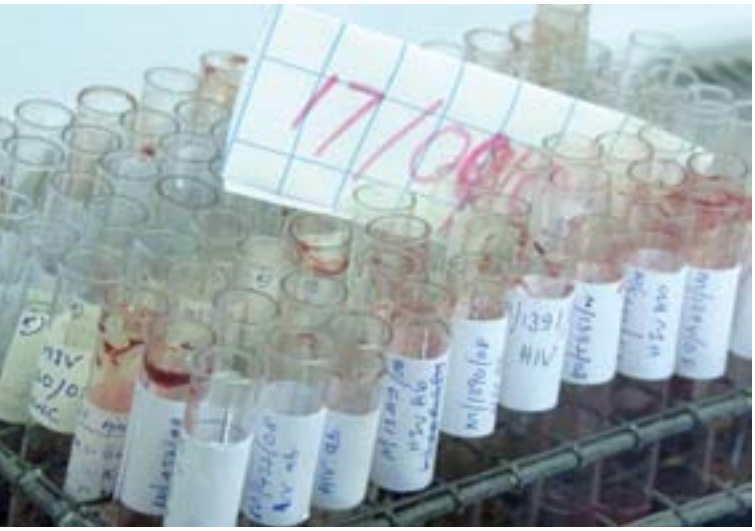
Two important factors determine the accuracy of HIV tests: sensitivity and specificity. The more sensitive an HIV test is, the lower the chance is that an HIV infection will go undetected (no false negatives). The more specific an HIV test is, the lower the chance is that an HIV negative result is recorded as an HIV positive result (no false positives.

TV Producer in Sri Lanka giving a sample for HIV test while another looks on

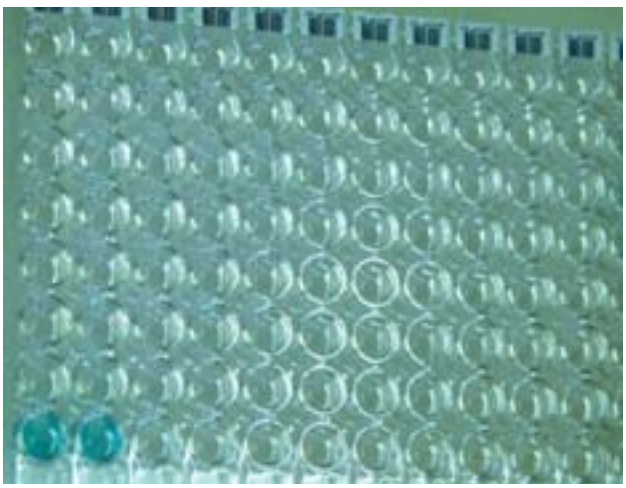
Two important factors determine the accuracy of HIV tests: sensitivity and specificity. The more sensitive an HIV test is, the lower the chance is that an HIV infection will go undetected (no false negatives). The more specific an HIV test is, the lower the chance is that an HIV negative result is recorded as an HIV positive result (no false positives).

1. ELISA AND WESTERN BLOT TESTS

ELISA stands for Enzyme Linked Immuno-sorbant Assay. It is highly sensitive and used as a screening test. Because of its sensitivity, it sometimes records false



When the nuber of samples to be tested are low, Elisa is done manually as above, putting the serum samples into the wells with a pippette. But if the samples to be tested are high, it can even be automated, as in the picture on the right.



Two wells above have changed colour. These are samples with HIV antigens, used as control. The other samples in this batch were all negative. Sometimes there are mild changes in colour. There are optical instruments to measure minor changes in colour to determine if the person should go for a confirmatory test.

It is easy to confirm the HIV status of the serum by observing a greater number of bands which correspond to the various HIV antigens. The HIV status of people who gave the three samples on the right can be confirmed without doubt.

positive results. Positive results therefore have to be confirmed by another, costlier test called the Western Blot.

Western Blot tests are more specific than ELISA tests. They visualise antibodies directed against specific viral proteins. It is therefore a confirmatory test for a HIV reactive ELISA, which only tests for antibodies in general.

TV producer in Mongolia looking for colour change in the rapid test that she had taken

2. RAPID TESTS

Like the ELISA test, rapid tests are useful for preliminary screening. Rapid tests give results far quicker than ELISA tests. Most rapid tests use pinpricks or serum samples and give results within about half an hour.

Rapid tests that do not need blood samples have also been developed. Mucosal lining of the mouth also contains antibodies. These can be scooped to see if any HIV-specific antibodies are present.

Rapid tests are cheaper than the ELISA test and don't require skilled laboratory technicians and complex processes to analyze results.

3. POLYMERASE CHAIN REACTION (PCR)

Infants born to HIV-infected women carry the antibodies from their mothers for the first few months of their lives. This makes it difficult to determine the infant's HIV status with an HIV antibody test. Instead, doctors use tests that look for HIV proviral DNA.

The DNA from leucocytes of the infant is amplified many times by replication using an enzyme called DNA polymerase by a technique known as the DNA Polymerase Chain Reaction (PCR). It is highly sensitive and can detect 1-10 copies of HIV proviral DNA. This is a qualitative test used to detect the viral DNA, which is integrated into the cellular DNA.

PCR is much more expensive to perform than ELISA and Western Blot tests.

TESTING ENVIRONMENTS

It is important to always get someone's permission before performing an HIV test upon him or her. When a person voluntarily decides to get tested for HIV, it is referred to as Voluntary Counseling and Testing (VCT) or client-initiated testing. The World Health Organisation (WHO) also recommends that HIV testing should also be offered to people who visit hospitals with TB and other

The serum sample for testing is put on the left. On the right is a contol sample which contains HIV antigens. Both show a red line. The person who gave the sample on the right will be advised to take a confirmatory test.

related illnesses. This is called diagnostic testing. Testing is also offered to pregnant women, injecting drug users, as well as patients with other sexually transmitted infections. This is called "provider initiated" testing.

PRE-TEST COUNSELING

All people undergoing HIV testing are supposed to receive pre-test counseling. During this process, concepts such as the testing procedure, accuracy of the test results and window period should be explained.

POST-TEST COUNSELING

After the test results have been communicated to the client, the necessary information should be provided. If the client is HIV-negative, he or she should be given advice on how to stay negative. The person should also be given access to condoms. If the person has tested positive, information about further tests – a confirmatory test, as well as information about anti-retroviral therapy should be communicated.

summary

1. There are different kinds of HIV tests.
2. The most commonly used HIV tests are HIV antibody tests.
3. The first test (called a screening test), that is used is usually very sensitive. As it's not very specific to HIV, it may give false positive results. If someone tests HIV-positive, the test therefore has to be followed up by a confirmatory test that is very specific. The second test is more costly, which is why a screening test is done first.
4. HIV testing is provided to those who want to know their status.
5. HIV testing is offered in clinical settings to pregnant women, injecting drug users, patients with sexually transmitted infections (STIs). Testing is also done in clinical cases where a patient's symptoms suggest the possibility of AIDS.
6. Counseling should always accompany HIV testing.
7. Test results should be kept confidential.
8. Testing is an important step towards reducing the spread of the virus.

If left untreated, HIV infection can lead to AIDS after many years. However, HIV positive people today can hope to live a long and full life because of the many different antiretroviral drugs. Here you will find a brief account of the progression to AIDS and the ways to reduce the viral load and to increase the CD4 count.

1.8 AIDS and ART

ACUTE INFECTION

During the first few weeks after infection, the virus replicates extensively in the absence of any detectable adaptive immune response, reaching levels of over a 100 million copies of HIV RNA/ml. The infected person may have fever, skin rashes or swollen lymph nodes.

During this phase, called acute HIV infection, the person will transmit the virus more easily – the higher the viral load, the more infectious the patient.

But testing for HIV antibodies may not register a positive result at this stage because the HIV-specific antibodies take more time to be generated.

It is extremely rare for an HIV-infected individual not to develop antibodies by 3 months. An individual who tests negative 3 months after an exposure does not require further testing, unless he/she has had repeated exposures or if the antibody test results are incompatible with the clinical history.

This chapter deals with the psychosocial aspects of testing.

WINDOW PERIOD

Most people infected with HIV will develop enough antibodies to be detected by our current HIV antibody tests, 4 weeks after the exposure. This means that, for example, if a person had unsafe sex and became infected on January 1, it is likely that he/she will have enough antibodies to test positive in February.

The period between infection and sero-conversion (where there are enough antibodies against HIV that can be detected by the tests) is called the window period.

In some people, this may last for about three months. It is extremely rare for an HIV-infected individual not to develop antibodies by 3 months. An individual who tests negative 3 months after an exposure does not require further testing, unless he/she has had repeated exposures or if the antibody test results are incompatible with the clinical history.[11]

LATENCY PERIOD

HIV antibodies can only be detected by an HIV test. You can't tell if someone is HIV-positive by looking at them. Most people with HIV look healthy and can continue to live without progressing to AIDS for years. This is called the latency period.

11 http://www.hivguidelines.org/Content.aspx?pageID=532 accessed on 19 December 2008.

During the latency period, an HIV-positive person may unknowingly spread the virus. Most HIV-positive people are unaware that they've been infected with the virus, as they have not been tested.

PROGRESSION TO AIDS

Soon after HIV infection, there is an acute phase within which the person usually experiences minor HIV-related symptoms. See the previous section on HIV testing for the description of acute infection. But soon thereafter equilibrium between viral replication and the host immune response is usually reached. During this time, the virus continues to replicate and many helper T-cells die. But the constant birth of new helper T-Cells keeps the immune system active and functional. No detectable clinical symptoms therefore appear. This is the latency period that was also explained in the previous section.

Infected individuals may have no clinical manifestations of HIV infection for 8-10 years or more.

OPPORTUNISTIC INFECTIONS

When the helper T- cells start depleting, they open up an opportunity for all kinds of pathogens to invade the body. These are called opportunistic infections. Respiratory infections like pneumonia and tuberculosis, gastrointestinal infections that cause diarrhoea and weight loss, skin infections by herpes viruses and fungal infections of the mouth are typical opportunistic infections.

CLINICAL STAGES

The World Health Organisation (WHO) defines four stages in AIDS progression. Diagnosis of the clinical stages is based on the kind of symptoms that an HIV-infected person experiences:

Stage 1 : asymptomatic
No symptoms except for swollen lymph nodes.

Stage 2 : mild
In the second stage, there might be some moderate weight loss, recurrent upper respiratory tract infections (sinusitis, tonsillitis, pharyngitis etc.), Herpes zoster infection, and infections of the skin, mouth and nails.

Stage 3: advanced
In the third stage there could be more symptoms like severe weight loss, chronic diarrhoea, persistent fever, persistent fungal infection in the mouth, tuberculosis of the lung, severe bacterial infections like pneumonia, bone or joint infection, meningitis, anaemia, etc.

Stage 4 : severe
By the fourth stage, tuberculosis spreads to other parts of the body. Different cancers and diseases of the nervous system begin to appear. [12]

HOW DO YOU KNOW IF SOMEONE NEEDS TO BE ON ANTI-RETROVIRAL THERAPY (ART)?

Not all HIV-infected people need anti-retroviral therapy (ART). Doctors use two types of tests to determine if treatment is necessary:

- A CD4 T-cell count
- A total leucocyte count

4 STAGES

IN AIDS PROGRESSION

ASYMPTOMATIC
MILD
ADVANCED
SEVERE

12 For details see Annexures 1 and 2 in Antiretroviral Therapy for HIV Infection in Adults and Adolescents: Recommendations for a public healthapproach, WHO, 2006 available at www.who.int/hiv/pub/guidelines/artadultguidelines.pdf Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: towards universal access, WHO, 2006 available at www.who.int/hiv/pub/guidelines/pmtctguidelines3.pdf

Recommendations for Initiating ART in Adults and Adolescents in Accordance with Clinical Stages and the Availability of Immunological Markers[13]

WHO Clinical Stage	CD4 Testing Not Available	CD4 Testing Available
1	Do not treat	Treat if CD4 count is below 200 cells/mm^3 [a]
2	Do not treat[b]	
3	Treat	Consider treatment if CD4 count is below 350 cells/mm^3 a c d and initiate ART before CD4 count drops below 200 cells/mm^3 [e]
4	Treat	Treat irrespective of CD4 cell count [a]

a CD4 cell count advisable to assist with determining need for immediate therapy for situations such as pulmonary TB and severe bacterial infections, which may occur at any CD4 level.

b A total lymphocyte count of 1200/mm^3 or less can be substituted for the CD4 count when the latter is unavailable and mild HIV disease exists. It is not useful in asymptomatic patients. Thus, in the absence of CD4 cell counts and TLCs, patients with WHO adult clinical stage 2 should not be treated.

c The initiation of ART is recommended in all HIV-infected pregnant women with WHO clinical stage 3 disease and CD4 counts below 350 cells/mm^3.

d The initiation of ART is recommended for all HIV-infected patients with CD4 counts below 350 cells/mm^3 and pulmonary TB or severe bacterial infection.

e The precise CD4 cell level above 200/mm^3 at which ARV treatment should be started has not been established.

HELPER T-CELL COUNT OR CD4 CELL COUNT

A healthy individual has about 800 to 1500 CD4 cells per ml plasma. If there are fewer than 200 CD4 cells per micro litre of blood, the immune defense system becomes deficient.

The CD4 cells are counted by using blood samples from the patient. Antibodies, which recognise specific surface structures on these cells, are used to "label" the CD4 cells. The antibodies have fluorescent markers. This allows scientists to distinguish these cells from all others in the sample and to count them while they are passing a detector in a process called "laser flow cytometry".

Recommendations for Initiating ART in Adults and Adolescents in Accordance with Clinical Stages and the Availability of Immunological Markers.

TOTAL LEUCOCYTE COUNT (TLC)

The number of white blood cells per cubic millimetre of blood (Total Leucocyte Count or TLC) is not a very reliable marker, but a good indicator to start the treatment, especially in children. It is more easily done in most pathological laboratories and even in clinics.

If the total leucocyte is below 1,200 cells/mm^3 in an HIV-infected person, presenting symptoms of AIDS-related illnesses, it could be used as a sign that treatment should be initiated.

13 http://www.womenchildrenhiv.org/wchiv?page=charts-00-11 Accessed on 19 December 2008.

Out of more than 30 million people who are HIV-positive, it is estimated that only about 10 million of them need Antiretroviral (ARV) therapy. ART is initiated only when someone's CD4 count falls below critical levels or when the person experiences a multitude of HIV-related illnesses.

ANTI-RETROVIRAL DRUGS

There are two approaches to treating AIDS. Firstly any opportunistic infections have to be brought under control. Secondly, the viral load has to be reduced so that the helper T-cells can survive and proliferate.

Nowadays, there are many different types of anti-retroviral drugs that are used for treating AIDS patients. As the virus develops variants very fast, a combination of drugs is prescribed. Often, the doctor may also decide to change the drugs in the prescription. This is to reduce the chances of drug resistance.

The first class of drugs that were developed targeted the process of reverse transcription – the process where the information contained in the viral RNA is converted to DNA for integration into human cells. A typical example is Zidovudine or AZT. Most of these drugs are composed of molecules that resemble either nucleosides (nucleoside analogues) or nucleotides.

There are some molecules that are different from nucleosides or nucleotides, but yet manage to block the reverse transcription of the viral RNA to DNA. These are called non-nucleoside Reverse Transcriptase Inhibitors (nNRTIs). A drug called Nevirapine is a typical example.

Another class of drugs called protease inhibitors target the process during which the virus assembles itself. While still in the helper T-cell, HIV covers itself with a viral protein coat or the capsid. While departing the helper T-cell, it has to embed its membrane proteins in the part of the membrane that it borrows from the helper T-cell. Protease is the enzyme, which cuts and tailors the viral coat and the membrane proteins of the virus. Protease inhibitors prevent protease from doing its work. An example of such a drug is Nelfinavir.[14]

Another class of drugs is called fusion inhibitors. These drugs stop the fusion of HIV with CD4 cells. An example of such a drug is Enfuvirtide.[15]

A combination of at least three different drugs is used to bring the viral load down and to raise the CD4 count. Combination therapy is referred to as ART (Anti-Retroviral Treatment). The drug combination

MAJOR SIGNS

Weight loss >10 percent of body weight

Chronic diarrhoea (>1 month)

Prolonged fever (>1 month)

MINOR SIGNS

Persistent cough for more than one month - this criterion is not used in the case of TB Generalised eruptions with emission on the skin

History of herpes zoster, a sexually transmitted viral infection

Chronic progressive or disseminated herpes simplex infection

A fungal infection of candidiasis in the mouth

Generalised enlargement of lymphs Kaposi's sarcoma Cryptococcal (a bacterial) meningitis

WHO recommends that, in resource poor settings where these tests may not be available, doctors should go ahead with treatment when HIV-infected people experience AIDS-related symptoms.

14 http://en.wikipedia.org/wiki/Protease_inhibitors Accessed on 19 December 2008.
15 http://content.nejm.org/cgi/content/abstract/NEJMoa035026v1 Accessed on 19 December 2008.

depends on drug interactions (if the patient is taking other medications), toxicity, tolerance and cost effectiveness.

When treatment is effective, a patient's CD4 count goes up and his viral load goes down. That means the person's immune system is getting stronger and the amount of HI-viruses in the person's body is decreasing.

VIRAL LOAD TESTS

Viral load measurement is a direct determination of the amount of viruses in a patient's blood. What is measured is the amount of copies of HIV-RNA per ml blood plasma.

More than 30, 000 viral copies per ml plasma would be regarded as a high viral load. The upper detection limit is about 10 million copies per ml blood plasma.

The viral load is a very reliable marker for the progress of the infection. Someone's viral load is the most important indicator for the effectiveness of antiretroviral therapy or that someone's drug combination needs to be changed. More than 10,000 copies of viral RNA per ml of plasma in a person who has been taking ARVs for more than six months is a good indicator to change the line of treatment. But often this test is not feasible in poor resource settings and doctors have to make a decision on the basis of symptoms or the results of a CD4 count.

FIRST AND SECOND LINE TREATMENT

Sometimes the viral load and the CD4 count may rise again, though the treatment is being followed without fail. This is because of the high variability of the virus and its ability to develop resistance. Doctors overcome this problem by changing drug combinations. Thus the first line of treatment and the second line of treatment may differ in the choice of the combinations of drugs. Protease inhibitors are usually reserved for second line treatment - except in rare cases.

First line treatment is always cheaper than second line treatments and the drugs generally have fewer side effects.

SIDE EFFECTS

Long-term treatment with some ARVs leads to failure of organs such as the pancreas, liver, kidney, bones, etc. Severe anaemia, allergic reactions to ARV drugs and metabolic disorders are sometimes also experienced. It's important that people on ART are closely monitored by qualified medical staff for side effects - particularly during the first six months of therapy.

HIV-INFECTED PEOPLE WHO ARE NOT ELIGIBLE FOR TREATMENT

Out of more than 30 million people who are HIV-positive, it is estimated that only about 10 million of them need Antiretroviral (ARV) therapy. ART is initiated only when someone's CD4 count falls below critical levels or when the person experiences a multitude of HIV-related illnesses. It is therefore important that HIV-infected people undergo regular CD4 count tests.

NUTRITION, HYGIENE AND PSYCHO-SOCIAL SUPPORT

Adequate nutrition, social and psychological well being are important factors for a healthy immune system. Stress and lack of nutrition can wear down the immune system, even in the absence of HIV. HIV-infected people therefore need to eat healthy food.

The immune system is highly compromised when an HIV-positive person starts losing helper T-cells.

HIV-infected people therefore need to protect themselves as best as possible from exposure to infections. Extreme care in hygiene is important.

Social support is a necessary component of psychological well-being. In a situation where a person is discriminated against, negative emotions predominate. Counseling of family members and friends may be necessary. HIV-positive networks can provide social support.

UNIVERSAL ACCESS TO ART

According to the UNAIDS report of 2008, only about three million people are estimated to be on antiretroviral treatment, out of the nearly 10 million worldwide who need it.

UNAIDS estimates that to meet its goal of global universal access by 2010, available financial resources for HIV must more than quadruple by 2010 compared to 2007 – up to $ 42.2 billion.

Access to drugs depend not only on financial and human resources, but also on people being aware of their HIV-status, being informed of treatment options and empowered to access them.

RESEARCH ON NEW DRUGS

The treatment scenario is undergoing rapid changes. More than 300 drugs have been studied in detail and there are over 200 drugs at various stages of development.

New drugs cannot be marketed as soon as they are discovered. Usually there are a series of tests. In-vitro studies with cells in laboratories and animal tests (in-vivo) are done first, to make sure that they are useful and not too toxic. Then, three phases of clinical trials are carried out. These can take years. Premature reporting on new drugs can lead to false hopes and do more harm than good.

VACCINES

So far there have been no breakthroughs in the search for effective vaccines, although a few clinical trials are going on. Some are for preventive vaccines and others are for therapeutic vaccines (vaccines that aim to stimulate the immune system). Given the rate at which HIV changes form and gives rise to new variants, a preventive vaccine that is effective for all sub-types is difficult to achieve.

summary

1. People who are infected with HIV will have a reduced number of white blood cells which are called helper T-cells after the latency period.
2. This allows opportunities for different pathogens to invade the body. These opportunistic infections are a sign of the syndrome called AIDS.
3. There are a number of drugs that interfere with the viral mechanisms and reduce the viral load in the body. Treatment with these drugs allows the immune system to recuperate.
4. Antiretroviral treatment is a lifelong commitment. It cannot be stopped once started, but the combination of drugs that a patient takes can be changed.
5. There is no cure for AIDS.
6. There is no AIDS vaccine.

For Further Research

Epidemiology

1. UNAIDS publishes a Global Report every year giving epidemiological and other updates. Visit http:// data.unaids.org for the latest.
2. The status of the epidemic is constantly changing. for the latest figures in your country or region consult. www.unaids.org/en/knowledgecentre/Default.asp

Responses

3. UNAIDS Practical Guidelines for Intensifying HIV Prevention: Towards universal Access, 2007 available as pdf at data.unaids.org/pub/Manual/2007/
4. For background materials on blood safety see www.who.int/bloodsafety/en/
5. For guidance on needle and syringe programmes see www.who.int/hiv/idu/Guide_to_Starting_and_Managing_nSP.pdf
6. For the responses of your country, see your country's UNGASS report
7. For examples of media's response see, Voice and Visibility- frontlines perspectives on how the global news media reports on HIV/AIDS, Internews network 2006, available at www.internews.org/pubs/health/voice&visibility2006-11.pdf and IFJ research findings on reporting HIV/AIDS in six countries in Africa and Asia, available at www.ifj.org/assets/docs/073/062/6cda949-b128e3e.pdf

HIV as a Development Issue

8. World Disasters Report 2008: Focus on HIV/AIDS. Published by the International Federation of the Red Cross and Red Crescent Societies available at http://www.ifrc.org/publicat/wdr2008/summaries.asp

Gender

9. Gender, HIV and Human Rights Training Manual produced by UNFEM, available at www.genderandaids.org/downloads/materials/
10. For resources related women and children visit http://womenchildrenhiv.org/wchiv?page=wx-05

Reproductive Health

11. See Myths, Misperceptions and fears: Addressing condom use Barriers, published by IPPF and UNFPAPA, available as downloadble pdf files at www.unfpa.org/upload/lib_pub_file/688_filename_myths_fears.pdf
12. For issues related to HIV and STIs see www.wpro.who.int/nR/rdonlyres/AB497cD5-2882451f-8Ac2-fDD90AcBBBfB/0/dcc04_en.pdf
13. For more details on STIs see www.who.int/reproductivehealth/publications/rtis_gep/annex5.htm

Behaviour Change Communication

14. A series of 8 handbooks on behaviour change communication, produced by FHI AIDSCAP project for different sectors is available at http://www.fhi.org/en/HIVAIDS/pub/guide/BCC+Handbooks/index.htm
15. HIV/AIDS and communication for Behaviour and Social change: Programme experiences, examples, and the Way forward, UNAIDS, 2001 available as pdf file at http://data.unaids.org/Publications/IRc-pub02/Jc627-kM117_en.pdf and
16. Report of the UNAIDS Technical consultation on Social change communication, 2-3 August 2007 available at http://data.unaids.org/pub/Agenda/2008/fina%20scc%consultation%20agenda_9.01.08_en.pdf

    Note: Most countries have started doing periodic behaviour surveillance survey. When you are planning a programme, make sure to take a look at the survey report. It will focus your attention on the kind of approach you could take.

Language and terminology

17. The updated list of terminology recomended by UNAIDS is available at data.unaids.org/pub/Manual/2008/20080226_unaids_terminology_guide_en.pdf
18. UNESCO Guidelines on Language and content in HIV and AIDS related Materials, unesdoc.org/images/0014/001447/144725e.pdf

Legal and Policy Matters

19. Legal Aspects of HIV/AIDS: A Guide for Policy and Law Reform, World Bank, 2007, available at http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/LegalAspectsOfHIVAIDS.pdf
20. A workplace policy on HIV/AIDS: what it should cover - available at http://www.ilo.org/public/english/protection/trav/aids/examples/workcover.pdf
21. The ILO Code of Practice on HIV/AIDS and the world of work available at http://www.ilo.org/public/english/protection/trav/aids/code/languages/hiv_a4_e.pdf

Scientifc and Medical Aspects

22. For a list of viruses and the diseases they cause, see www.virology.net/garryfavwebindex.html
23. For more details on HIV see http://www.niaid.nih.gov/factsheets/howhiv.htm
24. For an animation that visualizes the action of antibodies, see catalog.nucleusinc.com/generateexhibit.php?ID=15529&A=2
25. For a clearer understanding of the processes of the immune system see www.niaid.nih.gov/Publications/immune/the_immune_system.pdf and watch the animation given state.edu/microbiology/courses/mb300/gallery/immune_anim.html as well as the animations in science.nhmccd.edu/Biol/inflam.html
26. For more details on the progression to AIDS after HIV infection, see Immunopathogenesis of HIV Infection by Michael M. Lederman, Benigno Rodriguez and Scott Sieg, hivinsite.ucsf.edu/InSite?page=kb-00&doc=kb-02-01-04
27. For more detailed information on the entry of HIV into CD4+ T-cells see Molecular insights into HIV Biology by Warner C. Greene, and B. Matija Peterlin, available at hivinsite.ucsf.edu/InSite?page=kb-00&doc=kb-02-01-01
28. For simple explanations, see www.aidsmeds.com/articles/hiv_life_cycle_9635.shtml and www.thebody.com/content/whatis/art2499.html
29. There are several animation videos on the Internet that will help you to understand the virus and the way in which it infects CD4 cells. If you have Internet access, see for example www.youtube.com/watch?v=RO8MP3wMvqg, www.youtube.com/watch?v=v5LGqi-8eZg, www.whfreeman.com/kuby/content/anm/kb03an01.htm For step by step animation of the process, see www.sumanasinc.com/webcontent/animations/content/hiv.html
30. For more information on the life cycle of HIV, see www.aidsmeds.com/articles/hiv_life_cycle_9635.shtml For progression to AIDS see http://www.avert.org/hivstages.htm

Testing

31. For the policy on testing see www.who.int/hiv/pub/vct/en/hivtestingpolicy04.pdf and http://www.unaids.org/en/Policies/Testing/default.asp
32. For the details on counseling and testing see www.who.int/hiv/pub/vct/en/Opening-E%5B1%5D.pdf
33. For details on provider initiated testing of pregnant women, see www.womenchildrenhiv.org/wchiv?page=vc-10-00
34. For a guide to testing see http://www.aids.org/info/testing.html
35. For guidelines on surveillance of pregnant women, see data.unaids.org/Publications/IRCpub06/JC954-ANC-Serosurveys_Guidelines_en.pdf
36. For ethical issues related to surveillance, see www.who.int/hiv/pub/epidemiology/en/sgs_ethical.pdf

Stigma and Discrimination

37. For more details on stigma and discrimination visit www.healthdev.org/eforums/stigma-AIDS where a few publications on stigma are available for download as pdf files.
38. For a training programme on reducing stigma and discrimination see http://www.engenderhealth.org/pubs/hiv-aids-sti/reducing-stigma.php
39. Discrimination is a human rights issue. For a training manual on this issue, see http://www.apcaso.org/html/ReadFrame.asp?pDocument=../Documents/HumanRights/HIV-AIDS-T-Manual-5-03.pdf

Antiretroviral Therapy

40. For details on treatment see Antiretroviral Therapy for HIV Infection in Adults and Adolescents: Recommendations for a public health approach, WHO, 2006 (especially Annexures 1 and 2) available at www.who.int/hiv/pub/guidelines/artadultguidelines.pdf
41. Antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: towards universal access, WHO, 2006 available at www.who.int/hiv/pub/guidelines/pmtctguidelines3.pdf
42. For a database of drugs for HIV treatment see ftp://nlmpubs.nlm.nih.gov/aids/ adatabases/drugs.txt
43. For more information and data on clinical trials visit www.centerwatch.com/ and www.nlm.nih.gov/medlineplus/clinicaltrials.html or http://aidsinfo.nih.gov/
44. Caring for People with HIV rspas.anu.edu.au/grc/publications/manuals/Reid_TrainingManual_July2007.pdf

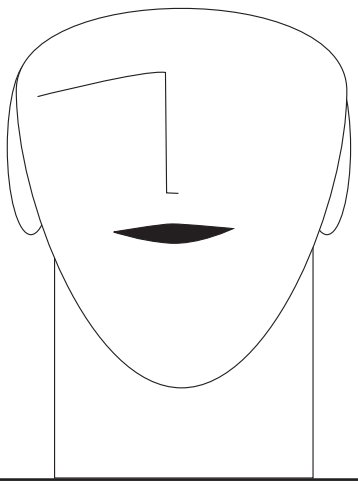
Vaccines

45. To keep track of the developments in the field of HIV vaccines, visit www.who.int/vaccine_research/diseases/hiv/en/ iavi.org/ and www.vaccines.org/

RESPONDING TO HIV USING TV FORMATS

2

Part II
RESPONDING TO HIV USING TV FORMATS



USING TV FORMATS TO RESPOND TO HIV

The strength of the TV medium is its visual component. It is more accessible to the illiterate population than print media and the Internet. It also engages and attracts people differently to the radio mode through its visual component – a picture can say a thousand words. TV is a powerful tool when combating HIV.

This part will present common TV genres and their abilities to deliver HIV prevention messages to the audience. It will examine the structures and production processes for weaknesses and strengths of the different genres. You will find ideas on how to include HIV related issues using different TV genres. Practical tips help you to improve the quality of your TV programme, from pre-production to post-production.

TV has many genres and formats, and each has different abilities to carry HIV related information. Moreover, different sections of the audience are attracted by different genres.

2.1 HIV and TV Genres

WHY SHOULD YOU LEARN TO USE DIFFERENT TV GENRES?

THE WORD GENRE comes from French meaning 'type' or 'kind'. But who needs genres? Everyone, it is said, but in different ways and not to the same degree. Producers need the knowledge to attract and retain audiences in a reliable way. For the audience, the genre classification helps them to know what to expect from a TV programme. For scholars, both established and newly emerged genres constitute an endless field of interest[1].

The preferences for different genres vary between women, men, youth and children, and often reflect where they live (town/rural areas) and their level of education[2]. Young people, for instance, enjoy music videos while decision-makers prefer news.

Each TV genre also has its own strengths, weaknesses and limitations in communicating HIV and AIDS related messages. By using all genres, it is assured that all facets of HIV and AIDS are discussed on TV and the whole range of viewers can be reached.

Nevertheless, not all TV broadcasters use all genres of programming to discuss these issues. In some countries, only documentaries and Public Service Announcements (PSAs) are used. In others, broadcasters use soap operas.

International agencies have been supporting specific genres of programming. For instance, UNESCO has helped to create many mini-documentaries, UNDP has supported the production of documentaries and UNFPA, the production of soap operas.

Similarly, international agencies have been supporting specific genres of programming. For instance, UNESCO has helped to create many mini-documentaries, UNDP has supported the production of documentaries and UNFPA, the production of soap operas.

The processes and skills used in the production of different genres vary widely, even though the tools of production – cameras, microphones, lights, edit suites, etc. - are common. For instance, if the process for producing a documentary is used to produce a soap opera, the quality of production suffers and the expectations of the audience are not met.

1 Langford, Barry (2005): Film Genre. Hollywood and Beyond. Edinburgh. Edinburgh University Press Ltd.
2 http://data.unaids.org/Publications/IRC-pub05/JC429-Radio_en.pdf

Producers need to reorient themselves and adapt themselves to appropriate production strategies when they take up new genres. Moreover, to ensure that all target groups get the necessary information about HIV and AIDS, it is crucial to

- use all TV genres,
- broadcast the programmes at different times of the day and
- map the target audience

Over time, many genres of TV programming have evolved. New genres and formats are being invented and discovered all the time. This handbook limits the discussion to a few well-evolved and popular genres:

TV GENRES

1. News
2. Current Affairs (and Interview)
3. Documentary
4. Mini-documentary
5. Investigative Report
6. Magazine Show
7. Docusoap
8. Talk Show
9. Reality TV
10. Soap Opera
11. Quiz (Game) Show
12. Music Video
13. PSA

News and Current Affairs have high viewing figures, especially among decision makers and opinion leaders. This chapter examines the characteristics of News and Current Affairs formats and their strengths and weaknesses to carry HIV related messages. The Interview, a subgenre of news programming, is also included in this section.

2.2 News and Current Affairs

NEWS

NEWS HAS to meet several criteria in order to be good. The topic has to be current and as the name indicates, something new.

That is why *timing* and *significance* are important criteria. For example, "hundred people killed in a plane crash at 9 am today" makes a better story than only "ten killed in a plane crash recently".

Proximity is essential. Events near us have more significance. Not only geographically, but also culturally. The bank crisis in a foreign country is less interesting than a near by factory closing down, leaving local people unemployed.

Sensation and *conflict* are key words when producing news.

Prominence is about the fact that famous people get more coverage than average people.

Identification also plays an important role - the more the viewer can identify himself or herself with the persons in the news item, the better.

In news, content is king - while visual storytelling is given less importance. The news story has to answer the following 5 Ws and one H, preferably in the very beginning of the story.

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WHO? WHEN? WHERE? WHAT? WHY? AND HOW?

Structure

TV news is broadcast as bulletins, focusing on a region or a special interest (business, sports, entertainment, etc.). Its structure remains the same in order to meet the expectations of the audience. These expectations are created by consistent presentations of structure and style. These expectations have evolved over time and continue to evolve.

News programmes have a standard opening. For example, animated graphics accompanied by a signature tune. This serves to draw the viewers'

attention. The newsreader/anchor starts with reading the headlines from the studio. Different elements enhance the presentation (names supered, headlines in a news ticker, background images behind the anchor, digital wipes, etc.).

The anchor presents each news item with two or three sentences, as they are broadcast. A news story or report is usually short - about one minute. Some special reports can be longer and in case of very dramatic events, the whole transmission can be dedicated to just one event.

The most important story is broadcast first, the less important ones follow. The story may be fed as a videotape (a VT insert) or from a digital server. Live feeds, where the reporter is on location, are also frequently used. Live stand-ups with relevant background showing, increase the credibility and the sense of actuality.

A typical bulletin presents world news first, followed by news that may be of specific interest to its audience. Sports, news and weather are presented towards the end. Within the bulletin, the channel may decide to use different presenters for specific areas like business, sports and weather.

The main newsreader reappears at the very end, thanking the audience for watching and often inviting them to the website. By moving the audience over to another media platform (Internet), the broadcaster gets new possibilities to retain the attention of the viewers and inspire them to interact.

Producing the news story

A news story is rarely scripted before shooting. The angle and focus of the story are discussed in the newsroom, if there is enough time, before the story is assigned to a reporter.

The reporter often does his research on the run. Interviewees, experts and eyewitnesses have to be found immediately and preferably before competing journalists break the news.

On location, the footage is collected and stand ups are done quickly. Using small teleprompts, available even for handheld cameras, reporters look as if they have a natural talent for memorising long texts. The footage often serves as 'evidence', and visual storytelling is not given much thought.

After shooting and if the story is not broadcast live, the footage is edited back at the TV station. The commentary or voice-over is added and the lead-in for the anchor is written, containing the main point of the story.

The (main) producer determines the order in which the stories will be broadcast. By placing them one after the other in a running order or a rundown, the director and the crew in the studio soon have a detailed list to produce the multiple camera production[3].

Weaknesses and Strengths of TV News as a Genre

News bulletins go on air at fixed hours that cannot be shifted. Stories have to

3 Cury, Ivan (2007): Directing and producing for television. A format approach. Massachusetts. Focal Press/Elsevier

be broadcast before rival news channels and their producers have time to react. Time-pressure is one of the reasons why news producers and reporters, compared to those in other TV genres, cannot pay too much attention to aesthetics or visual storytelling. The quality of camerawork, resolution of the image and the crispness of sound are considered not as important as getting the story into the next bulletin and this often becomes a habit. Thus, when news reporters and producers attempt to shift to another genre, re-orientation and training may be necessary.

Because the news story is short, an in-depth coverage of HIV-related issues is not really possible. However, new develpments in treatment, cure or some current local event highlighting HIV and AIDS can be usefully reported within news stories.

Because the news story is short, an in-depth coverage of HIV-related issues is not really possible. However, new developments in treatment, cure or some current local event highlighting HIV and AIDS can be usefully reported within news stories. Since news is a highly popular format, it is a highly influential genre.

How to Keep HIV in the News

There are hard news and soft news stories. While hard news is about covering time-bound events, soft news tells human-interest stories. When there are many national, regional and international hard news stories to broadcast, soft stories will have to wait.

Imagine, for example, a story of a child expelled from school because he or she has a parent who is HIV positive (or the child is HIV positive). One or two months pass before a reporter comes to know about it. This story of discrimination may then be classified as soft news, since it is not current enough. Once it catches public attention, however, there may be follow up stories that can turn out to be hard news.

News can also be created. The producer can take a HIV test him/herself or even better - persuade a celebrity to do it. Bearing news criteria in mind, the producer can appeal to identification and prominence. News can thus be both juicy and gossip oriented.

News can be based on user value as well. Information about a rapid test for HIV coming into the market, new treatments/drugs for AIDS, etc. are useful to those who are infected or affected by HIV. Such news stories will require you to keep track of the progress in the medical industry.

One trick is to maintain a list of International Days. Fixed dates for well-known events, as such World AIDS Day, allows you to do proper research and plan stories well in advance. A story highlighting stigma experienced by a HIV positive person for the Human Rights Day can be planned. Universal Children's Day is a perfect day to broadcast stories about AIDS orphans and so on.

You should also keep track of new reports on HIV related issues and publications from UNAIDS or other reputable agencies, to get ideas for news stories.

In the long run, however, it is networking that is essential. Create and maintain a contact list of people from different social and professional


21 FEBRUARY
INTERNATIONAL MOTHER LANGUAGE DAY
8 MARCH
INTERNATIONAL WOMEN'S DAY
INTERNATIONAL DAY FOR THE ELIMINATION OF RACIAL DISCRIMINATION
21 MARCH
24 MARCH
WORLD TB DAY
World TB Day
March 24
WORLD AIDS ORPHANS DAY
7 MAY
TOGETHER for Health
7 APRIL
WORLD HEALTH DAY
WORLD BLOOD DONOR DAY
14 JUNE
20 JUNE
WORLD REFUGEE DAY
INTERNATIONAL DAY AGAINST DRUG ABUSE AND ILLICIT TRAFFICKING
26 JUNE
Do drugs control YOUR LIFE?
11 JULY
WORLD POPULATION DAY
WORLD BREASTFEEDING WEEK
AUGUST 1-7
INTERNATIONAL DAY OF THE WORLD'S INDIGENOUS PEOPLE
9 AUGUST
INTERNATIONAL DAY OF OLDER PERSONS
12 AUGUST
INTERNATIONAL YOUTH DAY
XX World Youth Day Cologne 2005
1 OCTOBER


OCTOBER 10
INTERNATIONAL DAY FOR NATURAL DISASTER REDUCTION
WORLD MENTAL HEALTH DAY
OCTOBER 10
OCTOBER 16
WORLD FOOD DAY
OCTOBER 17
INTERNATIONAL DAY FOR THE ERADICATION OF POVERTY
24 OCTOBER
WORLD DEVELOPMENT INFORMATION DAY
16 NOVEMBER
INTERNATIONAL DAY FOR TOLERANCE
20 NOVEMBER
UNIVERSAL CHILDREN'S DAY
INTERNATIONAL DAY FOR THE ELIMINATION OF VIOLENCE AGAINST WOMEN
NOVEMBER 25
WORLD DAY FOR PREVENTION OF CHILD ABUSE
19 NOVEMBER
WORLD AIDS DAY
DECEMBER 1
INTERNATIONAL DAY OF DISABLED PERSONS
3 DECEMBER
INTERNATIONAL VOLUNTEER DAY FOR ECONOMIC AND SOCIAL DEVELOPMENT
5 DECEMBER
THE 2007 INTERNATIONAL CHILDREN'S DAY OF BROADCASTING
9 DECEMBER
HUMAN RIGHTS DAY
DECEMBER 10
INTERNATIONAL MIGRANTS DAY
DECEMBER 18

groups. Personal contacts are crucial - visit these experts face-to-face and call them regularly.

Make it a habit to call up a social worker, for example, to ask how the distribution of free condoms in the slum area went last week. He/she will tell you that - and much more.

It is important to get out of the office and meet people who have experienced things you will never find by just looking at the computer screen. It is impossible to make a human-interest story on HIV if you have never met a person living with it.

CURRENT AFFAIRS

Traditionally, both news and current affairs (also called public affairs) have a priority status within a broadcasting company. Like news, current affairs cover political, cultural and social events of importance and interest at the present time. The emphasis lies on the content, and the potential of repeating the programmes reduces over time.

The difference is the duration - a current affairs programme can last from 30 minutes to one hour. This news genre can, therefore, present a detailed analysis and discuss news stories in greater depth.

Usually, news and current affairs are done by the same set of people. The same news criteria and similar production processes are used. To make high quality CURRENT AFFAIRS programmes, you will need good networking, research and interview technique skills.

This genre can range all the way from investigative programmes with contemporary significance to drama-documentaries, which have proved to be an effective new form of Current Affairs[4].

HIV in Current Affairs

Discrimination, testing, and other issues raised in the news, can be tackled in greater depth and be given better coverage by current affairs programming.

This news genre also allows other stories (besides HIV) to be re-oriented. For instance, a heroin haul made by the police can provide a context for a discussion about injecting drug use and the spread of HIV. Sex scandals can also provide a context for discussing HIV in a current affairs programme. News and current affairs producers, journalists and reporters often work under tight deadlines and do not have much time to do in-depth research. This can sometimes result in wrong or mixed messages.

It is, therefore, necessary that producers from the news and current affairs departments become familiar with different aspects of HIV and AIDS. Unfortunately, these professionals seldom get the opportunity to participate in extensive capacity building workshops.

Networking and subscriptions to e-newsletters on HIV can help keep track of what is happening in society at large and in different parts of the world[5].

4 http://news.bbc.co.uk/newswatch/ifs/hi/newsid_3970000/newsid_3975600/3975649.stm
5 See examples of e-newsletters to subscribe to at http://comminit.com/en/hiv-aids.html and hiv.developmentgateway.org/

INTERVIEWS

It is not always easy to define a genre. Take, for example, interview programmes such as Riz Khan's *One on One* on Al Jazeera, or *HARDtalk* on BBC. In general, interviews can be seen as a way of working, a technique, or a form of presentation.

The problem is that genres can be categorised according to several criteria. Some genres are labelled having the target audience in mind (children, youth), others by considering the content (sports, culture). Several are classified according to their relation to reality (fictional, factual programming) etc.

Despite the fact that the genre classification is an ongoing discussion and arguments continue without reaching any consensus, *HARDtalk* and *One on One* are considered here as a subgenre of news programming. What distinguishes these programmes, though, from news production, is the detailed research and in-depth investigation. Interviewers ask difficult questions and get behind the stories that make the news.

This subgenre normally brings in important people - from political leaders and corporate decision-makers to entertainers and celebrities. Ordinary individuals facing huge challenges can also get their voice heard through interviews. The format is, therefore, well suited to deal with HIV issues, allowing in-depth discussions and explanations.

Within this format, interviews are usually done in the studio with multiple cameras – or when the situation demands, at other locations. A 'static' setting is used and problems related to microphone placing, lighting conditions, etc. are reduced due to the fixed scenery. As in news, the content is essential and the shooting is technically predictable.

The answers of the interviewees however are not predictable. As in news or talk shows, no exact scripts can be written beforehand. However, the questions and issues to be covered are researched and discussed (sometimes even with experts) in advance.

The order in which the questions appear is carefully planned. The interviewer must do excellent research and have great knowledge of interviewing techniques before any shooting can start.

After the interview, the interviewer can repeat his/her questions, remaining in the same position, even if the interviewee has already left the studio. These, and other adequate cutaways (nodding, smiling, etc.), can then later be added in the edit to make the program more compact and to make it seem continuous as well as to cover any errors.

Find out more about interviewing in *2.9 Shooting Interviews and Interview Techniques*.

This chapter will examine the structures and processes of Documentaries, Mini-documentaries, Investigative Reports and Magazines Shows. It will also explore their value for carrying HIV related messages and information.

2.3 Pre-Scripted Factual Programmes

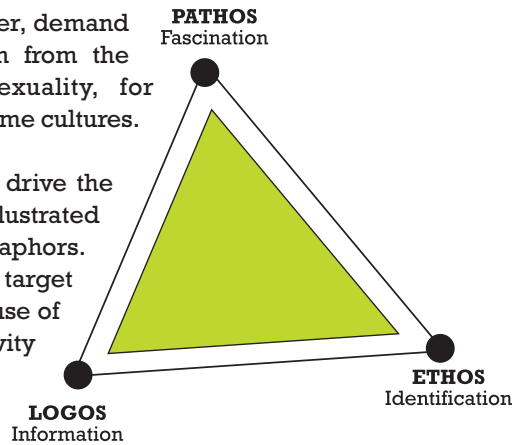
DOCUMENTARIES

DOCUMENTARY PIONEER, John Grierson, defined nonfiction work as the 'creative treatment of actuality'. Documentaries, unlike news and current affairs programming, lay emphasis on visual storytelling. "Show it, don't tell it!" is the golden rule in documentary making.

Documentaries are typically made to fit 30, 45 and 60-minute TV slots/ segments. They can also be a part of a series. Unlike news, documentaries do not have to be linked to current events. While news and current affairs become old news as time passes, documentaries can be broadcast again after many weeks or months.

The documentary format allows more time for research, shooting and editing, resulting in a more complex TV programme. Therefore, this genre allows issues related to HIV and AIDS to be explored in detail and with depth.

Some culturally sensitive issues, however, demand critical judgment and great consideration from the producer. Visual representations of sexuality, for example, can create negative reactions in some cultures.



A documentary depends on visuals, to drive the story forward. Sensitive issues can be illustrated using abstract, symbolic visuals and metaphors. However, you have to make sure that your target audience understands the symbolism. The use of easily comprehensible semiotics and creativity is therefore a crucial combination in documentary production.

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Structure and Style

Every story has a beginning, a middle and an end. It is necessary to know where the story starts and where it's going. Each story also contains Pathos (fascination), Logos (information) and Ethos (identification). A documentary, in

Documentary pioneer, John Grierson, defined nonfiction work as the 'creative treatment of actuality'.

its purest form, should mainly contain Ethos, a bit of Pathos and the least Logos.

The documentary structure often borrows the 'grammar' from fiction films, theatre and literature. It compresses time, sets expectations and presents conflicts. A useful tool for planning a documentary structure is to study the 3-act play, described in *2.5 Fiction*.

Style, again, refers to how the story is told. Documentaries can roughly be divided into observational documentaries that capture the action while it is happening and documentaries that are based on reconstructions telling the story after it happened, through interviews and visuals[6].

While choosing structure and style, it is crucial to remember that visual storytelling is about showing people, their characteristics and their problems – not merely telling about them.

The first sequence is the most important from the producers' point of view. This is often called the hook. A strong beginning has to capture the interest of the target audience as soon as possible. If not, the viewers might surf to another channel. The audience has also to be served the key information about characters/ subjects, time, place, problems etc. in way that they are able to understand (and care about) the documentary and its characters[7].

The middle sequence has to merely retain the viewer's attention. The story and the characters have to develop, evoking emotional reactions in the minds of the viewers. The audience is served more in-depth information and the problem/crisis evolves towards a climax.

The last sequence should create a lasting impact. The characters have 'grown' and the problem/crisis has reached some kind of a solution. If the documentary does not have an ending worth remembering or it does not trigger people to think, it is not useful. The ultimate success is to provoke action from the target audience.

Producing Documentaries

The rapid technological development, during the last decade, has changed the TV industry in many ways. Today, production equipment is more accessible and affordable for ordinary people, who want to try out their production skills.

Many documentaries are shot with a single camera. DV cameras are often used - they are light, relatively easy to handle and do not draw as much attention as the old, big video cameras.

The new media technology has also changed conventions about how a documentary should look. Aesthetics have changed – hand-held camera work, grainy images and jump cuts are now more acceptable. Some critics, however, claim that this development has lowered the quality and status of documentaries in general[8].

Cheaper cameras, videotape and non-linear editing systems have facilitated the collecting and re-organizing of footage. Or has it?

6 Four Docs Guide: Get Thinking (http://www.channel4.com/fourdocs/guides/shooting.html)
7 'Characters' is hereby used instead of 'subjects', for persons appearing in both fictional and non-fictional TV programmes.
8 Engebretsen, Nanna (2007): Digitalisation - who cares? Master thesis, Lillehammer University College.

The seemingly endless amounts of possibilities producers face today and the high piles of tapes recorded, can confuse anyone. One thing, though, has not changed from the days when documentaries were made on film. Namely, it is not the technology that makes the biggest difference. It is the producer and his/her skills.

Research and networking lays the ground for a good HIV documentary. Accurate sources and HIV experts have to be consulted to find credible information, which also facilitates script writing. The right people have to be persuaded to tell personal, revealing and touching stories. The perceptions, attitudes and knowledge of the target audience have to be investigated, to be able to pitch the documentary successfully.

As documentaries aim to represent truth and a realistic view of the world, a lot of pressure is placed on the shoulders of the producer and the production team. On location, the people/characters involved have to be treated respectfully, with all the ethical principles that concern good reporting in mind.

Post-production requires more ethical judgment. How are the characters presented? How will the program affect their lives? Will it not make any difference at all? Think, for example, about the people who voluntarily help the producer during the many days of documentary making. Would their hopes be shattered, if the programme turns out to be a flop?

Find more detailed information about how to produce a good documentary in chapters *2.8 Improving the Quality of Content, 2.9 Improving Production Quality and 2.10 Improving Post-Production Quality.*

Strengths and Weaknesses

The documentary format allows the producer to study the subject in depth and get to know the characters well. The time available for conducting good research, meeting HIV experts and mapping the target audience, provides the documentary producer with the opportunity to disseminate reliable and important information.

It also permits the producer to build trust and confidence with the characters, and with good interview techniques, to see the world from their perspective. It allows the footage to be edited carefully, using visual story telling techniques, considering both structure and style, and finally to give audience an aesthetic experience that appeals both to their emotions and intellect.

Without an ethical approach and respectful attitude, producers can do great harm to their characters. With insufficient knowledge about HIV and AIDS, wrong and mixed messages will continue to feed stigma and discrimination.

MINI-DOCUMENTARIES

As the name suggests, a mini-documentary is a shorter version of a documentary. It is about 5 or 6 minutes long on an average.

The production process is similar to a documentary production. However, while a documentary can take about a minute or more to capture the interest of the audience, the shorter format of the mini-documentary has to capture audience interest within the first 30-40 seconds.

The strength of the mini-documentary is that it is highly repeatable. It is easier to get a five-minute slot from the broadcaster than

a 30-minute slot. In fact, quite often, broadcasters are looking for short programmes to fill up empty spaces in their schedules.

Unlike Public service Announcements (PSAs), which are even shorter and more repeatable, the longer duration of mini-documentaries allows them to carry more relevant information.

Mini-documentaries are, therefore, handy for carrying information and messages that need to be repeated – such as those about HIV testing, anti-discrimination, HIV and gender, prevention services and others.

Note that mini-documentaries are not automatically repeatable. It is necessary to pay great attention to quality while producing one. No broadcaster is willing to repeat programs with average or bad quality.

INVESTIGATIVE REPORTS

TV genres can borrow each other's structures and styles, and new combinations emerge constantly. Investigative reports, for example, can be quite similar to Interviews, as they also require time-consuming research.

They do not differ essentially from documentaries either. The production process is similar, but it is the intention behind that makes the difference.

Investigative reports exemplify the watchdog function of media. In-depth investigation is needed for revealing the wrong doings of people in power. Numerous interviews, closed doors and travelling are everyday life for producers chasing facts, details and evidence.

The producer has to be multi-skilled and manage many different areas. An investigative report may call for studying neglected sources in archives, tax or phone records, or conducting scientific analysis, etc. Sometimes it is necessary to use anonymous sources or go undercover.

HIV in Investigative Reports

There are many issues related to HIV that can form the basis of potential investigative reports for TV. For instance, confidentiality of counselling and testing is one topic. The adherence to strict protocols when transporting plasma or blood for testing viral load or CD4 count is another topic, that can be investigated.

Control of AIDS and prevention of HIV transmission are crucial national and international issues, involving huge financial allocations. Since greed is a very common human failure, investigations into financial irregularities might also throw up some interesting stories.

People in power seldom like investigative reports. Producers who pursue this genre of programming may have to deal with threats. They may be offered bribes to drop an investigation. There have been cases where a journalist has even been killed.

Media all over the world has progressed because of professionals who are willing to risk their lives for freedom of the press and freedom of expression, a basic human right.

MAGAZINE SHOWS

The Magazine show format is a series of factual TV programmes that are broadcast once a week, or with a specified frequency. Usually, a

magazine deals with one main topic such as health, environment, culture, science, technology, consumption etc.

TV magazines have regular slots with stories/VT inserts, just as printed magazines have regular 'columns' or features. Regular slots make TV magazines almost predictable in their structure.

The anchor person(s) serves to bind the stories (that last from three to five minutes) together. The duration is usually between half an hour to one hour. Longer magazines often have longer stories/inserts.

Each slot has its own identity, created by animated graphics and musical transitions. After a few episodes, viewers start to recognise the slots and the kind of stories that they carry.

A health magazine, for example, may have slots that are allotted to discussing a disease, medical equipment used for diagnosis, a traditional treatment for a specific disease, a pharmaceutical product, a fitness or exercise slot, an interactive slot for answering questions from viewers, etc. Serious stories are usually alternated with lighter ones.

HIV in Magazine Shows

Like documentaries and investigative reports, magazine shows can easily carry HIV related stories. Health magazines, for instance, can carry a story in every episode. Since HIV has many facets, magazines focusing on other issues can also involve the topic once in a while.

An IT magazine can carry a story on the best Internet sites on HIV and AIDS. A culture magazine can carry a story on changes in the cultural landscape due to AIDS. A science magazine can carry a story on the specialty of the virus or how it breaks down the immune system.

Strengths and Weaknesses

Variety is the spice of any TV show and the magazine format has the potential for variety built into its very structure. If the viewer does not find one story interesting, he/she knows that within some minutes there is a new story coming.

Unlike news items, magazine stories have longer duration and can therefore provide more information. Three to five minutes, however, is not enough to discuss issues in great detail, as can be done in a documentary.

DOCUSOAPS

In the 1990's, docusoaps became a popular twist to documentaries, resembling in a way the 'fly on the wall' documentary from the 60's. As cameras became lighter and videotape cheaper, the 'surveillance' of other people's day-to-day life became easier.

Docusoaps are characterised by having 'ordinary people' in focus, often sharing a common experience. The genre is rating seeking and differs from the previous genres presented in this chapter - by being entertaining.

Docusoaps are inspired by drama, having a more or less 'fictional' structure. They combine the seriousness of documentaries, with the playfulness of soap operas. The footage can be self-reflexive, self-conscious and spontaneous[9].

9 Bruzzi, Stella (2001): Docusoaps. In: Creeber, Glen (ed.) The Television Genre Book. London. The British Film Institute

As in reality TV, blurry images made by hand-held camera and jump cuts have become the 'authentic style' that enhances the feeling of truthfulness. The emergence of docusoaps and reality TV, together with technological developments, have thus influenced the aesthetics that is now adapted to other factual programmes. This development has also affected how 'real' documentaries are made and viewed - and not necessarily for the better[10].

See also chapters *2.4 Reality TV and 2.5 Soap Opera.*

HIV in Docusoaps

People living with HIV can participate in docusoaps and all facets of HIV and AIDS can be discussed, as in documentaries. Youth and the female sections of society would be the target audience.

Bearing in mind that the production period for a docusoap can be quite long, characters have to be well prepared to live at close quarters with a video crew for a while. This may not be easy, once the first flattering days of shooting have passed.

At its best, this format can allow the audience to come quite close to the daily life of a HIV positive person. But again, ethical judgment is crucial from pre - to post-production and written agreements have to be made to avoid conflicts.

10 Ward, Paul (2005): Documentary. The margins of reality. London. Wallflower Press

This chapter looks at issues related to Talk Shows and Reality TV. These genres of programming do not call for exact scripting, but for detailed planning and briefing of participants.

2.4 Talking Heads and Some Action

TALK SHOWS

THE TALK SHOW is a popular TV genre. The programmes are usually half-an-hour in duration but one-hour talk shows are not uncommon. Talk shows are broadcast regularly and are presented by one or more anchorpersons who lead a discussion with guests in front of a live audience.

Talk shows can be politically or culturally orientated, entertaining, educative, etc. The Celebrity Talk Show and The Confessional Talk Show are two popular subgenres.

The Oprah Winfrey Show is an example of a well-known confessional talk show. Winfrey's success as a host lies in her ability to position herself as an 'ordinary woman' and she continually refers to her personal experiences as a source of evidence. She has become famous for her confessions - for example, having a HIV positive brother[11].

When planning a talk show, the choice of guests or panellists is an important step. The ability of the panellists to express themselves fluently is a factor to be considered. They should also represent different and opposite viewpoints to make the show interesting.

Structure and Production Processes

Unlike documentaries, which are usually made with one camera in different locations, talk shows are mostly done in a studio. Even if the show is set up elsewhere, the background, foreground, lighting, etc. are treated carefully and the show is covered with multiple cameras.

When planning a talk show, the choice of guests or panellists is an important step. The ability of the panellists to express themselves fluently is a factor to be considered. They should also represent different and opposite viewpoints to make the show interesting.

The choice of audience will also affect the flavour of the show. There has to be adequate representation of all stakeholders[12] related to the issue discussed.

11 Shattuc, Jane (2001): The Confessional Talk Show. In: Creeber, Glen (ed.) The Television Genre Book. London. The British Film Institute

12 A person or group interested in, affected by or involved in an issue

Again, it is important that these representatives are vocal, and expressive enough, to ask questions and make comments when the anchorperson calls on them.

There is only a draft script written before the shoot. However, the anchor must have enough background information to be able to conduct the discussion, and broad areas of topics and questions have to be decided on.

Since the sequencing of questions provides the basis for the rhythm and the tension of the whole program, it is important to plan carefully when to ask what.

The production team carefully considers every possible camera angle, where to place microphones and lights so every moment can be captured. Each camera operator gets a set of guests and shot sizes for which he/she is responsible. Camera scripts/shot lists, running orders and time charts are written to facilitate the production.

Finally, a rehearsal is usually carried out before shooting. The production involves many people and it is crucial that everyone- the crew, panellists, audience etc. - is briefed and aware of time limits well in advance.

Producing the Talk Show

The show begins with questions that create a background for the discussion and bring out the characters of the panellists. The discussion should become livelier within the first three minutes. Though TV is a public platform, a talk show is not a place for long speeches. Comments and questions have to be kept short and brief.

Often, pre-recorded short stories/VT inserts are included to raise new questions, support or provoke to further discussion. Sometimes VT inserts are just illustrative images from the location, made beforehand to avoid transferring cameras from one place to another during the show. In some talk shows, house-bands are used to create small pauses or to entertain.

The last few minutes of the show should explore the most explosive issues, where differences of opinions and passions are brought to the fore. In the end, the anchor usually sums up by inviting viewers to interact, for example, by e-mail.

In a multiple camera production, recorded as a 'live' programme, the director cuts from one camera to another almost instinctively. A constant flow of short and clear commands goes from the control room to the crew in the studio. The floor manager uses sign language to brief those without headphones about duration, breaks etc.

Graphics are added as people are talking in the studio. Every insert is pre-planned. The production assistant keeps track of time, so that the programme does not over run. A good show is always the result of teamwork.

The director may decide to roll for a few more minutes before ending the discussion to get cutaways of people - listening, nodding, smiling, rather than talking. Some directors want the input from one or two cameras recorded on separate tapes to get more material.

In the edit, the show can be made tighter in content. Jump cuts and other blunders are corrected.

Strengths and Weaknesses

Culturally sensitive issues like sexuality, which cannot be presented in a visually explicit manner, are tackled very easily by using talking heads. Talk shows can discuss sexual orientation,

condom use, sex work, drugs, infidelity, gender issues etc.

The views that are expressed are seen to be those of the people expressing them and not necessarily of the channel or the producer.

The biggest drawback in talk shows is the potential for mistakes. The experts, panellists and audience can say what they think is right – which may, in fact, be wrong. Mixed and wrong messages can create problems that may be time-consuming to solve.

HIV in Talk Shows

All facets of HIV and AIDS can easily be tackled in talk shows. However, as the programmes are not entirely pre-scripted, the anchor or interviewing journalist has to gain exact and accurate information about HIV/AIDS. Preferably, he or she has to know more about the topic than the guests and panellists.

Like interview programmes, talk shows often include celebrities and important people. Celebrities who are affected by HIV (not necessarily infected) are good interview subjects. Writers who have written best selling books on HIV, high profile officers of UN agencies, etc. may also be chosen.

If you choose a person living with HIV as the interviewee, it is important to make sure that you inform him/her about the consequences of appearing publicly as HIV positive and the stigma attached to it.

It is better to make a written agreement and then double check for permission to use the material before the programme is broadcast. After all, people are allowed to change their minds and the programme may impinge on their lives.

Find more information about conducting interviews in *2.9 Shooting Interviews and Interview Techniques*.

REALITY TV

In the 1990's, when the term 'Reality TV' first emerged, it was used for magazine-format factual programmes about crime, accidents and health. Series like *Rescue 911* or *Cops* had grainy, under-lit and shaky images, enhancing a sense of truthfulness. Eyewitnesses testified, experts from emergency services commented and the narrative (story) was inspired by fictional dramas.

Today the term has widened to include programmes that present 'ordinary people', as in Big Brother. The genre is still associated with the use of surveillance or observational 'actuality footage' combined with first person confessions. Commentary is generally provided by 'authoritative' presenters[13].

Reality TV has a clear concept. It helps the viewer to foresee the structure (how the programme will begin, what the different sections contain, etc.) and recognise the style through camerawork, sounds, lighting and editing patterns.

Therefore, a reality TV concept has to be planned carefully in advance before any shooting can start in order to meet the expectations of the audience.

Strengths and Weaknesses

Unlike documentaries, which can deal with non-living reality and, for

13 Dovey, John (2001): Reality TV. In: Creeber, Glen (ed.) The Television Genre Book. London. The British Film Institute

example, animals and nature, reality TV is typically centered on people. The non-predictable nature of the characters is the variety and spice that well-made reality TV series can offer.

Compared to documentary producers, the reality TV producers appear to leave a lot more to chance. The surprises, twists and turns of the story are provided by the people being shown, rather than decided by a scriptwriter beforehand.

Characters are carefully cast and often helped or provoked to take certain actions or decisions. In post-production the 'reality' is fitted into narrative constructions to please the viewer, as in documentary making.

As in docusoaps, reality TV can specifically target young people and question taboos, misconceptions, stigma and discrimination related to HIV.

People Living with HIV (PLHIV) can also appear in Reality TV, but the consequences have to be considered carefully. As a producer, you have to make sure that your characters understand the implications of appearing publicly as HIV-positive. The stigma involved may have an impact on their lives as people would recognise them.

This chapter investigates the use of Soap Operas and other fiction formats for discussing HIV-related issues.

2.5 Fiction

IN THE EARLY days, TV was thought to be a medium for education and information. Now it has established itself primarily as a medium of entertainment and persuasion, while information and education play a secondary role. Many factual genres, such as news, documentaries, magazines, etc. have today adopted the story-telling format.

The advantage of soap operas, telefilms, telenovellas and movies, is that they have a structure with an inherent story line - with characters in different situations, plots with dramatic twists and turns, a climax and ultimately a resolution.

The ability to create fiction, an imaginative form of narrative, is considered to be a fundamental aspect of human culture.

NARRATIVE STRUCTURES

The classical Hollywood cinema has traditionally presented its viewer with a unified narrative. In David Bordwell's definition, the narrative focuses on a goal-oriented protagonist - a hero who is drawn into a situation, which he/she has to resolve somehow.

Whatever narrative structure feels appealing, it helps to be familiar with the 3-act play used by the ancient Greeks. This classical structure was later known as the Hollywood model. It is still used in fiction films as well as in documentaries.

The narrative is usually settled into a pattern of linear causality with multiple lines of intertwined actions. A few other filmmakers tried a model based upon parallelism - the film followed several lines of action, which were not causally related, but were similar in some significant way.

The modern fictional narrative can be complex in its structure - multiple, integrated, double, separated or complex multiple,[14] etc.

Whatever narrative structure feels appealing, it helps to be familiar with the 3-act play used by the ancient Greeks. This classical structure was later known as the Hollywood model.It is still used in fiction films as well as in documentaries.

THE 3-ACT PLAY

Act One lays out the time and place and introduces the characters (the Set Up). The main problem, crisis or challenge is presented. The rest of the story is about how this crisis is resolved.

14 Hassler-Forest, Dan: Multiple Narrative Structures in Contemporary Cinema (www.euronet.nl/users/mcbeijer/dan/mns/index.html)

The Complication comes in Act Two, where the problem introduced earlier becomes even more complex and difficult. Twists and turns, plot points, provoke different emotions in the audience. It is also time for the Confrontation - where the main character faces the problem/ crisis/ challenge/enemy etc.

The second act is normally much longer than the first or third. At the end of Act Two the viewer may see the possibility of a resolution of the problem or crisis.

In Act Three, the Climax and Resolution comes along with the Dénouement, a brief period of calm where a state of equilibrium returns.

TELEFILMS, MOVIES AND TELENOVELLAS

Telefilms resemble fictional films shown in movie theatres in many ways. But since they are originally made for a different media platform (TV), some differences turned up when TV stations in the US started to produce them in the early 1950's[15].

Since movies are made for a large screen in a darkened hall, and telefilms for the small screen where distractions from peripheral vision are more operative, telefilms use close-ups and other techniques to make the viewing more compelling.

Telefilms are usually shorter in length than movies, and do not spend too much time to come to the point of crisis in the story line - usually about five minutes. Films made for theatres do not have to mind commercial breaks, while the telefilm narrative and structure has to take these interruptions into consideration.

Over the last two decades the lines between television and film have blurred, both structurally and aesthetically. No longer is film the only arena for spectacle, neither is television the home for close-ups. In fact, film screens have been shrinking and the TV screen dominates a home's entertainment room[16].

The convergence, meaning that different technological systems evolve towards performing similar tasks, has changed the way people create, consume, learn and interact with each other through media[17]. Today, a TV programme can potentially be watched on several media platforms - on TV, computer screen, mobile phone, etc.

Even if it has become more common, many TV channels still do not produce movies, but instead purchase the rights to broadcast them. This chapter will, therefore, not discuss the different film genres in any great detail. Telenovellas are not discussed separately either since they differ from soap operas only in minor ways.

SOAP OPERAS

Soap operas were first performed on radio. The term 'soap' states the genre's commercial origins - since it was soap manufacturers that sponsored the daytime radio soaps in the 1930s. 'Opera' indicates the genres' characteristic emotions, plots and performance style.

The soap opera's narrative characteristics and institutional forms are deeply rooted in a specific cultural history. Consumer homes were the target and housewives potential soap buyers.

15 http://www.museum.tv/archives/etv/M/htmlM/movieprofess/movieprofess.htm
16 http://www.museum.tv/archives/etv/M/htmlM/movieprofess/movieprofess.htm
17 Jenkins, Henry (2006): Convergence Culture. New York University Press, New York

The genre has faced a long history of unfair criticism, which has included its target female audience. Even today, the genre is primarily seen as a female genre. It is claimed that the soap opera narratives require 'a set of knowledge and skills normally associated with women in patriarchal cultures'[18].

In contrast to rational information that is served, for example, in news, the soap opera uses the narrative and a melodramatic approach to articulate emotional engagement. By drawing attention, and by creating the feeling of recognition and identification, soap operas and melodramas can aim to promote insight and change of attitude and behaviour[19].

Structure

Soap operas centre on the concept of seriality. The nature of the soap opera narrative is characterised by an ongoing dialogue. Competing and intertwining plot lines (story lines) often include semi-resolved conflicts.

Soap operas focus on people, often families or other particular communities. Often, the characters have a 'back story' - a long history of disputes and alliances. Surprises, dramatic revelations and emotional changes of directions occur constantly in the story lines.

Each episode may summarise the story that has transpired. In this way new viewers can quickly become familiar with the story and the characters, and thus find a point of engagement.

Commercial breaks affect the soap opera structure. The open-ended narratives and cliffhangers leave the central characters in the middle of the uncertain situations, inviting the viewer to join the show after the breaks and to see the next episode.

Over the course of a show's run, the drama, emotions and intrigues seem to happen in the same tempo as the everyday life of the viewer. The genre can thus be perceived as 'realistic'. In some soaps, though, child characters seem to grow faster than the adult character, breaking real life experience[20].

Production Processes

Soaps are shot quickly in 'real time' in studios that are adjusted to rapid set changes. One-hour episodes may be produced during one single day, using multiple cameras.

Scripts are written according to precise guidelines and are rewritten along a particular chain of command[21]. Soap Opera directors, therefore, have little freedom to vary the visual expression or to make other changes that are not included in the script.

Casting is an important step when producing soap operas. Credible characters can make the soap successful. Acting skills cover up wrong casting only to some extent. Production design – the colour and lighting schemes, costumes, etc. - contribute to the believability and enhance aesthetic value.

18 McCarthy, Anna (2001): Studying Soap Opera. In: Creeber, Glen (ed.) The Television Genre Book. London. The British Film Institute.
19 Tufte, Thomas (2003): Edutainment in HIV/AIDS Prevention. Building the Soul City Experience in South Africa. In: Servaes, J (ed.) Approaches to development Communication. Paris. UNESCO
20 McCarthy, Anna (2001): Realism and Soap Opera. In: Creeber, Glen (ed.) The Television Genre Book. London. The British Film Institute.
21 McCarthy, Anna (2001): Studying Soap Opera. In: Creeber, Glen (ed.) The Television Genre Book. London. The British Film Institute.

Many soaps rely on scenes shot in a studio, seldom serving exterior pictures. When exterior shots do occur, their primary function is to bind together scenes and transport the viewer in time and space.

A popular soap is a money-spinner for the television industry. It attracts a large viewership and thus, huge advertisement revenues. How do soaps then achieve this extent of audience involvement? The answer is, of course, by appealing to our emotions.

Strengths and Weaknesses

The soap opera is a flexible and adaptable genre. It is capable of many kinds of variations across temporal and national contexts. Unlike documentaries, though, soaps cannot go into the technical details of HIV very easily. The strength of soap operas lies, therefore, in their ability to provoke emotions through dialogue.

Hope and positive feelings should be emphasised to get people out of feelings of denial, blame and discrimination. Negative emotions can and should also be used to make the programme believable. However, one has to be careful, as HIV communication in the 1980's used fear as a primary emotion and this led to denial.

The story lines should be able to use archetypes to their advantage. The scripts have to be examined very carefully to eliminate any stereotypes – a common weakness in many soap operas.

The success of soaps depends on the realistic illusion of time, place and characters - an illusion that is easily broken due to jump cuts and lack of continuity. Continuity of action, props and lighting are the most common illusions that are broken due to lack of adequate attention.

Dealing with HIV Issues

Some soaps have an episode or two that deals with HIV and related issues. In others, one of the characters is HIV-positive. Such characters in day-to-day settings help to reduce denial. Presenting the emotional turmoil of the character when faced with unjust discrimination helps overcome stigma.

Since soaps are usually about people, situations and emotions, soaps could focus primarily on reducing stigma and discrimination. They can also bring out psychological, social, cultural, legal and economic issues related to HIV in very significant ways.

Involvement of HIV positive groups in the production process is useful to get the right emotions, sentiments and facts into the programme. Mentioning them in the credits at the end of the program will improve the credibility of the programme.

SOUL CITY

The Soap That Saves Lives

The public health soap opera, *Soul City*, is watched by more than 34 million people in South Africa, which means over 70% of the population. This show has, since it's beginning in 1994, given a human face to issues such as HIV/AIDS.

Soul City is a non-governmental project producing TV-fiction, radio drama and printed educative material. Through vigorous research and partnerships, the producers consult both the audience and

experts in the pre-production phase. Actually a whole new model of a multimedia vehicle is successfully created. The format has now spread to many neighbouring countries.

The people behind *Soul City* are convinced that an ongoing drama can educate people. They claim that it is easier to speak about HIV, AIDS or sex in the third person. The success behind this 'edutainment' soap lies in being realistic, not preachy. "It simply tells people's stories really well", says Melinda Simmons, head of the UK Department for International Development's office for South Africa[22].

22 Cassidy, Jane (2008): Medicine and the media - The soap opera that saves lives in British Medical Journal (BMJ). http://www.soulcity.org.za/publications/papers-1/medicine-and-the-media-the-soap-opera-that-saves-lives.html/

By communicating HIV issues effectively, the audiences' level of awareness is raised and ultimately, their behaviour can be changed. All genres can be used for these purposes - even quiz (game) shows and music videos. Creativity is the clue.

2.6 Quiz, Game Shows and Music Videos

QUIZ AND GAME SHOWS

LIKE SOAP operas, the quiz (or game) show genre grew out of a popular radio format, more than half a century ago. Today, the genre is highly differentiated, but generally the shows are based on luck, knowledge and skills. Participants play a game, answering questions or solving problems, and, often, viewers are invited to interact by voting, sending SMS messages and e-mails.

A majority of the shows are about ordinary people facing life-transforming decisions. A good host and some celebrities enhance the entertainment value. The tension lies in whether the player(s) score high and win the prize - large sums of cash, trips, goods, services or even dates.

The quiz show is one of the most flexible and resilient television formats. Many of them, as *Who Wants to Be a Millionaire?* have turned out to be real money-makers when licensing the program format, allowing other countries to make their national versions.

The shows are typically made as multiple camera productions. They are made to look like 'live' shows. This sense of 'liveness' requires some effort on the part of the production team. Otherwise such shows are quite easy to produce, since the format is fixed and repeatable.

Production Processes

Design and pre-production are the most crucial steps in the production of quiz (game) shows, since the success depends on a strong format that has to be usable week after week.

The shows are typically made as multiple camera productions. They are made to look like 'live' shows. This sense of 'liveness' requires some effort on the part of the production team[23]. Otherwise such shows are quite easy to produce, since the format is fixed and repeatable. Also, the production cost per minute is much lower than that spent for soap operas, serialised documentaries or magazines.

23 Boddy, William (2001): The Quiz show. In: Creeber, Glen (ed.) The television genre book. London. The British Film Institute

Strengths and Weaknesses

Even though TV may be a powerful medium, it has an inherent weakness - it does not communicate statistics easily. Unlike print media or the Internet, TV requires another kind of concentration. If one does not pay attention, some facts certainly slip the consciousness. While watching TV, one cannot go back in time, nor turn the page.

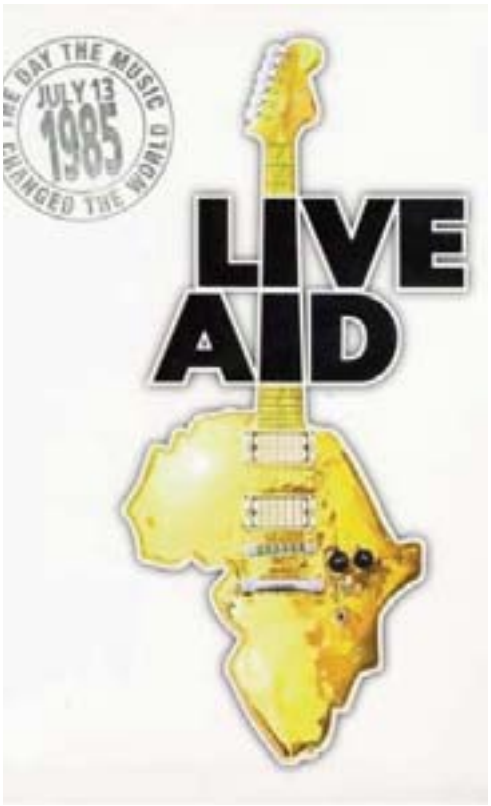
In the quiz format, however, this problem is minimized since facts and figures stay on the screen for quite a long time. Viewers are given time to guess and reflect. After a while, the right answer is provided, both orally and visually. Thus, this genre is not only entertaining, but also educative. A strength HIV communication can exploit.

There are no fixed formulae or rules on how to create a successful quiz show format. If the idea is good and the production values are kept high, this genre draws a huge viewership. A cheap and exportable format is attractive for most investors. A successful quiz show in combination with audience participation (interactivity) can draw even more money from the viewers' pockets. Game boards for home usage can also be developed[24].

MUSIC VIDEOS

This genre sets few restrictions on creativity. Unlike most other genres, there are no limits to what a music video may contain, except for music and pictures of course.

The narrative is structured around music, song and often dance. From



simple live music performances, this genre has developed to a new audiovisual form that inspires, not only the sales of records, but also visual expression in commercials, action films, etc[25].

From motion picture musicals with roots in stage musicals, operettas, revues, vaudevilles, to highly individualistic pieces of artwork (often heavily relying on digital effects), music videos often attract a younger audience.

The eighties, where the show *Top of the Pops* had youngsters in the West glued to their TV sets, also witnessed the *Live Aid* concert in aid of the famine in Ethiopia and the

24 See online quiz at www.unicef.org/voy/explore/aids/explore_1608.html
25 Donnelly, Kevin (2001): Music on Television. In: Creeber, Glen (ed.) The television genre book. London. The British Film Institute

establishing of MTV which soon became a trendsetter. Nowadays, MTV arranges a yearly film competition on HIV and AIDS[26].

HIV in Music Productions

Since music videos attract a young audience, and the same age group is vulnerable to HIV in many countries, the music video format should be used in HIV programming.

Unfortunately, TV channels seldom produce music videos, but merely obtain rights to broadcast them. However, most TV programmes contain music, where small 'music videos' create pauses, give the audience time to reflect, etc. Low budget 'music videos' can be made within many genres - by using creativity.

Since it has become increasingly popular to engage the audience in the very production of TV programmes, a channel could also announce a competition for lyrics related to HIV. Many young people would be lured into investigating HIV related messages just to write the winning entry.

The best lyrics could be published on the Internet. Then, another competition for best musical interpretation of the winning lyrics could be announced. It could be made with judges, a studio audience and voting by the viewers, like a 'responsible' version of the *Idols* concept. The next competition could inspire video producers to make music videos out of the best songs, and so on.

The potential for viewership and sponsorship is huge for a well planned music video based HIV-campaign. A lot of research and collaboration with HIV experts and resource persons is required, though, before a proper synopsis (a summary of the concept/idea) can be prepared. The project may involve many people, but it does not take more than one person to come up with a brilliant idea.

26 The AIDS control authorities in your country could be a starting point. A list of other organisations working on HIV in specific countries can be found by searching in /www.aidsmap.com/cms1038779.

Public Service Announcements or PSAs have been used extensively in HIV prevention messaging. This chapter looks into the process of production and the strengths of PSAs.

2.7 Public Service Announcements

PSAs, PUBLIC SERVICE Announcements, are short, non-commercial messages that are regarded as serving the public good. Their function is to raise awareness, inform, persuade or influence the audience about important issues, like health or safety.

PSAs can be simple with just one performer spelling out the message, or built upon a complex narrative with dramatic plot lines, using music and video effects. The resources in terms of time, effort and money invested in a one minute PSA can sometimes be much more than those invested in a full-length documentary.

Since PSAs are repeated, like advertisements, they require a great deal of innovation and creativity. The audience should not get bored watching PSAs. Neither should they be so overloaded with effects and gimmicks that the viewers are distracted from the message[27].

Since PSAs can be costly, a well-written synopsis with creative ideas has to be developed before management is convinced. The creative team must be exposed to HIV and AIDS issues and preferably meet people living with the virus. The best ideas are usually selected in consultation with the relevant experts.

Production of PSAs

The pre-production of a PSA starts with formative research, meaning that the specified target audience has to be found. It is necessary to identify and understand the characteristics of this audience - interests, behaviours and needs - to find out what could influence their decisions and actions.

What kind of message can be used - and why? Such questions have to be answered to develop effective communication that can influence your audience.

You may plan many PSAs - each being a different version of the same message - or a series, all with different messages. Techniques used in advertising, such as celebrity endorsement, humour, leveraging on lifestyle aspirations, etc. are also applicable to PSAs.

Since PSAs can be costly, a well-written synopsis with creative ideas has to be developed before management is convinced. The creative team must be exposed to HIV and AIDS issues and preferably meet people living with the virus. The best ideas are usually selected in consultation with the relevant

27 See examples on HIV PSAs on www.thethreeamigos.org and www.thegift.unicef.org.uk

experts. Storyboards are created and pre-tested on representatives of the target audience. Personal stories told by real people living with the virus are often preferred in HIV campaigning.

A PSA may need only a few shots, but a long production and post-production period is required since camerawork, composition, lighting, sound, editing, etc. are very important for the outcome and impact of the PSA.

In the edit, a preview with experts, representatives of the target audience and PLHIV must be done. Finally, one needs to decide when and how often the PSAs should be broadcast, keeping the target audiences' habits in mind.

At times, PSAs may be kept aside for a while after being repeatedly aired. Later, some PSAs are cut down to the bare message or to a jingle. The impact is rarely reduced, since the shorter version reminds the viewer of the entire PSA.

It is also worth considering other media platforms. Could your PSAs be shown on mobile phones with minor changes? Could they be spread on the Internet for a wider/different audience?

The strength of PSAs is that they can be repeated many times. Repetition has a psychological impact and is useful in persuasion and social/behaviour change. PSAs are very useful in HIV prevention for reducing discrimination and stigma.

The following chapters offer some concrete advice on how to enhance the quality of your TV programme. The tips given are to ensure thoughtful design and higher quality, as well as to encouraging ethical reporting on HIV and AIDS issues.

2.8 Improving the Quality of Content

THE QUALITY OF a TV programme can be divided thus: *quality of content* and *quality of production*. Both components are equally important. Good content in combination with poor production techniques makes your audience switch channels.

Quality productions with poor content may leave your audience seated in front of the TV. But by serving wrong or mixed messages, you may mislead them in a harmful way.

PRE-PRODUCTION

Quality content is mainly obtained through high-quality research and good planning in the pre-production phase. Firstly, you have to choose a subject that you find fascinating and important, if you do not believe in the subject you will never be able to convince your audience.

It's useful to start with formulating a premise after you have decided on your subject. Write down one or two sentences that describe the fundamental statement that drives your story. A great premise immediately sets up the conflict to come.

Secondly, after getting your synopsis approved by the management, you have to conduct research and judge your sources critically.

Then, you must find the characters and experts that are the best ones to tell your story on screen and/or help you gain more knowledge.

Finally, you have to know your target audience and choose a structure and a style that grips your audiences' interests and involve them emotionally.

THE PREMISE

It's useful to start with formulating a premise after you have decided on your subject. Write down one or two sentences that describe the fundamental statement that drives your story.

A great premise immediately sets up the conflict to come. If your story does not have a clear premise, it will lack focus and drive. It's essential to keep your premise in mind during the whole production process.

BECOME THE EXPERT YOURSELF

Became an expert on your subject. Browsing the Net is usually the easiest and quickest way to do the initial research, but do not forget books, monographs, periodicals and other publications on the topic. Talk to colleagues, call people and ask questions.

However, be critical and use only credible and accurate sources. Find updated and exact facts and figures about HIV/AIDS and avoid using just one source - crosscheck your information with several sources. Use different kinds of sources throughout the whole research period - written, oral, visual, etc.

TARGET AUDIENCE AND COMMUNICATION STRATEGY

During pre-production, it's crucial to pay attention to the target audience. You reach the formative stage of your research by asking: *"Why this content?"*. The target viewers' attitudes, knowledge level and behaviour must be understood well. Networking with experts who know the target group will provide you with insights and advice based on years of experience.

A communication strategy also includes information about what attracts the targeted viewers. What genre, content and style do they prefer? How can you get their attention? How can you end the programme so that they remember the essential information? How do you make them act?

STYLE AND STRUCTURE

Style, meaning how you are going to tell your story, depends on which TV genre you have chosen and who your target audience is.

Maybe your target audience likes a raw reality look with hand-held cameras? Or should you use a video-diary approach? Maybe flashbacks or two parallel stories running concurrently?

Thinking of style should trigger your imagination and creativity. Can stigmatisation, for example, be expressed with abstract, symbolic pictures or metaphors, or with sounds and music? How is loneliness or hope expressed by images?

The structure is an important consideration. How are you going to divide the information within the different sequences of your programme?

Regardless of the TV genre, every single story has a beginning, a middle and an end. Every story must also have its ups and downs. Think about contrasts and emotions. If the story is too flat and linear, it becomes predictable, banal and boring. It is useful to study the structure of the 3-act play, even if you are doing a non-fiction programme. *See 2.5 Fiction*.

BUILD TRUST AND CONFIDENCE WITH YOUR CHARACTERS

Investigate carefully the most suitable persons to tell your story. Who are the 'experts' on your subject? Choose your characters and interviewees with great care. Besides their expertise, assess their ability to speak well.

Your main character/interviewee needs to be compelling, drawing the viewers' attention throughout the whole story. Your audience needs someone to *care about* and *to identify with*.

Get to know your characters well and talk to them in advance, preferably face to face. It's crucial to build confidence and trust. Tell them about yourself, be interested and listen to them. Be curious - ask about

(depending on the subject) their life - work, friends, loved ones, habits, remarkable memories, childhood, problems, etc.

Ask about locations and your character's everyday surroundings. Look for photographs and other relevant material that could be used. Ask if there are other people with whom you should talk.

MIND YOUR ETHICAL RESPONSIBILITIES

Tell your characters in general terms what you are going to interview them about, so that they can prepare themselves. But avoid giving them a copy of your questions or revealing exact details. Too much preparation may lead to loss of spontaneity.

Be truthful concerning your intentions, and mind your ethical responsibilities as a producer. Discuss the possible consequences of being involved in a TV programme. Is it necessary to hide your character's identity?

Do not make promises to your characters that you might not be able to keep. For example, if you tell them that they have the right to change the final version of your programme, you may not be able to keep your promise because of tight deadlines and limited budgets. But you should definitely offer your characters a chance to see the programme before it is aired - especially if people living with HIV are involved. Clear rules in the beginning make it easier in the end. Written agreements may be necessary.

SHOW YOUR SCRIPT TO HIV EXPERTS

Depending on your genre, scripts look quite different. A fictional script is made in great detail, while a documentary script can be more like a written plan, although some producers do draw storyboards.

Regardless of genre, you need to consider shots, camera angles, lighting, sound, etc. For multiple camera productions – it is useful to prepare camera scripts/shot lists, running orders and time charts.

When you have drafted your script and decided on the issues to be covered, you can involve the AIDS Control Programme/ Organisation of your country, NGOs and activists, international agencies and people living with HIV. They can provide ideas to improve your script. They can also give important feedback in the post-production stage.'

GET TO KNOW YOUR LOCATION

If you are going to shoot in new locations, it is desirable to do a reconnaissance or a recce. This means that you visit all locations in advance, and talk to people. Search for backgrounds, compositions and angles.

Listen to sounds. Is there an air-conditioner buzzing somewhere? Is there any construction work next door? Look for lighting. Where is the sunlight coming from? Is there any electricity available? Is there a specific mood, a feeling in the place? How can it be visualised? Do you hear any music inside your head?

REWRITE YOUR SCRIPT

Return to your script and see how your experiences can strengthen the story. Reflect on style - how can you describe visually how your characters feel?

Standing still while other people are heading in the opposite direction - could that symbolise loneliness?

Checklist

Checklist for Quality of Content in Pre-Production

- Choose a subject that you find fascinating
- Formulate a premise
- Research and learn everything about your subject and your characters
- Be aware of the knowledge, attitudes and practices of your target audience.
- How you are going to tell your story? Choose your style
- Find characters to care about and identify with
- Write a script and make a budget
- Double check language for sensitiveness and accuracy. See also page 103 for guidelines on language
- Structure your story with a beginning, middle and an end
- Involve HIV/AIDS experts and PLHIV
- Talk to people, visit locations and ensure access
- Prepare key questions for your interviews
- Make a shooting schedule

Could raindrops on a window mean sadness? Think of emotions – an efficient shortcut to the viewer's heart.

BUDGETS AND TIMETABLES

Adjust your budget, having a clear idea of the costs and the resources available to you. Include costs for copyrights if you intend to use music, archive footage, etc. Make sure all your locations are accessible, and get the permission needed.

Create a day-by-day shooting timetable. Clarify on which day and at what time each scene should be shot, and at which location. Calculate enough time – include the time taken to move from one location to another.

Include pauses for meals and resting. A hungry or sleepy crew isn't efficient. Make sure that everybody involved agrees on the timetable. Arrange your shootings and locations as efficiently as possible. Time is money – plan and stick to your budget.

INVOLVE YOUR CREW AND KNOW YOUR EQUIPMENT

Do not forget to inform, involve and inspire your crew. Listen to their suggestions. It's not only your film – it's everybody's – and nothing beats good team spirit and a motivated crew. Everybody should be sure of his/her role and responsibilities.

Before the shooting can start, you have to become familiar with the technical equipment. You should also carefully plan which kind of equipment is needed for each location.

For example, there is no need for huge lights if no electrical source is available. Choose battery-driven lights instead. In windy conditions, the microphone has to be protected with a windshield.

Always test the equipment before shooting. Make sure you have enough tape and fully charged batteries. No spots on the lens - or knots on the cables!

Putting together footage is hard work. During production, things are never exactly as written in the script, however carefully you plan. Now it is necessary to constantly observe and explore new possibilities to strengthen the story and, at the same time, to stick to the focus and premise as planned.

2.9 Improving Production Quality

PRODUCTION IS TEAM WORK

Each crewmember, besides doing his or her work, should strive for a good team spirit and give a professional impression even under pressure and in tough conditions. As a producer and a director, you have to manage your crew gently and respectfully, but at the same time with a confident and firm hand. Motivate and guide, but also demand.

In addition, remember that your characters and interviewees are humans and therefore, vulnerable. Handle them with respect. It is not only your TV programme - it is their life.

In the production phase, the quality of your production depends on several factors such as

Camerawork
- Composition, Framing and Shot Types
- Movement
- Distance, Angle and Depth of Field
- Lines, Tones and Colour

Sound Recording

Lighting
- Three Point Lighting
- Lighting in DV Productions

Shooting Interviews
- Interview Techniques

CAMERAWORK COMPOSITION, FRAMING AND SHOT TYPES

As TV is a visual medium, images are naturally important. Good camerawork is essential, since bad quality images distract the audiences' attention from the message.

Having the *Rule of Thirds* in mind when composing, you will get more e dynamic interesting pictures. Break the image into three equal horizontal and vertical parts by imagining two horizontal and vertical lines on the image. The subject of interest is kept in any of the intersections of these lines.

When composing shots with people, leave enough *headroom, noseroom*, and *leading room* for your objects. Also leave place for super-imposed text when needed (names of characters, sub-titles, etc.)

Never frame the shot such that the picture cuts at the joints (knee, waist, throat, etc.). It looks better if the picture is cropped in between the joints. Learn more about composing in *Compose with Lines, Tones and Colours (next page)*.

Collect a variety of shot types when you shoot. It would be easier to do this if the whole crew agrees and refers to shot sizes using the same vocabulary.

Close-ups are essential for the TV medium, bringing the audience emotionally closer to the character. They are useful in creating intimacy and extreme close-ups are very useful for capturing the expressions of the character. If you zoom in to get close, remember that the depth of field will decrease and objects further from the subject will go out of focus. It might be better to bring the camera closer to the subject and use a wider angle.

Take an *establishing shot* from each scene. This shot of a general view not only sets the place and the time for the viewer, but can also serve as 'glue' between different scenes and sequences, transferring the audience from one situation to another.

Enough *cutaways* and *reaction shots* are very valuable while editing. Also collect enough material that can serve as pauses between the scenes - the audience needs to breathe once in a while.

Movements

Zooms, tilts (vertical movement) and pans (horizontal movement) always have to be done for a reason. Keep your camera still for (at least) 5 seconds before the movement, end the shot in the same way and you will have more possibilities to choose from in the edit. In other words, always start and end with a well-composed image.

Smooth and steady movements with the camera require a lot of practice. A steady shot using a tripod is always better than a bunch of shaky images. A general rule is to avoid unnecessary zooming. You can never catch it all, but you have to catch the essential.

It is crucial to keep the focus. Zooming in must be done after checking the focus. On tele (-photo) lens, the focus becomes critical - especially under low lighting conditions - and you may find your subject out of focus. Tele shots, where you shoot close-ups after zooming in, also create problems because minor

movements of the camera are seen as major shakes. Digital steadying of images could reduce the problem.

Conscious movements of the camera will also reduce this problem. Note that in spite of trying to keep a handheld camera or camera-on-shoulder steady, your breathing patterns may become visible in the shots. Trucking shots, crane shots and dolly shots can be used to get steady images when you are using a handheld camera.

Yet, do not be afraid of experimenting. Try shooting from a moving vehicle, elevators with glass walls, or just on an office chair with wheels. But do not get so carried away as to disregard safety.

When walking backwards while shooting with a camera it is better to allow yourself to be guided by a crewmember. This will help avoid accidental stumbling.

Distance, Angle and Depth of Field

Move your camera instead of zooming in (or out). A wide-angle shot gives a much better depth of field than a tele-shot that you have zoomed in on. While moving your camera around, do mind the 180-degree rule[28]. By including objects in the foreground or in the background of your frame you will increase the sense of depth.

Variations in angles make your pictures more interesting. Shots from a low angle, for example, make a person look more powerful. A high angle makes people look smaller, less important. A shot of a person walking gets more dynamic if you lower the camera and shoot the feet stepping forward, instead of only shooting the face.

In single-camera productions, look through your footage at the end of the day, unless you have used a monitor. During the shooting period you may still have a chance to correct your errors and you may get new ideas for the coming days.

Compose with Lines, Tones and Colours

1. LINES

Lines guide our eyes in a picture. It is impossible to look at a picture without allowing the eyes to move along the edges of the objects depicted. A good picture should, therefore, keep your eyes moving within the picture, and not let them escape outside the frame.

You can create horizontal, vertical and diagonal lines when composing pictures. Horizontal lines give a calm and static impression, but they can also be boring. Vertical lines, such as trees and high buildings, evoke the feeling of strength and power.

However, there is noting more interesting for the human eye than tilted lines or diagonals. Place vertical elements, such as roads or fences diagonally, and the picture is perceived as more dynamic.

Diagonal lines create movement. They can also create a sense of instability, but by adding opposite diagonals, lines tilting in the opposite direction, you create balance in the picture.

While composing, also look for lines that are parallel to both the

28 There is an imaginary line between two characters interacting with each other. While shooting, the camera should not cross this line. Otherwise, characters will not appear to be addressing each other. The continuity of space and the cinematic illusion is broken.

diagonals. From the experience of parallel lines in our everyday life, lines appear to meet as they move further away from you. Any set of straight lines that is judged to be parallel, gives the viewer an experience of distance.

Lines, therefore, give the two-dimensional TV screen the third dimension - depth. Once the rule of thirds and diagonals is put into practice in all your shots, compositions improve dramatically.

2. TONES

Tonal composition is best judged when looking at a black and white image. The picture, when tonally balanced, would have about ¼ black, less than ¼ white and the rest in different tones of grey.

When the picture has more black, it appears mysterious, sad, heavy or gloomy. When it has more white, it seems lighter and happier. Tones influence the perceptions of the viewer and TV producers can put such knowledge to good use.

More important than the emotional impact of tones, is their ability to create depth. From our everyday experience of shadows outdoors, we know that when our eyes are moving from light to shadow and back again, we experience the feeling of distance. The same illusion can be repeated on TV and the viewer will get an illusion of depth.

3. COLOURS

Colour provokes emotions more easily than tones and gives the viewer an aesthetic experience. Though a computer can today offer you millions of colours, painters base their compositions on the colour circle with only 12 colours. When nearby colours in a colour circle are put together people find it unpleasant. Colour compositions in a TV production must please the eye. Over the course of many decades of experimentation, photographers, cinematographers and videographers have learnt to limit the use of colour and to study the rules of colour harmony formulated by painters.

Besides the emotional and aesthetic responses that can be generated with colour, it is important to learn how colours create the third dimension on the TV screen. As in everyday life, people have learned that objects far away look bluish. Naturally, warmer colours are taken to be nearer and cooler colours are taken to be farther in a two dimensional picture.

SOUND RECORDING

Although images are important in TV production, one can also claim that TV is primarily an audio medium. It is the sound that attracts the audience's eyes to the television set. Once the audience starts watching, images take precedence. But even then a bad audio track makes people switch channels.

Good recording techniques are critical in digital technology. It is necessary that TV producers pay enough attention to audio recording, editing and mixing processes. Though digital technologies offer solutions to improve the audio in post-production, there is no better trick to good audio than capturing it at the best quality possible.

Three steps are crucial for good sound recording:

1. The choice of microphone
2. The placing and orientation of the microphone

3. The monitoring of both the audio signal and the quality of sound

ON LOCATION

Choose the right kind of microphone depending on the shooting conditions. Do you need a personal clip mic or a gun mic? If you need freedom of movement in a scene you may choose a gun mic. This picks up sound only from one direction and can be mounted on a boom, which makes it easier to operate and follow the source of the sound.

Another solution is to use wireless (radio) microphones that facilitate moving. The disadvantage is that they are complex devises. They can snap up other signals broadcast on the same frequency and you will get unwanted noise. The advantage is that people often forget they are wearing one and act more natural.

Before shooting, listen carefully. Investigate and reduce unwanted noise. Turn off radios. Music in the background during an interview will get you in big trouble in the edit. Be aware of slamming doors and other noises that might occur.

Sometimes minor adjustments of the cables, connectors, microphones, direction of the shooting, etc. can give you much better sound quality. Use windshields when recording outdoors. If you cannot eliminate disturbing sounds, establishing the source of disturbing sounds visually might help.

Check the sound level before shooting. The audio signal should peak to zero in the VU meter. If it goes above 3, the sound becomes horrible when played back.

Some recorders have the ability to limit the audio inputs. But the use of an audio limiter will introduce noise where there is silence. Finally, make sure that your mics are not visible in the frame or mask them well.

While shooting, monitor the sound all the time by using high quality headphones. Besides adjusting the input so that the audiometer peaks to zero, you must constantly listen and detect undesirable noises - ambient sounds, hisses, hums and puffs.

Record sync sound each time the camera is rolling. It improves the credibility and the sense of reality dramatically. Sync sound can always be removed, but not re-created afterwards.

Record the background sound at each location. The *atmosphere sound*, or 'buzz track' is useful during the edit for covering audio cuts.

LIGHTING

By lighting, you not only illuminate your subjects, but also create contrasts and set a mood. Lighting creates emotions. Lighting can also be used to draw the viewer's attention to one part of the screen. You can also control the depth of field and determine what is in focus and what is not.

TV production is mostly done with professional video cameras. Lighting for video, unlike lighting for film or for theatre, is mostly indirect, diffused or reflected light.

Video cannot take the contrast values that film demands. Direct light with halogen lamps will make the video-image look harsh. Videssence

lights are used to get less harsh images and less remarkable shadows.

Lighting for TV productions fulfils the following functions:

- Brings out the lines[29]
- Brings out the modulation or structure of the character/object
- Brings out the colours.

Outdoors, where the film crew waits for the sun to come out of the clouds, a video crew is usually happy to shoot under a clouded sky. The footage shot in diffused lighting looks much better than shots taken in direct sunlight.

Different lights have different colours. Even if it is not evident to the bare eye, the light outdoors is not the same colour as the one inside. Natural daylight seems blue, artificial light looks yellow and fluorescent tubes cause a green tone.

The auto-function available in some cameras will automatically change the white balance according to the light source. But mixing light sources with different colours will easily confuse the auto-function.

It is always better to set the white balance manually - on each location and when the lighting conditions change.

Three-point Lighting

Three-point lighting is the basic technique for lighting, used, for example, to light up your character in an interview. You will need a key light, a fill light and a backlight.

1. KEY LIGHT

The key light heads towards your character in a 45-degree angle. This is the strongest source of light, making the deepest shadows and bringing out the contours, shapes and details of the face. The side of the face lit up by the key light will be brighter, while the other side has some shadow.

Keep the key light higher than the camera, so that the shadow of the nose is slanting down, creating diagonals. You can diffuse the light by attaching butter paper, for example, as a filter on the light. But this may not give the same quality result. The key light can also be reflected. If you do not have a reflector, you can use a white silk cloth, thermocol or big sheets of white paper.

2. FILL LIGHT

The fill light is used to brighten up the shadows created by the key light. It is placed on the opposite side of the camera. The fill light crosses the key light at about 60-degrees to the left or right. You will get the best result if you place the fill light at the same height as the camera.

The fill light will bring out the colours on the darker side of the face. The colours in shadowed areas are going to be less clear than those in the bright areas, since the perception of colours is reduced with the lower intensity of light.

The difference between the key light and the fill light is primarily the angle, the placing and the distance to the character. As lights are moved away from the character, the intensity of light falling on him/her reduces dramatically.

3. BACKLIGHT

The backlight is used to create an outline of your character. It is usually placed high up and almost opposite to the key light.

29 See also Compose with Lines, Tones and Colours (page 80)

The backlight separates your character from the background and the shot becomes more three-dimensional, creating depth in your shot. If the backlight has to be placed too near the character, you may have to use a diffuser net.

Backlighting adds 'glamour' to the pictures. Coloured filters can be placed on the light to give different nuances. Use an orange filter and you will get a feeling of sunshine on the hair.

Finally, if a fourth light is available, you can use it to light up the background. You can also create patterns on the background that improve the composition.

TAKE CARE WITH LIGHTING

- A backlight may draw attention to hairs that stick out. If the person is bald, you may decide to skip the backlight to avoid unwanted highlights.
- Make sure that the backlight does not spill into the camera lens. It may create lens flares. Sometimes lens flares may not be very obvious. The picture merely looks slightly bleached. If the light into the camera lens is cut, you will get a good clear picture with good contrast values.
- If your character is wearing glasses, the key and fill lights may get reflected on the spectacles. Try to place the lights higher and at wider angles. You may also reduce reflections by dabbing the glasses with soapy water.
- The higher you place your key and fill light, the older your character will look, because of the deeper shadows under the eyebrows.
- If you give a key light from below the person, he/she may look eerie, un-natural or scary. Dark shadows may create a mood of mystery or foreboding (a strong feeling that something bad is about to happen). The use of only a top light can make the person look threatening.

Use of Natural Light in DV production

When using a DV camera, artificial light is not always required. A golden rule is to use natural light as far as possible. To get more daylight, move your characters. Look for all available light sources on location.

Indoors, for example, you can place your character near a window, not facing it, but in a 30-degree angle away from the window. The natural light from outside is now your key light. Reflect the light to the darker side of the face and you will have a fill light. If you are using an HD camera, you may need a little more light than required for a DV camera.

SHOOTING INTERVIEWS

Interviews can be done in a studio or at other locations, with one or several cameras. The basic rule is still the same - treat your characters and interviewees with respect. Try to make them feel comfortable.

Always choose your background carefully. This is easily done in a studio, but footage shot outside can give you surprises in the edit. No poles or potted plants should be behind the head of your interviewee for this might look as though they were growing out of his or her head. No horizontal lines either, going in and out through the ears of the interviewee.

Note that stripes and other patterns in the background (for example, curtains and blinds) tend to

Checklist

Checklist for Quality in the Production Phase

- Choose equipment appropriate to shooting conditions
- Collect cutaways, establishing shots and reactions shots
- Involve your viewer emotionally with close-ups
- Create depth in your images
- Always record sync sound
- Use natural light as far as possible
- Handle your characters with respect
- Mind the background while interviewing
- Prepare your questions, but do not forget to listen
- Mind your ethical responsibilities - stick to the truth
- Constantly observe new solutions, bearing the premise in mind

draw the auto-focus' attention. Look around for details and objects to strengthen your story.

Create depth in your pictures – do not place your interviewee next to a wall, if possible. Ask permission to rearrange the location, if necessary, and move your character around.

Make your character look as agreeable as possible, unless you want to present the person as unpleasant on purpose. Eliminate details that can distract the audience's attention and lower the credibility (hair sticking up on the head, sweaty forehead, etc.).

Stripes or checks on clothing may flicker on the TV screen. You may request your character to change clothes. Sometimes, the arrival of a video crew may be so eagerly awaited that you might meet a whole village dressed for a feast. The illusion of everyday life is gone. Lesson learned: it is better to mention the desired clothing in the pre-production phase.

Do not zoom or change shot size while the interviewee is speaking. It is better to reframe the shot between questions instead. A smooth and steady zoom can eventually become necessary if the discussion becomes personal and you want a close-up that captures the expressions and emotions.

Interview Techniques
How to Ask?

Always plan your questions beforehand. Questions may be closed (which generate yes or no answers) or open. For example, 'Were you sad?' will most likely just give a 'yes' or 'no' answer. By asking, 'How did you feel when...?' you will probably get a much more nuanced answer.

Before the actual interview, small talk helps to break the ice and makes your character/ interviewee feel more relaxed. Explain that one is allowed to make mistakes and take pauses. All it requires is another take, if you are not conducting a live interview.

Begin with more common and 'light' questions, leaving the more serious and really important ones towards the end when your character is more comfortable with your presence.

Do not put words in the mouth of your character, by asking leading questions. Asking if he/she is sad might make your interviewee answer according to your expectations. By asking how the person is feeling, you may get another answer, maybe not as sad as you thought.

Listen carefully, and do not adhere too rigidly to the questions you have prepared. The answers of your character often generate new questions. Be curious and probe: 'What do you mean …?' 'Can you tell me more about...?' Reformulate your questions and ask again if you find it difficult to get the information you seek.

Don't rush in with the next question as soon as your interviewee has finished answering the previous one. Your interviewee may have something more to say. It can also be useful to ask the same question to many different people. You might get different answers. This is yet another technique to create contrasts.

Finally, while interviewing people living with HIV, you have to be very sensitive and NOT ask any inappropriate questions. For example, the following questions were experienced as offending by people living with the virus[30]:

Never Ask

- "Who infected you?"
- "Since when have you been positive?"
- "Have you been sleeping around?"
- "Does your partner know that you are HIV positive?"
- "How does it feel when you sleep with someone?"

"It is high time that our voices are heard. Let us not have other people telling us what they think should happen to a person who is living with HIV when we are here and know what it is like."

Male person living with HIV[31]

30 & 31 Siyam'kela: Measuring HIV/AIDS related stigma. Guidelines for people living with HIV/AIDS who interact with the media (2003) http://pdf.usaid.gov/pdf_docs/PNACY685.pdf

Post-production is the ultimate moment of truth. Now you have the results of the decisions you have made so far and the challenge of an enormous amount of possibilities on arranging the shots and sounds. This chapter will mainly relate to editing, including the use of music and effects.

2.10 Improving Post-Production Quality

PREPARATIONS FOR EDITING

Review all footage. What is good and what is bad? Remember your premise. What was the core idea again? Look for footage that is essential to your story.

Be critical – if your clips do not strengthen the story, they should not be included.

Editing can manipulate meanings. Twisting the meaning of an interviewee is easily done. Somebody merely wiping his/her nose with a paper tissue may be made to look as if the person is sad.

When editing factual programmes, however, an extra dose of ethical sensitivity is required. Documentaries, for example, call for truthfulness. If you promised your character anonymity, it is your responsibility to make sure that the person cannot under any circumstances be identified.

EDITING TECHNIQUES

A conventional way to cut is called continuity editing. Continuity is created both in space and time. The idea is to make your cuts as 'invisible' as possible, letting your viewer focus on the narrative instead of the style.

The different techniques include the obeying of the 180-degree rule, using the match cut, shot-counter shot patterns, establishing shots and avoiding jump cuts. Two shots next to each other should have more than 30 degrees difference in camera angles or should be of significantly different shot sizes.

Continuity is not only created by images, but also by sound. You can, for example, start with the dialogue - placing the most important clips of interviews in a rough order. Listen and create a logical line of arguments on the timeline.

Some thought should also go into the most important shots/sequences you want to show on screen and use the rest of the dialogue or narration under illustrative cutaways.

Cut down on spoken words as much as possible. Many words can be left out and replaced by visual storytelling. Show it, don't tell it!

While editing, do not get too stuck on the chronological order in which things happened in the real world. You don't have to show everything from sunrise to sunset. The fantastic thing with cutting is that you can compress time and jump back and forth in both time and space.

A cut has to fulfil the expectations of the viewer. Cutaways are not only used to cover cuts, but also to show what the character is looking at, etc. Reaction shots are also essential. If a goal is made in a football match, the viewer also wants to see the shouting audience and the disappointed player from the opposite team.

It is essential that each cut is done for a reason. Do not just make a dissolve to avoid a jump cut. A dissolve is conventionally used to signal a passage in time. Decide on different techniques with careful consideration.

Another common technique is to create contrasts, juxtapose or place elements close together or side by side, especially for comparison or contrast.

Vary the rhythm in your film. Even the shortest story has to vary in tension and suspense. Create pauses and let your audience think.

Let your viewer use the ability to associate, and build bridges with images and sounds. Storytelling is not only about what you can actually see on the screen or hear from the speakers. It is about creating meaning with images and sound on several levels.

Show your programme to others even if is not ready. Feedback from colleagues and HIV experts is often fruitful.

EDITING SOUND

Good sound quality is crucial. Bad sound makes people switch channels immediately. Just imagine a scary movie without sound. Well, there is really not much left.

While editing the sound track, it is important not to cut sound abruptly, but instead use quick fades or cross fades. This would make the audiotrack more smooth.

Create emotions and contrasts in sound. Use of sync sounds, sounds effects and music bring in variety and make the programme more interesting. Compared to the human voice, some elements also bring in higher and lower frequencies. Do not lose the opportunity to use them.

Sync sounds, in particular, make scenes look more real. Images with a lot of action may not look as interesting if the sync sounds are removed. Sync sounds must always be recorded for all shots.

ADDING MUSIC

Every single bit of music creates associations and expectations in the minds of the audience. Music creates emotions, and can move the viewer in both time and space. It can signal that one sequence is over and another will start. It can be used to provide an idea of the unspoken thoughts and emotions of your characters and the unseen implications in different situations. A golden rule is to use music for a reason, not just for filling empty spots in your audio track.

Different kinds of instruments also create different associations. For example, a flute can remind one of spring or a bird singing. A church choir may evoke melancholy. It is, however, important to avoid clichés.

Checklist

Checklist for Quality in the Post-Production Phase

- Capture viewer attention with a strong opening
- Have a positive approach when discussing HIV
- Present the problem, highlight the confrontation and resolve it in the end
- Use visual storytelling techniques and minimize the use of talking heads
- Images and sounds have meanings on several levels -use them!
- Think identification and give the audience someone to care about
- Create emotions and contrasts with the storyline, sound and music
- Consider ethical issues carefully while editing
- Vary the rhythm and allow for pauses
- Consult your team, your colleagues and HIV/AIDS experts
- Show your film to your contributors

The wrong kind of music may distract viewers. Melodic pieces can also distract the attention of musically oriented viewers from the dialogue/narration.

Use lyrics with care. The meaning has to fit in with the premise (even if it is in a foreign language) for otherwise you are misleading your audience. It is not desirable to use lyrics while somebody is talking on the screen.

Pay attention to the rhythm of the music. It is crucial to make sure that the rhythm matches the movements on screen.

MIXING THE AUDIO TRACK

Finally, mix your audio track carefully. Make sure that dialogues, interviews and the commentary/voice-over have equal volume throughout the programme. Do not depend on the VU meter alone – use your ears. Note that the human voice has a narrower bandwidth than music.

Many television sets do not have woofers or speakers that bring out low frequencies. It is, therefore, necessary to listen to the sound with an ordinary TV set rather than with the studio speakers.

If the level of recording is too low, it is possible to boost it in the edit. But this procedure will increase the noise. Only under extreme circumstances should you resort to any manipulation other than balancing and equalising the sound.

Balancing is done to make the sounds loud or soft enough in comparison to other sounds that are mixed. Equalising helps in increasing or decreasing low, mid or high frequencies selectively, and to make the sounds more pleasing or crisp.

THE FINAL CUT

When you are working with your final cut, it is time to add superimposed texts and other graphics. Do not forget any contributors while writing your credits.

After all transitions are reviewed and the sound is mixed, you may still want to add video effects, and correct or adjust colours. Quite often, video effects interfere with the story. Use effects only when they are absolutely called for, not because you have the power to use them or because they look good or interesting.

Consider pre-testing the programme before it goes public. This is considered an important step when dealing with sensitive issues like HIV and AIDS. Make sure you get feedback and let your next story reflect the lessons learned!

Useful Links

Video Shooting Tutorials and Free Online Courses
http://www.bbctraining.com/onlineCourses.asp
http://www.channel4.com/fourdocs/guides/
http://multimedia.journalism.berkeley.edu/tutorials/video/shooting_tips/
http://www.mediacollege.com/

Internet Research Tutorial
http://www.internettutorials.net/research.html

The Interactive Recce
http://www.bbctraining.com/onlineCourse.asp?cat=0&tID=5063

BBC News Style Guide
http://www.bbctraining.com/pdfs/newsstyleguide.pdf

Tips for Stand-Ups and Voice-Overs
http://multimedia.journalism.berkeley.edu/tutorials/video/standups/

Sound
http://www.channel4.com/fourdocs/guides/sound.html
http://www.mediacollege.com/audio/
http://www.marblehead.net/foley/

Listen to different microphone types
http://www.bbctraining.com/onlineCourse.asp?tID=5914&cat=2781

Listen to differences in sound quality
http://dvcreators.net/discuss/showthread.php?p=72510

Film Music Articles
http://filmsound.org/filmmusic/

Lighting
http://www.channel4.com/fourdocs/guides/basic_lighting.html
http://www.mediacollege.com/lighting/
http://www.simplydv.co.uk/info

Journalism and Ethics
http://www.ojr.org/ojr/ethics
http://www.journalismethics.ca/index.htm
http://www.ifj.org
http://www.journalism.org/resources/tools/ethics/codes/photojournalism.asp
http://www.tvjournalist.net/learn/
http://www.poynter.org/
http://spj.org/ethics_code.asp

HIV MEDIA TRAINING IDEAS AND TIPS

3

Part III

HIV MEDIA TRAINING IDEAS AND TIPS

Part 3 provides exercises, games and tips for designing a training workshop. Prior to the workshop, you as the trainer should familiarise yourself with the scientific, psychological, sociological, and ethical issues of HIV and AIDS - presented in Part I.

It's useful to invite medical experts or experienced HIV educators to respond to trainees' questions.

It is also very important to involve the local HIV control authorities, NGOs working for prevention care and treatment, HIV positive groups etc. and to assure that the trainees are connected to the local resource people who could be useful for productions after training.

TV has many genres and formats. Each has a different ability to carry HIV-related information. Moreover, different sections of the audience are attracted by different genres.

3.1 Challenges in Training TV Producers

THIS SECTION deals with challenges that could confront you when training television producers in HIV-related reporting. It also provides potential solutions for such obstacles.

CHALLENGE 1: OVERCOMING FEAR AND DENIAL

Most TV producers come from the same socio-cultural backgrounds as their target audiences. It's likely that they've been exposed to the same myths and notions as their viewers, and it's also probable that at least some of them would therefore discriminate against People Living with HIV (PLHIV) in similar ways. It's sometimes difficult to convince journalists that anyone is susceptible to becoming infected with HIV and that infection rates are not necessarily the result of immoral or unethical.

Possible solutions

- **Humanize HIV**
  One of the most effective ways to change journalists' preconceived ideas about HIV transmission is to expose them to people living with HIV (PLHIV). When we put a face to HIV and we allow producers to interact with HIV-infected people, their prejudiced attitudes and beliefs generally begin to change. Include a session in which PLHIV speak to trainees in your training workshop.

  Example
  A question trainees sometimes ask when meeting people with HIV are: "How did you get infected?" This question often creates the impression that the person's HIV infection is due to some kind of wrong doing: that he or she must be an Injecting Drug User (IDU), a Man who has Sex with Men (MSM) or a Sex Worker (SW). However, if trainees are exposed to PLHIV from different walks of life – mothers, children, teachers, doctors, housewives, etc – that is, so-called 'normal' people, they often start to modify the ways in which they perceive HIV-positive people, and they begin to grasp that anyone from any walk of life can become infected with HIV.

If trainees are exposed to PLHIV from different walks of life – mothers, children, teachers, doctors, housewives, etc – that is, so-called 'normal' people, they often start to modify the ways in which they perceive HIV-positive people.

- **Try the following exercises**

  To transform trainees' negative emotional reactions into rational and positive actions, Dr. Shankar Chowdhury, National Programme Officer of UNESCO in New Delhi, uses two exercises, explained in section 3.6:

  - Exercise 1: "Considering Uncomfortable Words"
  - Exercise 2: Learning About Our Attitudes"

  An exercise by Ms. Gulan Kripalani, an HIV activist and consultant for UNDP, helps trainees to learn how to empathise with HIV-infected people.

  - Exercise 3: "Experiential Exercise"

CHALLENGE 2: NEGATIVE STORIES

Some producers are convinced that any HIV-related story is by definition, negative. They show only thin, dying people in their programs and film malnourished orphaned, homeless children. While these aspects are a reality of the HIV epidemic, it is television journalists' duty to provide their viewers with a balanced picture of AIDS. Millions of people are on treatment and live long and healthy lives and many people with HIV (PLHIV) are living positive lives that could inspire others.

Possible solutions

- Use the DVD provided with this handbook

  Screen some of the stories on the DVD. Facilitate a discussion after playing selected stories. There are several examples of positive HIV stories on the DVD:

  - **My Dead Husband's Land:** A story about a Kenyan community that leverages on AIDS for social change and gender equality.

  - **Masindy's Story:** A story of courage and determination of South African woman who leads a positive life.

  - **Tell Me Why:** A story of a young girl who is affected by AIDS in the family.

- Use peer pressure:

Not everyone attending your training will have only negative stories to tell. Facilitate a discussion during which you encourage participants who understand the power of stories of hope and courage to share their views with trainees who believe otherwise.

CHALLENGE 3: GENDER STEREOTYPES

Participants from countries with high HIV prevalence rates may come from countries that are still working towards gender equity. Men sometimes look down on women, or believe they should not have equal rights. Women are sometimes not aware of their rights. Gender-related issues – and culture - have to be dealt with when discussing HIV, as it has a strong influence on the spread of the virus. Even where gender equality is a professed value, it is useful to draw the attention of the group to unspoken biases and prejudices.

Possible solution

Try the following games

Ms. Moneeza Hashmi, General Manager, HUM TV Pakistan has designed two games to help trainees

examine their attitudes towards gender. Detailed instructions are provided in section 3.5:

- Game 4: "Thinking About Gender"
- Game 5: "Learning about Gender Stereotypes and Roles"

CHALLENGE 4: TELEVISION SCRIPTWRITING

In countries where producers have not had access to the long term mentoring provided by experienced television editors, scriptwriting is sometimes poor. Producers often do things the wrong way around: they first write their scripts and then add the visuals, instead of first transcribing all visuals and interviews and then writing scripts that complement the visuals. The correct method takes considerably more time, but results in more powerful television stories.

Possible solutions

- **Use the handbook DVD**
  Play selected programs with good scripts with short sentences that enhance the visuals
  - Examples are: Masindy's story, My Dead Husband's Land

- **Do scriptwriting exercises**
  Play a short sequence of visuals to trainees and ask them to script to it. Get them to share their scripts with one another during a facilitated discussion and provide them with feedback. You can also print a few still pictures that can form a sequence and ask participants to script to those. Compel trainees to write to visuals by requiring everyone to use a template such as the one below:

Visual/Picture	Narration
Visual: Woman in front of hut with her children making food.	This is the only food Betty Tom's children will have today.
Visual 2: Children in nursery run by an orphans group.	Many children in this village have no parents.
Instructions: Ask participants to write down a name for each visual or picture in the blocks on the left hand side of the template (see examples above)	**Instructions:** Ask participants to write ONLY one sentence for each visual or picture on the right hand side of the template (see examples above)

3.2 Pre-Workshop Arrangements

APPLICATION FORMS

APPLICATION FORMS are essential if you're going to conduct a training workshop in a country other than the one where you reside. You need to know who is applying for your course, and you need this information in order to select the most appropriate applicants.

Be sure to include questions on the application form in which participants need to specify:

- **Age**
- **Gender** (it will help you to have a gender balance)
- **Educational background**
- **First language:** If producers don't understand the language you speak well enough to report in it, contract a professional interpreter. Translating almost always slows down a workshop, but it allows participants to speak their minds and comfortably take part in the training.
- **Work history:** It will tell you the experience level of the applicant.
- **Level of Production Skills:** See section 3.3 for suggested questions. You can also ask participants to submit a sample story along with their applications.
- **Supervisor:** If a trainee is absent from one of the training days, you will know whom to contact! It's important to maintain a close relationship with supervisors, as they decide whether trainees will be allowed to spend time on post-training HIV stories. Invite them to the inauguration and graduation ceremonies.
- **Expectations:** See section 3.3 for suggested questions.

If a trainee is absent from one of the training days, you will know whom to contact! It's important to maintain a close relationship with supervisors, as they decide whether trainees will be allowed to spend time on post-training HIV stories. Invite them to the inauguration and graduation ceremonies.

TIPS FOR PLANNING YOUR TRAINING WORKSHOP

- **Choose a comfortable training venue!**
  Make sure the venue is large enough, easily accessible via public transport, has enough windows and has easy access to drinking water and clean toilets. Rather spend a bit more money on a good venue than holding the training in a space where no one feels comfortable or people find it difficult to concentrate.

- **Check on all those facilities!**
  Make sure the training facility has all the technical facilities, such as a DVD player, LCD projector, good speakers, flip charts and computers that you will need. Check if the equipment is working before you start for the day – you don't want to be held up (often for hours!) by having to wait for someone to first repair the equipment.

- **Select trainees with similar skills!**
  If possible, spend a bit of time on selecting the right trainees. They all need to be on more or less the same level. Including junior and senior journalists on the same workshop mostly results in both groups being very frustrated – the junior people feel the pace is too fast and the senior journalists feel that they already know what's being taught.

- **Organize site visits well in advance!**
  Site visits can be a nightmare if they're not confirmed in writing. You don't want to organize transport and lunch boxes in advance and then give the site visit contact person a quick confirmation call in the morning just to hear that the site visit is no longer possible! Get confirmation in writing and try to meet your contact person beforehand. It can take a long time to get permission to visit government facilities – start with this in good time.

- **Check the schedule!**
  Be sure to check the holiday schedule of the country you're going to work in. Don't schedule your training in a week in which there is a public holiday or after a long weekend. Also familiarize yourself with "slow" periods in a particular country. E.g., in Christianized countries in Africa, for example, many citizens holiday over Christmas and New Year and often only return to work in late January – a workshop in December/ January won't work well during this time.

INVITATION LETTERS

Once you have selected the participants, send each of them – and their supervisors – an invitation letter that clearly specifies the following:

- Dates of the workshop, e.g. December 1-7, 2008
- Time that the workshop starts, e.g., 9am
- Where the workshop will be held, e.g. State Broadcaster, 178 Smith Road, Country X

3.3 Training Principles

HOW ADULTS LEARN

ADULTS LEARN very differently from children. Training Radio Journalists to Report on HIV: A Manual for Trainers, explains the difference well.

To more fully understand how adult learning is different, it helps to compare it to the classroom teaching that children receive. In traditional classroom education, the learner's role is to passively receive information yet take little responsibility for the learning process. This is in part because the motivation for learning is external, driven by the forces of the family, religion, or tradition. Under these conditions, generally the learner does not see the immediate benefit of the undertaking. The content of the courses is controlled by the teacher and the learner has little or no choice in what is being taught. The focus is on gaining facts and information, not necessarily acquiring and applying knowledge.

The motivation for learning comes from within and, quite beneficially, the learner sees an immediate application to the lesson. Additionally, the course content is centered on life or workplace problems that the learner expresses at the start of training.

In contrast, the adult learner's role in the workshop setting is to offer ideas based on experience. These ideas evolve as adult learners interact by sharing their work and life experiences and their observations about their field. The learner is very responsible for the learning process. The motivation for learning comes from within and, quite beneficially, the learner sees an immediate application to the lesson. Additionally, the course content is centered on life or workplace problems that the learner expresses at the start of training. Generally, the learner has also expressed a desire to obtain the knowledge to help overcome workplace problems. The training method focus is on sharing knowledge, replicating real-life situations, and building on experiences[1].

1 Malan, M. (2008). Teaching Radio Journalists to Report on HIV: A Manual for Trainers. Internews Network, p, 25.

TRAINING PRINCIPLE TIPS

Set them straight right from the start!

If you begin the workshop with a session on what your training is trying to achieve and what NOT, you will help participants to have realistic expectations. You will never be able to address everyone's needs – it's better to be focused and have two or three goals than to attempt to please everyone and in the end achieve very little.

Find out what they know!

Pre-training needs assessment questionnaires can be very helpful – you can even include a few questions in the application form.

You need to know what potential trainees know and don't know, so that you are able to select participants with similar skill sets for your training. This will also help you to design a training that is specifically tailored for those trainees' needs and their level of knowledge. Potential questions you can ask, are:

HIV RELATED QUESTIONS

- Have you met someone who is HIV-positive?
- Have you ever heard of a CD4 count?
- Do you think it's safe to buy vegetables from an HIV-positive person? Why/why not?
- Have you ever attended an HIV training workshop before? If so, please tell us more about it.
- Have you produced HIV stories before? If so, how many and tell us more about one of your HIV stories.

JOURNALISM-RELATED QUESTIONS

- Have you attended a journalism workshop before? If so, please tell us more about it.
- Do you transcribe all your interviews before starting to script?
- Do you work with a video editor and camera person or do you film and edit yourself?
- With which digital video-editing programs have you worked?
- What is the average duration of the television programs that you produce?

Find out what they want!

You need also to know what the trainees want to learn more about. This will help you to better understand what they would like you to include in the training schedule. If most of the potential participants indicate that they would like to learn more about television scriptwriting than the filming of interviews, you need to design the training that way. Potential questions that you can ask, are:

HIV RELATED QUESTIONS

- Please indicate which aspects of HIV interest you most by numbering the given aspects (1 is the aspect you like most, 5 if the aspect you like least).
- HIV testing, HIV treatment, Prevention-of mother-to-child-transmission, HIV-related stigma and discrimination, Potential AIDS vaccines, Culture-related HIV issues.
- If we take you on a site visit to an HIV facility, what kind of facility would you like to see?

JOURNALISM-RELATED QUESTIONS

- Which two television production aspects would you like to learn more about in this training workshop?
- Which television production aspects to you think you don't need help with?

Keep it practical and energized!

Adult learners want to be able to apply what they've learned. Don't attempt to teach them skills that that they will never use. They are adults – but games and exercises can be immensely helpful! See sections 3.5 and 3.6. for detailed instructions on useful games and exercises. Also see section 3.4. for background on different types of sessions you may want to include in your workshop.

Give them breaks!

Give trainees sufficient breaks that are of suitable duration. Sitting through sessions in which new information is shared day after day is extremely exhausting. You cannot expect participants to concentrate well if you don't give them enough time to recover between sessions. Tea breaks of five minutes are not long enough; fifteen minute breaks work better. Lunches of thirty minutes don't work well; make them at least an hour – participants need time to network and to follow up on job-related issues.

Get feedback!

Ask for trainees' feedback throughout the training workshop. Many trainers do this in a short session at the start of the training every morning. Feedback is very useful and will help you to adjust the workshop, if necessary, along the way. Also give the trainees feedback. Like you, they like to know how they are faring.

THIS section provides useful background on different types of training sessions and ideas for exercises and games. The instructions for the games and exercises are provided in sections 3.5 and 3.6. This section also contains tips for workshop durations and inauguration ceremonies.

3.4 Agenda and Schedule

WORKSHOP DURATION

The length of your training workshop will strongly determine how much information and practical skills you are able to share with participants. Generally, not much can be achieved in a training workshop of less than five days. HIV is a complex issue to deal with; it's not just a matter of sharing scientific information. It also involves confronting participants' attitudes and prejudices and these can't be changed in just a couple of days. It would be impractical to attempt to only address HIV-related issues in a television workshop. Trainees need to get the opportunity to apply their newly acquired HIV knowledge in their stories. Time needs to be spent on television production issues as well. Doing practical exercises can be time-consuming, but rewarding.

It would be impractical to attempt to only address HIV-related issues in a television workshop. Trainees need to get the opportunity to apply their newly acquired HIV knowledge in their stories. Time needs to be spent on television production issues as well. Doing practical exercises can be time-consuming, but rewarding.

Some of the most successful HIV-related television training workshops have lasted for up to three weeks, but this can only be done in rare situations where editors are willing to release participants for that long. In three weeks it's possible to help participants to produce their own stories – given that production equipment is available.

On average, these workshops last between five and ten days.

INAUGURATION CEREMONIES

Many trainers do not like ceremonies and prefer to instead start with the workshop immediately. But in some countries, like India, inauguration ceremonies are extremely important and lend credibility to a training workshop: Such an event attracts important speakers, as well as media attention, and may even persuade your participants' managers to allow the trainees to cover HIV-related issues more often. Do your homework: find out what the attitudes and practices around inauguration ceremonies are in the specific country where you're training and make sure that you respect them. If inauguration ceremonies are accorded high regard in specific societies, work them into a training schedule.

DIFFERENT TYPES OF TRAINING SESSIONS

As the trainer you will have your own views on which types of sessions you find useful and which you don't. Below are descriptions of sessions that have worked well for other trainers that you may be able to benefit from:

TV Producers playing the epidemiology game during a workshop in Bangkok

1. Epidemiology sessions

It works well to conduct an epidemiology session, i.e. a session on the HIV prevalence and incidence rates, and how these figures are calculated, early on in a training workshop. That way, participants are informed as to the severity of the epidemic and credibility of figures from the start. Don't try to do this yourself; rather use an expert. A guest speaker from the National AIDS Control Council or a UNAIDS representative should be willing to help with this. A presentation (30-40 minutes) followed by a question and answer session of about 20 minutes works well. You may want to complement this session by playing the following game in section 3.5 before this session:

- Game 3 (Learning How HIV Spreads)

2. Icebreaker sessions

Icebreaker sessions enable participants to relax or regain their concentration after particularly flexing sessions in which a lot of information was shared. It's also a great way to help trainees to get to know one another. Icebreaker sessions are generally short (about 15-20 minutes). You will find instructions for the following icebreaker sessions in this handbook:

- Game 1 (Learning One Another's Names)
- Game 2 (Getting To Know One Another's Names)

3. Motives and motivation sessions

A great way of getting to learn more about participants' views on HIV and their previous HIV reporting experience, etc, is to do a session on it. You can name the session "HIV and the Media" and facilitate a discussion on the role of television in the response to HIV. This will highlight participants' attitudes towards people with HIV (PLHIV) as well as the kinds of stories they would like to tell. You can also consider introducing such a discussion by playing an example of a 3-5 minute HIV television story that you've brought along, or playing one of the participants' stories.

4. HIV and Development sessions

AIDS is a complex epidemic that affects far more than the health sector. It's a development issue and it's important that participants get the chance to explore this. A session during which an expert makes a short (20-30 minute) presentation followed by a question and answer session (about 30 minutes) works well for this. Alternatively, you as the trainer can facilitate a discussion during which you can ask participants to come up with different consequences of HIV and to comment thereon.

5. Culture and HIV sessions

Culture is a major determinant of the way people behave and thus of the rate at which HIV spreads. It's really useful to explore this with training participants and encourage them to think critically about their own cultures. Culture, however, has to be handled with great sensitivity. One way to handle such a session is to introduce it by playing the 30-minute documentary My Dead Husband's Land that is provided on the DVD that accompanies this handbook. This film focuses on a culture change that happened in a Kenyan community as a result of HIV. This can be followed by a facilitated discussion on what aspects of participants' own cultures may be contributing to the spread of HIV. Such a session generally lasts for about an hour to an hour and fifteen minutes.

Views on gender are closely linked to culture. If you would like to work with participants on gender issues, consider using the following games in section 3.5:

- Game 4 (Thinking About Gender)
- Game 5 (Learning about Gender Stereotypes and Roles)

Producers discussing with the person who dispenses ART medication during a site visit to a care and treatment centre.

6. Introduction to HIV science sessions

The earlier in your workshop you have this session, the better. A basic understanding of HIV science will help trainees to better understand most HIV-related issues. Bear in mind that journalists are not scientists and can only absorb a limited amount of science. Do not attempt to teach them everything about HIV science – an hour and a half session is more than enough. Concentrate on basics such as how HIV is transmitted, how the virus attacks CD 4 cells, what a retrovirus is, how HIV-infection progresses to AIDS, etc. If you're not exceptionally familiar with HIV science, do not attempt to conduct this session yourself. Ask a virology professor from a local university to do it. Be sure to brief the expert extensively before the session, so that he or she doesn't turn up with an overly-scientific presentation that's more suitable to science professors than journalists. If you as the trainer need background on HIV science, please see sections 1.3 and 1.4 in part 1 of this handbook.

7. Additional HIV science sessions

You will never be able to teach journalists everything about HIV science in a single workshop. No participant will be able to absorb that amount of complex knowledge in such a short amount of time. It's better to choose a theme, such as HIV testing or HIV treatment, and base scientific sessions around that. Section 1.4 of part 1 of this handbook provides detailed information about HIV science. Areas you could focus on include:

- The immune system and HIV
- Progression of HIV to AIDS
- HIV treatment
- HIV testing

8. HIV Terminology sessions

The language journalists use in their HIV stories strongly influences how their viewers perceive the epidemic. But language does not just consist of mere words; it's based on attitudes and perceptions. Merely providing trainees with a list of preferred HIV terminology and telling them to use it wouldn't work. It's necessary to explain why those words are necessary, for example, why the term 'HIV test' is scientifically accurate and the term 'AIDS test' not, or why 'People Living with HIV (PLHIV)' is more appropriate than 'AIDS sufferer' or 'victim.' It works well if you precede an HIV terminology session with a session that addresses participants' attitudes towards PLHIV. Consider using Exercise 2 (Learning About our Attitudes) in section 3.6 for this.

Helpful websites for access to HIV terminology are:

- For a complete list of UNAIDS Terminology guidelines, see **http://data.unaids.org/pub/Manual/2008/20080226_unaids_unaids_terminology_guide_en.pdf**
- UNESCO Guidelines on Language and Content in HIV and AIDS related Materials, **unesdoc.org/images/0014/001447/144725e.pdf**
- For experienced HIV journalists critical opinions about the use of HIV terminology, see **http://www.comminit..com/en/node/270529/2754 (download the Pdf document and go to page 68: Debating HIV/AIDS language: Talking about HIV/AIDS).**

9. People Living with HIV sessions

Many television producers have never knowingly met someone with HIV. Putting a human face to HIV makes all the difference. It breaks down negative perceptions and attitudes much faster than any exercise or lecture. Organize for trainees to meet at least one person (preferably two) with HIV. Ask the PLHIV to come to the training session and share their stories informally. Give participants the opportunity to ask them questions afterwards and also interact with them during a tea break. It's not hard to get hold of PLHIV who are willing to speak out – work through a local PHIV network or NGO.

10. Site visit sessions

Much can be learned about HIV in a classroom, but that learning becomes so much more useful when it's illustrated in practice. If the theme of your workshop is HIV testing, take participants to an HIV testing center where they can observe a counseling session and see how tests get analyzed. If it's HIV treatment, take them to a treatment centre where they can experience the reality of HIV treatment. This will allow trainees to turn theory into practice and help them to come up with interesting story ideas. Allow at least half a day for a site visit. It takes time to get to a venue, time for the welcoming ceremony (which almost always happens), time for everyone to speak and for journalists to ask questions. Don't try to organize too many site visits. One visit (sometimes two) is generally enough. But do organize the site visits long in advance so that you have time to get permission from all the different authorities.

Producers undergoing production drills during a workshop in Islamabad.

11. Screening of programmes sessions

Usually participants find it very useful to view HIV programs from other countries, whether such programmes are of high quality or not. They find it even more useful to play some of their own HIV programs and to get feedback from trainers and their fellow trainees. It serves as an instant mentoring session for them! Work in time for this on your training schedule – but be careful not to create the impression that all trainees will be able to screen their stories, there's never enough time for it; choose two or three stories. The last section of Part 3 "Using the DVD" provides useful questions for a facilitated discussion on screened programs.

12. Journalism skills building and production sessions

You need to equip producers to turn their newly acquired HIV knowledge into compelling stories. For this they need good television production skills such as scriptwriting skills and the ability to pitch different story ideas. Work practical scriptwriting and production exercises into your training agenda.

For examples of story pitching exercises see:

- Exercise 6 (Pitching Story Ideas)
- Exercise 7 (Playing the Roles)

For an example of an exercise that helps journalists to become more creative, see:

- Exercise 4 (Imagination)

For an example of improving the ability to choose the content and form appropriate for different target audiences see:

- Exercise 5 (Selecting Target Audience, Messages and Genres)

13. Evaluation sessions

Receiving feedback from trainees is really important; it helps trainers to learn what works and what doesn't. Schedule enough time for this. You can't expect trainees to provide you with useful feedback in just 10 minutes.

It's important that trainees feel engaged while trainers help them acquire new knowledge and skills. The more involved they feel, the better the outcome of the training workshop will be. One way to achieve this is through games and role-play. Below are a few games that you may find useful.

3.5 Games Trainers Play

GAME 1
LEARNING ONE ANOTHER'S NAMES

This game works best with about 18 participants. If there are organisers and facilitators present, ask them to also take part. The game works well as an icebreaker at the beginning of a workshop.

LEARNING OBJECTIVES

By the end of this exercise, participants will be able to:

- Remember one another's names and feel more comfortable with one another.

MATERIALS

- None.

HAND-OUTS

- None.

TIME

- About 15-20 minutes, depending on the number of participants.

INSTRUCTIONS

1. Instruct participants sit in a U-shape.

2. Ask each participant to announce the shortest name by which they would like to be called. For example, Michael Schumacher may want to be called Mike; Venkat Subharao may want to be called Venky, etc.

3. Once everyone has done so, ask the first participant on the left side of the U-shape to announce his or her name again.

4. Instruct the participant to the right of the person who has announced his or her name again, to repeat that person's name and also announce his or her own name again.

5. Ask the next person to repeat the first two participants' names and then add his/her own name to the list.

Michael Schumacher may want to be called Mike; Venkat Subharao may want to be called Venky.

Games help to keep the environment lighthearted.

6. Explain that no one is allowed to write down names. Everyone has to rely on his or her memories.

7. If after the fourth or fifth name someone finds it difficult to remember all of the names, other participants are allowed to give the person clues. But the rule is that the person who got confused has to repeat all of the names until he or she gets them all right. Participants from different regions quite often get one another's names wrong!

8. Keep the environment light hearted. It is, after all, a game. No participant should be reprimanded for not being able to remember someone's name.

9. This process should continue until the last person on the right has called out all the names.

10. Usually the game creates lots of laughter and giggles. By the time the game is over, people mostly end up remembering one another's names as they had heard the names so many times.

11. Encourage participants to use one another's names throughout the workshop. The use of first names or nicknames creates an informal and friendly atmosphere.

GAME 2
GETTING TO KNOW ONE ANOTHER

This game helps to overcome the monotony of self-introductions. It also helps participants to practice their interviewing skills informally.

LEARNING OBJECTIVES

By the end of this exercise, participants will be able to:

- Know each other better.
- Feel more comfortable with each other.

MATERIALS

- None.

HAND-OUTS

- None.

TIME

- About 20-30 minutes, depending on the number of participants.

INSTRUCTIONS

1. Instruct participants to split into groups of two.

2. Ask them to interview each other and gather the following information:
   The name of the interviewee
   The name of the organization that the interviewee works for
   The number of years of working experience the interviewee has
   The kind of work experience the interviewee has
   The country or province where the interviewee is from
   What are the interviewee's interests, hobbies and marital status?

3. Explain that each interview can only last 5 minutes – keep track of the time and stop interviewees when they've reached five minutes.

4. Ask the pairs to switch roles.

5. Once the interviews have been done, instruct participants to each spend 2 minutes to introduce the person they've interviewed to the group. During this presentation they have to concisely present the information gathered from the bullet points in number two of this game.

GAME 3
LEARNING HOW HIV SPREADS

LEARNING OBJECTIVES

By the end of this exercise, participants will be able to:

- Better understand how HIV spreads through sexual contact.

MATERIALS

- Sheets of different shades of paper, preferably pink and light blue. One light blue sheet and four to five pink sheets, depending on the number of participants.
- Marker pen to draw heart shaped figures on the papers.
- Scissors to cut out the heart shaped figures.

HAND-OUTS

- None.

TIME

- About 20-25 minutes, depending on the number of participants.

INSTRUCTIONS

Before the sessions

1. Use two different shades of paper, e.g., light pink and light blue. There should not be too much of a contrast between the shades you select.

2. Cut the papers into heart shaped pieces, but cut many more pink than blue hearts. Only cut about one or two blue hearts.

3. Overall, there should be at least one heart for each participant.

During the sessions

1. Distribute one heart to each participant.

2. Explain to trainees that the hearts represent love. Make clear that they can share their love with one another by tearing small pieces of paper from their heart shaped figures and giving it to others.

3. Encourage the participants to express their love and affection for one another by moving around and handing pieces of paper to everyone they think they could love.

4. When participants seemed to have finished moving around among one another, ask them to each return to their original seats.

5. Instruct trainees to count the number of pieces they've received.

6. Ask them who got the most pieces, or most "love", from others.
If there are 12 participants, start off by asking who got more than six pieces of paper. Then go on to people who have more than seven and so on, so that you eventually find the participant who has the highest number of pieces.

7. Request a round of applause for the "most loved" person of the group.

8. Ask the participant with the highest number of pieces whether he or she has received any blue pieces of paper.

9. Explain that the blue piece of paper represents something very significant: that everyone with a blue piece of paper is HIV-positive.

10. Explain that having many sexual partners and distributing sexual love that way, is how HIV spreads. Emphasize that no one can tell whether a sexual lover is HIV-positive by merely looking at him or her. The only way to determine someone's HIV status is through an HIV test. If your partner had not been tested, the only way to protect yourself from infection is by using a condom correctly – even during foreplay. 10. Ask participants with blue pieces of paper how they feel.

Note: Usually people report negative feelings like anger, hatred, sadness, resentment, etc.

11. Be sure to explain that, though this is only a game, it demonstrates how fast HIV can spread.

12. Explain that the objective of the workshop is to contribute towards reducing the spread of HIV and not to make participants feel anxious about giving and receiving sexual love.

GAME 4
THINKING ABOUT GENDER

Note: This is a very useful game for "breaking the ice" and initiating initial discussions on gender.

LEARNING OBJECTIVES

By the end of this exercise, participants will be able to:
- Better understand their concepts of gender.
- Better understand one another's concepts of gender.

MATERIALS
- Sheets of blue and pink paper that you can cut up in postcard-sized pieces of paper – you need one piece of blue paper for each male participant and one piece of pink paper for each female participant.

- Scissors to cut the postcard-sized pieces.
- Tape or pins to pin/stick up the pictures.

HAND-OUTS

- None.

TIME

- About 45 minutes to one hour, depending on the number of participants.

INSTRUCTIONS

Before the session

Prepare one post card-sized piece of paper for each participant – a pink pieceof paper for women and a blue piece of paper for men.

During the session

1. Hand a pink piece of paper to each male participant and a pink piece of paper to each female participant.

2. Explain that you would like each person to write down the answers to the following questions on their piece of paper:
   At which age did you become aware that you were a boy or a girl?
   Who made you aware of this? * Why was this necessary? * How did you feel when told you couldn't play a game because ''boys'' or ''girls'' ''don't play such games''?

3. Instruct participants to pin the cards to a soft board or stick them on a hard surface.

4. Ask trainees to further elaborate about what they wrote and their reasons for doing so.

Note: This activity often makes participants laugh. It also gives participants the opportunity to express feelings of resentment, frustration, irritation and even anger at the limitations that gender within their cultures imposes on them. For example, women from certain countries often express frustration that they weren't allowed to play outside alone as little girls, go out with their brothers or visit the market with their fathers. Men from certain cultures express frustration that they weren't allowed to play with their female relatives or escort their female cousins home.

5. Be careful not to be judgmental or undermine any response. Treat all comments with the same importance and as objectively as possible.

GAME 5
LEARNING ABOUT GENDER STEROEPTYPES AND ROLES

LEARNING OBJECTIVES

By the end of this exercise, participants will be able to:

- Better understand their perceptions of gender stereotypes and roles as laid down by their society/ community.
- Better understand their gender prejudices, which they have as a result of the communities and cultures of which they're part.

MATERIALS

- 10cm by 10cm pieces of paper – one for each participant.
- Scissors to cut out the pieces of paper.
- Marker pen to write on the pieces of paper.
- Tape or pins to pin/stick up the pictures.

HAND-OUTS

- None

TIME

- 30-45 minutes, depending on the number of participants.

INSTRUCTIONS

Before the session

Write down different jobs/professions on small pieces of papers.

During the session

1. Give each participant one piece of paper.

2. Instruct participants to each read the name of the profession/job written on their piece of paper.

3. Ask trainees to turn around their piece of paper.

4. Instruct them to draw a picture (as best as they can) that explains the gender of that profession.

5. Pin the drawings to a soft board or stick them on a hard surface – where everyone can easily see them.

6. Facilitate a discussion among participants of each drawing – the group has to decide whether they agree or disagree with the gender portrayal in each drawing and also discuss why "x" is depicted as a male, why "x" can't be a female and vice versa.

Note: Here gender stereotyping comes into play. The trainer may find, for example, that for most of the participants:

Tailors are always male.
Gardeners are always male.
Doctors are both.
Farmers are male.
Nurses are female.

This discussion highlights the gender biases of participants, as well as their perceptions of gender roles and how they differ from others' views.

Exercises, like games, make a workshop interesting and practical.
Below are examples of exercises that trainers have found useful.

3.6 Exercises

GROUP DYNAMICS

Group dynamics play a significant role in making a training workshop interesting and exciting. Participants become more comfortable with one another as they get to learn more about one another's backgrounds and predispositions and also recognise their diverse attitudes and skills sets.

It is important that you as the trainer ensure that networking happens early enough in the workshop.

Group work helps participants to form relationships. You can ask participants to number themselves by counting one, two, one, two, etc., from the left to right. Instruct all the number ones to form a group and ask the numbers twos to do the same. If you'd like to have three groups, ask trainees to number themselves as one, two, three, etc, and split into three different groups.

You can also be creative with seating arrangements by moving participants to different seats every morning. If not, you run the risk of trainees starting to form small cliques instead of networking actively with all members.

EXERCISE 1
CONSIDERING UNCOMFORTABLE WORDS

LEARNING OBJECTIVES
By the end of this exercise, participants will be able to:

- Discuss sexuality more comfortably.
- Be more aware of their biases and misconceptions about sexuality and HIV.
- Be able to convert negative emotional reactions to rational and positive actions for at least some of the words/terms discussed.

HAND-OUTS
- None.

MATERIALS
- A pen and sheet of paper/notebook for each participant.
- If you have access to an LCD projector, it works well to type out the different words and display them on the screen – one by one.

TIME
- About one hour, depending on the number of participants and number of terms discussed.

INSTRUCTIONS

Before the exercise

Create a list of words that can potentially provoke strong emotional reactions. For example, include words such as AIDS, sex worker, professional blood donor, pregnancy, injecting drug user, teenager, condom, STIs, homosexual, masturbation, wife, boyfriend, orgasm, erection, abortion, rape etc.

During the exercise

1. Read participants the first word on your list to.

2. Ask them to write down at least two emotional reactions that they experienced when they heard the word. Typically, these will be words such as "wrong", "beautiful" or "immoral".

3. Ask participants to each share the emotions that they've written down.

4. Once everyone has shared his or her feelings, discuss them.

5. Facilitate a discussion among participants on how these feelings differ and why they have these emotions.

6. Ask participants to point out biases, myths and misconceptions.

EXERCISE 2
LEARNING ABOUT OUR ATTITUDES

This exercise is most useful when done during the first quarter of a training workshop, before participants have had a lot of exposure to HIV knowledge. That way, it will help the trainer to identify the participants who need further attention with regards to changing their attitudes towards HIV and sexuality.

LEARNING OBJECTIVES

By the end of this exercise, participants will be able to:

- Be more aware of their conflicting attitudes towards sexuality and HIV.
- Be able to think more critically about the reasons for their attitudes.

MATERIALS

- A computer and printer for creating the list of statements and printing them out.

HAND-OUTS

- A list of statements for each participant.

TIME

- About one hour, depending on the number of participants and number of terms discussed.

INSTRUCTIONS

Before the exercise

1. Create a list with statements such as the following:
   - Unmarried people should not have sex.
   - Men who have sex with men are having abnormal sex.
   - School children should not be taught about safer sex.
   - I would be uncomfortable discussing sexuality with someone of the ` opposite sex.
   - It is fine for men to have sex before marriage.
   - Women should not have extra-marital sexual relations.
   - Women with HIV should not have children.
   - People with AIDS should not be allowed to work.
   - HIV/AIDS infects people who act immorally.
   - People with HIV should be isolated to prevent further transmission.
   - Injecting drug users should be forced to get tested for HIV.

2. Print the list of statements – one for each participant.

During the exercise

1. Distribute the list of statements. Give one list to each participant.

2. Explain that this is an exercise from which everyone will get to learn more about their attitudes towards sexuality and HIV.

3. Emphasize that there are no right or wrong answers – only truthful ones, and that attitudes change as people's understanding of an issue grows.

4. Ask participants to look at the list of statements.

5. Explain that you need them to indicate next to each statement whether they agree or disagree with it.

6. Give participants about 10-15 minutes to write down the words "agree" or "disagree" next to each statement.

7. Once everyone has completed the task, read the first statement and ask each participant to share what he or she has written down ("agree" or "disagree").
8. Facilitate a discussion on the first statement and encourage participants with opposing views to try to convince one another of their viewpoints.

9. When necessary, clarify the discussion with technical and scientific explanations.

10. Do the same with each remaining statement.

EXERCISE 3
EXPERIENTIAL EXERCISE

This exercise should only be done after trainees have attended sessions on the science of HIV, so that they understand the difference between HIV and AIDS and the effect of HIV on the immune system. Participants should also be comfortable with each other. The exercise works best after trainees have had contact with people with HIV (PLHIV), but before they've visited a hospital.

Producers from Iran, Afghanistan and Pakistan going through Experiential exercise.

LEARNING OBJECTIVES

By the end of this exercise, participants will be able to:

- Relate better to people living with HIV (PLHIV).

MATERIALS

- Twelve equal sized 6cm by 9 cm flash cards for each participant, i.e. 12 for each participant.
- Marker pens to write on the cards/computer to type and printer to print on the cards.

HAND-OUTS

- None.

TIME

- About one hour, depending on the number of participants and number of terms discussed.

INSTRUCTIONS

Before the exercise

Prepare one set of cards, each with one of the bullet points below, written or printed on them:

Residence: house, apartment, room.
Physical mobility: ability to walk/run, ability to operate a bike, car or other means of transportation.
Financial security: job, bank account, savings
Mental reasoning: state of mind, memory, speech, co-ordination, comprehension.
Future plans: career, children, schooling, marriage, travel.
Loved one: spouse, child, parent, brother/sister, best friend.
Physical appearance: weight loss, skin condition, muscle tone, overall physical condition.
Social life: relationships with lovers, friends, neighbours, co-workers, family Favourite activity: dancing, sports, hiking, music, pets, etc.
Inter-dependence: community support and acceptance, family ties, friendships, social standing.
Bodily functions and senses: sight, hearing, taste, sexuality, bowel and bladder control

Human Rights: Dignity, respect, non-discrimination, equality and equity, participation, non-violence, confidentiality

During the exercise

1. Ask trainees to take a seat in the part of the training room where they feel most comfortable. Explain that you'd like them to be separate from one another with enough private space around them so that they feel comfortable.

2. Hand a set of cards (twelve) to each participant.

3. Ask them to spread the cards in front of them so that all the cards are visible.

4. Instruct participants to carefully read through each card.

5. Ask them to imagine that they are HIV-positive.

6. Explain that as an HIV-positive person, they may not have all those rights. Ask them to remove six cards/categories that they think they will most easily be able to get along without. Allow participants to take their time with this task.

7. Ask each participant to find a partner to share his/her remaining cards.

8. Ask the pairs to sit together, facing each other.

9. Instruct them to share their feelings and tell one another why they thought they couldn't get along with the remaining six cards.

10. Explain that people with HIV often have to live life with fewer than six of the cards, and that they can't choose which cards they want and which ones not - fear, stigma and discrimination result in society, taking away many of the rights that we consider essential for daily living.

11. Ask participants to spread their remaining cards in front of them, face down, so that their partner won't know which card is which.

12. Ask partners from each pair to remove three facedown cards from one another's cards.

13. Instruct them to turn around the remaining three cards of their partner's and read them.

14. Ask them to tell one another how they feel, and what their lives as HIV-positive people would be like with only those three rights.

15. Give participants time to compose themselves after the task.

EXERCISE 4
IMAGINATION

LEARNING OBJECTIVES
By the end of this exercise, participants will be able to:

- Have better insight into their abilities to use their imaginations.

MATERIALS
- None.

HAND-OUTS
- None.

TIME
- About twenty to thirty minutes.

Imagination is an important factor in seeing the potential shot angles in a location without shifting the camera around.

INSTRUCTIONS

1. Ask participants to sit in a U-shape.

2. Instruct trainees to close their eyes and relax.

3. Ask them to take a few deep breaths and think of somebody they like very much.

4. Reassure everyone that they're safe in this circle and that you'd like them to relax. Make sure everyone has shut his or her eyes.

5. Ask them to continue to think about the person they really like. Encourage participants to think about the following questions:

What is the person wearing?
What colour is the person's clothes?
Is the person standing or sitting?
Is the person indoors or outdoors?
How close is the person standing or sitting from you? What is the distance?

Note: You may have to repeatedly prod participants to get the best results.

6. Instruct participants to open their eyes and ask them what they saw:
   Who did they see?
   What were they wearing?
   What were they doing?
   Where were they?

7. Ask participants to volunteer to answer. Some may not have great imaginations and some could be shy to speak about what they saw. Note who didn't participate.

8. Explain that, in general, anyone can see images with their eyes closed. It is also possible to see images with your eyes open, but shutting your eyes helps you to see the images easier. Most of us constantly talk to ourselves in our minds. This "mental noise" sometimes prevents us from using visualizations.

9. Ask participants to think back about what they saw when they shut their eyes. Explain that those images were created by their imaginations and not their memories.

10. Ask them to close their eyes again and think of the same person.

11. Pay attention to those who didn't respond earlier. Ask them to take a deep breath and relax.

12. Ask them to specifically think of what the person were wearing, the surroundings, and the posture and attitude of the person.

13. Instruct participants to dress the person in a cowboy outfit in their mind (or a turban if you are doing this exercise in the US). Ask them to make the person sit on a carpet and smoke a hookah. Of course they may not have seen the person doing this. But ask them to try.

14. Give the participants time. There may be a few giggles. The giggles are an indication that some of the participants are seeing this image.

15. Ask them to open their eyes and ask those who giggled what they saw.

16. Emphasize that that imagination is more than memory. It can help you to see things that you haven't seen before.

17. Encourage participants to continue to practice their ability to imagine regularly.

EXERCISE 5
SELECTING TARGET AUDIENCE, MESSAGES AND GENRES

LEARNING OBJECTIVES

By the end of this exercise, participants will be able to:

- List different messages, target audiences and genres of programming.
- Be more aware of the need to select messages that are relevant to different target audiences.
- Select the genres that are appropriate to different target audiences and messages.

Participants selecting messages and genres appropriate to different target audiences in a workshop in Cambodia.

HAND-OUTS

Chapters 1-8 of Part 2 of this manual.

MATERIALS

- Three large sheets of brown paper/three large pin boards.
- Three "paste it pads" (different colours) or about thirty individual 10cm by 10 cm cards.
- Markers (different colours).
- Tape to stick the paper sheets to the wall.

TIME

- About ninety minutes, depending on the number of participants and number of terms discussed.

INSTRUCTIONS

Before the exercise

1. Stick the three brown paper sheets/pin boards to the wall of the training room – each paper sheet/pin board should be on a different wall.

2. Explain the following concepts to participants:
   Target audience
   Television genre
   The notion that some target audiences prefer specific genres

3. Explain that there are different issues and topics that we need to address when producing programs on HIV. Also, that different target audiences prefer different television genres and types of information – it is important to target the correct audience with a specific piece of information.

During the exercise

1. Divide the participants into three equal groups:
   One group should list all possible topics and messages that they think should be addressed in HIV television programs
   One group should list all possible target audiences they can think of
   One group should list all possible television genres they can think of

2. Give each group one "paste it pad" or packet of cards.

3. Instruct each group to take fifteen minutes to write down one HIV topic/target audience/genre on as many cards as they can and to then stick it onto the large sheet of paper on the wall.

4. Ask each group to announce their ideas/notes to the other groups.

5. Instruct the groups to rotate – those who are working on the list of HIV topics should move to the wall where the group who worked on target audiences was stationed, those who are working on target audiences should move to the wall there the group that worked on genres was stationed, and so forth.

6. Instruct each group to take ten minutes to identify the ideas that the previous group had missed, by writing their ideas down on the remaining sheets on the "paste it pad" or cards.

7. Ask each group to announce their additional ideas/notes.

8. Congratulate each group for identifying the gaps and bringing the new points to the attention of the previous group.

9. Instruct the groups once more; so that each group moves to a station they had not yet been to.

10. Repeat the instructions in points 7 and 8.

11. Give all participants 10 minutes to consider all three lists and make notes if needed. Remove the paste it pads from the brown paper.

12. Ask the participants to select what they consider the three most important target audiences. (If there are more than twelve participants you could ask them to select more so that there are three per group in the next step).

13. Break the participants into as many groups as the number of target audiences that had been selected.

14. Ask them to take fifteen minutes to select all the messages/topics that they think are important for each target audience and paste them around the name of the target audience.

15. Ask them to take five minutes to prioritise the messages – the most important ones should be stuck closest to the name of the target audience and less important ones further away.

16. Instruct the groups to move around and examine the work of other groups. Ask them if they notice any differences in the choice and prioritizing of messages for each target audience.

17. Ask each group to take ten minutes to make a list of what they consider to be the three most appropriate genres for each target audience and stick them in three different corners of the brown paper sheets.

18. Instruct them to paste the most appropriate genres next to each of the three target audience that they had identified.

19. Instruct the groups to move around and look at the work done by other groups and discuss what they had done – do they agree, or can they add to it?

EXERCISE 6
PITCHING STORY IDEAS

Note: This exercise should only be done towards the end of a training workshop, when producers have acquired a thorough understanding of HIV-related issues.

LEARNING OBJECTIVES

By the end of this exercise, participants will be able to:

- Better understand what constitutes a good story idea.
- Better understand how to pitch a story idea effectively to editors or donors.

MATERIALS

- A pen and piece of paper/notebook for each participant.

HAND-OUTS

- None.

TIME

- About one and a half hours, depending on the number of participants and story ideas.

INSTRUCTIONS

1. Ask participants to each write down a few story ideas.

2. Ask them to each share or pitch what they consider their best story idea.

Note: Usually, trainees are very eager to pitch their stories at the workshop. They often start off by announcing that "The programme starts with…", etc. Remind them that there is no point in talking about the start of a programme before they provide background information about the story idea.

3. Facilitate a discussion about each story idea. Use the following questions to guide the discussion:

Who constitutes the target audience?

Point out the difference between viewers and target audiences. A target audience is a sub-set of viewers. To achieve maximum impact it helps to create a program for a specific target audience, such as "young people between fifteen and nineteen" or "mothers with young children". The programme will of course be viewed and appreciated by all viewers, but the information provided will be most useful to the target audience, because it was specifically created for them.

What is the target audience's HIV infection risk?

Producers are sometimes so involved with informing viewers that they forget to take into consideration the characteristics, culture or behaviour patterns of the target audience.

What is the objective of the programme?

What changes in awareness/knowledge, attitudes or practices does the programme intend? What actions would the producer like the programme to provoke from the target audience?

Why is it important to create this change?

Does the program have a human face and enough emotion to appeal to the target audience?

4. Once the above issues have been discussed, ask producers to think about the following three questions:

What is the approximate cost of producing such a programme?
Who would support/fund/sponsor such a programme?
Why would a donor, editor or media house want to support the production of a particular programme?

5. Ask participants to reformulate their story ideas in writing so that they address the first five questions (the questions provided under number 3).

EXERCISE 7
PLAYING THE ROLES

LEARNING OBJECTIVES
By the end of this exercise, participants will be able to:

- Better understand the kinds of questions they will have to answer from donors and such people as editors and programme managers when pitching story ideas.

MATERIALS
- None.

HAND-OUTS
- None.

TIME
- About forty minutes (ten minutes to explain the exercise and ten minutes for each round of role play).

INSTRUCTIONS

1. Divide the participants into groups of three.

2. Explain that each of the three persons in each group will have a different role. There will be a sponsor/donor, Media gatekeeper (editor or programme controller) and journalist/producer.

3. Ask the groups to assign a role to each member.

4. Explain that each person should act according to their role.

The sponsor/donor has to ask challenging questions about the cost and merit of the story; for instance:
Is the budget realistic or can it be reduced?
What will the program achieve?
How will the donor benefit from the programme?
Who will hold the copyright?

The media gatekeeper has to ask challenging questions about how suitable the story is for a particular media house and present objections to the idea; for instance:

How will the programme improve the channel's rating?

Is there anything about the idea that is against the ethical code of the channel?
Who will the crew members be? Do they have the necessary skills to produce the programme?

The journalist has to pitch a story idea.

5. Ask the participants to swap roles after each round of role play, so that everyone gets a chance to play each of the three roles.

Glossary

Advocacy: The act of supporting a particular cause, idea or policy to influence outcomes and decisions.

AIDS: (Acquired Immune Deficiency Syndrome or Acquired Immunodeficiency Syndrome) – a range of conditions and a syndrome that occurs when HIV seriously weakens a person's immune system.

Antibodies: Infection-fighting protein molecules in blood or secretory fluids that tag, neutralise, and help destroy pathogenic microorganisms such as viruses.

Antigen: Any substance, such as bacteria, virus particles or toxins that stimulates the body to produce antibodies. HIV is an antigen.

Antiretroviral: Medication that interferes with replication of retroviruses. HIV is a retrovirus.

Apoptosis: Cellular suicide, also known as programmed cell death. HIV may induce apoptosis in both infected and uninfected immune system cells.

ART (antiretroviral therapy): Treatment that uses antiretroviral medicines to slow down the reproduction of a virus in the body. It helps to reduce virus-related symptoms. For ART to be successful, three or four antiretroviral medicines are usually used together.

ARV (antiretroviral drugs or medicines): Medicine that is used to fight infection by retroviruses, such as HIV infection. These medicines reduce the number of viruses in a person's body and improve a patient's health. However, antiretroviral drugs cannot remove HIV entirely from the body.

Asymptomatic: Having no obvious signs or symptoms of disease.

B-cells: White blood cells of the immune system that produce infection-fighting proteins called antibodies.

Bacteria: Microbes consisting of single cells that reproduce by splitting in two. Bacteria are responsible for a large number of diseases. Bacteria can live independently, in contrast to viruses, which can only survive within living cells.

Budding: The final step in the HIV life cycle, when an individual virus pinches off or 'buds' from the host cell. CD4 Count: CD4 cells, also called T-cells or CD4+ T-cells, are while blood cells that fight infection. A CD4 count is the number of CD4 cells in a unit sample of blood.

CD4+ T-cells: White blood cells that orchestrate the immune response. They indicate to other cells in the immune system when to perform their special functions. Also known as T helper cells, these cells are killed or disabled during HIV infection.

CD8+ T-cells: White blood cells that kill cells infected with HIV or other viruses. These cells also secrete soluble molecules that may suppress HIV without killing infected cells directly. CD8+ T-cells are also called Killer T-cells.

Male circumcision: The surgical removal of the foreskin of the penis. It is internationally recognised that circumcision reduces the risk of HIV transmission, as the foreskin contains a high number of potential HIV receptors. However, circumcision cannot replace other HIV prevention methods such as abstinence and condom use.

Clinical trial: A scientifically designed study testing the safety and effectiveness of medication or other types of treatment in human volunteers.

Condom: A sheath rolled over the erect penis. Male condoms, made from latex or polyurethane, can prevent conception and transmission of HIV or other sexually transmitted infections (STIs), if used correctly. Female condoms are also available in some countries.

Confidentiality: The process of keeping information private. Information given by a client to a service provider will be protected and will not be released to a third party without the explicit written permission of the client or his/her representative. Demographics: The characteristics of human populations and population segments (e.g. race/ethnicity, age, gender, geographic location, etc.).

Dendritic cells: Immune system cells with long, tentacle-like branches. Some of these are specialised cells at the mucosa that may attach to HIV following sexual exposure and carry the virus from the site of infection to the lymph nodes.

DNA (Deoxyribonucleic Acid): DNA contains the genetic instructions and structures of all living organisms. The main role of DNA is the long term storage of information, which allows organisms to function. Each individual's DNA is different and it determines each person's physical characteristics and appearance.

Drug resistance: The ability of bacteria, viruses, and parasites to adapt so that they are able to continue to reproduce in the presence of drugs that would normally kill them.

Ejaculation: The discharging of seminal fluid by men during orgasm.

ELISA: A short form for Enzyme Linked Immunosorbant Assay. It is a method to detect antibodies and is used for HIV testing.

Empowerment: The act of enabling the target population to take more control over their daily lives. The term 'empowerment' is often used in the context of marginalised groups.

Enzyme: A protein that accelerates a specific chemical reaction without altering itself.

Epidemic: The occurrence of more cases of a disease than would be expected in a community or region during a given time period.

Epidemiology: The branch of medicine and public health that deals with the study of factors associated with the causes, distribution, and control of an infection or disease in a population.

Evidence-based planning: Planning based on evidence that is collected from scientific data, such as reporting of HIV cases to health departments, and needs assessments conducted in a scientific manner.

False negative result: An inaccurate result that occurs when an HIV test is conducted during the window period. The result indicates that HIV antibodies are not present in the person's blood sample, when in fact the person is infected with the virus. To ensure that results are correct, it is recommended that individuals undergo a second HIV antibody test three to six months after the initial test.

Female condom: A thin latex pouch worn internally by women during sex. It lines the vagina and can prevent pregnancy and sexually transmitted infections by physically blocking semen from entering the body.

Foreskin: The fold of skin, which covers the head of the penis.

Gender: A set of characteristics and behaviours that a society expects a man or woman to have. Gender is different from sex, which refers to the biological and physical differences between males and females.

gp41 (glycoprotein 41): A protein embedded in the outer envelope of HIV. It plays a key role in HIV's infection of CD4+ T-cells by facilitating the fusion of the viral and cell membranes.

gp120 (glycoprotein 120): A protein that protrudes from the surface of HIV and binds to CD4+ T-cells.

gp160 (glycoprotein 160): An HIV precursor protein that is cleaved by the HIV protease enzyme into gp41 and gp120. HAART (Highly Active Antiretroviral Therapy): Anti-HIV treatment that usually includes a combination of protease and reverse transcriptase inhibitors so that the viral load can be reduced to undetectable levels. The term is not used now-a-days. A simpler term ART is used instead.

Harm Reduction: Behaviour changes that reduce the chance of hurting oneself or another person; making changes in action to improve health and well being.

Helper T-cells: See CD4 cells.

Heroin: A highly addictive narcotic that is derived from morphine. The most common way of using it is through intravenous injection.

Heterosexual: A person sexually attracted to people of the opposite sex.

Herpes virus: A common viral sexually transmitted infection that is passed on through vaginal, anal and oral sex or through skin-to-skin contact.

High-risk behaviour: A term used to describe activities that increase a person's risk of transmitting or becoming infected with HIV.

Examples of high-risk behaviours include: unprotected vaginal or anal intercourse (without a condom) or using contaminated needles or syringes.

HIV (Human Immunodeficiency Virus): The virus that damages the human immune system and causes AIDS.

IDU/IVDU: An injection drug user or intravenous drug user. A term used to refer to people who inject drugs directly into their bloodstreams using a needle and syringe.

Immune deficiency: The inability of the immune system to work properly, resulting in susceptibility to disease.

Immuno-suppression: The immune system's response to foreign invaders such as HIV. It involves the act that reduces the activation or efficacy of the immune system.

Integrase: An HIV enzyme used by the virus to integrate its genetic material into the host cell's DNA.

Incidence: The number of new cases of a disease that occur during a specified time period.

Incidence rate: The number of new cases of a disease per population per specified time period often expressed per 100,000 of the population. (HIV rates are often expressed this way).

Informed consent: Written or verbal agreement to participate in a medical procedure after acquiring an understanding of the implication of doing so.

Kaposi's sarcoma: A type of cancer characterised by abnormal growths of blood vessels that develop into purplish or brown lesions.

Killer T-cells: See CD8+ T-cells.

Lymphocyte: A type of white blood cell that fights infection. Lymphocytes include CD4 and CD8 cells.

Lymphoid organs: These include tonsils, adenoids, lymph nodes, spleen, and other tissues. They act as the body's filtering system, trapping invaders and presenting them to squadrons of immune cells that congregate there.

Macrophage: A large immune system cell that devours invading pathogens and other intruders. Macrophages stimulate other immune system cells by presenting them with small pieces of the invaders.

Microbes: Microscopic organisms, including viruses, bacteria, fungi, and protozoa.

Monocyte: A circulating white blood cell that develops into a macrophage when it enters tissues.

MSM (men who have sex with men): This includes men who consider themselves gay, bisexual or heterosexual.

Mucous membrane: A layer of tissue that lines the body cavities and passages, including the nose, ears and genitalia.

Nucleus: The part of a cell that contains genetic information.

Opportunistic infection: An illness caused by an organism that usually does not cause disease in a person with a normal immune system. People with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes and other organs.

Oral sex: Sexual activity where the mouth is used to stimulate male or female genitalia. Sexually transmitted infections (STIs) can be transmitted through oral sex.

Orphans: In the context of AIDS, orphans are usually defined as children under the age of eighteen who have lost one or both parents due to AIDS-related illnesses.

Pandemic: A disease prevalent throughout an entire country, continent or the whole world.

Pathogenesis: The production or development of a disease. This may be influenced by many factors, including the infecting microbe and the host's immune response.

Pathogens: Organisms that cause disease.

Pneumonia: Inflammation of the lungs, which may be caused by bacterial, viral, fungal or parasitic infection. Symptoms include fever, chills, coughing, chest pains and shortness of breath. Pneumonia is a common opportunistic infection among people living with HIV (PLHIV).

Pre-ejaculate: A clear fluid that is released from a man's penis when he is sexually aroused. It is secreted before a man reaches orgasm and before semen is ejaculated.

Prevalence: The total number of people living with a specific disease or condition at a given time.

Prevalence rate: A measurement of the proportion of people in a population affected with a particular disease at a given time (compared to the incidence rate, which refers to new cases). It is usually reflected as a percentage, e.g., a prevalence rate of 0.1%, 1.5%, 20%, etc.

Protease: An HIV enzyme used to cut large HIV proteins into smaller ones needed for the assembly of an infectious virus particle.

Protease inhibitor: A drug that attaches itself to HIV protease and blocks it from working, thus preventing the production of new, functional viral particles.

Provirus: DNA of a virus, such as HIV, that has been integrated into the genes of a host cell. Replicate: A process by which a virus makes copies of itself.

Retrovirus: HIV and other viruses that carry their genetic material in the form of RNA and contain the enzyme reverse transcriptase.

Reverse transcriptase: The enzyme produced by HIV and other retroviruses that allow them to synthesise DNA from their RNA.

Ribonucleic Acid (RNA): A nucleic acid that is associated with the control of cellular chemical activities including translating genetic information from DNA into proteins.

Safer sex: Behaviour and practices that are used to reduce the risk of contracting and transmitting sexually transmitted infections (STIs), including HIV. Examples include condom usage and the avoidance of high-risk sexual activities.

Semen: A whitish fluid that is released from the penis during sexual activity. It contains both sperm and seminal plasma.

Seroconversion: The development of detectable HIV antibodies in the blood as a result of HIV-infection. It generally takes several weeks to months for antibodies to develop after HIV transmission.

Seroprevalence: The number of people in a population who test HIV-positive. This is determined by using serology or blood analysis, *i.e*. the testing of blood serum specimens. It is often presented as a percentage of the total specimens tested or as a rate per 100,000 persons tested.

Sex worker: A person who earns money or material possessions by providing sexual services.

Sexually transmitted infections (STIs): Infections that can be transmitted through sexual intercourse or genital contact. HIV is an example of a sexually transmitted infection.

Side effects: The unintended effects of any kind of medical treatment or drug use. The term usually refers to negative effects, such as headaches, skin irritations, or liver damage.

STD: Sexually transmitted disease.

STI: Sexually transmitted infection.

Stigma: The social disapproval or non-acceptance of a person. This happens when members of a community believe that certain personal characteristics, conditions, behaviours or beliefs are undesirable, inferior or against common customs or practices.

Symptom: A sign or change in the body that indicates a physical or mental disorder.

Symptomatic: The stage of a disease when a person is experiencing symptoms.

Viral Load: The amount of HIV RNA per unit of blood plasma. An indicator of virus concentration and reproduction rate, HIV viral load is increasingly used to predict disease progression. It is expressed as the number of copies of or equivalents to the HIV RNA genome per millilitre of plasma. (Note that there are two RNA copies per HIV infection in a laboratory cell culture.)

Western blot: A test used for detecting HIV antibodies in a person's blood. It is commonly used to verify positive ELISA tests. A Western Blot test is more reliable than the ELISA, but is more difficult and costlier to perform. All positive HIV antibody tests should be confirmed with a Western Blot test.

White blood cells: A group of cells found in the immune system that help the body fight infection and other diseases.

Window Period: The 3 to 6-month time period from when a person is exposed to HIV to the appearance of detectable HIV antibodies.

Using the DVD

THE DVD that accompanies this handbook contains HIV-related television programmes/productions from various parts of the world. They have been selected to help the trainer initiate discussions. An idea is to screen selected programmes that relate to your training and then raise some of the questions below:

- Did the programme capture the viewer's interest throughout? Why or why not?
- Did the story have a human face, e.g. did someone infected or affected by HIV get the chance to tell his or her story? Did this make the story more powerful?
- Did the programme move you emotionally? What emotions did the programme provoke?
- What did you think of the images and words used in the programme? Do you feel they empowered or disempowered the people whose stories were told?
- Were there any scientific or other inaccuracies in the program?
- Do you think the program or an aspect of it increased or decreased stigmatization?
- What did you think of the structure of the programme – did it have a logical beginning, middle and end?
- What did you think of the technical aspects of the program, such as the camera work, lighting, composition, video editing, sound quality and music?
- Do you think the programme would have any special impact on a specific target audience, such as the youth, People Living with HIV, counselors, etc? Why?
- What would you have done differently to improve the quality and impact of the programme?

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Getting the Story and Telling it Right

HIV on TV

A Handbook for Television Producers and Trainers

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