



# “Mr V is always there next to you saying ‘if you do not use a condom, I will get you’”: Fear and efficacy in the television drama series, Intersexions

**Authors:** Helen Hajiyanis, Alice Clarfelt, Laura Myers (CADRE); Richard Delate and Lusanda Mahlasela, Johns Hopkins Health and Education South Africa (JHHESA)

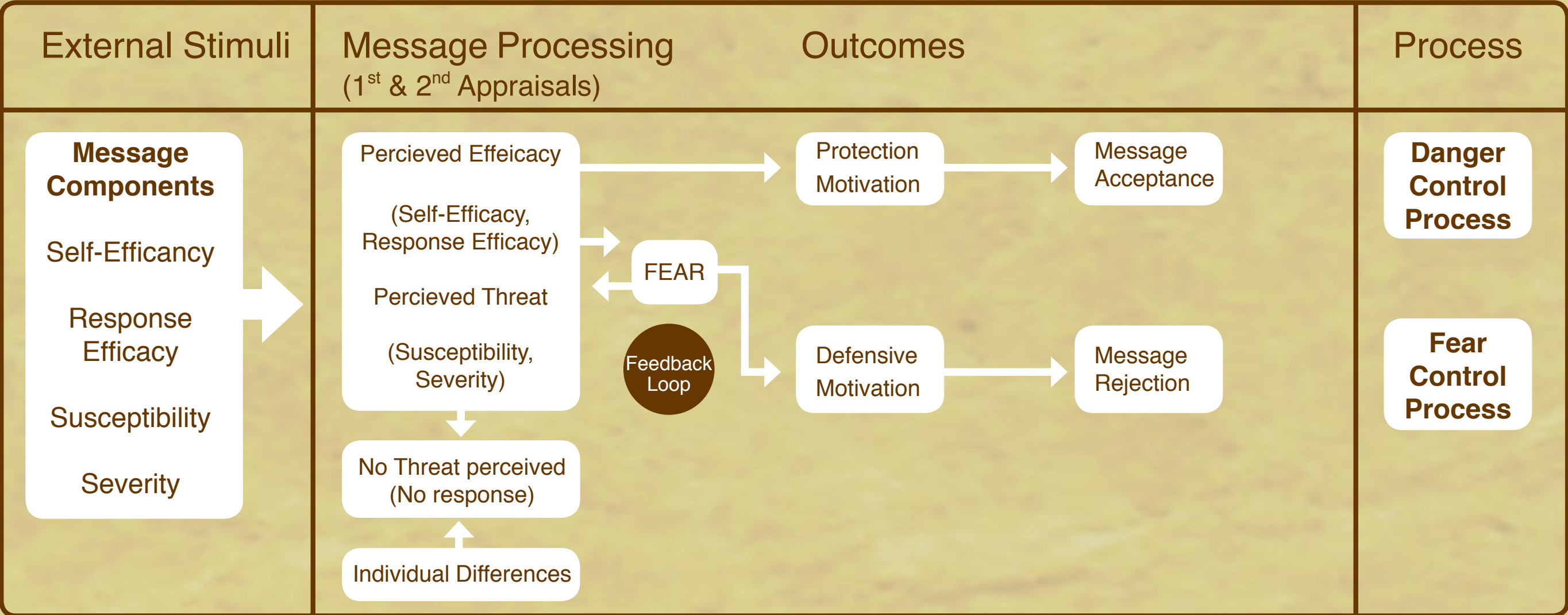
## Background:

Series one of the successful South African television drama series, *Intersexions*, portrayed the risks of multiple and concurrent partnerships by mapping a fictional sexual network across 25 episodes. Episode 26 broke form and explicitly revealed in a documentary format how the chain of infection spread from one character to another through the intersections of different sexual encounters.

Witte’s *Extended Parallel Process Model* provided the theoretical framework for the series development, the essence of which is that a perceived threat motivates action, while perceived efficacy determines the nature of that action; fear-arousing messages motivate protective behaviours when people believe they are able to adopt effective responses to avert a threat (Green & Witte, 2000). It was thus intended that through their engagement with *Intersexions*, viewers would be motivated to control the danger of the threat of HIV by taking preventative action.

## Extended Parallel Process Model

Source: Green & Witte, 2000



## Methods:

A qualitative post-broadcast evaluation consisting of 12 focus groups and 11 interviews was conducted across six provinces with 87 regular viewers of the series. Participants needed to have watched at least half the episodes and reflected a mix of urban, peri-urban and rural localities. Discussions were transcribed and analysed using NVivo.

## Results:

The evaluation revealed how the series enhanced viewers’ understanding of the *nature* of HIV risk and concomitant perceptions of their personal vulnerability to infection by arousing a kind of fear that provoked a desire to control the *danger* of the threat of HIV, rather than a sense of powerlessness. This was evident in instances of personal reflection, interpersonal communication, reported engagement with social media, and actual self-reported preventative actions. The personification of HIV in the final episode was particularly impactful; often referred to by participants as “Mr V”, the narrator illustrated how the chain of infection worked through the intersecting love stories, thereby heightening viewers’ fears about HIV transmission.



## Characterisation of Mr V:

Participants spoke about how “Mr V” lent a human quality to the virus; he was said to take on a variety of roles including that of best friend, destroyer, superman, moralist, and social worker. He was seen to permeate one’s social and personal spaces, ‘liking’ people with high-risk lifestyles and ‘disliking’ those who play it ‘safe’. Several participants reflected on how the *embodiment* of HIV was powerful because it conveyed the feeling the HIV is very close, either right next to you or even already present in your physical body:

*I also like the way he made HIV sound so human; he made you feel that it is real and it will get to you the same way he said it would (Male, 18-24, peri-urban, North West).*

## Danger-control response and behaviour change:

The sense that *Mr V* ‘is always there next to you saying, if you do not use a condom, I will get you’ was described as frightening and often accompanied by a call to take action. For example, using condoms and testing for HIV were conceptualised as methods of protecting oneself and others against the proximate threat of HIV. One participant discussed how to take action against the threat of Mr V:

*[Mr V revealed] that he kills. That he is always around the corner and he always has targets. You can be his targets and if you are not firm enough about the condomising part; if you fall for it, he will get you. And he hates people who use condoms because they are preventing him from getting into his target. Also, I like what Mr V said, ‘Imagine if everyone would go testing and everyone would use a condom, everyone would know their status then how would I have my targets, because like everyone would be stopping me’. So for me it was like ‘wow’ if only everyone could like go testing and everyone could use a condom, be faithful and stuff, that means we have got a way of stopping HIV and AIDS (Female, 30+ years, peri-urban, Free State).*



Participants often shared either conceptualised HIV preventative actions they intended to take or personal stories of behaviour change already undertaken, which they attributed to their engagement with *Intersexions*. Both are indicative of high-perceived efficacy and a danger-control response. Actions that were conceptualised in response to Mr V often reflected a sense that he had raised fears about HIV infection while simultaneously creating a sense of urgency to mitigate this threat.

## Motivation to test:

The most common form of self-reported behaviour change was the decision to test for HIV. One participant spoke about the final episode as being ‘*depressing in a good way*’, as it would make viewers want to take immediate action. One young woman told how it managed to heighten the her peer group’s perceived risk; having previously avoided doing so, they collectively agreed to test:

*We’d joke about AIDS, like ‘No man, and whatever, AIDS this, AIDS that’.... At school they.... encouraged us to go and test and we were like ‘No, we are definitely not going there’. After the last, last episode where the virus spoke, the following day we came to school and [said] ‘Uh-uh guys, we’ve got to go and get tested’. As much as there were seven of us, five of us did go and test and then the other two refused, but that was fine.... It started off with my friend, it was like ‘Okay guys, eish, I’ve been around and stuff and all of that’.... I think the part stood out [was the realisation] where ‘Okay, I’m sleeping with this one person, here I’m thinking he’s my only one and all of that, but then again, has he thought of the people that this person has slept with’ (Female, 18-29 years, peri-urban, Western Cape).*

The characterisation of Mr V was also linked to some participants’ decision to use condoms more consistently or access anti-retroviral treatment, a desire to reduce their number of partners, and a greater capacity to communicate openly with partners. For example:

*Although I would say I trust my partner I am not totally sure that he is trustworthy.... So I try to make sure that if we are to engage in a sexual act we always use protection. The last episode freaked me out and the voice that they used for HIV; when it says ‘I can get you’ it made me traumatised actually. The voice always comes back to my mind.... I always make sure that I use protection (Female, 18-24 years, peri-urban, Kwa-Zulu Natal).*

## Conclusions:

*Intersexions*’ use of fear as a catalyst for the adoption of health-enhancing behaviours was well-received. Dramatic devices heightened viewers’ perceptions of the threat of HIV infection while simultaneously providing clear strategies to manage that threat. The personification of HIV was an effective means of communicating key messages around HIV and prompted several instances of self-reported behaviour change. The strategy of instilling greater fear of HIV transmission with a corresponding sense of efficacy to take action to alleviate this threat should be considered in the development of future HIV and AIDS communication materials.

