Looking back, moving forward

By Jay Naidoo

The HIV/AIDS debacle will always be a stain on our hard fought democracy. I can remember the discussions in COSATU in the mid-eighties when we began to see the impact of HIV/AIDS as a result of the brutal migrant labour apartheid policy, which destroyed the social fabric of our country by tearing men from their families and housing them in dehumanising conditions in hostels.

In 1994, despite the optimism and human rights tradition, we failed to provide leadership and clarity. In fact, our dysfunctional leadership in Government on this issue can be held directly responsible for the epidemic that today affects close to 6 million citizens. How could that happen?

We became passive bystanders in our democracy and allowed the cult of leadership to dominate our public discourse. We believed that our vote in an election was all that was needed to have an accountable state that functioned efficiently and delivered on our promise to secure a better life for all.

Fortunately, our social activism took root; the TAC was born and COSATU girded into action. NGOs such as loveLife, Soul City and many others were formed that focused on prevention among the youth. I joined the loveLife Board in 2004 – prompted by the powerlessness I felt at how Government was behaving, and spurred on by a need to get involved. I was shocked at our officialdom fraternising with Aids denialists, while our people were dying at a rate of almost 1,000 a day with a similar scale of infection.

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Infectious diseases are never far from the poverty our people face. Issues of youth unemployment, the education crisis that leaves millions of youth in our townships and rural areas without skills or jobs contribute to a sense of absolute disempowerment. In fact, research done by loveLife in focus groups with youth revealed a brutal truth: “To rich people in big houses, HIV may seem like a terrible disease, but when you live on the edge every day, an illness which is still five to ten years away means very little.”

Investment in youth by improving education outcomes, building sporting facilities and culture is critical in keeping youth engaged and off the streets.

The loveLife groundBREAKER corps of peer educators is an excellent example of mobilising young people and educating them on the linkages between HIV and the dangers of unprotected sex. But, we need youth to think and work out the content by themselves; not be spoon fed by our adult preconceptions.

Let us return to the values that underpinned our freedom struggle. We need role models of ethical and gender sensitive behaviour. Women and girls are not commodities that we trade in. Our Constitution outlaws gender discrimination as it does religious or racial prejudice. We need to curb the ‘sugar daddy’ phenomenon and ensure that the criminal justice system is zero tolerant of violence against women and children. Ensuring that girls remain in school longer is also crucial to preventing early sexual experiences and the real possibility of HIV infection and teenage pregnancy. That’s another lesson I learnt through loveLife.

“Towards a new nation in which all our people are free and at peace with each other”

Our public broadcaster needs to foster a public debate that recognises the appreciable progress we have made in the struggle against HIV/AIDS, and start preparing the country for what lies ahead. One of the most significant recent developments in this regard is the roll-out of ART treatments to all those who need it. Under the treatment-as-prevention strategy, people living with HIV can greatly reduce their risk of passing the virus to their partners and children. The ART will help them to remain healthy and productive.

But how do we ensure that this treatment gets to all who need it? And what about the very large number of people still in need of treatment but who are being denied access to ART because they cannot afford it? In line with our commitment to combating poverty, the South African Government has established a price control programme to make ART affordable. But this is only the first step. We need to ensure that all those who need treatment get it. And we need to ensure that the treatment is effective. That means we need to monitor the treatment and resistance patterns.

We need a more holistic policy. ARV treatment is now a right. We need to ensure more monitoring of treatment, resistance rates, and the linkage to tuberculosis, which is rapidly expanding into an epidemic. The science for eliminating mother-to-child transmission is known. It is shocking that new-born children continue to be infected.

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Introduction: Getting a clearer focus
By Grace Mathlape

This year marks 30 years since the first diagnosed case of HIV/AIDS. And while breakthroughs have been made – such as the recent finding that early antiretroviral therapy can reduce HIV transmission by 96 percent – Kerry Cullinan (p3) points out that treatment is by no means the answer.

In this special report, we reflect on the lessons learnt so far – and the mistakes we cannot afford to make in the coming decades. Despite the fact the epidemic in SA shows signs of a decline in HIV prevalence among youth – from 10.3% in 2005 to 8.6% in 2008 among 15 to 24 year olds – prevention efforts aimed at young people must still be sustained and reinvigorated. Given that 60% of all new infections happen between 15 and 25 years of age, the highest potential returns for HIV prevention in SA still rest in stopping new infection among youth.

This puts the pressure on us to devise programmes that recognise prevention does not exist in a vacuum, to ensure these are responsive to the individual, social, cultural and structural factors driving the epidemic in SA. As Lovelife’s Scott Burnett highlights on page 4, we need to motivate and empower youth to take action stemming from their own sense of worth and discipline, to say no to high-risk behaviour because there is something to look forward to in the immediate future.

This is no easy task given the vortex of disillusionment young people already find themselves in, and so we need to creatively use the tools at our disposal in order to get youth to creatively navigate the challenges they face – all the time making sure awareness of HIV/AIDS does not lapse from press-room fatigue into a national coma. Louise Vale’s contribution (p5) highlights the role a collective courage to question traditions that are harmful to our young people will one day be more important than our minor differences in approach; that we will have the collective courage to question traditions that are harmful to the dignity of girls and that perpetuate a sense of sexual entitlement among men and boys; and that all sectors of society will take seriously the idea that HIV prevention is all of our responsibility.

I would like to thank all our contributors for their valuable insights into the various dimensions of HIV/AIDS in our combined efforts to one day celebrate the last reported case of HIV. Their openness and honesty about the epidemic sets an exemplary tone for any discussion on the epidemic.

“Prevention does not exist in a vacuum”

By Kerry Cullinan

HIV/AIDS remains by far the biggest killer of South Africans, but there seems to be an assumption in many sectors – the media included – that Zuma’s government has it under control so we can move on.

While the beat-of-the-day media do give the left centre stage, government is very far from being in control of the epidemic and needs all the help it can get.

Last year, 43% of South African’s who died – over 280 000 people – were killed by an Aids-related infection. In Vulindlela, a semi-rural area in KwaZulu-Natal’s Midlands, two-thirds of the women are HIV positive by the age of 30. Public hospitals in Durban and Pietermaritzburg report that over half the women who give birth are HIV positive.

In Johannesburg General Hospital, the majority of babies who die in the neonatal ICU are HIV positive.

The plain, ugly truth is that we can’t. We are going to run out of money for ARVs if people keep getting infected at the current rate.

But scenario planning by Treasury indicates that the demand for ARVs is likely to exceed the current health budget. About 40% of this will go to buying ARVs.

In the coming decades, despite being allocated large amounts of money, the current health budget will still fall short to meet the country’s target of getting 80% of those who need ARVs onto treatment by 2012.

This means that almost half of the cost of our treatment programme comes from Pepfar, which pays for the salaries of doctors and nurses running treatment centres and clinics, as well as ARVs.

Yet Pepfar donations are flatlining. In 2013, there are rumoured to be further significant cuts to Pepfar. At the same time, revenue effort is needed to meet the country’s target of getting 80% of those who need ARVs onto treatment by 2012.

At the moment, our health system is not up to the challenge. Despite being allocated large amounts of money, the current health budget will still fall short to meet the country’s target of getting 80% of those who need ARVs onto treatment by 2012.

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When the loveLife campaign for HIV prevention among teenagers was launched in 1999, there was understandably eagerness about bright billboards encouraging people to “use their mouths”. In communities where talking about teenage was taboo, just opening conversations about sex and sexuality under the tagline “talk about it” was controversial enough to get the attention of young people.

Young people – in all cultures at all times – love to talk about sex. And in generalised epidemics like South Africa’s, HIV is, by and large, transmitted through heterosexual intercourse. So why did South Africans get so sick of talking about HIV so early in the epidemic? By 1999, high levels of “HIV fatigue” stood squarely in the way of any attempt to prevent new infections through social and behaviour change communication. So we had to get sexy. If we had launched a campaign about sex and sexuality, encouraged them to think of themselves as an inherently valuable and values-driven generation, all peppered with healthy reality checks about HIV, sexually transmitted infections, and teenage pregnancy.

But with new generations of young people growing up in an environment of high unemployment and failing education and primary healthcare systems, we needed to maintain a sense of momentum amidst a growing sense of frustration and limited choice. Despite the plethora of factors standing in their paths, encouraging young people to never stop taking action to attain their dreams and aspirations, became the new imperative. So in 2008 we shifted our tagline from “talk about it” to “make your move”. With “make your move” came a clearer focus on the concept of “opportunity” in young people’s lives.

Again, this was based on research into the drivers of risk tolerance among our target market, which are all linked to the sense of immediate possibility; the sense that as an individual I am not helpless, that I can choose my destiny, that many young people would grow up with a lack of self-worth, believing that their possibility and potential was limited, and striving to narrate different definitions of culture to provide a sense of identity and purpose.

These were the factors our communication had to address head-on. The first eight years of the loveLife campaign examined every perspective young people had on sex and sexuality, encouraged them to think of themselves as an inherently valuable and values-driven generation, all peppered with healthy reality checks about HIV, sexually transmitted infections, and teenage pregnancy.

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Masculinities & HIV in SA – involving men in prevention

By Pierre Brouard

Thirty years after the first cases of Aids presented among gay men in the United States, the epidemic is still raising critical questions about gender, sexuality and justice. This is particularly true of South Africa. We have one of the most progressive Constitutions in the world yet we still grapple with huge inequality, unequal access to justice and power, and the ‘corrective’ rape of lesbian women in our townships, against a backdrop of high inequality, unequal access to justice and power, and the ‘corrective’ rape of lesbian women in our townships.

Our HIV/AIDS epidemic has played itself out against this complex fabric – asking us challenging questions about gender relations and gender power. While scientists agree that men and women are different: they may hide their sexuality, leading to risky sexual practices, and gender identity. But, even when they challenge dominant masculinity, these dynamics really need to give way to more appropriate ways of ‘doing gender’ – not only for the physical health of our young people, but also for them to enjoy richer emotional lives.

Coupled to this, we have a situation where youth are confronted by high levels of poverty and unemployment, and often don’t have environments that are supportive of their agency in shaping the everyday realities of their lives. This encourages an ethos of nihilism, which is really a recipe for high-risk behaviour. One has to believe in the value of, and prospects for, your life if you are going to be motivated to protect it!

And then we also have the pressures (which youth today are under globally) towards consumerist identities signaled by the display of fashionable brands, etc. The pressure is felt particularly poignantly by those who have fewer means to service this implicit social coercion. The materialism encourages subtle (and not so subtle) transactional dimensions to sexual relations, where for example, young girls will be motivated to protect it!

Pierre Brouard is the Deputy Director of the Centre for the Study of AIDS (CSA) at the University of Pretoria and is a registered Clinical Psychologist. He has worked in HIV since the mid-1980s and at the Centre for ten years.

HIV/AIDS and identity

By Melissa Steyn

How are youth identities/sexualities constructed in South Africa today and what are the implications for infection with HIV?

A

The ways in which we construct gender in South Africa premiers one of the key issues. Right at the heart of so many of our social problems is the way in which hegemonic heterosexuality continues to encourage sexual conquest and both sadics and masochists, and hegemonic femininities are still shaped around pleasing and acquiescing to these masculinities. These dynamics really need to give way to more appropriate ways of ‘doing gender’ – not only for the physical health of our young people, but also for them to enjoy richer emotional lives.

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Earlier generations of South Africans formed a collective identity around the ‘Struggle’. Can the same be said for HIV/AIDS?

A

This challenge is much more difficult to define as a common enemy. The way in which stigma works locates ‘the problem’ in the bodies of those who are infected; not in the understandings of broader society – which is where it really resides.

So, the power dynamic is oppressive of those who are seen to ‘carry the enemy within the community, and to deny the way in which we are all participants in the problem. This is very different from the Struggle years when people collectively could rally around an enemy that could be located outside of the community, which is how apartheid was perceived.

It was much easier to create the kinds of dichotomies on which ideological identities are constructed, the goodies and baddies, and to identify oneself on the side of the suffering righteous, as it were.

What we are dealing with now is much more complicated, and requires self-reflection and ownership of personal responsibility on the part of all of us, which is a real challenge for any society.

“the challenge is to break down the stigma because that’ll kill us before the disease”

My mum first spoke to me and my little brother about sex and HIV/Aids when she found condoms in the house – I think she thought my brother was having sex. Even though she spoke about condoms, she has never encouraged us to get tested and neither in our community still believe it’s better not to know your status because you’re not really at risk of dying. For me though, knowing your status is the best thing you can do. This challenge is to break down the stigma because that’ll kill us before the disease.

But HIV does not define me and my generation – we are not HIV, we are just in the situation. Sometimes we just really to separate the two, and lose sight of who we really are.

Mei Melissa Steyn is Director of Intercultural and Diversity Studies and an Associate Professor in the Sociology Department at the University of Cape Town. Melissa is a member of Whiteness just isn’t what is used to be White identity in a changing South Africa (2001, SUNY Press), which won an Outstanding Scholarship award in 2002 from the National Communication Association, USA.

HIV/Aids won’t define my generation

By Lerato Patricia Mahoyi

On 16 June 1976 high school students took part in the Soweto Uprising - not just to protest against South Africans as their medium of instruction but to treat their children as equals and to make a beginning for us, the youth of South Africa, so that we could access better education and become who we want to be – no matter the odds in our lives – 35 years later.

My generation is now free. My generation now have the right to choose who we decide to be. We are no longer bound by the laws of apartheid, the laws of segregation, the laws of separation, we are all participants, not just observers.

We are all involved with other men who can buy them the items that represent a certain desirable identity to the world.

These cocktails of pressure to identify in certain ways make it very hard for young people to identify in other ways that would counter the behaviours which make them susceptible to infection. And counteracting all of these pressures, in one way or another, requires developing in young people a positive sense of their worth and value.

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Lerato Mahoyi is a former "Save a life" group founder/RECHER (peer educator). The 23 year old now works as a Training Assistant at loveLife.

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30 years of HIV/AIDS

1981
- US Centers for Disease Control and Prevention (CDC) report first cases of rare pneumonia in gay men on 5 June

1982
- CDC formally establishes the term Acquired Immune Deficiency Syndrome (AIDS)
- HIV, retrovirus that causes AIDS, is independently discovered by Luc Montagnier of the Pasteur Institute in Paris, France, and Robert Gallo of the National Cancer Institute in Washington DC, USA

1984
- First International AIDS conference is held in Atlanta, USA

1985
- The World Health Organisation (WHO) declares the first World AIDS Day on 1 December

1988
- The South African Department of Health commissions an agency to develop an advertising campaign: “AIDS, don’t let it happen”

1989
- One million cases of AIDS have been reported to the WHO and 19.5 million people have been infected with HIV
- The Department of Health in SA introduces the ‘red ribbon’ logo

1990
- 90% of all people infected with HIV live in the developing world

1993
- The loveLife mass media campaign extends to include 2 049 billboards, 850 commuter taxis and 160 water tanks with messaging

1995
- One million people are newly infected with AIDS during 1995, the greatest number in one year since the epidemic began
- loveLife launches its first mobile telephone service, “S’camtoGroundBreakers”, to reach 9.3 million South Africans

1999
- loveLife has distributed more than 27 million copies of its youth magazines theh00fathi and S’camtoMINT

2001
- loveLife launches MYMsta – world’s first social mobile platform dedicated to HIV prevention and youth development

2003
- loveLife has permission to work in 6 526 schools and a total of 880 hubs from which groundBREAKERS (peer educators) can implement loveLife programmes

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2011
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