WISE UP CAMPAIGN!!

MULTI MEDIA HIV PREVENTION CAMPAIGN FOR ADOLESCENTS AND YOUNG PEOPLE

1. Situation Analysis/Background

Botswana is one of the countries hardest hit by HIV in the world. Among boys and girls is almost the same for up to 14 years of age. 20-24 years girls are twice likely to be infected as boys. The 2008 about 18 000 children aged 10 -19 are HIV positive. Many of these not know their status.

The sentinel surveillance of pregnant women shows a declining decline was also more significant for young women aged 20 – 24 however, should not lead to complacency as “…the HIV epidemic and additional surprises are likely. Disturbing increases in risk countries underscore the risk in relaxing prevention efforts HIV Prevention Working Group 2008”). As in many parts of the Africa, young people in Botswana are insufficiently informed not equipped to begin taking the necessary steps to protect

By 2008 HIV prevalence was estimated at 17.6% in the general population. HIV prevalence however, among the age groups 15-19 and Botswana AIDS Impact survey shows that adolescents are undiagnosed and therefore do not know their status.

The decline was also more significant for young women aged 20 – 24 than for those aged 15 – 19. These trends has repeatedly upset authoritative projections, behaviours in Uganda and many high-income following early signs of success.” (The Global world and in particular sub Saharan about HIV and AIDS and are therefore themselves from infection.

By 2008, in Botswana, only 43% of young people aged 15-24yrs had comprehensive knowledge of HIV, far below the Botswana Universal Access and 2001 UNGASS targets of 50% and 95% by 2010. Almost half of adolescents could not correctly identify the most

WHO definitions

Adolescents – young women and men 10-19 years of age
Young people - young women and men 10 - 24 years of age
Youth - young women and men 15 -24 years of age

Selected Statistics

Botswana population: 1.8million
Number of children (<18yrs): 800 000
Number adolescents (10 – 19yrs): 425 287
Number young people (15-24yrs: 4062 14
Number 10-14yr olds: 217 061
Number 15-19yr olds: 204 297
Number 20-24yr olds: 201 917
Children becoming adolescents becoming adolescents every year: 45 000
Source: CSO: Population Projections Botswana 2001 - 2031

HIV Prevalence among young people in Botswana

Source: CSO, Botswana AIDS Impact Surveys
common misconceptions about HIV and AIDS transmission in Botswana. Many boys and girls are not aware of the risks and vulnerabilities associated with HIV infection. Although not sufficient to change behaviour, lack of knowledge is therefore one of the major factors making young people vulnerable to HIV infection.

The HIV epidemic is already generalised among adolescents and young people. Even though the prevalence decreased between 2004 and 2008 in these age groups, girls remain twice as likely to be infected as boys. The HIV prevalence among the age groups 20-24 years is three times as high as that of the age group 15-19 years. This shows that young people do not have the required information and skills to safely transit from one stage of life to the next. By age 17years, half of the boys and girls in Botswana have had sex.

As in many countries in southern Africa young people engage in risky sexual behaviours and do not always consider themselves to be at risk of HIV infection. Intergenerational sex is high among young people. The BIAS III estimated that 7% of young people aged 15-19 yrs who had sex in the 12 months before the survey had it with a partner who was 10 or more years older. Close to one third(36%) of the boys aged 20-24 had sex with more than one partners in the 12months before the BIAS III, compared to about one tenth(16%) for girls in the same ages group. In a 2010 Tertiary Education baseline audit report almost half (47.3%) of the students considered themselves to be at low risk of getting infected.

HIV Prevention service utilization is low among adolescents and young people. By 2008, only 6% and10% of the boys aged 15-19years and 20-24 years were circumcised. Consistent condom use with regular partners is very low among young people. In the BIAS III, only 17% of those aged 20-24yrs reported always using a condom with regular partners. Furthermore, 61% of the same age group reported always using a condom with non regular partners. The national Safe Male circumcision programme is relatively new, and promotion of circumcision to boys is relatively weak. HIV Testing among young people seems high. According to the BIAS III, 69% and 70% of the age groups 15-19years and 20-24years had tested in the last 12months before the survey, and over 95% of these were given their test results. There were district variations in the testing rates among young people and in some districts less than half of the young people had tested for HIV in the last 12months.

In other HIV prevention activities, Botswana is doing very well in preventing HIV infection among under 5 year olds through programmes such as the PMTCT and paediatric HIV treatment programmes. Programmes for young adults and older age groups such as the routine HIV testing, ARV treatment, and condom promotion are very good in terms of quality and coverage. However, programmes for children in adolescent ages and above are relatively weak. The school based life skills programmes are weak in content and teaching methodologies. NGOs and other civil society programmes are at best uncoordinated, limited in scope and are often not gender and age appropriate for adolescents and young people.
Mass media are underutilized in Botswana. There is currently no programme that regularly provides adolescents and young people with well packaged essential information on HIV, common misconceptions, risks and vulnerabilities, and available services. There are very few radio programmes for adolescents and young people, and opportunities in existing programmes are not optimally used. This campaign will therefore step-up the provision information, skills and services for adolescents and young people through multi-media approaches which are effective in promoting awareness and behavior change, when carried out with sufficient quality, scale, intensity and with adequate message pattern. According to BAIS III 75.3% of the population is reported to be accessing a working radio while 56.8% has access to a working television. Furthermore 27.6% are using a telephone while 80.3% are using cell phones. The study also shows that 68.8% people have access to printed media, 26.0% to electronic media while 29.4% have access to performing arts.

2. **Campaign Theme**

The theme of the campaign is: **Wise Up!!** It was developed based on inputs from young people.

The underlying notion of ‘wise up’ is that young people need to be ‘smarter’ in the world of HIV with their sexuality. It necessitates the need to be ‘aware’ or ‘alert’ to the challenges of HIV in the country. Young people have lots of potentials and supportive environment to help them navigate their world and be free from HIV. They don’t have to allow themselves to be deceived into unprotected sex, or should be deceived by circumstances, feelings into taking risky sexual actions. It is a wakeup call to young people also to contribute to reducing HIV infection in the country hence communicating behaviour change to individual young person. They just need to wise up.

3. **Objectives:**

The campaign will contribute towards the achievement of the Vision 2016 goal of Zero New Infections by 2016, and in line with the National Strategic Framework for HIV and AIDS 2010 – 2016. The objectives of the campaign are:

a. Increase the proportion 10-14 year olds with comprehensive knowledge of HIV to 60%

b. Increase the proportion 15 - 24 year olds with comprehensive knowledge of HIV from 42% to 60%

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3 NACA: National Operational Plan For Scaling up HIV prevention in Botswana
c. Increase the proportion 15 - 24 year olds who consistently use a condom with a regular partner from 17% to 60%

d. Increase the proportion of 16$^4$ - 24 yrs olds who tested for HIV in the last 12 months from 69% to 90%

e. Reduce proportion of 15 - 24 yr olds who have more than one partner to less than 10%

4. Targets:

The campaign will focus on age 10-24 years with appropriate age and gender specific messages.

- 10-14 years will be provided with prevention information emphasizing two modes of HIV transmission and three misconceptions. Some skills building component will also be incorporated.

- 15-24 years will be provided with information and skills to personalize risk of HIV infection, emphasize skills in negotiating condom use and actually promoting the use of condoms, HIV testing and reduction of age disparate sexual relations with partners who are older by 5 years and above.

- In view of the disproportionate effect of HIV on girls, special emphasis will be placed on promoting self efficacy with girls through the campaign messages.

- Hard to reach population in the country in some remote areas, children on the farms etc will be reached through organized community outreaches with social groups, institutions, and organizations working in these areas. A mapping of the organizations will be undertaken and technical assistance provided for reaching the areas with the campaign message.

5. Messages:

Over 95% of adolescents aged less than 15 are not sexually active so they are not at risk of HIV infection. This age group therefore needs information about HIV and messages that encourage positive behaviors to protect themselves from HIV infection. The messages also provide young people with the knowledge on the importance of regularly taking an HIV test, the higher risk of infection during the window period, circumcision. Very few children in this age group are HIV positive and almost all of them acquired it through mother-to-child transmission, and therefore need services.

$^4$ Official testing age in Botswana is 16yrs
The HIV prevalence among 15-19year olds is relatively low as this is the group which is just starting to initiate sexual behaviour and are most in need of Sexual and Reproductive Health, and HIV information, and skills. By age 17years however, half of this age group is sexually active. Girls in this age group are Especially Vulnerable Adolescents (EVA) as shown by their HIV prevalence which is double that of boys the same age. This campaign will therefore have messages that are gender and age specific, with a strong focus on risk reduction skills such as negotiation for and use of condoms.

The age group 20- 24years age group has the largest cohort of adolescent children who are Most-At-Risk Adolescents (MARA, who practice high risk behavior such as multiple concurrent partnerships, and age disparate sex. This will be provided with age and gender relevant risk reduction information, skills and, promote utilization of services.

The following key messages will form the bedrock of the campaign.

10-14 years olds
Core messages

Did you know? HIV is the virus that causes AIDS

4. Four out of 100 boys and girls aged 10-14 years in Botswana are HIV positive. Most of these boys and girls were born with the virus. Most of the boys and girls in this age group do not have HIV. Are you one of them? Stay Free for the rest of your life. If you are HIV positive, protect yourself and others.

3. Ways of getting the HIV virus
a. Mother to Child
   i. During pregnancy
   ii. During birth
   iii. Through breast feeding
b. Unprotected sex with someone who has the HIV virus
b. Blood transfusion
c. Other body fluids such as semen and blood
4. Once you are infected it is for life!! There is no cure for HIV. Anti-Retro Viral (ARVs) drugs only make you better but do not cure you. If you follow the doctor’s advice and drink your ARV correctly you can live a healthy and happy life.

5. Ways of avoiding HIV infection
   a. Not having sexual intercourse – vaginal or anal or mouth sex with anyone
   b. Having a sexual relationship with one uninfected partner
   c. Using a condom every time you have sexual intercourse – vaginal or anal, mouth sex
   d. Wearing protection such as gloves every time you assist someone who is bleeding
   e. NOT sharing needles used for injections, or for ear piercing or tattooing
   f. NOT sharing tooth brushes – especially when both people have bleeding gums You cannot tell by just looking at someone that he/she has the HIV virus

6. Someone can know if they have HIV or not only if they go for an HIV test. You can only get an HIV test at the hospital, clinic, Tebelopele and other testing places.

7. There are many people who do not know that they have HIV because they have not taken the HIV test. These people can give others the virus without knowing.

8. It is important to take the HIV test at least once every 6 months. You can be in the “window period” for 4-8 weeks when your body has not developed the antibodies to HIV. During this time you can test negative when you actually have the virus.

9. Did you know that people are highly infectious during the window period or immediately after infection?

10. It is important to know that even if you have the HIV virus you can get infected again (re-infection).

11. Circumcising boys can greatly reduce chances of getting the HIV virus

12. Even when your boyfriend or husband is circumcised you need to use a condom every time you have sex

13. HIV cannot be transmitted through mosquito bites.
14. No! HIV cannot be transmitted through witchcraft.

15. You cannot get HIV infection from casual contact such as shaking hands, hugging, using a toilet, drinking from the same glass as someone who is HIV infected

16. A FRIEND WITH THE HIV VIRUS IS STILL A FRIEND.

15-24 year olds

1. Did you know? 4% of the boys and girls aged 15-19 years are infected by HIV and AIDS. Most of these boys and girls were born with the virus.

2. The majority of boys and girls in this age group do not have HIV. Are you one of them? Stay Free for the rest of your life.
If you are HIV positive, protect yourself and others.

3. You can avoid HIV infection by:
   a. Abstaining from sexual intercourse (vaginal or anal or oral)
   b. Using a male or female condom correctly every time you have sex
   c. Wearing gloves every time you assist someone who is bleeding
   d. NOT sharing needles used for injections, or for ear piercing or tattooing
   e. NOT sharing tooth brushes – especially when both people have bleeding gums

4. Ways of getting HIV:
   a. Mother to Child transmission
      • During pregnancy
      • During birth
      • Through breastfeeding
b. Not using a condom during sexual intercourse with a person who is infected with HIV

c. Blood transfusion

d. Contact with other body fluids of an HIV infected person such as semen (sperm), vaginal fluids

5. Once you are infected it is for life!! There is no cure for HIV. Anti-Retro Viral (ARVs) drugs only make you better but do not cure you. If you follow the doctor’s advice and drink your ARV correctly you can live a healthy and happy life

6. Does she look beautiful? Does he look cute? You never know maybe he or she has HIV. No condom No Sex

7. HIV cannot be transmitted through mosquito’s bites.

8. No! HIV cannot be transmitted through witchcraft.

9. When you are drunk, you are at high risk of having unprotected sex. People who abuse alcohol have been shown to have higher rates of HIV – Why? Because when you get drunk – you forget to use condoms and end up having unprotected sex – often with a person who you do not know very well.

10. When you are high from drugs you are at risk of having unprotected sex. Be smart, avoid drugs and always use a condom when you have sex

11. No condom, More zaka… beware you could also be getting HIV.

12. Smart boys and girls value their lives and use condoms all the time.

13. Did you know that if your sexual partner is more than 5 years older than you, and you don’t always use condoms, your chances of getting HIV are 3 times higher – same age partners can be safer partners

14. If you have boyfriend or girlfriend who fools around, you never know who’s in your sexual network… if you don’t use condoms… then you are connecting up with every partner you lover has ever had

15. Smart teens always know their HIV status

16. Did you know that a boy who is circumcised has a lower risk of being HIV positive - BUT still - don’t compromise – always condomise
17. Did you know? You can access the following services from any hospital or clinic free of charge

   a. Information on HIV and AIDS
   b. Voluntary HIV Counselling and HIV Testing
   c. Programmes for pregnant teens – to ensure that if you have HIV – you will not pass it on to your baby
   d. Safe Male Circumcision
   e. ARVs
   f. Male and Female condoms
20 – 24 year olds

1. Did you know? HIV prevalence for the 20-24 year olds is three times that of the 15-19 year olds!

2. You can avoid HIV infection by:
   a. Abstaining from sexual intercourse (vaginal or anal)
   b. Using a male or female condom correctly every time you have sex
   c. Wearing gloves every time you assist someone who is bleeding
   d. NOT sharing needles used for injections, or ear piercing or tattooing

3. NOT haring tooth brushes – especially when both people have bleeding gums

4. YES! A healthy looking person can have HIV

5. Ladies! Banuza! It is your right to insist on a condom use every time you have sex even in a steady relationship. A real dude respects a woman who always insists on a condom

6. You can get HIV through the following ways:
   a. Mother to Child transmission
      i. During pregnancy
      ii. During birth
      iii. Through breastfeeding
   b. Having unprotected sex (oral, vaginal, anal) with an infected person.
   c. Blood transfusion
   d. Contact with other body fluids of an HIV infected person such as semen (sperm), vaginal fluids

7. Does she look beautiful? Does he look cute? You never know maybe he or she has HIV. Do not have unprotected sex with a person whose HIV status you don’t know!

8. HIV cannot be transmitted through mosquito’s bites.
9. No! HIV cannot be transmitted through witchcraft.

10. If you want to have a baby with your man, insist on testing first

11. Yes! Thabo may be giving you money, Amos giving you his car and Mpho paying for your rent, but do you know that your risk of getting infected increases with the number of sexual partners you have at the same time?

12. Don’t be fooled if….. He/she puts you at the risk of contracting HIV, he/she is not Mr. Right or Miss Right

13. When you are drunk, you are at high risk of having unprotected sex. People who abuse alcohol have been shown to have higher rates of HIV – Why? Because when you get drunk – you forget to use condoms and end up having unprotected sex – often with a partner who you do not know very well.

14. When you are high from drugs you are at risk of having unprotected sex. Be smart! Don’t sell your body for a “quick buck”

15. When you accept gift or money from an older partner, in exchange for not using condoms, you may also be getting HIV.

16. Smart ladies and gentlemen value their lives and have safer sex all the time.

17. Did you know that if you sexual partner is more than 5 years older than you, and you don’t always use condoms, that your chances of getting HIV are 3 times higher – same age partners can be safer partners

18. You never know who’s in your sexual network… if you don’t use condoms… then you are connecting up with every partner you lover has ever had…

19. Ladies, did you know that a male sexual partner who is circumcised has a lower risk of being HIV positive - BUT still - don’t compromise – always condomise

20. Did you know? You can access the following services from any hospital or clinic free of charge

  a. Voluntary HIV Counselling and HIV Testing
  b. Prevention of Mother to Child Transmission of HIV
  c. Safe Male Circumcision
d. Life saving treatment for living with HIV

e. Male and Female condoms

7. Communication channels - Tools and Techniques

- The choice of media for this campaign is guided by evidence of what works in increasing knowledge, risk perception, skills and behavior among young people. Mass media interventions using radio and other media (for example print media); with or without television have been recommended for nationwide implementation to improve knowledge, skills and awareness of health services.

- Therefore, the campaign will optimize the use of radio which has 90% coverage in the country. Various formats will be utilized including public service announcements, talk shows, audience participation programmes, situational comedy and infotainment music shows. This allows for creativity in formats, use of local languages and dialects, and opportunity for direct audience involvement through ‘call in’ shows. This can also enhance family dialogues around the issues raised on radio.

- Since the campaign specifically targets young people, new technologies such as mobile phone and social networking media will be used to increase the coverage of the campaign and reinforce its messages. The new technology platform can reach large number of youth rapidly and can facilitate instantaneous information update and dissemination. The young people involved in the campaign planning from the University of Botswana, Limkoh-kwin University, YOHO, Botswana National Youth Council etc will provide the strategic direction and mechanisms for effectively engaging young with social media, facebook, MySpace, twitter, mixit, youth institutions blogs and websites, and mobiles phone use in the campaign.

Appropriate print media will be used to reinforce other media. Information pamphlets and other small media will be produced in both Setswana and English and distributed to adolescents and young people through schools, youth groups and events such as commemoration of Month of Youth against AIDS, and World AIDS Day.

Content materials appropriate to 10-14 will be developed and disseminated through schools broadcast (teach aids programme) and extra-curricular activities. Existing life skills interventions will be supported and revitalized to add the necessary content and quality elements to make them more effective in reaching this age group. A subcommittee within the national coordinating group of the campaign will provide oversight for effectively addressing the issues 10-14 children around HIV.

Interpersonal communication promoting the 4 themes of the campaign (through existing peer groups/youth mobilization, community outreaches by YOHO, BNYC, BOFWA, and PSI etc) and various service providers will be implemented to supplement the campaign message. The reinforcement of mass media with interpersonal and community outreaches has been recognized as significantly contributing to the achievement of health outcomes and behavioral results.

The national youth friendly services brand (logo, color scheme etc) will be used to drive the campaign. This is to ensure alignment with already adopted brand for engaging with young people. It will also strengthen continuity and coordination with an existing brand name for promoting adolescent and youth friendly health services.

8. Phases of the campaign

Phase 1: Campaign design
This phase will mainly be the conceptualization and design of the campaign. The campaign objectives and key messages will be developed. National consultations will be conducted to ensure ownership and buy in at that level

Phase 2: Increasing knowledge
The focus of the messages will be to provide the basic facts about how HIV is transmitted, ways of avoiding infection, and misconceptions about HIV transmission. This phase will also provide young people aged above 14 years with knowledge about the availability of services such as voluntary HIV Counselling and testing, and condom distribution.

**Phase 3: Increase risk perception**
This campaign acknowledges that for adolescents and young people to form or change behavior they among other things need information and awareness, perceptions and attitudes of vulnerability and risk, and require the skills to use the knowledge effectively. This phase of the campaign will therefore provide relevant, gender-specific messages to adolescents, which increases their knowledge and awareness of HIV infection risks; and risky behaviours (such as age disparate sex, sex when drunk, no condom use during sex, etc)

**Phase 4: Increasing service utilization**
This is the stage where positive behavior change is expected occur and therefore service utilization is expected to increase. The focus of the phase it to create demand by promoting services. The messages will appeal to the young people’ self worth and dignity and link this to the need to use services in order to reach one’s dreams and aspirations.

9. Design and Implementation process:

- Leadership for the design and execution of the campaign is under auspices of NACA with technical support from UNICEF.

- Based on one of the major lessons in BCC on the involvement of targeted communities in the design and implementation of any health intervention, adolescents and young people who are the primary targets of the campaign were involved in the process at the national and sub-national levels. A technical working group made of young people contributed to the planning and implementation phases of the campaign.

- The role of different stakeholders is critical in achieving the campaign results. NACA has already developed an inventory of partners, organizations and government stakeholders involved in various aspects of HIV intervention. A systematic engagement of the partners will take place in 2011 (through consultative meetings, briefings and periodic information dissemination) to facilitate the alignment of their existing HIV prevention with the phases of the Wise up campaign. This will also ensure message reinforcement and harmonization.

- Partnerships with major international development partners (GF, EU etc) will also be leveraged for financial and technical support. NACA and UNICEF will develop the process for this engagement.

- Professional production outfits will be commissioned to produce appropriate content materials for each phase and theme of the campaign. All materials will be pre-tested (or field tested) for technical and cultural accuracy and cleared through existing government structures before utilization.
- Ministry of Youth, Sport and Culture has a strategic plan under the Department of Youth which emphasizes character building for young people. One of the outcomes is youth development and empowerment programmes. In addition, the National Youth Policy has thematic areas whose intention is to address the needs of a young person in a holistic manner. Principal Youth Officers have been attached to all ministries and councils in order to spearhead policies that would ensure youth development.

10. Budget:

UNICEF will provide seed money for the design and implementation of the campaign. Various resource mobilization strategies will be implemented. This will include leveraging resources from the private sector, and integrating aspects of the campaign into existing national programmes.

11. Monitoring and Evaluation:
Monitoring of the campaign will focus on change in acquisition of knowledge, change in behaviors and utilization of service by adolescents and young people. Regular campaign reviews will be undertaken to measure progress in implementation, identify bottlenecks and solutions. Impact indicators will monitored through special surveys, and national surveys such as the Botswana AIDS Impact survey. Knowledge of HIV and services will also be monitored through regular cell phone quizzes.