

**Evaluation of the television drama series,
Intersexions: Episodes 1–26**



Stakeholders

United States Agency for International Development, Johns Hopkins Health and Education in South Africa, SABC Education, Curious Pictures, Antz Media

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Researched and written by

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¹ The opinions expressed herein are those of the authors and do not necessarily reflect the views of the United States Agency for International Development

EXECUTIVE SUMMARY

Intersexions is a 26-part television drama series produced by Curious Pictures, Antz Media and Johns Hopkins Health and Education in South Africa. The producers and developers of *Intersexions* envisioned that it would rise above any entertainment education television series ever produced in South Africa in terms of being able to communicate relevant health messages without sacrificing the quality of drama or audience appeal.

As the research partner for *Intersexions*, CADRE facilitated a multi-stage research process that involved participation in 1) the script development process, through research input and the review of beats and scripts to check the relevance and accuracy of HIV and related health content; 2) pre-testing scripts for storyline and message clarity, unintended messaging, to ensure gender sensitivity and avoid stereotyping, and to check for cultural, religious and social authenticity and acceptability for mixed viewing audiences and a range of age and cultural groups; 3) undertaking a qualitative evaluation of the television series.

Guided by contemporary evidence-based research into the transmission of HIV, the series delved into the lives of ordinary South Africans in order to portray what is known about the HI virus and the various contexts which place people at the greatest risk of infection. The series focused on love, sex and relationships and a range of individual and social factors that result in dynamic and complex phenomena that drive the HIV epidemic in this country.

One such phenomenon is the sexual network, which the series set out to portray in a compelling and hard-hitting way. Using well-researched case studies and numerous dramatic devices, the series intended to show how the moment people become sexually active they become part of a sexual network of people who are connected even though they may never have met.

The experimental drama series ‘mapped’ out a sexual network over 25 independent, but interrelated episodes that follow an HIV infection chain as it cuts across geographic, age, racial and class boundaries. Each story aimed to take viewers closer to understanding the interconnectedness of their own sexual networks. A variety of risk scenarios were highlighted including: infidelity, multiple and concurrent sexual partners, child sexual abuse, intergenerational sex, commercial sex work, alcohol abuse, casual sex, migrant labour and traditional medicine. The series closed with a one-hour ‘docudrama’ which broke form to explicitly reveal the sexual network, the virus’s movement between characters, and to educate viewers about specific contexts of risk and what behaviours reduce HIV transmission risks; this included specific information on viral load and the period of highest infectivity of HIV.

The series premiered on 12 October 2010, on SABC 1 at 20h30 and broadcast was complete on 5 April 2011. The series is currently being rebroadcast on SABC 1.

This report presents qualitative research findings on audience responses to the first 26 episodes. The evaluative data provides rich insight into how regular viewers engaged with the drama series and the impact it had on individual, interpersonal and social levels.

Immediately following the broadcast of the final episode, twelve focus group discussions and eleven individual interviews were conducted with regular viewers of the series in six South African provinces. The fieldwork for this evaluation took place from April 2011 to June 2011. Regular viewers were recruited from three locality types (urban, peri-urban and rural) and included people in three age ranges: 18 to 24 years, 25 to 29 years, and 30 years and older. The discussions focused on participants' opinions of the series' storylines and characters and what they 'took away' from the series. The researchers were interested in finding out to what extent and through which processes, participants critically engaged with the series' educational objectives.

It was found that the compelling drama, identifiable and realistic storylines and the focal content of the drama series - the sexual network - attracted and intrigued viewers. The HIV content was perceived to be communicated to audiences in an innovative, original, and gripping manner; the unusual dramatic formula was seen to bring home to viewers knowledge about the sexual network and related risks of multiple and concurrent partnerships.

Further, compared to other health communication programmes, it was shown that the series broke new ground regarding, 1) the way in which social media facilitated meaningful interpersonal interaction between viewers of a mass media programme, and 2) the extent to which some participants told of actual behaviour change that resulted from their engagement with *Intersexions*.

Findings are presented in terms of how participants engaged with the series. These include:

1. *Intersexions* was broadly perceived as being a contemporary, unconventional, dramatic, and realistic drama series. There was a strong sense that the series depicted what happens in reality and depicted genuine South African issues. The portrayal of the sexual network in particular and related risk scenarios was seen as accurate and resonated with viewers so much that many described a sense of personal discomfort from being confronted by a new awareness of their personal HIV risk, which became evident through engaging with the series.
2. The characters in *Intersexions* were regarded as compelling, complex, and interesting, and yielded diverse responses from participants. Certain characters were perceived as strong positive role models (especially to women), others were strongly empathised with because of the manner in which they dealt with real and poignant life circumstances, other characters were seen to challenge existing stereotypes, while

viewers '*loved to hate*' some of the more provocative characters. Often participants responded to characters as personalities that they could identify with or recognise in their own everyday contexts through the storyline, personality type or behaviour. Some strongly identified with different characters in the series, either because they had experienced similar situations or recognised their potential to do so.

3. A detailed analysis is presented of the different processes participants used to engage with key themes and messages of the series. There were different levels of engagement or interaction with series' messaging which included: basic engagement with a message; reflection on the message; key moments of realisation; and realisation that would sometimes accompany action (e.g., conceptualising specific forms of action one might take, action that one will take, and action that has been taken – either by oneself, or by a family member, partner or friend who has viewed the series). Key messages are presented thematically and include new understandings of HIV/AIDS as actionable forms of knowledge, including: understanding the sexual network concept, high risk behaviours and situations including multiple concurrent partnerships, sexual abuse, healthy relationships and relationship values. Situations of concrete change where reflection became demonstrable action are also included in this section. Another level of engagement with the series' messages was evident in social attitude change, with participants reporting shifts in previously held discriminatory or prejudiced attitudes towards particular issues or people (such as men who have sex with men and sex workers).
4. New findings about the use of social media as a popular, accessible and useful platform that viewers used to communicate about the series. Research participants described how social networks contributed to the general '*hype*' around the series, motivating viewers to watch *Intersexions*. Social media was used for spontaneous, informal communication driven by viewers about the storylines and characters; personal reflections about episode themes, relationships and HIV risk; cautioning peers about sexual risk behaviour; and describing personal behaviour change that arose from engagement with the series. In addition, other forms of interpersonal communication highlight the relevance of the drama series as a useful tool to communicate sexual and reproductive health content and life lessons with sexual partners, family members, friends and others.
5. Examples of self-reported behaviour change among participants, which were attributed to exposure to and engagement with *Intersexions*. Participants described having been tested for HIV, a reported increase in consistent condom use, increased communication between intimate partners, choosing not to have sex while under the influence of alcohol and reducing their number of concurrent sexual partners. These

self-reported behaviour changes took place during the series' broadcast or soon thereafter and are remarkable in that participants attributed the series for leading them to take action. Though behaviour change is a product of multifaceted internal and external processes over a period of time, which takes place in a context where there may be other programmes communicating similar information, this finding is significant in that participants directly linked the actions they took to their engagement with *Intersexions*.

6. *Intersexions*' mix of languages, cultures, and urban and rural settings was admired by participants. This was seen to reflect South Africa's cultural diversity and contribute to the series' realism, while also driving home a sense that HIV does not discriminate based on race or class. The visual quality and production style were also appreciated. The quality of the acting and the use of an extensive cast of actors, including somewhat unknown actors and 'new faces' was positively regarded.
7. The anthropomorphising of the virus was considered another key defining feature of the drama series that participants identified as contributing to its success. Having the virus (Mr V) narrate an hour-long episode that combined elements of a dramatic thriller with educational content was perceived to be a unique and fresh approach to HIV communication. This narration was said to impact on their sensibilities, leaving participants shocked, surprised and afraid when they found out who the storyteller actually was. This episode evidently became a talking point for days and months that followed, in social networking spaces and interpersonal conversations. Mr V was a resounding success for different reasons; for some, hearing Mr V talk in the final episode was a trigger at the end of a long chain of historical and current events and exposure to multiple sources of HIV information, that led participants to internalise the reality of the virus, and to assess its relative proximity in their lives through conscious reflection on the risky behaviours they have engaged in. Significantly, for some participants who took part in this evaluative research, Mr V was attributed with the 'success' of the various self-protective and health enhancing actions that they took subsequent to this episode. The docudrama was successful as a culmination of the series; through this episode, viewers attained a deeper engagement with messages about HIV risk and sexual behaviours.
8. Though participants thought the one-hour docudrama summarised the series and clearly communicated what behaviours increase risk of infection and how transmission can be prevented, what was regarded as new information about viral load and the science of infectivity was overall not understood by participants. The stages of HIV infection and the particular infectiousness that accompanies acute infection were not well-grasped by participants in this research. Information about the infectivity of

the HI virus requires further repetition, integration into other mass media communication programmes and clear messaging that is repeated over a long period of time, in order for people to fully comprehend this important information.

Overall, the series' aims and educational objectives were met, and often times, exceeded expectations. 1) The sexual network and the centrality of its role in the risk of HIV infection was well understood and engaged with on numerous levels by participants. 2) Closely related to the sexual network, participants were clear about how multiple and concurrent partners increase the risk of HIV infection, even in cases where a person may only have one partner. 3) There was critical engagement with the concepts of knowing one's sexual partner well, including their sexual history. Participants often reflected on their own relationships and the extent to which they have known their sexual partners and/or the quality and type of communication they have with sexual partners. 4) The objective relating to the science of HIV infectivity was not fully understood by the majority of participants. It is recommended that messaging around this aspect be integrated into existing and new health communication initiatives in order to facilitate greater public awareness of this information, in order for it to enter 'general knowledge'.

It is recommended that a second series of *Intersexions* is developed, building on the success and lessons from the first series and its popularity, both for its dramatic and educational contributions among regular viewers.

The insights and knowledge gained from the rich material of this evaluation, contribute towards further building the entertainment education field in South Africa and globally. The series' success can be attributed to the robust partnership between the researchers, producers, creative teams, and funders.