

“Healthy Lifestyle Choices” Lesotho Radio Program Creative Brief

1	Health Area and Intervention/s																						
	HIV Prevention among young people 15-24 and adults 25-35 in Lesotho																						
2	Background																						
	What is the current situation with HIV/AIDS in Lesotho? <u>Prevalence</u> With 23% of adults aged 15-49 years infected with the virus, Lesotho has the third highest HIV prevalence in the world. In 2000, His Majesty the King Letsie III and the government declared HIV a national disaster (NAC, 2009). Data from the 2009 Lesotho Demographic and Health Survey (LDHS) indicate that among individuals aged 15-49, a larger portion of women than men are infected with HIV, 27% versus 18%. Additionally, as young women transition from adolescence to young adulthood, their likelihood of becoming HIV positive increases dramatically, from 24% among women aged 20-24 to 35% among those aged 25-29 and 42% among those aged 30-39. Male prevalence lags behind female prevalence by about five years, but similarly reaches about 40% among men aged 30-45 (National HIV Prevention Strategy, 2011-2016). Heterogeneity of the HIV epidemic in Lesotho <table border="1"> <thead> <tr> <th>Lower HIV prevalence</th><th>Higher HIV prevalence</th></tr> </thead> <tbody> <tr> <td>Males aged 15-30 years (10.1%)</td><td>Females aged 15-30 years (21.4%)</td></tr> <tr> <td>Females aged 40-50 years (23.3%)</td><td>Males aged 40-50 years (30.9%)</td></tr> <tr> <td>Men and women living in rural areas (21.9%)</td><td>Men and women living in urban areas (29.1%)</td></tr> <tr> <td>Poorer women (19.6% in lowest quintile)</td><td>Wealthier women (28.9% in highest quintile)</td></tr> <tr> <td>Men and women who are not working (19.9%)*</td><td>Working men and women (30.3%)*</td></tr> <tr> <td>Men and women with education (23.2%)</td><td>Men and women without education (27.4%)</td></tr> <tr> <td>Never-married men who have had sex (11.4%)</td><td>Never-married women who have had sex (24.2%)</td></tr> <tr> <td>Married women (26.9%)</td><td>Married men (32.9%)</td></tr> <tr> <td>Men and women without sex partner in last 12 months (23.1%)</td><td>Men and women with 1 or more sex partners in last 12 months (28.3%)</td></tr> <tr> <td>Women reporting sex only with spouse or cohabiting partner in last 12 months (27.4%)</td><td>Women who had higher-risk sex in last 12 months (37.2%)</td></tr> </tbody> </table> * likely to be confounded by age <u>HIV Counselling and Testing</u> The percentage of Basotho who have undergone an HIV test and received their results has greatly increased since the availability and promotion of HIV testing and counseling services has expanded. Despite this, differences remain between men and women. Ninety three percent of Basotho women aged 15-49 know where to get an HIV test and 66% have been tested and received their results. Of these, 42% were tested during the previous 12 months (2009). However, men are much less likely to go for HIV testing. While 81% of men aged 15-49 know where to get an HIV test only 39% have been tested and received their results, of which 25% did so during the past 12 months. <u>Condom Use</u> Condom use is more common among women (66%) and men (66%) who have never married than those currently married (24% for women and 36% for men) or divorced, widowed, or separated (56% for women and 52% for men). Urban respondents (52% of women and 67% of men) are much more likely to use a condom during their last sexual intercourse than rural respondents (31% of women and 46% of men) (LDHS, 2009). Consistent use of condoms is more likely to occur if the sexual partner is a casual acquaintance or someone that the respondent just met (47%); friend, girlfriend not living with him, or relative (50%); or a sex worker (85%). Consistent condom use was reported in only 13% of relationships where the sexual partner was a live-in or married partner (Baseline Survey of MCP Lesotho, 2009).	Lower HIV prevalence	Higher HIV prevalence	Males aged 15-30 years (10.1%)	Females aged 15-30 years (21.4%)	Females aged 40-50 years (23.3%)	Males aged 40-50 years (30.9%)	Men and women living in rural areas (21.9%)	Men and women living in urban areas (29.1%)	Poorer women (19.6% in lowest quintile)	Wealthier women (28.9% in highest quintile)	Men and women who are not working (19.9%)*	Working men and women (30.3%)*	Men and women with education (23.2%)	Men and women without education (27.4%)	Never-married men who have had sex (11.4%)	Never-married women who have had sex (24.2%)	Married women (26.9%)	Married men (32.9%)	Men and women without sex partner in last 12 months (23.1%)	Men and women with 1 or more sex partners in last 12 months (28.3%)	Women reporting sex only with spouse or cohabiting partner in last 12 months (27.4%)	Women who had higher-risk sex in last 12 months (37.2%)
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Despite on-going efforts to reduce the impact of the epidemic, many myths persist around condom use and stigma remains prevalent, this despite the fact that every Basotho has been affected by HIV/AIDS. The LDHS suggests that there is disconnect between knowledge and action in that while knowledge of HIV and the protective benefits of condoms and HIV testing are high, action to use these products and services is low.

Project Overview

LETLAMA is a five-year project (2011-2016) funded by PEPFAR USAID led by PSI/Lesotho and comprised of a diverse group of local and international partners, including: Apparel Lesotho Alliance to Fight AIDS; Elizabeth Glaser Pediatric AIDS Foundation; Johns Hopkins University Center for Communication Programs; Kick4Life; Lesotho Network of AIDS Service Organizations; and, Phela Communication for Health and Development.

Letlama aims to improve the health of the Basotho people by reducing the incidence of HIV infection through the promotion of protective behaviours and support for healthier social norms among young people 15-24 and adults 25-35.

3 Key Determinants

- There are 4 risky behaviours Letlama mass media campaign will target:
 1. Low condom use
 2. Low uptake of HIV Counselling and Testing (HTC)
 3. MCP
 4. Intergenerational and transactional sex
 - The Campaign will also look to target contributing factors associated with these four key behaviors including:
 1. Poor Couples Communication
 2. Alcohol Abuse
 - When possible, the Campaign will coordinate and build upon existing PSI and partner projects that are addressing key behaviours:
 1. TARGET project – HIV testing among men and rural populations
 2. ALDO – HIV testing among urban youth aged 18-24
 3. Condom Social Marketing – condom promotion and distribution
 4. PMTCT*– EGPAF and MOHSW
 5. Voluntary Medical Male Circumcision (VMMC)* – JHPIEGO
- *PSI to receive future funding for communication efforts

4 Target Group

Primary Targets: Women

Age: 18-35 years

Income: Low to Medium

Education: Low to medium

Where they live: Peri-urban / Rural

Marital Status: Married/ Unmarried

Secondary Targets: Men.

Age: 18 – 35 years

Income: Medium to Medium-high

Education: Medium

Where they live: Peri-Urban / Urban

Marital Status: Married/ unmarried

5 Audience Insights

- Good health is a common aspiration across all ages, genders, and locations (urban and rural)
- Role models are those close to 'home' not celebrities; mothers are also an important role model
- Marriage is seen as a longer term goal, something that you work towards after achieving education, job, and/or financial stability
- Across all groups, absentee fathers are a common experience, leading to a lack of fatherly role models
- The loss of a loved one, family member, care-giver is a common experience across all groups
- For older men (aged 25-35 years) it is important that they are perceived as a respected provider for their family
- Among some young women (aged 18-24), the fear rejection from family and peers should they test positive is a barrier to HIV testing
- Mothers strive to stay healthy so they can care for their children and provide for their family
- Young women fear unplanned pregnancy more than they fear getting HIV

- Younger women have diverse needs (emotional and functional) that may not be adequately satisfied by one partner, which can lead to multiple partners or intergenerational sex to ensure that all needs are met
- Among married couples, lack of intimacy, sexual dissatisfaction may drive MCP
- Young men are under pressure from peers to have multiple partners to show they are “men” – these men have a strong desire to be accepted among their crowd

6 Positioning Statement (Brand Statement)

Brand X is the trusted source of information, skills and motivation that enables me to make healthy choices so I can live longer, giving me a sense of achievement making my peers look up to me and my family proud.

7 Messaging / Themes

The “Healthy Lifestyle Choices” campaign will roll out in phases over the next 4 years (depicted below), introducing overtime the promotion of new products, services, and behaviors that contribute to the fulfillment of the brand promise (positioning statement). Each phase will include cross-cutting themes that will be addressed throughout the life of the campaign, for example, the overarching brand promise and gender and partner communication will run through all the key behaviors. However, these themes will be approached slightly differently, according to audience and overall messaging need.

Cross Cutting Themes

Promote Healthy Lifestyle Choices

Improve Partner Communication

Increase Gender Sensitivity

Reduce Stigma

Pre-Phase: Awareness of Brand

- Introduce the Healthy Lifestyle Brand

Year 1: Stigma, HTC and Condom Use

- Promote options / choices for how the audience can help prevent HIV infection
- Specific Messaging for Specialized Target Audiences:
 - Including prevention among Positives
 - Delaying Sexual Debut among Youth
 - Factory Workers
- Link audience to where to get goods (Condoms) and services (HTC)

Year 2: MCP and Transaction / Intergenerational Sex, Prevention of Mother to Child Transmission of HIV (PMTCT)

- Build on the first years’ ‘options’ and link to specific high risk behaviors associated with having multiple partners and cross-generational relationships
- Increase awareness of PMTCT services and the benefits of pregnant women knowing their HIV status to protect the lives of their children

Year 3: Partner / Couples HTC, Alcohol Abuse, VMMC

- Improving Couple communication around disclosure of status
- Link to specific high risk behaviors (MCP, low condom use) associated with alcohol use
- Promote VMMC services and the benefits of MC for preventing HIV

8 Call to Action (Year 1)

HTC

- Get Tested for HIV today!

Condom Use

- Use a condom every time you have sex, with all partners.

Stigma

- Love and support your family and friends regardless of their HIV status

9	Creative Considerations	
	The radio drama will be one of the pillar communication channels for reaching our female target audiences. The drama will air during the mass media campaign as part of the campaign.	
9	Tone	
	Drama: Humor and Tension	
10	Format	
	Season 1: 6 weeks (Four 15 minute episodes / week) = 24 episodes (18 drama + 6 'Reflections') • Three 15- minute drama episodes • One 15- minute 'reflections' episode (live chats, call-ins, audience stories, etc.) Season 2: 13 weeks (Four 15 minute episodes / week) = 52 episodes (39 drama + 13 'Reflections') • Three 15- minute drama episodes • One 15- minute 'reflections' episode (live chats, call-ins, audience stories, etc.) Season 3: 13 weeks (Four 15 minute episodes / week) = 52 episodes (39 drama + 13 'Reflections') • Three 15- minute drama episodes • One 15- minute 'reflections' episode (live chats, call-ins, audience stories, etc.)	
11	Other Specifications	
	Geographical Placement	National Coverage MoAfrika: 1-2pm Mon-Thu Radio Lesotho: 7:30-8pm Mon-Thu
	Language	Sesotho