

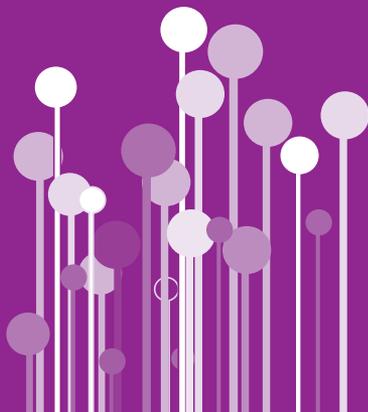
HIV prevention for young people:

Moving from *what-to-change* to
want-to-change strategies

A report based upon the
Moving from *what-to-change* to *want-to-change* strategies workshop
4-6 November 2008, South Africa

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About loveLife

loveLife promotes healthy, HIV-free living among South African teenagers. Organised under the auspices of the loveLife Trust, loveLife combines a sustained high-powered multi-media campaign with nationwide community-level outreach and support programmes for youth. loveLife's programmes are implemented by a national youth volunteer service corps known as groundBREAKERS in partnership with more than 150 community-based non-government organisations, 4200 schools and 400 government clinics across South Africa. Major funding for loveLife is provided by the South African Government and the Henry J. Kaiser Family Foundation. Additional support is provided by Barloworld, the Bill and Melinda Gates Foundation, BMW, Cellsmart Technologies, ChangeWright Consulting, DED (German Development Service), Dewey & Le Boeuf, IBM, Independent Newspapers, Jumpstart, Mondi, Murray & Roberts, Rapport, the South African Broadcasting Corporation, South African Institute for Entrepreneurship, Southern Sun, Ster-Kinekor and the Vodacom Foundation.

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CONTENTS

I. Introduction	4
II. What are the opportunities for new gains in interventions?	6
a) Identifying factors that trigger risky behaviour among young people and therefore accelerate the incidence of HIV infection in youth	6
b) Based on these factors, outlining possible new points of entry for intervention	8
III. How to get young people to want to change?	11
a) Community and national strategies that have motivated change so far i.e. innovations already at work	11
b) Opening new avenues of intervention i.e. ideas in the making	14
IV. The way forward: What are the key want-to-change strategies for a collective framework of action?	17
a) Urgent focus areas for a collective framework of action	17
b) Want-to-change strategies at multiple levels of influence	18
V. Conclusion	20
VI. Acronyms	21
VII. Delegates	22

I. Introduction

Sub Saharan Africa continues to suffer from the highest rates of HIV infection in the world. According to UNAIDS, “In 2007, this sub region accounted for almost a third (32%) of all new HIV infections and AIDS-related deaths globally”.¹ Furthermore, women have been disproportionately affected by HIV, “with 75 percent of HIV-positive 15 to 25 year olds in Sub Saharan Africa being female”.² Young people have also been shown to be especially vulnerable to infection. Epidemiological studies in South Africa, for example, show that the incidence of HIV peaks in young people aged between 15 and 24.³

This high incidence of HIV among young people is occurring despite evidence that young people know about ways of avoiding infection with the virus. A survey commissioned by loveLife in 2004 found that “while 94% of young people reported that they knew how to avoid HIV infection, the survey showed that youth were persisting in risky sexual behaviour and had not internalised the extent to which they could contract HIV”.

In light of the above evidence HIV-prevention messages do not change behaviour on their own, this report seeks to highlight the need for a shift from merely using ABC approaches (targeted at the individual) to identifying new points of intervention in HIV prevention. It highlights the need to move beyond prevailing epidemiological paradigms that have thus far focused on risk-taking behaviour to putting young people at the centre of a framework to trigger sustained change among the youth.

Up until now, young people have been lost in the ‘mix’ as discussions about HIV prevention have tended to focus on high risk behaviour. As a result, little attention has been paid to interventions and incentives that could encourage young people to want to change their behaviour. What makes people want to change has been one of the most difficult parts of the epidemic to crack so far; yet certain programmes and strategies have demonstrated some positive results in providing young people with the impetus to change. By drawing upon these success stories and innovations already in the making, as well as lessons learnt from programmes that have not fared as well, the report brings together a framework for collective action based on want-to-change strategies.

1 UNAIDS. *Aids epidemic update 2007*, 19 November 2007.

2 Karen Leiter (Physicians for Human Rights). *Epidemic of Inequality: Women's Rights and HIV/AIDS in Botswana & Swaziland*. Cambridge, Massachusetts, 2007.

3 Pettifor AE, Rees HV, Steffenson A, Hlongwa-Madikizela L, MacPhail C, Vermaak K, Kleinschmidt I. *HIV and Sexual Behaviour Among Young South Africans: A national survey of 15 - 24-year-olds*. Johannesburg: Reproductive Health Research Unit, University of Witwatersrand, 2004.

This report addresses three main questions:

What are the opportunities for new gains in interventions?

- a. Identifying factors that trigger risky behaviour among young people and therefore accelerate the incidence of HIV infection in the youth
- b. Based on these factors, outlining possible new points of entry for intervention

How to get young people to want to change?

- a. Community and national strategies that have motivated change so far i.e. programmes or strategies already at work
- b. Opening new avenues of intervention i.e. ideas in the making

The way forward: What are the key want-to-change strategies for a collective framework of action?

- a. Urgent focus areas for a collective framework of action
- b. Want-to-change strategies at multiple levels of influence

II. What are the opportunities for new gains in interventions?

a) Identifying factors that trigger risky behaviour among young people and therefore accelerate the incidence of HIV infection in youth

In the proposed paradigm shift from focusing on high risk behaviours to finding want-to-change strategies, careful attention must be paid to factors that confront young people on a daily basis, as it is ultimately these factors that shape their behaviour and influence the way they see themselves.

One of the greatest lessons to be drawn from past programmes and strategies is the focus on the individual in HIV prevention. As Saadhna Panday of the Human Sciences Research Council (HSRC) argues, “health programmes have long been targeted to individuals as they are far easier to reach than communities”. As a result, the burden of responsibility is placed solely on the individual, without taking into account external structural factors that impact upon young people’s lives. “Young people become especially hard on themselves, not realising that structural issues are at play,” adds Panday.

In fact, organisations such as Khomanani in South Africa have already recognised the need to move beyond the individual as a new gain for intervention. “Our focus was too much on the individual, placing too much pressure on them,” says Cyril Sadiki of Khomanani, “We realised we were not winning the battle, so decided to focus on the community instead.”

This is not to say that individual factors are absent in the acceleration of HIV incidence among young people. On the contrary, individual factors such as puberty and sexual debut can be significant triggers for high risk behaviour. Attention must also be paid to what Panday describes as “the disjuncture between how ‘I should act’ and ‘how I would like to act’” – the internal debate going on among young people about how to present themselves externally and the way they feel internally, which can act as a trigger for high risk behaviour.

Furthermore, the shift from focusing on the individual to other levels of structural influence is not to be understood as rescinding responsibility from the young person altogether. For example, one of loveLife’s Make YOUR Move (MYM) campaign objectives is to develop a sense of personal initiative among young people within the context of systemic structural inequalities that can act as triggers for negative behaviour.

A number of structural factors have indeed been well-documented as key drivers of the epidemic, such as poverty, gender inequality and the continued stigma and discrimination of HIV-positive people and People Living with Aids (PLWA). As Jennifer Mallet Gatsi of the International Community of Women Living with HIV (ICW) states about the Namibian context: “The linkages between poverty, gender and HIV are a reality for young positive women – particularly for rural young positive women.” And according to Mary Magagula of the Nazarene HIV/Aids Task Force, “stigma and discrimination” remain significant factors that accelerate the incidence of HIV in Swaziland.

While these reveal important opportunity for gains in the fight against HIV, such as empowering young people, especially young women, with the necessary skills to help them access economic opportunities; as well as the continuation or introduction of programmes targeted to breaking down stigma and discrimination, the conference highlighted several other key factors that can trigger high risk behaviour among the youth.

The first among these is the divide among generations that results in a gap in communication. As Brian Riruako from the Chief Hosea Kutako Youth Forum explains with regards to the situation in Namibia, “youth friendly services are a problem because some of the people working there are elders who are not easy to open up with”. Furthermore, as Gatsi points out in the context of Namibia, young women “traditionally defer to older and more experienced women in matters of personal decision making.”

Secondly, the lack of positive role models both at the community level and in the media was raised as a common factor among delegates from across southern and eastern Africa. Young people are watching programmes such as *Bold and the Beautiful*, whereas the media should be harnessed as a productive rather than destructive tool,” argues Riruako. “TV programmes like *IMAGINE AFRIKA* are good examples of shows that act as triggers among the youth to look at situations that are there, and to unlock HIV myths.”¹

Thirdly, the breakdown of the family was identified as an extremely significant factor in young people’s lives that can act as a trigger for risky behaviour. The “death of family members; divorce or separation of parents; prolonged sickness of family members; and single parenting” contribute to young people’s problems, according to Magagula.

“I missed the love of my father” – Bridget Moopelwa, loveLife groundBREAKER

¹ *IMAGINE AFRIKA* was launched by the African Broadcast Media Partnership against HIV/AIDS (ABMP) in 2007. It aired in 33 African countries as well as terrestrial stations Channel Africa and MNet Africa. The show will continue annually until 2010. The social reality show takes contestants from across Africa to compete in teams, and against each other, to find innovative approaches to some of the challenges facing young people in Africa, such as their vulnerability to HIV.

It is important to note, however, that the same factors which may trigger high risk behaviour among young people can also act to bring about change among youth. Death is one such example: “Young people are participating and witnessing the agony of the death of their parents, brothers and sisters through AIDS,” which is one reason that makes young people want to change, according to Magagula.

“My sister died of HIV; my uncle died of HIV, and that prompted me to say ‘How do I change?’ I was never a playa” – Brian Riruako.

A fourth factor identified as a major barrier to bringing down the incidence of HIV in the countries represented at the conference is the lack of integration of HIV services and lack of co-operation between various stakeholders, NGOs and governmental departments, as well as the lack of involvement by HIV-positive people and young people themselves in prevention programmes. A prime example noted was the case of Botswana, where approximately 50% of the population had been tested by 2008, with the provision of free ART serving as an incentive for testing. However, as Christopher Batsalelwang of African Comprehensive HIV/AIDS Partnerships (ACHAP) states, “youth HIV interventions remain disjointed, unfocused and small in scale”. He adds that there are also fewer post-test services especially for HIV-negative people and that there are “inadequate services for hard to reach areas”. In Swaziland, Magagula says that HIV and AIDS services focus “mainly on adults”; and in Namibia, “positive women are rarely involved in the decisions that affect their lives, and they also lack the advocacy support to raise their issues with government officials and other stakeholders beyond the Ministry of Health,” according to Gatsi.

b) Outlining possible new points of entry for intervention and opportunities for gains in HIV prevention

The above factors bring to the foreground key entry points and opportunities for gain in HIV prevention. Most evident is that structural levels of influence have not been adequately targeted and that there is the need to achieve a balance between individual, family and societal responsibility.

In Namibia, for example, the ICW has already taken some of these factors into account. As Gatsi explains, the organisation seeks to empower young women with facilitation and advocacy skills, so that they are not only able to better represent themselves in the political arena, but also to engage other young people (HIV-positive and HIV-negative) to want to protect themselves from HIV. As Gatsi explains, “they talk better among themselves,” thereby demonstrating a strategy to overcome the generational gap of communication and developing leadership among young people at the same time.

For David Harrison, CEO of loveLife, practical strategies to empower the youth and the need to invest in youth leadership is key to building young people’s sense of purpose, initiative and resilience. Moreover, it is important to empower young people at certain phases in their lives, as there is

temporal change in young people's behaviour over different age groups.

As debated at the conference, the term 'young people' comprises of different age groups. These gradations in age must be taken into account because, as Harrison notes, "there are some phases in young people's lives when they protect themselves more than others". In South Africa, for example, evidence shows that condom use decreases with age – it peaks at 16 but a sharp decline occurs between the ages of 17 and 19 (for women) and at 21 for men. There are also some phases in young people's lives when certain institutions will be more relevant than others, such as school, the church and support from the family.

"15 year olds are very different to 24 year olds, for girls and boys" – Zak Kaufman, GRS

Attending school appears to offer some protection against infection with HIV. A possible explanation for this is that young people might be more amenable to ABC messaging in a school environment. But once they leave or drop out of school, this is when young people are thrust into 'living in the meantime'. "They are no longer learners and social expectations change for them," explains Harrison. "There is no longer a sense of social affirmation that one gains in school."

The focus is lost on young people once they leave or drop out of school, and this is precisely the time when we need to focus on them most. As Harrison notes about the epidemic in South Africa, "It really takes off between 17 and 21 years of age." Thus, the probability of infection is "crammed into four to five years after school – we should see this time frame as a massive opportunity for intervention, but this is exactly where we are failing," he adds.

Summary:

The challenge is then to move beyond simply identifying and/or rehashing factors that accelerate incidence, to finding practical strategies that empower the youth (build their sense of purpose, initiative and resilience) in light of these factors so that they do not retreat back into risk-taking defaults.

A multi-leveled approach is therefore needed to target structural levels of influence. There is the need to target the family level of influence, such as educating parents as much as we educate young people; and providing mentorship in the absence of family members to invest in young people's personal development. There is the need to involve institutions such as the church or support groups to provide a sense of social cohesion, particularly in the context of the breakdown of the family as a support structure; as well as the need for opinion leaders, community members and political leaders to participate in prevention efforts.

This approach must, at the same time, address the needs of young people at particular times of their lives and the transitions they are going through. These transitions include "educational disadvantages

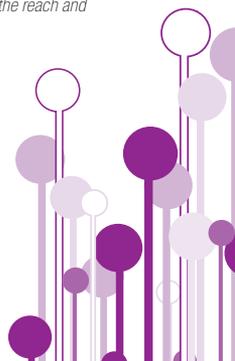
that result in the inability to continue school, abandonment because of death or economic constraints, or graduation from primary to secondary to tertiary education,” according to Daran Rehmeier of African Leadership Partners (ALP). Want-to-change strategies therefore need to tackle these transitions so that young people do not become stuck ‘living in the meantime’.

Within the South African context, for example, most young people are optimistic about the future – “it’s their sense of tomorrow that’s the issue,” says Harrison. Therefore there is the need to develop a sense of optimism for today among young people, especially once they leave school. As noted in panel discussions by young people themselves, there are indeed incentives and interventions that are able to engender want-to-change attitudes in the present. These include getting the chance to serve other young people and their communities through leadership programmes, and exposure to messages and information that resonates with them.

“You need to understand the way in which young people communicate with each other, otherwise they’ll switch off” – Zoliwe Cutalele loveLife groundBREAKER.

Finally, while young people might know about measures to avoid infection, they still need more knowledge and information. This includes information on how to deal with life-changing scenarios, access to social networks and job opportunities² and a range of alternatives rather than either/or solutions to circumstances in their lives that could trigger high risk behaviour.

² According to Panday, “two-thirds of young people (in South Africa) find jobs through social networks, so we need to develop the reach and capacity of these networks.”



III. How to get young people to want to change?

a) Community and national strategies that have motivated change so far i.e. innovations already at work

The conference was not intended to devise strategies from scratch but rather to build upon existing strategies that have demonstrated positive results in terms of bringing about behaviour change among young people. The following strategies were identified as already yielding positive results among young people.

Sport as a vehicle for motivating and building resilience among the youth:

Based on evidence that participation in organised sports reduces teen pregnancy and sexual activity among young people, Grassroots Soccer (GRS) utilises soccer as a powerful weapon in the fight against HIV. “Young people don’t want to talk about HIV; it’s not exciting, but soccer is really exciting,” explains Zak Kaufman of GRS.

GRS employs soccer as a means to address some of the factors that have been shown to trigger high risk behaviour among young people. For example, GRS uses the game to provide youth positive role models (e.g. coaches) and a social support structure (teams) in the absence of social support structures at home or in the community. This in turn helps to build positive self-esteem (identity) as the participants’ strengths are identified and praised, both by the coaches and members of the team. Furthermore, participants sign a contract to reinforce the sense of belonging to a team.

The GRS curriculum also uses soccer to enhance skills that can be transported from the sports field to real life, such as decision-making skills and the importance of teamwork, thereby expanding upon more commonly packaged skills such as how to put on a condom correctly. Voluntary Counselling and Testing (VCT) tournaments are held to help break down the stigma around HIV and getting tested, and street soccer leagues are organised to encourage the participation of girls in the effort to combat gender inequality.

Developing skills among young people to foster personal development and a generation of youth leadership

loveLife’s groundBREAKER (gB) programme is a year-long programme from which young people (18 to

25 year olds) graduate as community leaders in HIV prevention. While the gBs receive a small monthly stipend, the most powerful incentives are largely intangible. According to Deputy-CEO of loveLife, Grace Mathhabe, “groundBREAKERS develop social networks and their involvement in the programme fosters the feeling of ‘belonging to something big’.”

“I was given an opportunity to serve other young people and my community. I’ll treasure this for a lifetime” – Mngqobi Nyembe, ex-gB

A key component of the programme is to equip gBs with life skills – such as interaction skills, confidence skills and job-seeking skills – to not only assist them in daily life, but to help them cope in the economic environment too. According to a survey commissioned by loveLife in late 2007, the majority of groundBREAKER graduates interviewed said the programme “has a positive impact on their lives and has assisted them pursuing their goals.”¹ The gBs and mpintshis (volunteers)² in turn play an important role in terms of disseminating a ‘loveLifestyle’ attitude (healthy, HIV-free, responsible and positive attitude) to other young people in their communities across the country. To date, 7500 gBs have passed through the programme: “We have the opportunity to build on their skills, energy and expertise to create a more leadership-orientated society,” says Mathhabe. Evidence has already revealed that gB graduates “play a significant role as leaders in organisations. Among groundBREAKER graduates who are currently members or organisations, about two-thirds play a leadership role.”³

Phomolong HIV and AIDS Support Group in Maseru, Lesotho, is another organisation that imparts life skills to young people, which they can in turn pass on to other young people and become role models in their own right. The support group achieves this objective by holding workshops on counselling and peer education; holding demonstrations and activities on HIV/AIDS prevention; and providing peer pressure tool kits that offer guidelines for behaviour change. Moreover, focus groups are held during the holidays to get feedback from young people about their concerns and ideas, so as to involve young people in prevention efforts.

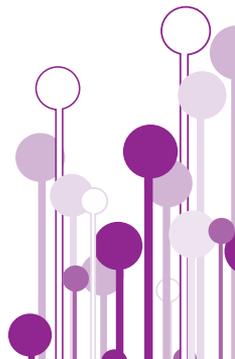
Incentivising parents to have positive relationships with children:

Based on evidence that shows that positive parenting practices (parental monitoring, close relationship, open dialogue) are associated with reduced sexual risk taking, Family Matters in Kenya equips parents with skills to have frank discussions with their children about sexual behaviour. “Parents know they need to speak to their children, they just don’t know how to,” argues Christopher Obong’o of the Kenya Medical Research Institute (KEMRI/ITM). The programme focuses on parents (and the family) as they are in the unique position to communicate and dispel myths about HIV. Family Matters has

1 VOSESA. loveLife groundBREAKERS: A Summary of the programme assessment 2001 – 2005. Johannesburg, 2007.

2 mpintshis are 12 to 17 year olds who volunteer to assist groundBREAKERS implement loveLife’s campaigns on the ground. Top mpintshis can go on to be selected as gBs once they are old enough.

3 VOSESA. loveLife groundBREAKERS: A Summary of the programme assessment 2001 – 2005. Johannesburg, 2007.



strengthened its approach by recognising that ‘parents’ are not necessarily the biological parents of children and so has adapted the programme to this reality; as well as using lots of visuals during their sessions with parents; and training parents to become peer educators among themselves and their community. In addition, Family Matters actively involves young people in the design, implementation and monitoring of programmes, thereby giving them a ‘voice’ in the direction of the programme.

loveLife has also acknowledged the reality of children not being raised by their biological parents. The gogoGetter programme has been developed as a response to orphan-headed households as these children are even more vulnerable to infection than their counterparts who have parents. The programme comprises a network of 500 gogos (grannies) recruited across the country to help loveLife focus specifically upon orphan-headed households. In the absence of parental support, the gogos facilitate access to social grants on behalf of the children, stop them from being sexually abused and inculcate a sense of belonging i.e. they provide a vital support structure to the children. loveLife is watching the programme closely to evaluate if a model of good practice is to emerge that can be shared with the Ministry of Social Development, and therefore expand the programme to an even broader level.

While Grassroots Soccer’s primary focus is on young people, it has also developed strategies to encourage positive relationships between parents and children. This includes Extra Time magazine, which has been devised to reinforce the curriculum that is taught on the field and to stimulate parent-child communication; as well as holding graduation ceremonies to encourage parent-child interaction.

Stimulating creativity and imagination to develop skills and encourage personal development

“The education system is not geared toward creative and imaginative thinking,” says Rehmeyer of ALP. “By 17 or 18 years old this type of thinking is all gone.” One of ALP’s programmes – Kudvumisa Glass – has been designed to “grab young adults’ imagination, teach them to recognise aesthetic beauty and use their brains,” explains Rehmeyer. Many young people in Swaziland face the reality of ‘living in the meantime’ – they cannot access formal education, their creativity has been stifled and even if they do graduate from school or tertiary education, there isn’t a job market to speak of. The programme therefore seeks to teach young people unique skills to make them more competitive in the economic sector; as Rehmeyer states: “We’re not training young people to become yet another dressmaker.” In addition to teaching technical skills in glass blowing, etching, beadwork, torch work, slumping, the Kudvusima Glass skills programme also includes personal and moral responsibility (i.e. building upon values), entrepreneurial skills and training, basic business fundamentals training and developing confidence among young people.

The Group of Hope project, which was started by eight inmates of the Brandvlei Maximum Correctional Institution together with social worker Jacobus Pansegrouw, also aims to develop a sense of creativity among inmates. One of the Group’s projects includes ‘Arts and Crafts’ – members take part in various

forms of arts and crafts as a way to develop the “aesthetic appreciation of the inmates,” according to Pansegrouw. Another of the Group of Hope’s sub-groups is the ‘Information’ project, whereby inmates are informed and taught about how to prevent the spread of HIV in correctional institutions as well as the broader community. The main objective of this subgroup is to foster the personal development of the inmates through skills training.

Summary:

The unifying factor among all these programmes is that young people have been put in the centre of their frameworks for action, or at least attempts have been made to pay greater attention to the youth, rather than focusing exclusively on high-risk behaviour. Even programmes that concentrate primarily on parents and/or the family, such as Family Matters, have included young people in some way.

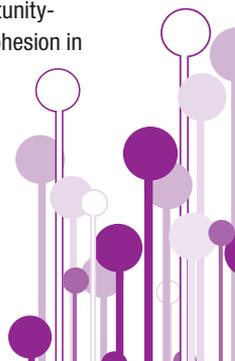
A number of these programmes have also extended their focus beyond the individual. GRS, for example, has adopted a multi-leveled approach whereby the family level of influence is targeted through their Extra Time magazine, and communities are involved through VCT tournaments to help break down the stigma around testing. GRS also plans to partner with dozens of organisations across Africa, Africa Broadcast Media Partnership Against HIV/Aids, and secure support from WHO/UNAIDS, and the Kaiser Family Foundation as it launches ‘Football For an HIV-Free Generation’ campaign.

The programmes also share rather well-established life skills packages or guidelines for young people. The challenge then is to strengthen and broaden these so that they move beyond focusing on aspects such as ‘how to use a condom’ to opening up pathways of opportunity to engender positive change among young people based upon values and commitments. This is why there is the need to build upon existing strategies to promote and sustain want-to-change attitudes among young people.

b) Opening new avenues of intervention i.e. ideas in the making

Triggers for positive behaviour change can be based on internal determinants (personal belief and attitudes) at the individual level, as well as external determinants (access to resources and social norms etc.) “Behaviour change interventions must build on positive determinants and reduce negative ones in order to be effective,” states Sol Roets of loveLife.

This is precisely the aim of loveLife’s Make YOUR Move campaign: To attack a state of limbo (a negative determinant) by fostering an attitude of habitual movement and cultivating opportunity-seeking mindsets among young people (positive determinant), by developing a sense of cohesion in marginalised communities and linking the youth to opportunities.



But this is only the beginning – the campaign seeks to bring about the following outcomes: (1) Traction – equipping young people with the skills to deal with specific situations and environments (2) Calibration – exposing young people to a variety of situations so they are not left with either/or solutions; and (3) Resilience – building up a generation of young people with not just get-up-and-go attitudes but get-up-and-go-again attitudes if they do not overcome their circumstances or problems straight away.

In order to achieve these objectives and outcomes, loveLife has developed a range of products. These include the following:

- **A Movers Map:** The map focuses on internal determinants and shows young people that they have the propensity to move forward; it concentrates on micro moves – “if you’re successful at making smaller moves, you will go on to making bigger ones,” explains Roets.
- **The Ten Commitments:** Provides a moral base to making your moves; reminds young people that the moves they make do not occur in a vacuum and forces them to question whether those moves are consistent with their values i.e. a way to help people make the ‘right’ moves.
- **Dilemmas:** This is the most newly developed of loveLife products (based on role-playing games) to help young people overcome challenges they might experience while making their move so that they can get back on track.
- **Discover Your Career workbook:** The book doesn’t just provide a list of career options and qualifications needed to pursue these careers, but includes insight into brain profiles, personality types and interests to help young people find out if they’re well suited to that career choice to begin with.
- **Best Game and Trade Offs:** The former game is a simulation of doing business in the real world and encourages entrepreneurship – an important option for young people in a state of limbo; the latter teaches young people to realise that there will sometimes be trade-offs in life i.e. they will sometimes have to make certain choices to achieve their goals.

While these products are largely in the infancy stage, they “have already shown spectacular results,” says Roets. A large number of these products are interactive (e.g. the games) or include quizzes (e.g. The Ten Commitments and Discover Your Career workbook) thereby engaging the young person and getting them to reflect on themselves and their options in the process.

To expand the reach of MYM and its objectives, loveLife launched a social mobile network – MYMsta – in 2008 to complement its face-to-face interactions and activities with young people. “Africa has leapfrogged the computer phase,” explains Mobile Marketing Specialist Consultant, Trina DasGupta, which is why it is important to leverage mobile phones in HIV prevention. Furthermore, social networking plays directly to three key triggers of behaviour change: *creating a sense of identity, purpose and belonging*.

Once again, young people are forced to think about themselves and where they want to go in life, by filling in their profile section when they register with MYMsta, as they are asked to list their talents and where they want to go in life, for example. The key component of MYMsta, however, is to link users to opportunities (study, job and volunteer opportunities). “The problem in South Africa, for example, is not that there aren’t opportunities out there, but that people simply don’t know about them.” MYMsta therefore seeks to connect users with these opportunities to better help them make their move.

To date, groups and forums have proved especially popular on MYMsta. By employing an engagement model, young people are able to comment on issues, get information from one another and support each other. MYMsta has also used ‘youth speak’ throughout the network so as to communicate with young people on their own terms, while remaining cognisant of the different languages and slang spoken in South Africa.

Four months since launching, MYMsta has 12 000 registered users. The aim with any product of this kind is to reach 300 000 users “as a viral effect then takes hold in theory,” explains DasGupta.

IV: The way forward: What are the key want-to-change strategies for a collective framework of action?

a) Urgent focus areas for a collective framework of action

In order to avoid falling into the trap of becoming paralysed by an overwhelming number of entry points and possible constructs to implement want-to-change strategies, the conference sought to formulate a simple yet comprehensive framework for action. Based upon discussions about factors that accelerate or impede HIV incidence among young people, as well as drawing upon strategies that have shown positive result thus far, the following areas were agreed upon to be the urgent focus of such a framework:

- Putting young people (in their environment) at the centre of the framework for action, consulting them and making them part of the process.
- Adopting a multi-levelled approach, whereby strategies are targeted not just to the individual, but also to the family (e.g. encouraging parent-child communication) and societal levels of influence. Additionally, there must be collaboration between different tiers or sectors of society.
- There is the need to strengthen research, monitoring and evaluation of strategies.
- Finding ways to improve upon Life Skills programmes in school curricula so that they incorporate values or commitments that encourage young people to finish school, stay healthy etc.
- Acknowledging that schools are a critical structure in which young people are socialised but recognising that there are a large number of school drop-outs, who are particularly vulnerable to high risk behaviour. Therefore, there is the need to extend Life Skills programmes and youth-serving structures (e.g. sports recreational facilities and clinics) to young people who are not in school or who have just left school.
- Packaging services so that young people are not tossed around from one service point to another i.e. develop a structured minimum package addressing planned parenting, circumcision, condoms etc. at a national level.
- Extending the understanding and presence of positive role models, so that they not only include entertainers, but also members of the community (including parents) and young people themselves.

- Focus on training a core group of young people to become peer motivators who are agents of change, rather than peer educators who are conveyers of information.

b) Want-to-change strategies at multiple levels of influence

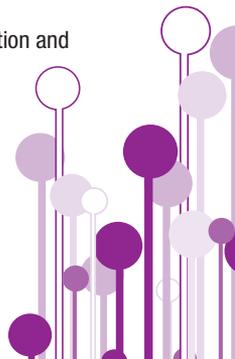
Based upon these urgent focus areas, the following want-to-change strategies for a collective framework of action were further broken down at different levels of intervention:

1. Want-to-change strategies focused on the individual (by age group):

- Rebranding Youth Friendly Centres as Centres of Opportunity to make them more appealing for 10 to 24 year olds. Encouraging healthy minds, healthy bodies and healthy futures at these centres by offering a more holistic approach to health, as well as resources to help young people access job and study opportunities. Ensuring the active participation of young people in the design and implementation of these centres.
- The empowerment of men alongside the empowerment of women.
 - Shape a positive male identity through initiation schools (by working with leaders/elders at the community level) for under 18s.
 - Engaging men over 18 in HIV prevention by establishing a men's forum, through sports-linked events, at car shows or barber shops etc.
 - Developing male peer motivators to engage other men at these sites.
- Develop tools for men and women to manage expectations in relationships (18-24) to promote healthy relationships.
- Develop a youth leadership corps to encourage young people to engage in social service and become agents of change in their schools and/or communities.
- Encouraging schooling and dispelling the notion that it is acceptable to drop out of school, by connecting the commitment to finishing school to specific goals (targeting both the 6-15 and 16-24 age groups).
- Distinguish between young people's dreams and aspirations so as to focus on their aspirations and helping young people achieve these aspirations through commitments and goal setting.
- Establishing Big brother/Big sister mentorship programmes.

2. Want-to-change strategies focused on couples:

- Providing pre-marital and relationship counselling for couples to develop communication and negotiation skills, as well as the skills needed for effective conflict resolution.
- Continue using faith-based organisations as places that offer couples counselling,



but extending this service beyond the church.

- Encourage voluntary testing among couples to foster a culture of testing at other levels of society.

3. Want-to-change strategies focused on the family:

- Follow a door-to-door approach or campaign for one-on-one communication with families to encourage open communication with their children; and to get parents on board with the effort to keep children in school.
- Establishing family dialogues to foster discussion among parents, guardians and/or grandparents.
- Acknowledging and finding ways to strengthen different structures of families (e.g. families headed by single mothers, grandparents, and foster parents), such as developing parent guides.
- Develop networks of support between families through parent associations in schools or support groups at church. Furthermore, breaking down these support groups based on different types of family e.g. support groups for single parent or grandparents.

4. Want-to-change strategies focused on peers:

- Teaching people to distinguish between role models and celebrities or icons, so as to expand the concept of role models to include peers, parents and adults.
- Investing in the leadership of peer motivators to be effective role models.
- Capitalising on the different roles that peers play in groups, even if these are negative groupings, such as gangs, as one way to redirect leadership potential.

5. Want-to-change strategies focused on communities:

- Develop a national service programme at the community level to help link young people to bursaries and other opportunities and incentives.
- “Mobilising” communities to strengthen their support of HIV prevention programmes and assisting them to capitalise on their own resources so they are motivated to generate change from within by taking ownership of the programmes and responsibility for their young people.
- Recognising that communities are not necessarily geographical but that there can be communities within communities; developing cohesion within these sub-communities e.g. forming granny networks. Communities may also be virtual, such as building a community of young people on social mobile networks such as MYMsta.
- Finding innovative ways to reach rural communities as well as those excluded from their communities e.g. trains to bring services and study or work opportunities to young people within rural communities or living on the fringes of society.

6. Want-to-change strategies focusing on society:

- Targeting cultural norms to change perceptions and expectations of men and women; building on existing cultural practices, such as initiation ceremonies to engender positive identities among young people.
- Capacity building of opinion leaders to become effective mentors and role models for young people.
- Encourage greater involvement on the part of corporates by approaching them as agents of changes rather than just funders who are fulfilling CSI requirements i.e. devise want-to-change strategies for corporates themselves.
- Utilise the media as a tool for positive communication on positive gender role models, through popular genres such as the soap opera.

V. Conclusion

In the shift from focusing on high-risk behaviour to focusing on young people, there is a clear need to move away from frameworks steeped in education to putting want-to-change strategies in place that will motivate positive behaviour change among young people.

This new framework for action requires a move away from talking about HIV and risk behaviour in isolation, to approaching high-risk behaviour in conjunction to and as a response to the circumstances that young people face on a daily basis. This will require creativity and innovation to ensure that strategies not only trigger want-to-change attitudes among young people, but that we can sustain the impetus to change over the trajectory of young people's lives.

Fresh approaches might include using young people's frankness about their 'mistakes' and involving them in the design and implementation of strategies i.e. we need to stop talking to young people and start talking with them to better ascertain their needs and allow them to contribute youth-generated solutions to a new framework for action.

Furthermore, want-to-change strategies need to address the different phases that young people go through if they are to have any real effect. Finishing or dropping out of school is an especially critical phase in young people's lives as this is when they are most likely to find themselves 'living in the meantime'. Therefore, a new framework for action needs to urgently target youth outside of schools and find creative ways of reaching them, such as implementing want-to-change strategies at other youth-serving structures e.g. clinics or recreation centres.

Want-to-change strategies also need to embrace a shift away from education to motivation. This is the time to move beyond Life Skills programmes already entrenched in some school curricula, or at least supplement them with values or commitments that will motivate young people to staying HIV-free – such as making the commitment to finishing school or serving their community.

VI. ACRONYMS

ABMP: African Broadcast Media Partnership against HIV/AIDS

ACHAP: African Comprehensive HIV/AIDS Partnerships

ALP: African Leadership Partners

ART: Antiretroviral Therapy

gB: groundBREAKER

GRS: Grassroots Soccer

HSRC: Human Sciences Research Council

ICW: International Community of Women Living with HIV

KEMRI: Kenya Medical Research Institute

MYM: Make YOUR Move

PLWA: People Living with AIDS

VCT: Voluntary Counselling and Testing

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