



INSIDE STORY

FILM FACILITATION GUIDE



This is a guide for facilitating a screening and discussion of *Inside Story*. *Inside Story* is a 98-minute film that incorporates animation to show how the human immunodeficiency virus (HIV) infects and affects the body. It is a useful tool to educate audiences on HIV. The film follows the life experiences, relationships, and career of Kalu Kaminju as he comes to terms with his HIV status.

Inside Story was produced in 2011 by Curious Pictures (now Quizzical Pictures), a leading South African production company, for the Discovery Channel Global Education Partnership (now Discovery Learning Alliance) with the support of PEPFAR, USAID, Chevron, Discovery Communications, Access Bank, the South African Department of Trade and Industry, SEACOM, and UNAIDS.

The film (available in English, French, Portuguese, and Swahili) and this guide can be downloaded for free from www.insidestorythemovie.org.



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I. BACKGROUND FOR FACILITATORS

The facilitator's task is to get the audience's attention, initiate and guide discussions, and highlight key messages from the film. It is important to consider the composition of the audience and recognize that levels of knowledge may vary. The facilitation should be adapted according to the needs of the participants.

Preparation

To be able to answer questions and provide accurate information: Ensure that you understand the basics about HIV, including modes of transmission, prevention, and treatment.

- Watch the film and review this guide in advance of the screening.
- Identify the main messages that you want the audience to understand and apply to their own lives (*see section 5 for examples of messages*).
- Identify local HIV services and establish relationships with service providers in order to refer participants. When possible, invite service providers to the event to offer condoms and HIV counseling and testing at the venue.
- Research local statistics on HIV, particularly statistics related to the demographics of the audience.
- Review national policies on HIV testing and treatment.

Plan for the session

- Based on the type of session planned (a once-off screening/discussion or multiple screenings/discussions), decide how much of the film to watch.
- Understand your role as facilitator. Guide the discussion to cover the various aspects of the film, but be wary of telling participants your opinion. Encourage participants to form their own opinions.

Example activity to stimulate discussion after screening the film

Write questions on small sheets of paper (*see section 7 for example questions*). Fold the papers and put them into a box. Ask participants to volunteer to pick questions from the box and to read the questions to the group. Let the group offer answers. Guide the discussion.

- Before beginning your screening/dialogue session, create a set of ground rules, such as: Switch off mobile phones. What constitutes appropriate/inappropriate language? Is there a limit on speaking times? Will the discussion be confidential?
- Consider beginning your screening event with an icebreaker (see *example activity below*). This can be an effective tool both with new groups and with groups that have worked together before.
- Create a sign-in sheet or some other effective way to collect data, contact information for use in organizing future events, and/or feedback.
- Inform participants of the session structure: Welcome and introduction, film screening, discussion.

Example icebreaker activity: Myths and facts about HIV

Read out a fact or a myth about HIV and let the group call out “fact” or “myth”. Explain the reason for each being a fact or a myth. Below are facts and myths that can be used for the exercise.

Facts:

- Once you have HIV, you have it for life.
- HIV can be treated, but cannot be cured.
- Medical male circumcision decreases the likelihood of HIV infection.
- Using the right medication correctly as prescribed, it is possible for HIV-positive women to have HIV-negative babies.
- Someone can be HIV-positive and appear to be healthy.

Myths:

- HIV can be cured.
- HIV is a punishment for sin.
- You can get HIV from being around someone who is HIV-positive.
- HIV can be transmitted by mosquitos or other insects.
- Traditional and/or conventional medicine can cure HIV.

2. OBJECTIVES OF THE FILM

Inside Story aims to:

- serve as an innovative tool to educate audiences, particularly youth, on HIV
- reach and engage the sub-Saharan African public
- motivate people to make informed health decisions
- demonstrate how HIV works
- provide information on HIV prevention, transmission, testing, and treatment
- encourage individuals to take responsibility for their health
- combat negative stereotypes about living with HIV

Negative stereotypes about living with HIV often prevent people from getting tested for HIV and from seeking and/or adhering to treatment.

3. FILM SYNOPSIS

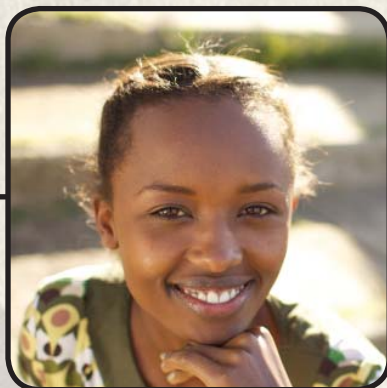
Inside Story is a film about a young Kenyan man named Kalu Kaminju. Kalu dreams of being a football star and gets an offer to play for a team in South Africa. Before he departs for South Africa, Kalu contracts HIV. While in South Africa, Kalu falls in love with his football coach's daughter, Ify, and they have unprotected sex. As a consequence, Ify is infected with HIV, and their relationship is thrown into turmoil. At the same time Kalu is injured, keeping him off the football field and spiraling him into depression. It is not until he is able to accept the old saying of his late father, **knowledge is power**, that Kalu gains the courage to get tested and treated for HIV, and become the best football player and person he can be.

4. MAIN CHARACTERS



Kalu: The narrator and main character. Kalu is a young Kenyan man aspiring to be a football star, but how he initially handles his HIV status puts his career, relationships, as well as the rest of his life at serious risk.

Mumbi: Kalu's sexual partner in Kenya. When Mumbi and Kalu have unprotected sex, Kalu is unknowingly infected with HIV.



Ify: Kalu's love interest in South Africa and the daughter of Kalu's football coach. When Kalu and Ify have unprotected sex, Ify gets HIV.

Valentine: Kalu's football coach for the Black Stars team in South Africa. Valentine is also the father of Ify, Kalu's love interest.





Jabu: One of Kalu's friends and a Black Stars teammate, who sets an important example for Kalu about the importance of teamwork and selflessness.

Spikiri: One of Kalu's Black Stars teammates. Spikiri and Kalu began as rivals, but became good friends. As the film progresses, Spikiri's health deteriorates as his HIV infection progresses to AIDS, despite Kalu's efforts encouraging him to test for HIV and access treatment.



Goodwill: Owner of the Black Stars football team. Goodwill is a married man, but makes numerous advances toward Ify. Ify's rejection of him, and her affection for Kalu, lead Goodwill to seek revenge by trying to stop Kalu from rising through the ranks of professional football.

5. THEMES FROM THE FILM

Below are some of the themes from the film. *The film presents other themes as well, so do not limit yourself to these in your discussion.*

Knowledge is power

Kalu puts aside his fear and embraces the truth about his HIV status. All of the negativity in his life, from relationships gone awry to deteriorating health, is changed when he takes responsibility for his actions and gets tested for HIV. Armed with the knowledge of his HIV status, he starts treatment and works to make things right with the people he hurt.

Positive living

“Positive living” refers to adopting a healthy lifestyle and attitude after one has been diagnosed as being HIV-positive. There is life after HIV, and people living with HIV can continue to lead vibrant, meaningful lives.

Responsibility

Sexual responsibility and engaging in safer sex rest in the hands of each partner participating in consensual sex.

Each individual is responsible for knowing his or her HIV status. Knowing your status enables you to manage your own health and prevent HIV transmission or acquisition.

Adherence to HIV treatment is an important responsibility. Poor adherence to the prescribed treatment increases the risk for developing drug-resistant HIV.

Responses to diagnosis

- **Ify:** When Ify tests positive for HIV, she is surprised and upset. Kalu is Ify’s first and only sexual partner, and she confronts Kalu about her results. She realizes it was a mistake to assume Kalu is not infected with HIV and to have unprotected sex. Ify believed that Kalu was a “good guy”, but that does not mean that he cannot pass on HIV or other sexually transmitted infections.

In time, Ify accepts her status, seeks treatment, and continues to pursue her life goals.

- **Kalu:** Kalu learns he is living with HIV when Ify confronts him with her HIV-positive status. His initial response is to deny his status and accuse her of having sex with other men. He is angry, gives up on his dreams, and starts drinking in an attempt to deal with his situation. However, Kalu changes his behavior because of:
 - the encouragement of Ify, who tells him that he cannot take control of his life without knowing his HIV status
 - his football coach and teammates, who remind him of the things he cares about most, including football and friendship
 - seeing his best friend, Spikiri, get sicker and sicker as he continues to ignore the advice of Kalu and others and succumbs to AIDS
- **Spikiri:** Spikiri's experience with HIV and AIDS exposes a common trend. He ignores his illness and refuses to test for HIV because of stigma. Spikiri is misdiagnosed by a traditional healer and given ineffective treatment. At the end of the film, it is not clear what Spikiri's future holds, but hopefully he sees Kalu's success and is motivated to change his behavior and accept testing and treatment for HIV.

6. HIV RISK FACTORS

Certain behaviors and circumstances create and perpetuate the risk of being infected with HIV. Risk factors from the film are listed below:

- Lack of knowledge and/or misinformation about HIV
- Unprotected sex (including inconsistent or improper use of condoms)
- Multiple concurrent sexual partnerships
- Alcohol or drug use
- Migration or mobile work
- Age-disparate or intergenerational relationships (*Goodwill's advances toward Ify*)

Other risk factors not specifically addressed in the film include:

- Sharing of needles (for example for intravenous drug use, tattooing, or body piercing)
- Having other sexually transmitted infections (STIs) such as herpes or syphilis (STIs can cause open sores that make HIV infection more likely)
- Gender-based violence
- Unequal power dynamics in relationships
- Contact with contaminated blood
- Unsafe blood and blood products used in medical procedures
- HIV-positive mothers can transmit HIV to their babies during pregnancy, childbirth, or through breast milk

7. QUESTIONS TO STIMULATE DISCUSSION

How could Kalu have avoided being infected with HIV, and what factors led to his infection?

- Kalu and Mumbi had unprotected sex, which led to his infection. This could have been prevented if they had not had sex, or had used a condom. The risk of HIV transmission would also have been reduced if Kalu was circumcised (*male circumcision does not prevent HIV infection, but it decreases the likelihood of infection*).
- Kalu was excited about the opportunity to play football in South Africa, and he wanted to celebrate. Kalu got caught up in the moment and made an irresponsible decision that will affect him for the rest of his life.

Whose fault was it that Kalu infected Ify with HIV?

- Kalu did not transmit HIV to Ify on purpose. However, Kalu should have considered that his sexual history put him at risk of HIV infection and avoided having unprotected sex with Ify.
- Both Kalu and Ify were responsible to protect themselves and one another from being infected with HIV.

What steps led to Kalu regaining control of his life?

- He took responsibility and decided to get tested for HIV.
- He listened to his football coach and his teammates and was reminded of how important football and other aspects of his life were to him.
- He realized that he was drinking to avoid facing his problems and changed his behavior.
- He saw problems similar to the ones he had already faced in his friend Spikiri, and his guidance to Spikiri reinforced his own commitment to living positively.
- He did not allow the stigma of living with HIV to affect him.

What lessons can be learned from Spikiri's situation?

- By the end of the film, Spikiri is in the same situation that Kalu was in. He is sick, he ignores his symptoms, and he secludes himself from his friends. His quality of life decreases dramatically.
- From Kalu's example, Spikiri sees how someone living with HIV can thrive, but ultimately he must decide to take action to change his situation.

What about traditional medicine?

- Spikiri decides to enlist the help of a traditional healer to treat his symptoms. This is not effective and Kalu questions why Spikiri continues taking the traditional medicine. **Antiretroviral therapy is the only treatment medically proven to be effective against HIV and AIDS.**

Are there any other life skills/other messages that are presented in the movie?

- Yes! A great example of this is Jabu. To our knowledge, Jabu is

personally unaffected by HIV. However, he does struggle with other issues, including his inability to advance professionally in football. Jabu doesn't let his talent level hold him down; instead, he sets a great example for his friends by working hard to earn a living for his family.

8. BASIC INFORMATION ON HIV

Modes of HIV transmission

HIV can be transmitted in the following ways:

- Unprotected sexual intercourse (including vaginal, anal, and oral sex): Sexual fluids of HIV-positive individuals contain the virus and during sex, the virus can pass into the bloodstream of the sexual partner through microscopic breaks or tears in the linings of the vagina, vulva, penis, rectum, or mouth.
- Mother-to-child transmission: HIV-positive mothers can transmit HIV to their babies during pregnancy, childbirth, or through breast milk.
- Injection drug use: Needles contaminated with HIV-infected blood can transmit the virus.
- Exposure to HIV-infected blood or body fluids: Transmission can occur through contact with HIV-infected blood or sexual fluids. This can occur through accidental needle injuries or contact with open wounds, as well as through blood transfusions or organ transplants from HIV-infected donors.

With proper medical treatment, HIV-positive mothers can significantly reduce the risk of transmitting HIV to their babies.

HIV prevention methods

To be effective, HIV prevention should be comprehensive, combining different methods and strategies. Examples include:

- HIV counseling and testing: Knowing your HIV status enables you to manage your own health and prevent HIV transmission to others.
- Abstinence from sex and delayed sexual debut.
- Correct and consistent use of condoms.

- Having monogamous relationships and disclosing your HIV status to your partner.
- STI screening and treatment: STIs can cause open sores that make HIV infection during sex more likely.
- Antiretroviral treatment as prevention. For example:
 - Prevention of mother-to-child transmission through treating HIV-positive pregnant women and their new-born babies.
 - Adherence to antiretroviral treatment can lower a person's viral load and reduce the risk of HIV transmission to others.

Male circumcision decreases the likelihood of HIV infection, but only provides partial protection and should be used together with known methods of HIV prevention.

The lifecycle of HIV

- **Infection/transmission:** When the virus first invades the body through sexual fluids during unprotected sexual intercourse or through blood.
- **High viral load during the acute infection phase (i.e., the first 3 months following infection):** When the virus is replicating at a very high rate, with increased risk of transmission to sexual partners. During this phase, a standard HIV test may show a negative result, because the infected person has not yet produced HIV antibodies.
- **Chronic infection:** At this point the virus is reproducing at a slower pace, but the infected person is still at risk of infecting others. This is when the body starts producing antibodies and a standard HIV test will be positive.
- **Acquired Immune Deficiency Syndrome (AIDS):** The late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting disease. Without treatment, HIV progresses to AIDS.

9. TERMINOLOGY

Adapted from: http://aidsinfo.nih.gov/contentfiles/GlossaryHIVrelatedTerms_English.pdf

Acquired Immunodeficiency Syndrome (AIDS) – A disease of the immune system due to infection with HIV. HIV destroys the CD4 lymphocytes (CD4 cells) of the human immune system, leaving the body vulnerable to life-threatening infections and cancers. AIDS is the most advanced state of HIV infection.

Acute HIV Infection – Early stage of HIV infection that extends approximately 2 to 4 weeks from initial infection until the body produces enough HIV antibodies to be detected by an HIV antibody test. Because the virus is replicating rapidly, HIV is highly infectious during this stage of infection.

Adherence – Taking medications exactly as prescribed. Poor adherence to an HIV treatment regimen increases the risk for developing drug-resistant HIV.

Antibody – A protein produced by B lymphocytes (B cells) in response to an antigen (including bacteria, viruses, and allergens). Antibodies bind to and help destroy antigens.

Antiretroviral (ARV) – A drug used to prevent a retrovirus, such as HIV, from replicating.

Antiretroviral Therapy (ART) – The recommended treatment for HIV infection. Antiretroviral therapy (ART) involves using a combination of three or more antiretroviral (ARV) drugs from at least two different HIV drug classes to prevent HIV from replicating.

CD4 Count – A laboratory test that measures the number of CD4 lymphocytes (CD4 cells) in a blood sample. In people with HIV, the CD4 count is the most important laboratory indicator of immune function and the strongest predictor of HIV progression. The CD4 count is one of the factors used to determine when to start antiretroviral therapy (ART). The CD4 count is also used to monitor response to ART.

Coinfection – When a person has two or more infections at the same time. For example, a person infected with HIV may be coinfecting with hepatitis C (HCV) or tuberculosis (TB) or both.

Condom – Condoms are used to reduce the likelihood of pregnancy and to prevent the transmission of sexually transmitted infections, including HIV. The male condom is a thin rubber cover that fits over a man's erect penis. The female condom is a polyurethane pouch that fits inside the vagina.

Human Immunodeficiency Virus (HIV) – The virus that causes AIDS. HIV is a retrovirus that occurs as two types: HIV-1 and HIV-2. Both types are transmitted through direct contact with HIV-infected body fluids, such as blood, semen, and genital secretions, or from an HIV-infected mother to her child during pregnancy, birth, or breastfeeding (through breast milk).

Mother-to-Child Transmission (MTCT) – When an HIV-infected mother passes HIV to her infant during pregnancy, labor and delivery, or breastfeeding (through breast milk). Antiretroviral (ARV) drugs are given to HIV-infected women during pregnancy and to their infants after birth to reduce the risk of mother-to-child transmission of HIV.

Opportunistic Infection (OI) – An infection that occurs more frequently or is more severe in people with weakened immune systems, such as people with HIV or people receiving chemotherapy, than in people with healthy immune systems.

Post-Exposure Prophylaxis (PEP) – Short-term treatment started as soon as possible after high-risk exposure to an infectious agent, such as HIV, hepatitis B virus (HBV), or hepatitis C virus (HCV). The purpose of PEP is to reduce the risk of infection. An example of high-risk exposure is exposure to an infectious agent as the result of unprotected sex.

Prevention of Mother-to-Child Transmission (PMTCT) – Strategies used to prevent the transmission of HIV from an HIV-infected mother to her child during pregnancy, during labor and

delivery, or by breastfeeding (through breast milk). Strategies include antiretroviral (ARV) prophylaxis for the mother during pregnancy and labor and delivery, scheduled cesarean delivery, ARV prophylaxis for the newborn infant, and avoidance of breastfeeding.

Rapid Test – A type of HIV antibody test used to screen for HIV infection. A rapid HIV antibody test can detect HIV antibodies in blood or oral fluid in less than 30 minutes. A positive rapid HIV antibody test must be confirmed by a second, different antibody test for a person to be definitely diagnosed with HIV infection.

Semen – A thick, whitish fluid that is discharged from the male penis during ejaculation. Semen contains sperms and various secretions. HIV can be transmitted through the semen of a man with HIV.

Sexually Transmitted Infection (STI) – An infectious disease that spreads during sexual contact. Sexually transmitted infections, such as syphilis, HIV infection, and gonorrhea, are caused by bacteria, parasites, and viruses.

T Cell – A type of lymphocyte. There are two major types of T lymphocytes: CD8 cells (cytotoxic T lymphocytes) and CD4 cells (helper T lymphocytes); both T cell types are essential for a healthy immune system. HIV infects and destroys CD4 cells, gradually destroying the immune system.

Tuberculosis (TB) – An infection caused by the bacteria *Mycobacterium tuberculosis* and *Mycobacterium bovis*. TB, also referred to as *Mycobacterium* infection, is spread when a person with an active infection (TB disease) coughs, sneezes, speaks, or sings, and then a person nearby breathes in the bacteria. TB usually affects the lungs, but it can also affect other parts of the body, such as the kidneys, spine, and brain. There are two forms of TB: latent TB infection and TB disease. In people with HIV, TB is considered an AIDS-defining condition.

Viral Load (VL) – The amount of HIV in a sample of blood. VL is reported as the number of HIV RNA copies per milliliter of blood.

An important goal of antiretroviral therapy (ART) is to suppress a person's VL to an undetectable level.

Window Period – The time period from infection with HIV until the body produces enough HIV antibodies to be detected by an HIV antibody test. This generally takes 2 to 8 weeks, but in some people it can take up to 6 months. During the window period, a person can have a negative result on an HIV antibody test despite being infected with HIV.



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