

***HIV/AIDS in Health, Education and Participation:
An Action Space for Youth Involvement in the SADC Region***

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EXECUTIVE SUMMARY

For no generation of young people more than this current one has the fact of sexuality - particularly the risk factors as a result of the HIV / AIDS epidemic-- been under scrutiny. It is only fitting then that at this First SADC Youth Conference that HIV / AIDS is regarded as a cross cutting issue in three thematic areas of the conference: Education, Health and Youth Participation. There is, of course, some urgency to this. Young people between 10 and 24 years of age account for more than half of new infections after infancy worldwide. The largest percentages of these new infections are in the SADC region. And while young women between the ages of 15-19 within this geographic region are the hardest hit, this is very clearly an issue that is of concern to young men and young women. In fact, one could argue there has never been a more serious challenge to ideas of gender relations, notions of masculinities, our understanding of sexuality and sexual practices, the role of youth in social change than at the time. Contained within this is the idea that there has never been a more challenging time in relation to "getting it right".

HIV/AIDS as an action space for youth

While all levels of society are implicated including schools and ministries of education, health care facilities and ministries of health, NGOs and so on, and parents, teachers, youth workers, health care workers are all constituents and stake-holders, the most serious challenge is to ensure the full participation of youth themselves. As noted in the Executive Summary of the UNAIDS Global Strategy Framework on Young People and HIV/AIDS:

"Increasingly, young people are also being appreciated as a resource for changing the course of the epidemic. They are both responsive to HIV prevention programmes, and effective promoters of HIV prevention action. Investing in HIV prevention among young people is likely to contribute significantly to a more sustainable response to HIV/AIDS".

In the context of this paper, HIV / AIDS' is conceived of as an "action space" in relation to young people's involvement in-Education, Health and Participation.

1. Education

- Formal education
- Youth leadership and HIV/AIDS school management
- Limits and challenges on sexuality study in formal education
- Role of traditional healers and indigenous knowledge in education.
- Links between formal and non formal education

2. Health

- Youth-centred approaches to researching sexual practices

- Gender and HIV / AIDS

3. Youth Participation

- Employment and HIV / AIDS
- Policy making and HIV/AIDS
- Media and HIV / AIDS
- Gender, leadership and HIV/AIDS

THE WAY FORWARD: HIV/AIDS AS AN ACTION SPACE FOR YOUTH

Because this is a conference where youth are going to be actively involved in participating in working groups which will be making specific recommendations for “the way forward” in the areas of health, education, and youth participation, the idea of making recommendations at this point may be premature. At the same time though, because this paper is meant to provide a framework for regarding HIV/AIDS as a cross cutting issue in these three thematic areas, it is important to “draw out” those points which pertain to all three areas as a strategy for mainstreaming HIV/AIDS. Indeed, experiences with mainstreaming gender in such areas as education, health care, justice and so on suggest that if one can be strategic about the types of questions that are regularly and pointedly asked, that there is a greater chance of getting gender on the agenda and keeping it there. For example, the idea of collecting sex-disaggregated data is now ‘de rigeur’ in most educational projects in the SADC region. Ministries, donors, schools, NGOs regularly ask and provide data on how many girls are in school and out of school. If school achievement is being addressed, it is not enough to simply know the school average; we need to know the specific progress of boys and girls and so on.

What does it mean for youth to mainstream HIV/AIDS? How can youth meaningfully participate in the process? What kinds of questions can be regularly asked and to whom? While the points that are raised below are not meant to be exhaustive, they suggest areas that might be useful “points of entry” for the participation of youth, not only as informants or “resources” but truly as protagonists.

Policy: How can youth contribute to and influence policy that affects them directly in the areas of HIV/AIDS and Education, HIV/AIDS and Health and HIV/AIDS and Youth Participation? any young people? Where in the appropriate ministries and NGOs is there a space for young people to speak? What kinds of lobbying strategies do youth need to ensure that they both speak and are heard?

Data collection: To date there is inadequate data available on who is doing what and more significantly who is accomplishing what in addressing HIV/AIDS. In part this is because of the denial discourse that still surrounds HIV/AIDS. While this is not unique to HIV/AIDS and the same thing can also be seen in terms of collecting data on sex-based violence and domestic violence, it does suggest that we need different strategies. Youth-to-youth peer programs can become central

to this work. The value of participating in this can also spill over into an advocacy and activist strategy – in Education, Health and Youth Participation.

Networking: Peer-to-peer work in formal and nonformal education and community work has been identified as a key issue in all three thematic areas. This needs to take place at the local level, but it can also have value at the regional level. Youth groups addressing HIV/AIDS in a university in Mozambique, for example, have a great deal to offer groups working in other countries of the region, and conversely have a thirst to know what others are doing. A Maputo youth group working on HIV/AIDS that has mounted a campaign complete with brochures on “75 things to do instead of having sex” has something to share with other groups in the city. However, it is also an inspiring project for other countries. How can youth lobby for opportunities to reach out? Which of these strategies are relatively low-cost? Can any of these be handled through the internet?

Media and popular culture: As noted in relation to all 3 thematic areas, the involvement of youth with “youth culture” (i.e. media and popular culture) is key. How can youth mount their own campaigns, along the same line as the English teachers cited earlier in the paper? How can youth participate in communication strategies with groups and organizations that are committed to working on HIV/AIDS? As noted earlier “who better than youth to participate in the producing of their own culture?”

Youth-driven research: The idea of young people as co-researchers is a vital one in the work on HIV/AIDS. Often the wrong questions are being posed – and often by the wrong age group! Some of the more successful programs on researching girls education have come from girls themselves. The “listen to girl child” strategy in Zambia (Mwansa, 1996), for example, was based on girls themselves researching the status of girls in their own community. They did this – as co-researchers - through drama, interviews, observations. How can youth ‘seize the day’ in relation to the research agenda on HIV/AIDS and youth in the SADC region? What lobbying approaches can be applied to ensure this involvement? For example, how might youth form advisory groups with local organizations so that they also participate in the interpretation of local data on HIV/AIDS?

INTRODUCTION

Most of the sexually active young people reported at least some unsafe sexual practice, Our main conclusion was that the pursuit of conventional femininity is an unsafe sexual strategy for young women. For sex to be safer they need to be empowered to express their own sexual desires, manage risks and to be able to insist on their own safety. This is unfeminine behaviour and challenging to conventional masculinity. Change will be less a matter of disseminating knowledge than of transforming social and sexual relationships. Sexual practices cannot be altered simply through education about sexual risks. Young people need positive messages about their sexuality with which they can identify; a positive conception of the possibilities of sex as both enjoyable and safe, so that they can have the confidence to communicate about what they want and to resist sex on other terms. Emphasis is needed not only on how relationships are negotiated, but also on problematizing the conventions and meanings of men’s power and women’s submission. Insistence on informed consent to sexual activity challenges sexual beliefs and expectations by putting at risk women’s sexual reputations and men’s achievements of masculinity. There is a particularly urgent

need to challenge young men to think about how men's behaviours and expectations of women might be changed. (Holland, Ramazanoglu, Sharpe and Thompson, 1999, 468)

Describing a study of the sexual practices of young people, the authors above draw attention to the "space" of sexuality in the lives of young people, not only in relation to "risk factors" but also in relation to "pleasure factors". For no generation of young people more than this current one has the fact of sexuality – particularly the risk factors as a result of the HIV/AIDS epidemic-- been under scrutiny. It is only fitting then that at this First SADC Youth Conference that HIV/AIDS is regarded as a cross cutting issue in three thematic areas of the conference: Education, Health and Youth Participation.

Because the conference itself is meant to give voice to the youth of the region, this paper should be regarded *at this time* as a discussion document. Over the course of the four days of the conference, the idea of HIV/AIDS as a cross cutting theme is one that is being explored by the working groups, and by various panelists. Out of this conference will come, it is hoped, a clearer sense – by the youth of the SADC region -- of strategies for moving forward with an agenda that sees HIV/AIDS as a cross cutting issue. There is, of course, some urgency to this. Young people between 10 and 24 years of age account for more than half of new infections after infancy worldwide. The largest percentages of these new infections are in the SADC region.(note 1) And while young women between the ages of 15-19 within this geographic region are the hardest hit, this is very clearly an issue that is of concern to young men and young women. In fact, one could argue there has never been a more serious challenge to ideas of gender relations, notions of masculinities, our understanding of sexuality and sexual practices, the role of youth in social change than at the time of this conference. Contained within this is the idea that there has never been a more challenging time in relation to "getting it right". While all levels of society are implicated including schools and ministries of education, health care facilities and ministries of health, NGOs and so on, and parents, teachers, youth workers, health care workers are all constituents and stake-holders, the most serious challenge is to ensure the full participation of youth themselves. As noted in the Executive Summary of the UNAIDS Global Strategy Framework on Young People and HIV/AIDS:

"Increasingly, young people are also being appreciated as a resource for changing the course of the epidemic. They are both responsive to HIV prevention programmes, and effective promoters of HIV prevention action. Investing in HIV prevention among young people is likely to contribute significantly to a more sustainable response to HIV/AIDS".

The term "protagonist" is used by many donor organizations and other agencies to describe the potential of youth to act on their own behalf. "Protagonist": 1. The chief personage in a drama; the principal character in the plot of a story; 2. A leading personage in any contest" (OED) The term is most often associated with literature and drama (i.e. "who is the protagonist of this story?"). Protagonist, of course, suggests the term 'antagonist' "one who contents with another in any contest; an opponent, an adversary; an impersonal agent acting in opposition: (OED). Both terms evoke the idea of a story that is being "played out" in the drama of HIV/AIDS. As metaphors these terms can be very useful, particularly if they can support the idea that young people need to have opportunities to make sense of themselves as players.

On the one hand, it is ironic that it has taken an epidemic like HIV/AIDS to help adults in decision-making positions to recognize the significance of the voice of youth. While there have been many examples in history of how youth have “seized the day” – and here one might think of Anne Frank during World War II or the Soweto uprisings on June 16, 1976 when the young people of South Africa began the process of dismantling apartheid)-- we have often paid only lip service to the possibilities for youth participation. The efforts have often been more by chance than by design. On the other hand HIV/AIDS is too “in your face” as North American slang would have it, to simply pay lip service – and part of the “design” must surely be to involve youth as fully as possible. It is for this reason that this paper is organized in such a way so as to highlight the ways that HIV/AIDS might well be regarded as an “action space” for youth working for youth. (**note 2**)

MAPPING OUT THE ACTION SPACE

A group of post-secondary learners in a teacher education programme in South Africa, most of whom are in their early 20s are engaged in a class activity organized around media studies and social change. (**note 3**) It is part of an English methods course and their particular focus this day is on exploring how the UNAIDS Year 2000 strategy on “Men and AIDS – a gendered approach” could be taken up within a media studies project. In the course of their work they come in contact with the Executive Summary of the UNAIDS document:

“All over the world, women find themselves at special risk of HIV because of their lack of power to determine where, when, and whether sex takes place. What is perhaps less often recognized is that cultural beliefs and expectations also heighten men’s vulnerability. Men are less likely to seek health care than women, and are much more likely to engage in behaviours – such as drinking, using illegal substances or driving recklessly – that put their health at risk. Men are also less likely to pay attention to their sexual health and safety, and are more likely to inject drugs, risking infection from needles and syringes contaminated with HIV...

Far greater attention must be given to the needs of millions of men now living with HIV, including support in preventing transmission to others. Men need to be encouraged and helped to play a much greater part in caring for orphans and sick family members. Finally, even though the outcomes may take years to materialize, it is important to challenge harmful concepts of masculinity, including the way adult men look on risk and sexuality, and how boys are socialized to become men. (Men and AIDS – a gendered approach. 2000 World AIDS Campaign).

While there is some discussion about what this campaign might mean in relation to the work with girls and young women on HIV/AIDS, there is widespread agreement amongst the class that the media is the way to go if one wishes to reach young men. Even if there are many parts of the SADC region that have relatively little access to some forms of popular media, there are still many possibilities for strategically placing ads particularly since young men are likely to be accorded access to a much broader geographic space than young women. (**note 4**) Local petrol stations, for example, are often places where young men gravitate. These petrol stations might be regarded as “cultural centres” where patrons come in contact with posters, magazines and local radio. As well, they may even be regarded as peer-to-peer centres in some locations so that they become centres of non-formal education. (**note 5**) Along the side of the road billboards can also convey messages. In many parts of the region young men are more likely to have access to newspapers. As well,

Region

increasingly youth centres and organizations maintain a video machine so that messages can be conveyed to youth. UNICEF's Sara Initiative is a good example of how the SADC region has worked to ensure video material on social issues. (**note 6**)

The task for the class is to come up with ideas and slogans to get young people (but especially young men) to take seriously both their role in preventing the spread of HIV/AIDS, but also their role in care giving. The ideas that they come up with for using media to "target" youth are diverse. One small group, for example, produces a poster/ billboard depicting a picture of a gun with a condom over the end of it with the slogan "*Protect the ones you love*". Another group produces a poster of a man being held up and his wallet stolen. An insert shows a picture of the inside of his wallet - containing bank cards etc. Just poking out of one of the compartments is the tip of a condom package. The poster carries the slogan "*If you are going to be robbed make sure the thieves steal something useful*". The class agrees that both of these ads may be very South Africa-specific in relation to violence and crime, and that other parts of the region may have quite a different focus. Following from this another group contemplates what it would be like to run an advertisement in a magazine or newspaper that shows an excerpt from the obituary page of a local newspaper, the kind of page that is made up of small pictures of the deceased along with a short write-up about their lives. Many are in their twenties and early thirties. As journalist, Ken Owen writes of these local obituary pages that he has looked at in Swaziland:

"There is no hint of the cause of these deaths, though everybody knows. The universal response to AIDS is denial. It is as though nobody can face the awful reality of a calamity that rivals the great plagues of history.

I study the newspaper announcements intently, trying to wring some meaning from the photographs but they are mute. Like those sepia photographs of young lieutenants who died in the First World War, these images demand an effort of imagination to evoke the underlying tragedy. They show healthy young people, some wearing their mortar boards at graduation, others in suits, open-faced and healthy. The likenesses have been chosen not to illuminate tragedy or to define an epidemic, but to preserve a memory of happier times. They, too, serve to conceal the awful, unacceptable truth: an entire generation of young Swazis is dying" " (p. 37)

The students wonder about the kind of commentary or slogan that could accompany this picture: No one is quite sure of what kind of slogan would work: should it be "*life kills*"?. The group also discusses whether their approach isn't really just a type of scare-tactic that doesn't really work any more than other public service ads on smoking, drugs and alcohol that take a skull and cross bones scare tactic approach. (**note 7**) As they observe, how much is anyone able to contemplate his or her mortality, let alone a 20-year old who appears to be in perfect health? In a related way another group talks about the ways in which they would want to demonstrate through an ad the dramatic deterioration of some well known public figure such as a soccer or rugby player into a person in advance stages of AIDS. Their idea is that this could be a lesson to viewers on the horrors of HIV/AIDS: "*If it can happen to a hero, it can happen to you.*" Another version of appealing personally to young people can be seen in a recent campaign in Mozambique. "*We now have the vaccine against HIV/AIDS here in Mozambique. The vaccine is YOU.*" (**note 8**) They go on to talk about how they could use special "morphing" techniques on the computer to represent the deteriorating health.

Finally, several groups interested in television contemplate a number of strategies. One group outlines an HIV/AIDS “network campaign” whereby every episode from a vast range of television series during one week highlight narratives that pertain to HIV/AIDS. The range could include local soap operas (*Egoli*, *Generations*, and *Isidingo* in South Africa), as well as mainstream North American sitcoms such as *Allie McBeal*, *Friends*, *Will and Grace* and so on. Another group talks about the popularity of such animated shows as *The Simpson’s* amongst 16-20 year olds, and projects the possibilities for a whole series organized around “living with HIV/AIDS” and in the genre of UNICEF’s Meena or Sara initiative.

The students go on to consider the ways that they might be able to incorporate such an activity as this one into their own classrooms. As one person notes “*It is like a United nations activity - everyone working for change*”. Another observes: “*Who better to understand “what should work” with young people than involving young people themselves?*”. Based on their experience of being “producers” of media texts through their participation in this activity, they agree that what better way for young people to learn than to be involved as the producers and not just the recipients of popular culture than participating in an activity like this. Following the class, some of the students go on to find examples of media messages that address HIV/AIDS, bringing to class, for example, a postcard with the sign “male alert” written on it and containing a condom in a package. The slogan reads: “*If it’s not on, it’s not on*”. The point here is that once they had been involved as producers; they were more likely to take notice of other messages around them

HIV/AIDS AS A CROSS CUTTING ISSUE IN EDUCATION, HEALTH, PARTICIPATION OF YOUTH

The above scenario raises a number of important points in terms of thinking about the ways in which youth in the SADC region can be involved in addressing HIV/AIDS. At one level, the significance of media and popular culture is itself an important point. Rap and hip-hop music, soft drink ads, music videos, street theatre and so on are all obvious “points of entry” for considering how commercial entrepreneurs, donors and others might target youth as a social change “edutainment” market market. At another level, though, is the need to see ways that youth are not merely consumers of media/popular culture - or health-care programmes or education programmes - but also active participants -- protagonists -- in setting the agenda.

The term “youth friendly” is one that has come to be associated with health clinics that are non-threatening to and easily accessed by young people. We need to think about how this term “youth friendly” can be applied to agenda-setting in relation to HIV/AIDS in Education, HIV/AIDS in Health and HIV/AIDS in regional participatory structures. While the first section on Education is somewhat longer than the other two, this is related to a somewhat broad definition of education that includes both formal and non formal approaches to education, as well as community involvement in a more general way

Formal education

Region

The above scenario of the beginning teachers exploring the use of media in social change speaks to some of the ways in which the structures of formal education, of necessity must be responsive - and indeed proactive -- in relation to HIV/AIDS. Maputo UNESCO Representative Hubert J. Charles makes the argument that HIV/AIDS presents one of the most serious challenges to our notions of education and learning. As he writes:

“... for years, schools and by extension education systems have paid scant attention to learning, relying rather on instruction and tests of recall to determine success. HIV/AIDS presents the greatest learning challenge to education systems. In the past, the consequences of failure to learn involved simply a delay in progress from one academic level to another or confinement (sometimes temporary) to a lower socio-economic order. With AIDS no such time is allowed for such correction of failures in pedagogy. With HIV/AIDS the consequences of pedagogic failure is terminal, with equally devastating consequences for economy and society. (p. 9)

The work on media studies as explored in the above scenario represents at least a starting point in seeing the linkages between educational reform that is based on a more learner-centred focus (learners as producers) focus and improvement in learning. It also speaks to the idea that work on HIV/AIDS need not be unrelated to school subjects such as language education. Media studies is only one possible direction within language education where HIV/AIDS awareness and prevention might be explored. The idea of examining the nature of a discourse community that has traditionally relied on a girl's saying “no” as being interpreted as “yes” (or “no” when even the girl means “yes”) and not just Life Skills issues. Indeed, the study of language-use, register, self-esteem, assertiveness and power are all areas that are quite appropriate within language studies. Indeed, at present the use of the terms “negotiation” and “assertiveness” in much of the Life Skills literature on gender based violence and HIV/AIDS could be complemented by language study. At least exploring such constructs within a language-oriented classroom makes it possible for youth and their teachers to study such issues in a way that is not just prescriptive. The idea that literature study itself, and especially student writing based on conducting their own interviews and oral histories should be regarded as a youth-centred approach to the study of language and HIV/AIDS. But the topic need not stop there. It is not just English classes but also classes in science, history, economics, accounting and so on where it would also be appropriate to address the challenges posed by HIV/AIDS. This is not meant to be a comment against Life Skills programs where HIV/AIDS is currently being addressed, particularly by UNICEF in a number of SADC countries, but only that Life Skills, one subject area, is not enough. Moreover, the “validation” of having sexuality a matter of concern “across courses” would only strengthen targeted initiatives within Life Skills.

Youth leadership and HIV/AIDS school management

Additionally the work in Life Skills particularly in relation to negotiation, assertiveness and participation can be complemented by the movement within several countries in the SADC region as well as globally to have youth involved in the democratic governance and leadership of schools. A good example of this is South Africa where every school as a result of the South African School's Act of 1994 is governed by a school governing body made up of parents and other members of the community, and, at the secondary level student representatives. In this respect youth – the future leaders of South Africa – are involved directly in school governance, participating as they do, in a

policy-making structure. Training for these youth-as-leaders in provinces such Gauteng and Free State has included work on peer mediation, conflict resolution, gender-based violence. **(note 9)** The idea, however, of ensuring that these youth leaders also participate in contributing to mapping out school policies on HIV/AIDS – indeed, contributing to setting the agenda – is an important role for these groups

Limits on sexuality study in formal education

At the same time, we also need to take into consideration some of the “limits” of formal schooling in relation to sexual practices. On the one hand, schools exist as places where learners and learning facilities are concentrated, thereby suggesting a model of efficiency for disseminating materials and knowledge. Schools, when it comes to HIV/AIDS and other health related issues might still be regarded as more “youth friendly” than clinics or hospital. Learners have some confidence in the school as a social and pedagogical setting. Counselors in schools then still have a large role to play in educating young people about health issues and health services. An HIV/AIDS counselor in Maputo, for example, speaks about the role the school plays in issuing ‘declarations’ as a type of letter of introduction so that the learner, once having “come out” to a teacher or school counselor in relation to concern about HIV testing, does not have to start at the beginning when he or she finally goes to the clinic. **(note 10)** Schools then can be the mediators in relation to health care. On the other hand, there is some evidence to suggest that teaching about sexuality in school settings offers serious challenges, particularly in the area of HIV/AIDS. For one thing, there may be barriers to the trust that female students can have for their male teachers. In many rural areas of the SADC region, for example, male teachers have been responsible for sexually abusing female learners. **(note 11)** The teacher may be almost the last person to have any credibility amongst youth when it comes to matters of sexuality. At the same time, as a teacher from a rural South African school recently reported, there are instances where a male secondary teacher is still regarded as “the best catch” by his female students. It is the learners themselves who exploit the situation. The set of relationships that are set up may be so inflected with sexuality that there are barriers to learners and teachers working together. Deborah Britzman, a Canadian researcher, speaking of the 1998 Geneva World AIDS conference talks about the emergence of conflict in the school curriculum where school is regarded as a place of authority, conformity and compliance and how this gets in the way of the possibility for honest dialogue between learners and teachers. Learners “have no choice but to give the right answers rather than engage in honest dialogue (Bastin, cited in Picard). Britzman goes on to suggest that a further impediment is the idea of the “instability of knowledge” when it comes to the question of HIV/AIDS. Teachers and learners may have difficulty with the idea of the ever-changing landscape of HIV/AIDS information. **(note 12)**

Traditional healers and indigenous knowledge

The credibility factor leads back to the point raised by Hubert Charles in terms of the penalties of not getting HIV/AIDS education right. One promising area for youth involvement and non formal education relates to continuing to see traditional counselors and healers as central players in HIV/AIDS education. While UNICEF and other organizations have worked closely with the elders and other community leaders in areas of girl-child education in the past, this is also a crucial area in terms of HIV/AIDS. Indeed, the role of the community more generally needs to be taken account of, even in relation to programs organized around negotiating and assertiveness training. Families

Region

may socialize their daughters into submissiveness and “not answering back”. Their sons may be rewarded for “speaking up and speaking out”. Schools may be offering quite different messages. If the young man and woman must first “survive” in the community, the role of the community in HIV/AIDS becomes an even bigger factor.

Links between formal and non formal education

But the scenario described in the previous section also suggests that the work of formal education has should not be regarded as being so separate from non formal education. As is explored in the paper by Job Kunovipo Tjiho “Empowering out-of-school youth through non-formal education: Challenges and imperatives for SADC”, the fact that such a large number of young people in the SADC region are not involved in formal schooling suggests that schools must necessarily see that their influence, their place in the community, can work in ways outside of what is usually thought of as “school”. HIV/AIDS awareness offers a good example of the need for these linkages. A school that is working on HIV/AIDS programs that teach young girls to be more assertive and to employ negotiating skills cannot regard the training as only pertaining to interactions with others in the school. Social relationships and friendship patterns tend not to work that way. Young girls are just as likely to have male partners who are outside of school. Moreover, the dynamics that are set up between the young woman who has been “taught” survival skills and the partner who has not can have devastating effects as we see in the startling reports on domestic violence and sex based violence in schools in South Africa. The challenge is on how youth – peer workers -- “in school” might link to youth outside the formal setting of school. How can schools, for example, become drop-in youth friendly centres for out-of-school youth? How can peer work take place simply as part of community life vis a vis, say, petrol stations or other meeting places within the community?

Health

This section is meant to complement the technical paper “Youth Programs in the SADC Countries: Sexual and Reproductive Health prepared by Bonnie Shepard. It is meant to complement the work that has already been done through UNICEF in countries such as Mozambique where strategic planning documents on HIV/AIDS and youth has already identified youth participation as a key feature.

Recent figures on HIV/AIDS estimate that there are 33.6 million infected people worldwide. Of this number 23.3 million live in the SADC region. **(note 13)** These incidence of HIV/AIDS within the SADC region amongst youth and particularly young women -- as noted in the Introduction -- speaks to the ways in which there is a strong need for the involvement of youth in relation to contributing to setting an agenda on health services. Increasingly, as the incidence of maternal transmission of HIV/AIDS becomes an issue, the involvement of young women as mothers adds another dimension. Added to this is the growing incidence of young people as the primary caregivers for younger brothers and sisters and hence the need for their involvement in examining community health support services. Drawing from these features of life for young people in the SADC region there are a number of key areas speak directly to the involvement of youth in relation to HIV/AIDS

Youth-centred approaches to researching sexual practices

A book recently published in the United States by Kathleen Jones on the subject of women's negotiating skills in sexual practices suggests that we still know too little about the dynamics that operate between males and females in "negotiating" sex. In her study a young empowered woman majoring in feminist studies at university, and a martial arts expert as well, is regularly abused and finally murdered by her male partner. Jones, in her analysis, looks at the ways that the young woman tried to take into account the position of her male partner, and at the failure of her "empowerment" strategies within the relationship. This is not to suggest that we abandon idea of "negotiating" and "assertiveness" but only that we cannot be too reductive in our approach to studying the sexual practices of youth for the purposes of understanding what skills and approaches could be most effective. How do young women, for example, understand their position in wanting to have sex but not being able to convince their male partner to use a condom? How do young men understand their position when a young woman is willing to have sex and not only tries to insist that he use a condom but actually carried a supply with her? To what extent might young people themselves be appropriate researchers to not only suggest questions and approaches but also to engage in interviewing their peers?

In a similar way, how might youth contribute to "mapping out an agenda" for understanding the differing responses of males and females to health care. We know for example, that young males in some cultures tend to be more reckless about their health than young women. (note 14) It is sometimes not seen as very "manly" to visit a clinic. The establishment of youth-friendly clinics in some centres is being seen as an answer to this. Moreover, as noted in the previous section, schools can go a long way to educating males and females about the use of health facilities, especially those offering HIV/AIDS testing and counseling. Youth themselves may become involved as "producers" of knowledge by being involved on the ground floor of evaluating the value of these facilities. This same approach can also be applied to setting up, studying and evaluating peer-to-peer HIV/AIDS counseling programs. Again, what do we know of the differing needs and experiences of young males and females? What gender factors need to be taken into consideration?

Gender and HIV/AIDS

The emerging research agenda above suggests that males and females have to be involved in HIV/AIDS work. Indeed, not unlike the position noted in the section on education and the urgency for "getting it right", there has never been a time when it was more urgent for gender to be on the agenda of youth. The media studies scenario noted earlier suggests that concerns about gender and health are ones that call for a greatly expanded type of frankness for dialogue about sexuality, as well as a greatly expanded agenda that reaches both males and females. Too often gender issues have been treated as women's issues, and have not always been regarded as issues that are life-threatening even though the increasing cases of sex-based violence have been responsible for injury and death of too many young girls and women in the SADC region. Girls between the ages of 15-19 represent the largest increase in those who are HIV/AIDS infected in the SADC region. It is, nonetheless, also a disease of males: males being infected themselves, males passing the disease on to their sexual partners, males in a position to care equally for those family members who have been infected by AIDS and so on.

Youth Participation

Region

Siskone Msimang's paper "Youth participation in Health, Education and SADC Initiatives draws attention to the need to look at HIV/AIDS as a cross-cutting theme of critical importance both to the region and to young people.

Employment and HIV/AIDS

Msimang raises the issue of youth employment and the need to study the impact that HIV/AIDS will have on employment possibilities in the region. One recent informal report from Swaziland, for example, refers to the ways that companies are now "protecting their interests" by hiring on – unofficially at least -- as full time employees only those who are over 35, (Owen, 1999). As well, the migration of youth from one section of the region to another in search of employment also raises the possibility that youth from areas that are known to be highly infected with HIV/AIDS may be at particular risk in finding employment. In her paper, Msimang recommends that young people lobby to have the integration of youth issues into one or two key sectors, e.g. HIV/AIDS and Education. Like Shepard, she also recommends that there be research on adolescents and their responses to HIV/AIDS and health care.

Policy making and HIV/AIDS

More than anything, though the idea of Youth Participation in Health and Education in the SADC region is a strong endorsement for the need for young people to be at the centre of policy making and services that have a direct impact on their lives. When those policies relate to their very survival as is the case of HIV/AIDS policies, it is of critical importance they be involved in structures and decision-making bodies. Education can go a long way to preparing youth to lobby for these rights and responsibilities, particularly when young people come to be involved in the very governance structures of their schools. Nonformal education though, as well as formal educational structures can involve young people. Community organizations, youth friendly clinics, NGOs that deal directly with youth programming can go a long way to ensuring that advisory boards and so forth also include youth representatives.

Media and HIV/AIDS

Given the significance of media and popular culture in the lives of many youth, and the potential for media to also be a change-agent in raising awareness about issues of HIV/AIDS, it is also important to think about the ways that youth can become involved as members of advisory boards of public broadcasting units and state subsidized newspapers and radio. A strong youth voice within the public sector can also serve to influence the private sector, even to the point where youth could also be involved on advisory committees. Several magazines for young women in the United States, such as Seventeen, for example, and MTV (Music TV) have on their advisory boards young people who regularly advise on feature issues or the need to take on particular themes. Young people could have a powerful voice in guiding the kinds of images and messages around HIV/AIDS that are developed. Organizations such as UNAIDS, UNICEF, UNESCO which also have a communication strategy at their national or regional level might likewise involve youth in an advisory capacity. Likewise, youth might lobby to have participation within these organizations, particularly when the task relates to media and popular culture targeted towards youth. **(note 15)**

Gender, leadership and HIV/AIDS

Gender, of course is an issue that is important in relation to youth leadership. In the case of “learner leadership” in South Africa, every school governing body, as mandated by the South African Schools Act of 1994 has one male and one female student representative. In the case of community organizations, it will likewise be important that both males and females are involved. – and that structures be put in place to regulate participation. Throughout the paper there has been a strong endorsement of the idea that males and females do not necessarily experience power and negotiation in relation to HIV/AIDS, something that is also recognized by the UNAIDS strategy on “a gendered approach to HIV”. This is all the more reason why males and females must participate equally in youth leadership programs.

THE WAY FORWARD: HIV/AIDS AS AN ACTION SPACE FOR YOUTH

Because this is a conference where youth are going to be actively involved in participating in working groups which will be making specific recommendations for “the way forward” in the areas of health, education, and youth participation, the idea of making recommendations at this point may be premature. At the same time though, because this paper is meant to provide a framework for regarding HIV/AIDS as a cross cutting issue in these three thematic areas, it is important to “draw out” those points which pertain to all three areas as a strategy for mainstreaming HIV/AIDS. Indeed, experiences with mainstreaming gender in such areas as education, health care, justice and so on suggest that if one can be strategic about the types of questions that are regularly and pointedly asked, that there is a greater chance of getting gender on the agenda and keeping it there. For example, the idea of collecting sex disaggregated data is now ‘de rigeur’ in most educational projects in the SADC region. Ministries, donors, schools, NGOs regularly ask and provide data on how many girls are in school and out of school. If school achievement is being addressed, it is not enough to simply know the school average; we need to know the specific progress of boys and girls and so on.

What does it mean for youth to mainstream HIV/AIDS? How can youth meaningfully participate in the process? What kinds of questions can be regularly asked and to whom? While the points that are raised below are not meant to be exhaustive, they suggest areas that might be useful “points of entry” for the participation of youth, not only as informants or “resources” but truly as protagonists.

1. Policy: How can youth contribute to and influence policy that affects them directly in the areas of HIV/AIDS and Education, HIV/AIDS and Health and HIV/AIDS and Youth Participation? any young people? Where in the appropriate ministries and NGOs is there a space for young people to speak? What kinds of lobbying strategies do youth need to ensure that they both speak and are heard?
2. Data collection: To date there is inadequate data available on who is doing what and more significantly who is accomplishing what in addressing HIV/AIDS. In part this is because of the denial discourse that still surrounds HIV/AIDS. While this is not unique to HIV/AIDS and the same thing can also be seen in terms of collecting data on sex-based violence and domestic violence, it does suggest that we need different strategies. Youth-to-youth peer programs can

Region

become central to this work. The value of participating in this can also spill over into an advocacy and activist strategy – in Education, Health and Youth Participation.

3. **Networking:** Peer-to-peer work in formal and nonformal education and community work has been identified as a key issue in all three thematic areas. This needs to take place at the local level, but it can also have value at the regional level. Youth groups addressing HIV/AIDS in a university in Mozambique, for example, have a great deal to offer groups working in other countries of the region, and conversely have a thirst to know what others are doing. A Maputo youth group working on HIV/AIDS that has mounted a campaign complete with brochures on “75 things to do instead of having sex” has something to share with other groups in the city. However, it is also an inspiring project for other countries. How can youth lobby for opportunities to reach out? Which of these strategies are relatively low-cost? Can any of these be handled through the internet?
4. **Media and popular culture:** As noted in relation to all 3 thematic areas, the involvement of youth with “youth culture” (i.e. media and popular culture) is key. How can youth mount their own campaigns, along the same line as the English teachers cited earlier in the paper? How can youth participate in communication strategies with groups and organizations that are committed to working on HIV/AIDS? As noted earlier “who better than youth to participate in the producing of their own culture?”
5. **Youth-driven research:** The idea of young people as co-researchers is a vital one in the work on HIV/AIDS. Often the wrong questions are being posed – and often by the wrong age group! Some of the more successful programs on researching girls education have come from girls themselves. The “listen to girl child” strategy in Zambia (Mwansa, 1996), for example, was based on girls themselves researching the status of girls in their own community. They did this – as co-researchers - through drama, interviews, observations. How can youth ‘seize the day’ in relation to the research agenda on HIV/AIDS and youth in the SADC region? What lobbying approaches can be applied to ensure this involvement? For example, how might youth form advisory groups with local organizations so that they also participate in the interpretation of local data on HIV/AIDS? (**note 16**)

Notes:

1. For a more extensive discussion of the magnitude of the problem, see the UNAIDS Global Strategy Framework on Young People and HIV/AIDS, March 2, 2000.
2. The term “space” is meant to suggest that HIV/AIDS is more than just an issue or problem. The language, the politics – an emerging “culture’ around HIV/AIDS -- all contribute to this idea of “space”.
3. Here I am grateful to the students enrolled in the H.Dip Ed. Program at the University of the Witwatersrand in Johannesburg who participated in a seminar on media studies on social change, May 30, 2000.
4. According to a recent document, *Adolescents and STD, HIV: UNICEF Mozambique support to the National Strategic Plan*, for example, almost 70 per cent of households do not have a radio. This does not mean, however, that young people do not come in contact with radio
5. Here I am grateful to the work of Christine Skeleton and others on “the geographies” of youth. Skeleton in her book *Cool places: The new geographies of youth* (1998, New York and London: Routledge) talks about the ways that research involving young people must, of necessity, take account of location: bedrooms, streetcorners, shopping malls, etc. Suggesting here that petrol stations are the place to encounter young men in rural areas is really only meant to provide a sense of the significance of locale and location.
6. In an unpublished paper “Hijacking popular culture for social change: I explore a range of popular culture texts which are meant to act as social change texts. In that paper, for example, I look at the ways in which the conventions of the soap opera can be used as part of a “social change” series. The 13 episode *Yizo-Yizo* series from South Africa which drew attention to school violence in 1999 when it first aired. The series was part of the National Department of Education’s COLT programme. I also mention the *Soul City* series in that paper. One of the first *Soul City* set of episodes dealt with HIV/AIDS. A more recent series drew attention to adolescent sexuality. See also Neil McKee’s book *Social mobilization and social marketing in developing communities: Lessons for communicators* (1992. Penang: Southbound).
7. See for example Chemi Montes-Armenetros’ essay “Ideology in public service advertisements” in K. T. Frith (ed) *Undressing the ad: Reading culture in advertising*, 1997. New York: Peter Lang.
8. Here I am grateful to Luis Alberto Macave of the NUCLEO de Mavalane contra drugo/SIDA for his insights on the role of media/popular culture in HIV/AIDS work.
9. See for example the work on youth leadership in the provinces of Gauteng and Free State vis a vis the Canada South Africa Education Management Programme(CSAEMP):WWW: <http://www.cel.mcgill.ca/csaemp>

Region

10. See note 8.
11. See for examples, Dickson Mwansa's report *Listening to the girlchild*, (UNICEF Lusaka, 1996) for a consideration of the barriers to girls participation in schools in Zambia. See also a report by C. Mitchell (1996) based on a series of focus group interviews with educators in South Africa (*Focus Groups on Gender*: [www:http://www.cel.mcgill.ca/csaemp](http://www.cel.mcgill.ca/csaemp)).
12. It is for this reason that etv in South Africa has begun an innovative program on youth and sexuality, *S'cumto* where young people go out and conduct all of the interviews. It has taken the approach that for youth to talk openly about sex, they need to be talking to people of their own age. The program, part of Love Life, is sponsored by the Kaiser Foundation as part of its strategy of combating AIDS. Another innovative program, *Soul Buddyze* is being developed by SABC and also has a strong youth-driven focus. It will first air in August, 2000
13. See Hubert.J. Charles' report: UNESCO Maputo Position on HIV Prevention Education, December, 1999
14. See for example Adolescents and STD, HIV: UNICEF Mozambique support to the National Strategic Plan, January, 2000.
15. See note 12.
16. The idea of students-as-researchers (or co-researchers) is one that has received recent attention within North America, the UK and Australia. See for example S.R. Steinberg and Joe Kincheloe's *Students as Researchers: Creating classrooms that matter* (London: The Falmer Press). This idea though is also central to the research agenda on girls' education in Zambia (see for example, C. Mitchell: *Mapping a Research Agenda on Girls' Education* (1995), UNICEF Lusaka. It is also central to the idea of research as social change (see for example, M. Schratz and R. Walker: *Research as Social Change: New Opportunities for Qualitative Research*, 1995, London and New York: Routledge)

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