

SUPPORTING YOUTH

Broadening the Approach to HIV/AIDS Prevention Programmes



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A HIVAN PUBLICATION

SUPPORTING YOUTH:

Broadening the approach to HIV/AIDS
prevention programmes

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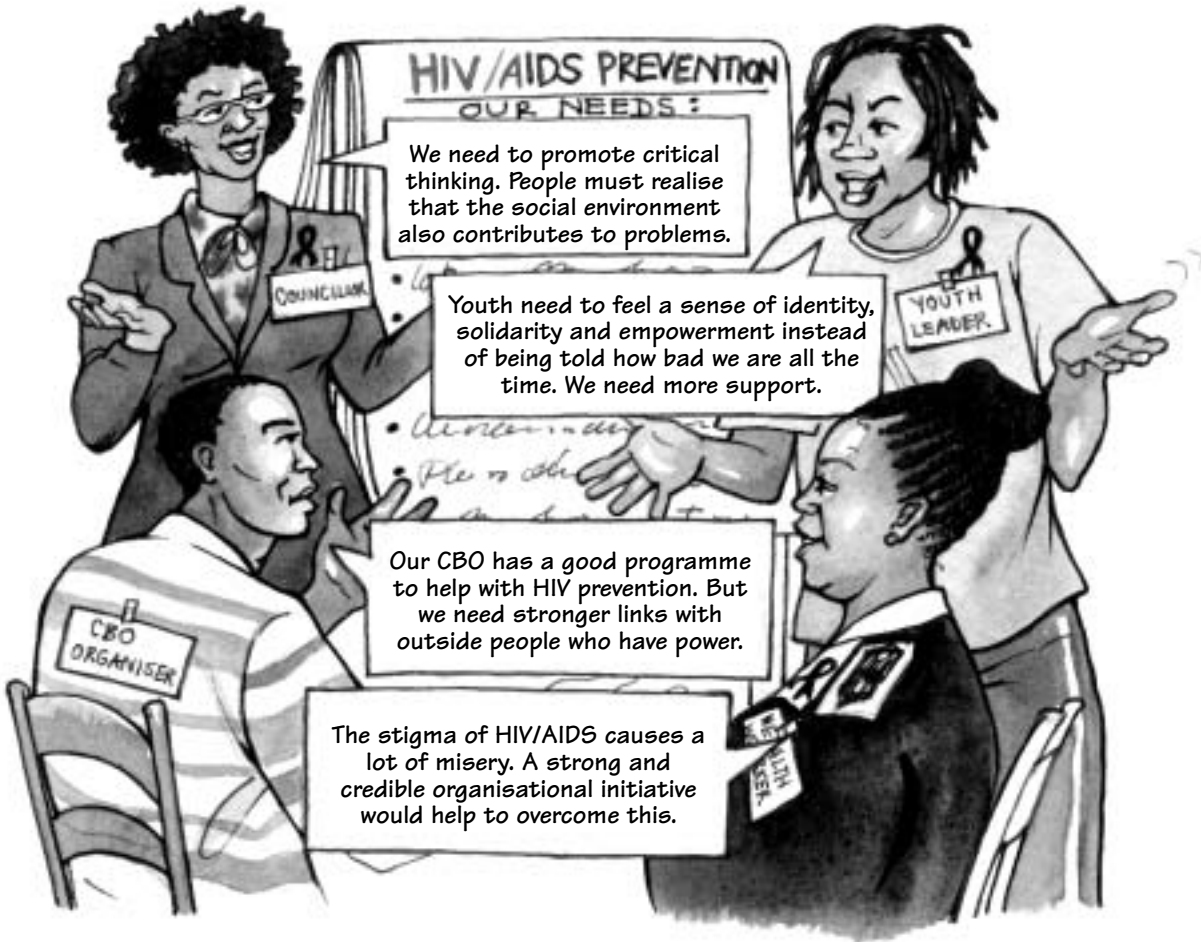
The aim of many HIV/AIDS-awareness campaigns is to pass on knowledge. This assumes that people – particularly young people – practise unsafe sex and become infected with HIV because they lack the necessary information.

But it is now clear that even with the right information, many youth do not take steps to protect themselves from infection. As a result they are often blamed for the problems facing HIV/AIDS prevention.

However, this book argues that blaming youth is not fair and that it is not just youth who need to change. Social circumstances often make it very difficult for youth to take precautions and it is these social circumstances that need to change as well. Knowledge is only one component – or part – of a number of components that are essential for behaviour change and HIV/AIDS prevention.

“it is not just the youth who need to change”

The conversation on the next page raises some of these other components.



In this conversation the councillor comments on the need to promote critical thinking within communities. This means that communities need to develop an understanding of the wider social causes of the

spread of HIV/AIDS. The knee-jerk reaction of blaming individuals – especially youth – needs to be examined and rejected.

The youth leader raises some of the emotional needs of youth today – to feel a sense of identity, solidarity and empowerment. These needs are likely to be met in communities that offer strong supportive networks. There should also be links between local communities and outside actors and agencies who have the power and influence to help achieve broader social goals.

“a strong and credible organisational initiative is essential”

In the conversation, the health worker makes the point that, given the stigmatisation of HIV, a strong and credible organisational initiative is essential for driving forward these challenges. This will all require some careful planning and re-orienting on the part of organisations working in this field.

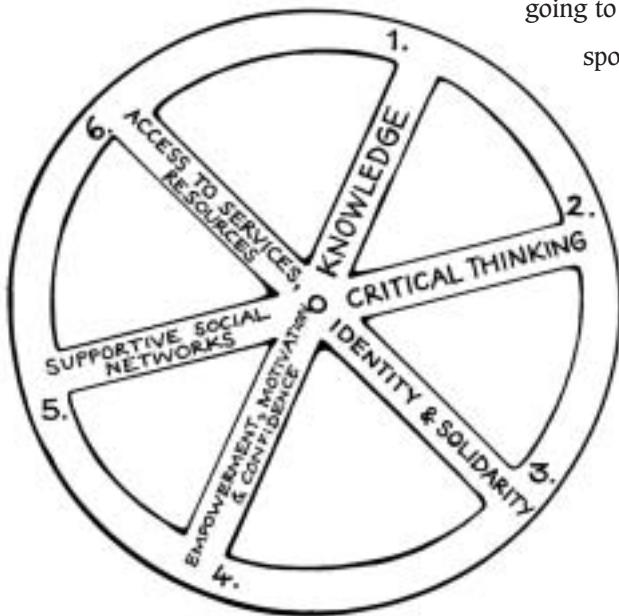
In taking a broader view of what components should be part of all HIV/AIDS prevention programmes, this book asks you to think about:

- What factors make it difficult for young people to engage in safe sex?
- Why do so many HIV/AIDS prevention programmes have poor results?
- What factors in a community get in the way of the successful implementation of these programmes?

You will find some answers to these questions in the book, and ideas for how you could work creatively to address these issues and plan programmes that have a broader approach. Not all these ideas are recommended for all organisations and so you will need to select what is appropriate for your organisation.

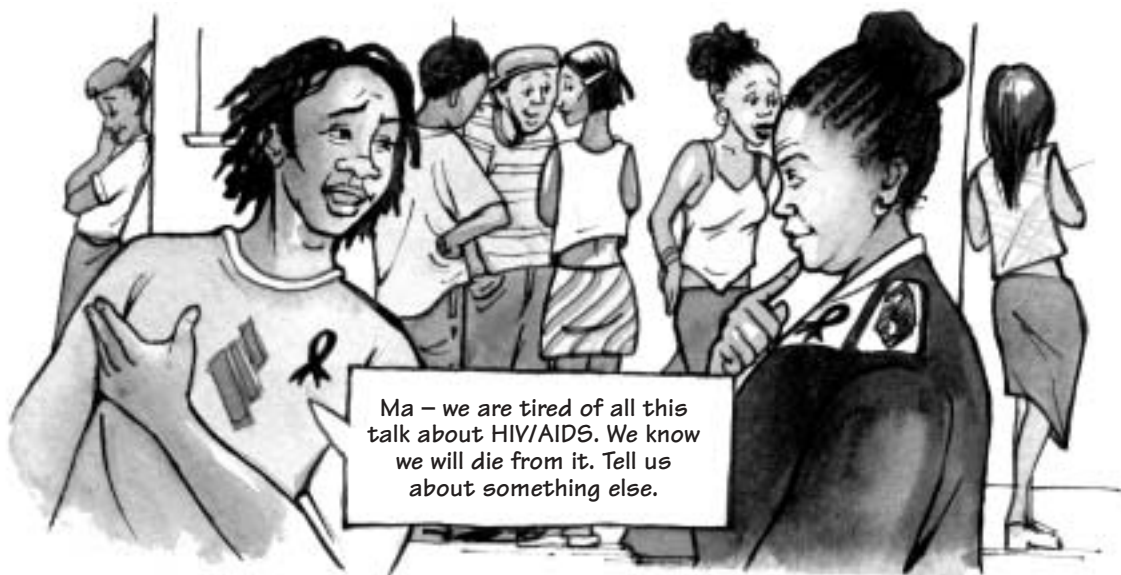
The following section discusses six essential components for successful HIV/AIDS prevention programmes. These components should all be part of youth and community development if behaviour and attitudes towards HIV/AIDS prevention are

going to change. They are like the spokes of a wheel. If one of them is missing the wheel won't be able to run smoothly.



Essential components for successful HIV/AIDS prevention programmes

1. Knowledge



If youth are to change their behaviour and reduce the risk of HIV infection, they have to know how HIV is passed on and what to do to stop this happening. No behaviour change can take place without this. But there are problems with how this knowledge is being passed on to young people and how they receive it.

Here are some of these:

Problem: Information overload

The youth leader in this illustration makes the point that lack of information is not the problem. Youth have in fact been flooded with information about HIV/AIDS. They are tired of it and so they don't feel like paying attention to it. Even the knowledge that HIV/AIDS exists, can kill, and can be prevented through abstinence or condoms, is not always enough to change a young person's behaviour.

Problem: Contradictory knowledge and understanding

The information that young people get from HIV/AIDS prevention programmes appears to compete with other information coming from community and church leaders. For example, the church tells youth that sex is sinful. Many parents refuse to acknowledge that their children are sexually active and turn a blind eye and pretend it is not happening. However, the reality is that many youth are sexually active. They experience sex as a source of pleasure and fun but they are too scared to acknowledge this for fear of being disapproved of and getting a bad reputation or being punished.

It would be better to help youth feel safe to talk about their sexual needs and desires, so that they can find the information and assistance they need in order to safeguard their health.

“parents
turn a blind
eye to their
children's
sexuality”

Another contradictory factor is that while many people are dying of HIV/AIDS, there is a conspiracy of silence about this. People disguise the nature of their illness and families hide ill people away from the eyes of the community. So youth are deprived of the opportunity of learning about the pain and suffering associated with the disease.

Problem: Curiosity competes with knowledge

Young people themselves are driven by competing motivations that can undermine HIV/AIDS education. Curiosity is one of these.



Problem: Peer pressure and fatalistic attitudes compete with knowledge

Teachers and ministers tell us about HIV and its dangers. But the learners jeer as if this is all nonsense. They go “We We We”. This means that they won’t do what the teacher or the minister is telling them, that some of them are already used to sleeping around with boys.

(Girl learner, age 14)

We will die in the same ship we came in. Young people are stubborn. They want to prove that they are not afraid to die.

(Girl learner, age 12)

“youth want to show that they are big and brave and not afraid of anything,”

These quotes illustrate something else that undermines HIV/AIDS education – the attitude of some young people and the importance of peer opinion. Youth want to show that they are big and brave and not afraid of anything – not even death. They put out the view that ‘real’ men are not scared to take risks, that men have uncontrollable sexual desires and that the use of condoms shows a lack of trust in relationships.

Others have a fatalistic attitude. They believe that nothing they do can really change the path of their lives and so they may as well take risks.

These attitudes compete with what HIV/AIDS awareness campaigns and education programmes are trying to communicate.

Problem: Different aims, different choices

Young people are often driven by different aims and objectives to those of HIV/AIDS awareness programmes. For example, a key aim of many HIV/AIDS prevention programmes is to reduce teenage pregnancies. However, for various reasons, such as wanting to access child support grants, or to establish a stronger connection with a desirable boyfriend, some young girls choose to risk HIV/AIDS infection in order to have a baby. Poverty is another reason for risk taking. Men are often expected to give their sexual partners gifts such as money or clothing and if a young woman has no other source of income, she may be driven to have unprotected sex, possibly with many partners. An income is more important than self protection.

Knowledge is still key in the fight against HIV/AIDS. It is particularly important in challenging existing myths, peer norms and stereotypes, not only about the epidemic but also about male and female roles, and about youth sexuality. So the problems mentioned above must be tackled. Some possible areas of action are:

- In HIV/AIDS prevention programmes always include a focus on the way in which social environments contribute to the transmission of HIV/AIDS, including attention to factors such as gender and poverty.
- Acknowledge that youth is a stage of sexual curiosity and experimentation, and that many youth see this as a positive and exciting aspect of their lives. HIV/AIDS prevention programmes, as well as more general life skills training programmes should acknowledge this and encourage young people to reflect on the advantages and disadvantages of this.



- Work with young boys to create a learning situation where they can explore masculinity and sexuality in a non-judgemental way and where they can explore how male roles and attitudes in society affect them and their relationships.
- Find alternative role models for young boys that challenge current conceptions of 'real men'. Find adult men whose sense of identity does not depend on boasting and sexual risk-taking. Encourage these men to take a public stand. Invite them to awareness campaigns and events.

Problem: Lack of knowledge about people living with HIV/AIDS and how to treat them

People tend to have good knowledge about how HIV/AIDS is passed on and about what should be done to prevent this. But there is one key area where there is ignorance and uncertainty, namely whether or not a person can become infected through everyday contact with people living with AIDS (PLWHAs). Many people are frightened that they might become infected through casual non-sexual interactions with such a person. This fear is a major contributor to the stigmatisation of PLWHAs, which is discussed further on in this book.



**Areas
of
ACTION**

- Have a well planned, determined awareness drive to teach people the 'do's and don't's' of interacting with PLWHAs.
- Get more PLWHAs to talk to the community – if local people won't disclose whether they are HIV positive or not, try and organise outside visitors who will.
- Bring local doctors and nurses and traditional healers on board, to explain that it is not only professionals who can care for PLWHA.

2. Critical thinking

Giving youth the right information, and helping them to apply it, goes hand in hand with developing critical thinking and well considered solutions.

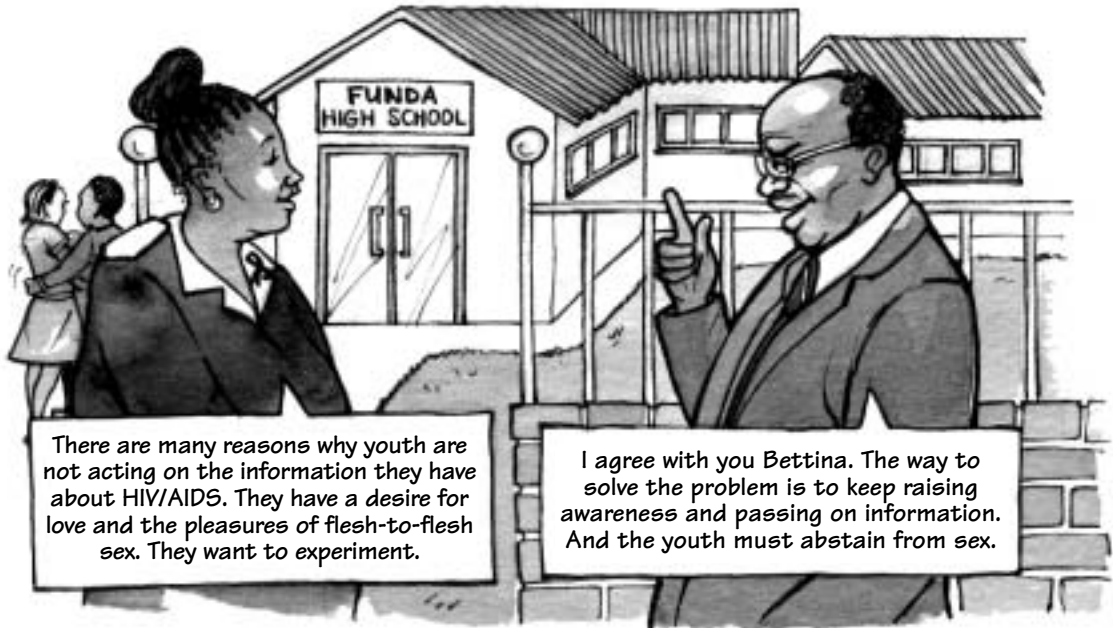
Much of the current thinking about the HIV/AIDs epidemic focuses on the failure of individuals to change their behaviour. Individuals are blamed for the epidemic, and so they are expected to take responsibility for it.

Although a change in individual behaviour is necessary, the need for change at community and social level must receive greater emphasis. Young and older people should be helped to understand how society prevents positive changes in behaviour, and this can be changed to become positive support.

This type of critical thinking develops through dialogue and debate. A process of argument and counter-argument should be facilitated so that youth can reach an understanding of the roots of unhealthy sexual behaviour, and the social reasons that make it so difficult to change this. This capacity for critical thinking is one of the first steps in the process of mobilising communities to take collective action for positive change.

“critical thinking develops through dialogue and debate”

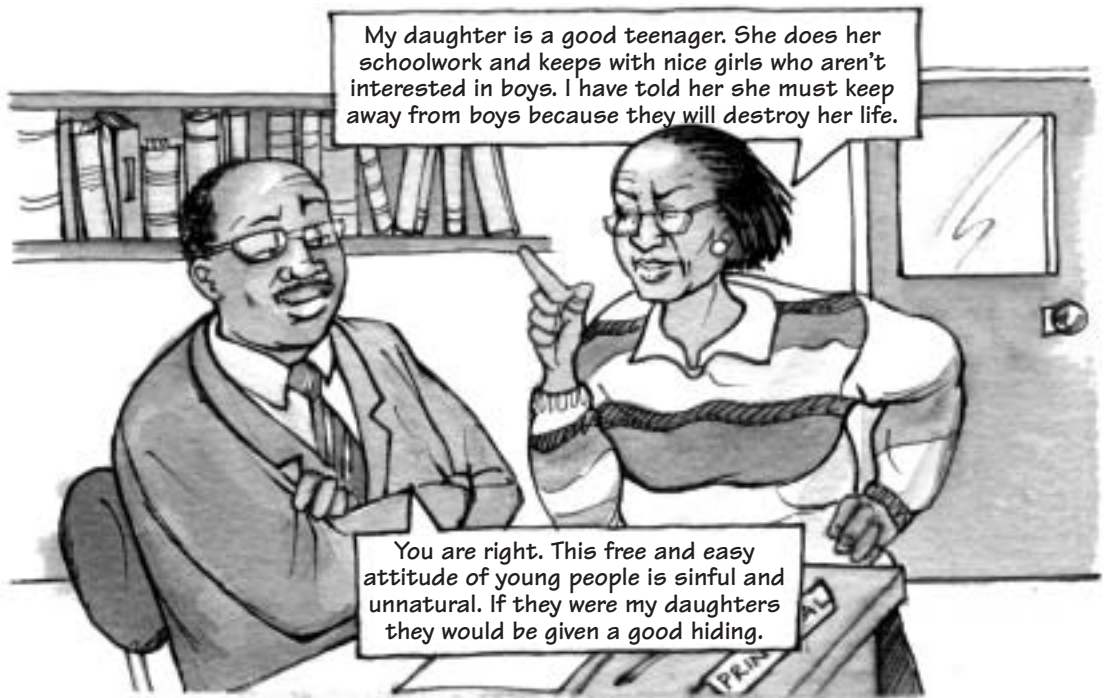
Here is a conversation that illustrates a lack of critical thinking skills in problem solving:



The health worker in this conversation has a good understanding of some of the social causes for unsafe sex. Although the school principal agrees with her, he advances a solution that ignores these very causes and so he has not applied critical thinking to his solution.

Some people do advance social solutions for the epidemic. They use the language of democracy to describe what should be done.

For example, they say that youth should mobilise nationally to demand social action from senior leadership. If this were possible, it would be a good suggestion. However, youth are usually not properly represented in local leadership structures and so they are often not part of decision making at this level. Nor do youth organisations have the capacity or networks through which they can try to influence senior leadership. In circumstances such as this, there is little value in advancing social solutions. Here is another conversation. It shows uncritical thinking in a different context – the denial of youth sexuality.



“many adults refuse to recognise the existence of sexual desire”

As was mentioned on page 10, while a high percentage of young people are sexually active, many adults either refuse to recognise the existence of sexual desire amongst young people or they stigmatise youth sexuality. They refer to youth sexuality in an extremely negative and judgemental way. This problem is sometimes even more severe for girls than boys. Some adults are more accepting of boys being sexually active than they are of girls. Such attitudes show a lack of critical thinking and discourage youth participation and involvement in interventions. They may even drive young people out of HIV/AIDS prevention programmes.

The daughter of the mother in the conversation on page 17 will grow up thinking of her sexuality as something to be ashamed of, instead of something that should be discussed openly so that she can learn how to protect herself from sexually transmitted infections and pregnancy.

How can critical thinking be used positively?

Against this background of denial and individual blaming, critical thinking can be used positively and realistically to help:

- show that youth of the current generation are no more sexually active than earlier generations;
- challenge the distinction between ‘good’ and ‘bad’ behaviour;
- acknowledge that many girls want and enjoy sex as much as boys;

- examine the possibility that sex need not destroy a young woman's life if she is discreet and protects her health.

More of this type of critical thinking would encourage youth to be more open about their sexuality, to use condoms confidently and to be more willing to go for testing. It would help to build a sense of youth solidarity about the importance of safe sex and would also serve as the starting point for collective action by local people to challenge a social environment that promotes HIV/AIDS transmission and endangers lives.

- Encourage learners to explore the social causes and social solutions to HIV/AIDS and to look at what changes need to happen in the community to support behaviour change.
- Work with the attitudes of staff within HIV/AIDS organisations to ensure a non-judgmental, non-blaming approach when dealing with young people.
- Equip peer educators and learners with 'critical thinking' skills. Focus, in particular, on young girls, linking critical thinking and a rights-based approach. Draw adults into discussions about youth sexuality.
- Work with parents and adults who have progressive ideas about young people – and who are confident enough to admit that they were sexually active as youth - encourage them to take a public stand, to support young people.
- Community organisers have a role in ensuring that HIV/AIDS is on the agenda of community leaders.



3. Identity and solidarity



The basis of this third essential component is that social and sexual behaviour are affected by identity and solidarity within a group. Whatever is regarded as normal within a peer group is often the common pattern of behaviour for members of that group. Youth who engage in risky sexual behaviour are doing something that is probably approved of by their peers. Similarly, youth are most likely to make positive changes in their behaviour when they see trusted peers also changing theirs. Debates amongst youth about sensitive topics such as intimacy and sexuality are most likely to occur in an atmosphere of trust and solidarity, amongst youth who feel that they have common life goals and face common life problems.

There are many ways in which group identity is constructed. For example youth groups form amongst those who come from better schools outside the community, those from less successful local schools, and those out of school. More respectable youth tend to become part of one group and youth involved in drugs and crime of another. Groups form between Christian youth who abstain from sex and alcohol and more secular youth who have a more relaxed approach to life. In some instances peer education has created new divisions, such as between peer educators and non-peer educators in schools. This lack of unity amongst youth can lead to a competitive atmosphere in which youth are unwilling to give any respect to people their own age who are not part of their group.



Knowing how youth behaviour – especially health related behaviour – is shaped, can be used as a tool for change. Here are some suggested areas of action:

- Acknowledge that young people are not simply part of one big group that can be called “youth”. There are many different groupings amongst young people.
- Target three or four groupings such as a soccer team, a church group, a choir. Build and develop the relationships within these groups, and then encourage them to interact with one another.
- Train young people in partnership skills and in how to build relationships.
- Identify, develop and support youth leaders who can build bridges between different groupings.
- Support and promote gender awareness programmes. These need to encourage collective action to fight against gender inequalities and promote relationships of care and trust between boys and girls.

4. A sense of empowerment, motivation and confidence



The basis of this fourth essential element in changing youth behaviour, is that youth are more likely to take control of their sexual health if they feel that they are in control of other areas of their lives, and if they have the respect and recognition of the community in which they live. They need to have positive role models of respected and empowered youth who hold leadership positions in the community, and whose views and opinions adults take seriously.

On this basis, behaviour change is more likely to occur if efforts are made to develop young people's confidence and motivation.

This should be achieved through promoting youth participation in wider community life and in the implementation of HIV prevention activities. For example, HIV/AIDS prevention programmes should empower youth by encouraging their full participation in all aspects of the programme, including planning. Within communities adults and professionals should not be seen as the only ones with knowledge about health and responsibility for health. It will empower youth if they are given ownership of this knowledge and responsibility.

Why do youth feel disempowered, unmotivated and unconfident?

One of the reasons why youth have been slow to change their behaviour, even when they know that they are risking HIV infection, is that they are not confident of their ability to make a difference. They have a strong sense of disempowerment, which in turn leads to a lack of motivation to change. Here are some of the reasons why this is so.

Insufficient experiences of being effective and successful

Many young people have little education and few skills. Even if they do, their job prospects are poor. They become frustrated as they battle against problems they cannot control, often growing up feeling a sense of despair and hopelessness, with few role models of successful adults to inspire them.

Poor role models



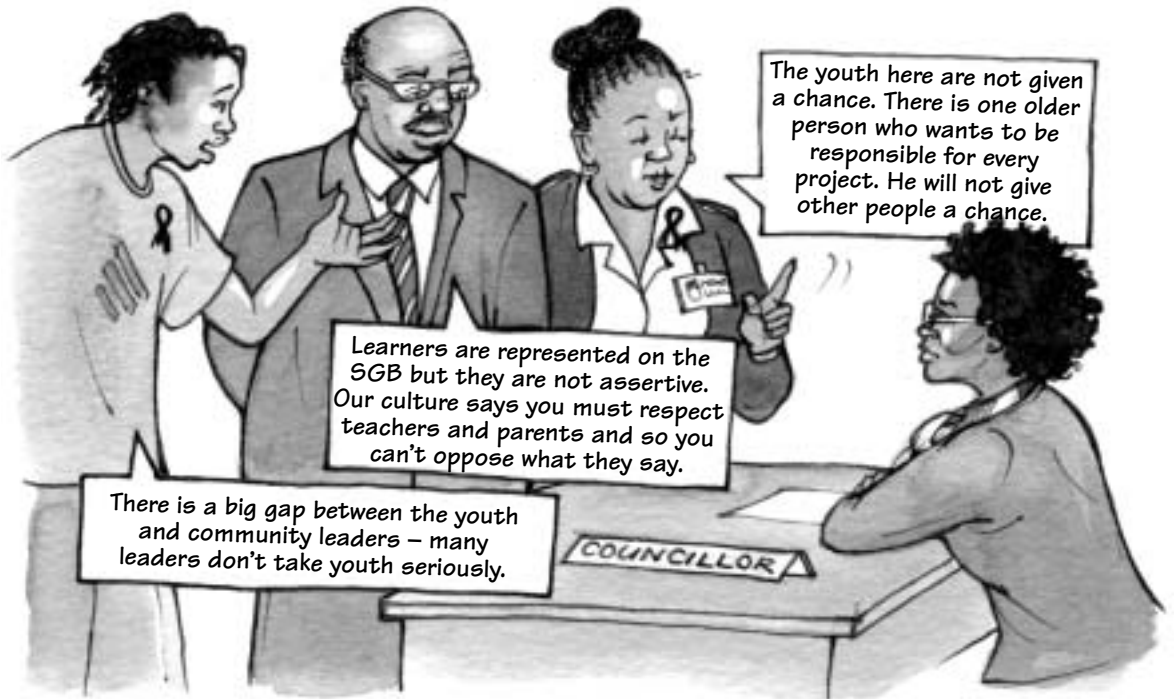
This conversation shows that adults as well as youth experience the frustrations of matters beyond their control. So youth have very few role models to give them hope that what they do can make a difference. Against this background it is not surprising that there is a lack of morale amongst youth, and that many of them are passive about their needs and rights.

Absence of social support for young people

As the following conversation shows, there is inadequate support or guidance for youth from the family unit.



Insufficient respectful recognition from others



Adults frequently regard youth as 'mad, bad or deviant'- a nuisance to be controlled through harsh discipline, corporal punishment and firm rules. Many adults struggle to see young people as having anything of value to offer the community.

As this conversation above shows, there is little recognition of youth as a constituency. They have little political representation in their

communities, and play a marginal role in decision-making in political or development structures. The youth representation that does exist – for example, on a school’s representative Council of Learners, and the School Governing Body - is ineffective.

Youth representatives are described as compliant towards elders but competitive and elitist towards their less successful or wayward peers, for whom they show little support or understanding.

Not only are there few opportunities for youth to exercise initiative, but when they do, adults undermine them. This, therefore, is a potential area of intervention for organisations.



- Target community leaders to increase involvement and participation of young people.
- Build the capacity and skills of young people to take part in decision-making.
- Create small projects that involve young people and help build their sense of capability and achievement. Use arts and culture as a focus, for example one-day events, campaigns, magazines, concerts and competitions.
- Provide opportunities (including support and funding) for young people to initiate their own projects that address different elements of the HIV/AIDS struggle.
- Lobby for better social services for young people – from the police, from the health department, from education officials, from social workers.
- Join forces with other organisations that are active in lobbying for this kind of support.

5. Supportive social networks

Youth are most likely to be empowered to take responsibility for their health if they have trusting and supportive relationships within other sectors of their community. These include informal and formal networks with women's groups, church groups and local health workers. While at a personal level people help each other in all sorts of effective ways, these networks are usually dominated by adults. They are often aimed at basic survival rather than advancement and therefore do not work as effectively for the youth HIV/AIDS prevention struggle. Here are three issues that affect social networks.

Ownership of community resources and facilities



As this CBO organiser in this picture explains, a community does not always feel that it owns its local resources. This leads to resentfulness and disillusionment. Facilities such as the community hall, library, local schools and crèches, and sports facilities may be attributed to the efforts and fund raising skills of a community leader. Often this person is both admired and resented by community members and there is a sense that the facilities he or she has provided do not exist for the community at large. There is a reluctance to challenge this and so few people make use of the available facilities, for community building activities.

“lack of unity amongst residents can lead to lack of confidence”

Lack of confidence in collective action

A lack of unity amongst residents of communities can lead to a lack of confidence in collective action. People have little sense of their potential role in effective grassroots mobilising. Community leaders and community health workers seldom think of mobilising their communities to try and address the problem of HIV/AIDS. This is regarded as a problem to be solved by the government – even though people perceive the government as distant and unresponsive.

This lack of unity is made worse by a dual leadership system, with councillors on the one hand and traditional chiefs on the other hand. It may be that neither leader is seen to be doing much for the mass of local residents and that there is little unity between the two leadership systems, which often pull in different directions.

Lack of support for people living with HIV/AIDS



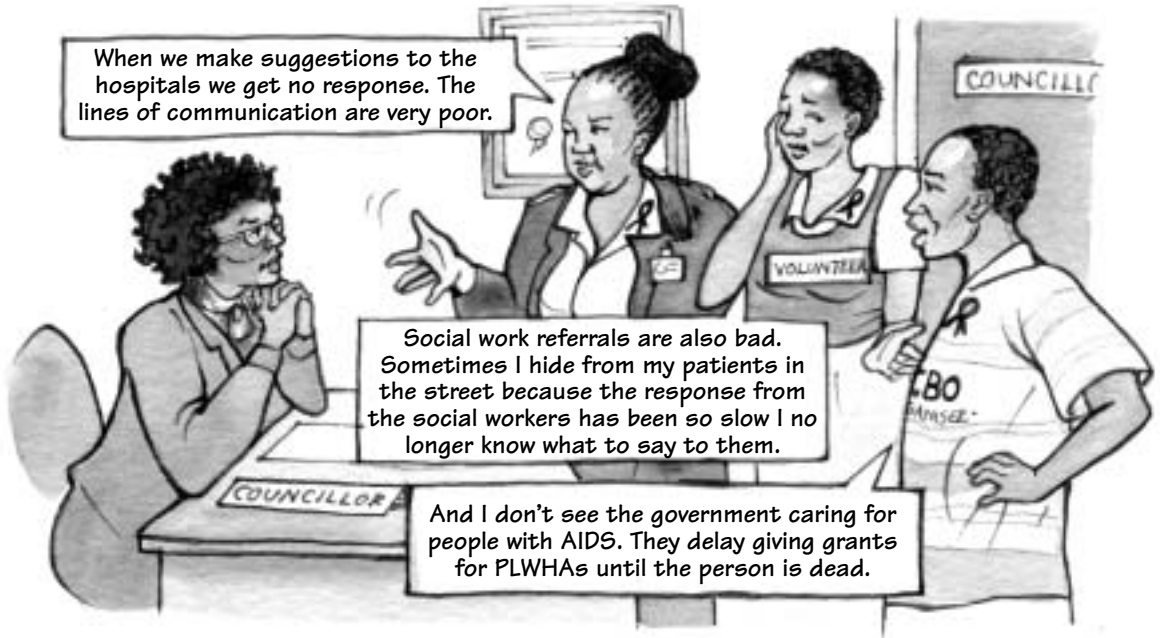
There is little support or solidarity amongst PLWHAs, or between PLWHAs and other community members. The stigmatization of HIV/AIDS sufferers divides them from their communities and sometimes results in a lack of support by key grassroots constituencies such as parents, school principals and the church. In some cases, families hide sick relatives away, depriving them of health care or support.

These high levels of stigma in the community also make it difficult to get youth involved in prevention efforts, particularly at a time in their lives when they are anxious about how they are perceived by their peers.



- Develop a strategy and programmes that are designed to tackle the issue of stigma in the community.
- Plan community events that are aimed at providing community members with experiences of working together successfully.
- Mobilise as wide a range as possible of existing community organisations to support HIV/AIDS activists in their work.
- Take care to understand potential areas of consensus and disagreement amongst different sectors of the community, given the sensitive nature of the epidemic, and work constructively with these.
- Where possible facilitate better links between different groupings to enable different local groupings to pull together in the struggle to manage HIV/AIDS.
- Consciously develop a model for community strengthening and community development, drawing on the skills and experience of people or organisations that have worked in this area of specialisation.

6. Access to services, resources and links to outside support agencies



To change some of the material conditions facing young people, it is not enough to focus on the local only. It is necessary to form alliances with more powerful economic and political groupings to strengthen communities.

This is a way of getting political and material resources which exist outside of the community but which are needed to bring about changes within the community.

It would be useful for communities to form alliances with actors and agencies in the public sector (such as policy makers in health, education and social development), the private sector (such as employers or funding agencies) and civil society (such as wider networks of youth peer education groupings and organisations such as the Treatment Action Campaign).

“it would be useful for communities to form alliances ”

There is little evidence of these alliances. Where they do exist one particular powerful person, often a male, usually provides them.

Links between projects such as the YMCA, the government and other HIV/AIDS-related services and organizations are also weak and in particular people see the government as having failed to exercise its power and duty to provide for HIV/AIDS prevention and care.

People are puzzled by the frequent publicity about government funds for HIV/AIDS, which have never materialized at schools or clinics that they know of. There is also poor networking between health professionals who care for PLWHA. This can be seen as another indication of the absence of strong local leadership and local coordination of networks and services.

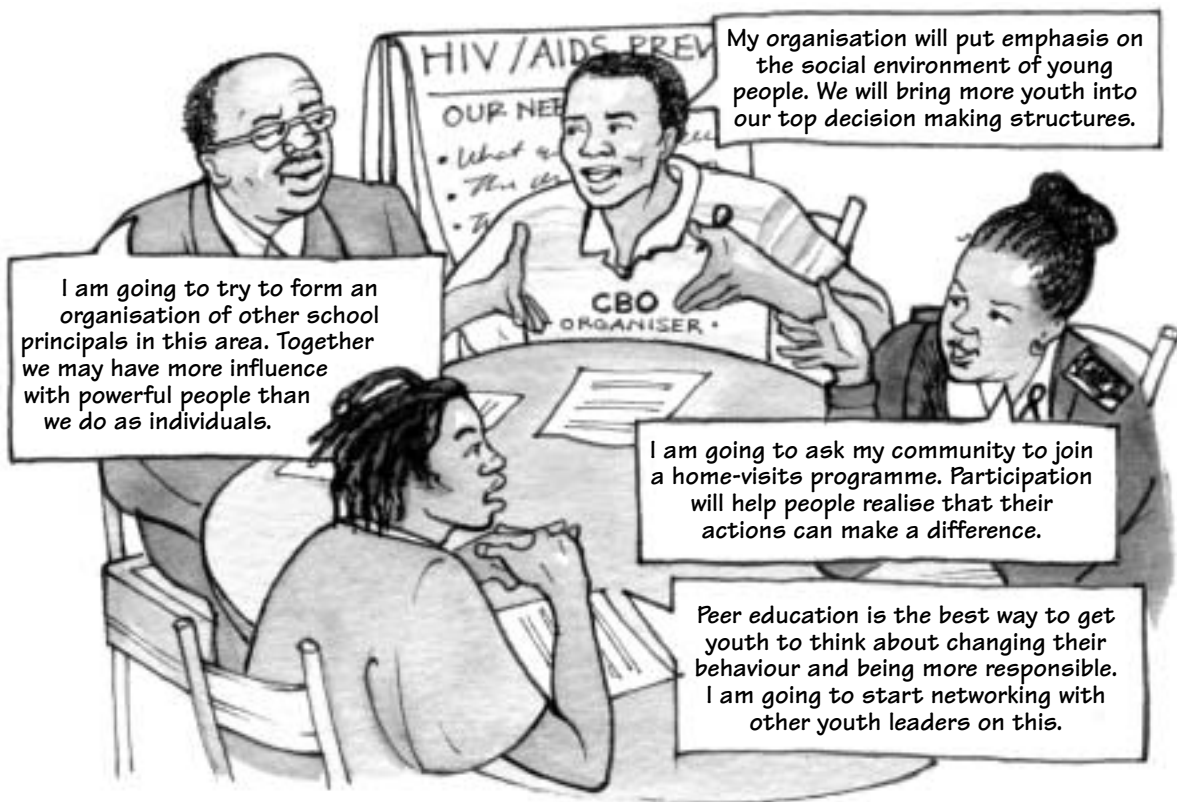
The one area related to HIV/AIDS where co-operation is good, is in organising once-off events such as large-scale awareness campaigns. In these instances there is often excellent cooperation between local nursing sisters, peer educators, schools and community health workers, although decision-makers at higher levels within these institutions may not be included.



Areas
of
ACTION

- Strengthen and develop referral systems beyond the local community.
- Enlist the help of local leaders who have networks outside the community. This could be used to pass on the views of community residents to powerful leaders, decision makers and policy makers.
- Enlist the support of local people who have contacts outside of the community who could be used to mobilise support and resources for youth empowerment programmes.
- Compile a directory of useful organisations outside the community that could support the fight against HIV/AIDS.
- Continue to organise community events with the explicit purpose of bringing together role players and stakeholders from outside the community such as the Department of Health and the Department of Social Development.
- Join forces with other organisations to lobby for increased access to services.

Conclusion: Organisational shifts to cater for these essential components



Six components have been discussed, all of which are essential for positive behavioural change amongst young people. It is likely that organisations wishing to incorporate these components into their programmes, will need to make internal changes and adjustments. They will have to review their current approach to community development and examine what the organisation is currently doing; what else needs to be done and what needs to shift. Clearly hard questions about the internal workings of the organisations will have to be asked and answered.

As a conclusion to this booklet, here are some questions that you may wish to consider in relation to your organisation or community:

Capacity and resources

Is my organisation able to make these six components part of its work in the community?

How can we incorporate them into our programmes?

What is our current capacity and resources?

What new capacity and resources are required?

Staff commitment

Are the staff within my organisation committed to strengthening and developing the communities in which they work?

Without the will and interest of staff, this has little chance of success. Staff should be prepared to work with community leaders to ensure

that they become part of a support system for young people, rather than an undermining factor, which is frequently the case.

Funding

Do the funding arrangements of my organisation allow us to make changes so that we can shift our emphasis and include more essential components?

Youth participation in the internal workings of the organisation

How can participation by youth be increased?

Organisations may have to examine their structures and their key processes and activities, to ensure that young people actively own, support and sustain projects and programmes. For example, youth could be involved in the design, implementation and monitoring of projects. Organisations may have to consider undertaking an audit to establish more precisely who the organisation works with, who participates and why they participate.

Shifting the dependency relationship

How can my organisation help to bring about more active participation from the community?

Are we doing anything that discourages this at the moment?

Do any of our programmes encourage dependency?

People need to be prepared to play a more participatory role in their communities and organisations. Encouragement of community participation in your organisation is a good way to start this process. It will help to create a sense of ownership of your organisation's work and services by the people that it aims to serve.

Networking

How can my organisation develop networks with people who have influence within and outside my community?

How can we build strategic relationships with organisations that have similar objectives to ours, or have different but complementary interests and objectives?

What networks are possible with organisations that can bring skills and competencies that are needed in the current community development efforts?

Partnerships

Who are my organisation's potential partners and what is the purpose of these partnerships?

Like all relationships, partnerships can take many forms, ranging from the formal through to the informal. Partnerships could include subcontracting arrangements with other organisations or forming a joint venture with one or more organisations to design, implement, monitor, evaluate and manage a project. Partnerships have an important role to play in bringing about:

- Economic change – by increasing access to financial and material resources.
- Political change – by bringing marginalized groupings into decision-making structures.
- Social change – by developing individual, group and organisational capacity and skills.

Where was the information in this book obtained?

This book is based on research into community responses to HIV/AIDS prevention and care, and particularly on youth and HIV prevention. The research was carried out by the Centre for HIV/AIDS Networking (HIVAN) at the University of Natal, Durban, in co-operation with the Young Men's Christian Association (YMCA). It took the form of an in-depth case study, for which data were collected from November 2002 to March 2003. Various sources of information were used, including:

- Nine focus groups and forty-seven interviews with informants, including: youth, peer educators, teachers, a school principal, community health workers, community leaders, YMCA staff, a traditional healer, community health workers, clinic nursing sisters, parents, people living with HIV/AIDS, church ministers, a government official and representatives of the local branch of a multi-national industrial organization.

Many of the conversations between the various characters in this book are based on responses from informants.

Note: For the purposes of easier reading, the information obtained in the research appears to have been generalised. However all information applies to the research sample only.



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