Sharing the experiences of the first 10 years of loveLife and making recommendations for HIV prevention among young people

+27 11 523 1000 | www.lovelife.org.za

International AIDS Conference
Vienna
July 2010
CHAIRPERSON: Prof Linda Richter

1. Opening, welcome and introduction of the session 10 Mins
   - Chairperson

2. Overview of loveLife 25 Mins
   - Grace Matlhape
     • Why
     • What
     • How

3. Lerato’s story 15 Mins
   - Lerato Mahoyi

4. Has it worked? 25 Mins
   - David Harrison
     • What has worked
     • What has not
     • Tackling the intractable parts of HIV infection

5. Questions and discussion 30 Mins

6. Introducing “Beyond the Billboards” 10 Mins
   - Ward Cates

7. Closure
   - Chairperson
Characterising the South African epidemic

- A generalised epidemic.
- Focusing on most at-risk populations is thus only one part of the prevention effort.
- The main determinants of infection are sexual behaviours (unprotected sex and multiple concurrent partners) and a biological factor (sexually transmitted infections).
- Fundamental drivers are deep-rooted institutional and social problems.
A snapshot of the epidemic in 2010

- General prevalence: 10.6%
- People living with HIV: 5.21 million.
- Adults 15-49 years: 17% are HIV positive.
- 1.5 million people over 15 need antiretroviral treatment (800,000 are getting it).
- 106,000 children need antiretroviral treatment (70,000 are getting it).
- New infections in 2009: 413,000.
- New infections among children: 59,000.
- An estimated 1.9-million AIDS orphans.
Half of South Africans have not yet turned 25

South Africa’s “Youth Bubble”

Source: Statistics South Africa Census 2001

Sexual behaviour of 15-24 year-olds is skewed to high risk

Young people account for most new infections in South Africa

Proportion of all new infections projected between 1995 and 2010 (2001 projections)

Even modest changes in behaviour can prevent millions of infections

Therefore a focus on teenagers is crucial

- More receptive to adopting safer sex practices.
- 60% of all new infections happen between 15 and 25 years of age.
- Premature adult mortality will place great burdens on the young.
- A better chance of creating a hopeful, respectful generation.
- Youth culture affects adult culture.
Young people are not homogeneous

- Investigate:
  - Gender
  - Stage of life transition
  - Geotype
A cycle of infection – girls & men

- Percentage of young women (15-19) who are HIV-positive: 9.4% (CI 7.1-12.4%)
- Percentage of young women (15-19) who have been pregnant who are HIV-positive: 19.7% (CI 10.0-35.2)


- Percentage of men (15-19) who have a sexual partner >5y older: 2.0%
- Percentage of women (15-19) who have a sexual partner >5y older: 18.5%

Female condom use declines with age

School-leaving is the time of greatest risk for young women

Transitional communities are hardest hit

HIV prevalence among people 2 years and older, by geotype

<table>
<thead>
<tr>
<th>Geotype</th>
<th>2002</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban informal</td>
<td>21.3</td>
<td>17.6</td>
</tr>
<tr>
<td>Rural informal</td>
<td>17.6</td>
<td>11.6</td>
</tr>
<tr>
<td>Rural formal (farms)</td>
<td>7.9</td>
<td>9.9</td>
</tr>
<tr>
<td>Urban formal</td>
<td>9.1</td>
<td>12.1</td>
</tr>
</tbody>
</table>

Summary: The loveLife Model

- Strategic principles
- Understanding risk tolerance
- A brand-driven approach
- The loveLife construct
- Media
- Services
- Face-to-face programming
Principles of loveLife Strategy

1. Best evidence + models of projected impact must drive programme design.
2. According to evidence, interventions must focus on different age groups to ensure returns.
3. Modeling shows that achieving scale rapidly is key to fighting a generalised epidemic.
4. The individual, social, and structural drivers of HIV require a comprehensive approach.
5. New gains will be captured by doing things differently.
Why do young people take risks?

**Individual**
- LOW SELF-ESTEEM
- NO SENSE OF FUTURE
- UNCERTAIN IDENTITY

**Social**
- COERCION
- PEER PRESSURE
- LACK OF PARENTAL COMMUNICATION
- EXPECTATIONS OF WOMANHOOD
- MALE SENSE OF ENTITLEMENT

**Structural**
- POVERTY
- LOW EDUCATION
- MARGINALIZATION
- INEQUALITY

Helplessness in the face of challenges

Sense of constrained choices

Perception of scant opportunity

HIGH RISK TOLERANCE
The loveLife Construct

**Societal level**
- Get people talking about:
  - Confronting HIV/AIDS
  - Drivers of high risk behavior
  - Trigger social change
- Strengthen institutional response
  - Health
  - Education
  - Social security, sports
  - NGOs

**Individual level**
- Enable young people to:
  - Understand risk
  - Develop incentive to reject risk
  - Reduce risk tolerance
- Nurture sense of:
  - Motivation for an HIV-free future
  - Identity with
  - Belonging to...

**CAMPAIGN**
- Get people talking about:
  - Confronting HIV/AIDS
  - Drivers of high risk behavior
  - Trigger social change

**PROGRAMME**
- Strengthen institutional response
  - Health
  - Education
  - Social security, sports
  - NGOs

- Enable young people to:
  - Understand risk
  - Develop incentive to reject risk
  - Reduce risk tolerance
- Nurture sense of:
  - Motivation for an HIV-free future
  - Identity with
  - Belonging to...
The evolution of the loveLife Campaign


Teaser Campaign; Talking about sex; Informed choices; Shared responsibility; Relationships; Specific behaviours; Focus on the Future (2010 World Cup); getting ATTITUDE; the social drivers of HIV; facing up to the realities of HIV; the LOVE LIFE generation.

Structural drivers; focus on opportunity; identity, purpose, and sense of belonging.
Where they're @ (TELEVISION)

- Public service announcement campaigns since 2002.
- Youth-made documentaries (2010).
- More than a million people every day...
Where they're @ (RADIO)

• Year-long 60” Public Service Announcements (16 SABC stations).
• Weekly programmes (11 SABC Language Stations).
• Extended weekly broadcasts (Jacaranda FM, YFM, Community Stations, Khaya FM)
• Approximately 8-million listeners every week.
Where they're @ (PRINT)

- UNCut is SA's largest youth magazine.
- Youth Information Publication and Parent Publication (love them enough to talk about sex).
- National and community newspapers
- Approximately 2-million readers every month.
Where they're @ (ONLINE)

5 May, 2010
Tune in to Thobela FM at 3.30pm for a re-broadcast.
Doleile loveLife.

“Being a ground-Breaker has changed my life!”
- groundBreaker

loveLife Poll
Question for loveLife Poll to be inserted here.
Where they're @ (MOBILE)

- 75% of SA youth own mobile phones – only 6% have PC internet access
- WAP is cheaper and more common – as little as R0.02-R0.05/page.
Where they're @ (OUTDOOR)
Making it real: services and outreach

1. Youth-friendly clinical services.
2. A multifunctional call centre.
3. School sports and teacher training.
4. Youth leadership programming.
5. Extracurricular positive lifestyle activities.
7. Platforms for intergenerational dialogue.
8. Bringing it all together at the community hub.
1. Youth Friendly Services

- 458 public health facilities implement loveLife programmes with youth.
- Provincial and district DOH management teams are capacitated in the model.
2. Call Centre

- Average of over 150,000 calls/month.
- Dedicated Youth Line.
- Dedicated line for parents.
- Customer Relations Management function.
- “Please call me” function launched 2009-2010.
3. The loveLife Games

- HIV-prevention through sports, recreation, and loveLifestyle.

1. Almost 10,000 teachers & coaches trained since 2001

2. Event turnout p.a. currently at highest level ever (nearly 200,000)

3. Participation in sports & recreation: 213,000 registered in leagues in 2009
4. Activating a generation of leaders

- The groundBREAKER youth service programme has graduated over 8,600 leaders since 2001.

- Over 39,000 unemployed youth have served as loveLife ‘mpintshis’ since 2003.

<table>
<thead>
<tr>
<th></th>
<th>Before gB</th>
<th>After gB</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Matric</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>Post-Matric</td>
<td>8%</td>
<td>47%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

*Education level, before and after groundBREAKERS*
5. After school? loveLifeStyle!

Modular programmes:
• lovingLife (24 modules)
• Making My Move (20 modules)
• Body Ys Healthy Sexuality (26 modules)

Activity-based programmes:
• Debating and Speak Out
• Centre Stage
• Sports: Basketball, Netball, Volleyball, Soccer
• Ultimate Frisbee
• Ultimate Dance

Skills programmes:
• Cyber Ys
• Radio Ys

Over 900,000 12-19 year-olds graduated from loveLifeStyle in 2009
6. Supporting SA's vulnerable children

- One in six (15.9%) 2-18 year-olds have lost a parent.
- Estimates: 370,000 double orphans, close to a million maternal orphans and nearly two million children without a father.
- Spatial patterns of orphanhood are consistent with the distribution of AIDS-related mortality.
- Orphans are especially vulnerable to high risk behaviours.

7. What about our parents?

- BORN FREE and Community Dialogues in 900 partner communities.
8. Partnering with communities

Outlets
Youth-friendly Clinics
Franchises
Y-Centres
8. Partnering with communities
Some important gains have been made

Youth sexual behaviour is changing, but adults are still in trouble


<table>
<thead>
<tr>
<th>Age group</th>
<th>Trends</th>
<th>Colour</th>
<th>Prevalence trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-14</td>
<td>Male</td>
<td>green</td>
<td>Improvement</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>yellow</td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td></td>
<td></td>
<td>Equivocal (+-)</td>
</tr>
<tr>
<td>20-24</td>
<td></td>
<td></td>
<td>Worsening</td>
</tr>
<tr>
<td>25-29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-59</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prevalence among young men has been steadily decreasing

HIV prevalence among 15-24 year old men

Self-reported condom use at last sex among young men as almost at 90%
Even prevalence among young women may be decreasing.
How much of this can be attributed to the loveLife campaign?

<table>
<thead>
<tr>
<th>HIV infection</th>
<th>Males 15-24 yrs</th>
<th>Females 15-24 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AOR (95% CI)*</td>
<td>p-value</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.6 (0.40-0.89)</td>
<td>0.01</td>
</tr>
<tr>
<td></td>
<td>0.61 (0.43-0.85)</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Adjusted for completed high school or not, race, age, urban/rural residence, marriage, electricity in the home, awareness of two different national HIV prevention campaigns, participation in youth groups in past month, knowing someone who died of AIDS, and testing for HIV

Source: Pettifor et al AIDS 2005 19:1525-1534
Also associated with exposure to loveLife – protective factors

<table>
<thead>
<tr>
<th>HIV protective factors</th>
<th>Males 15-24 yrs AOR (95% CI)*</th>
<th>p-value</th>
<th>Females 15-24 yrs AOR (95% CI)*</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changed behaviour due to HIV and AIDS</td>
<td>1.9 (1.4-2.7)</td>
<td>p&lt;0.001</td>
<td>1.6 (1.3-2.0)</td>
<td>p&lt;0.001</td>
</tr>
<tr>
<td>Talked to parents about HIV AND AIDS</td>
<td>1.8 (1.6-2.1)</td>
<td>p&lt;0.001</td>
<td>2.1 (1.5-2.9)</td>
<td>p&lt;0.001</td>
</tr>
<tr>
<td>Ever started a conversation about HIV and AIDS</td>
<td>3.2 (2.5-4.0)</td>
<td>p&lt;0.001</td>
<td>2.4 (1.9-2.0)</td>
<td>p&lt;0.001</td>
</tr>
<tr>
<td>Strong sense of future</td>
<td>1.8 (1.4-2.4)</td>
<td>p&lt;0.001</td>
<td>1.5 (1.3-1.9)</td>
<td>p&lt;0.001</td>
</tr>
<tr>
<td>Always uses condom, most recent partner</td>
<td>1.75 (1.36-2.25)</td>
<td>P&lt;0.001</td>
<td>1.63 (1.20-2.22)</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>High condom self-efficacy</td>
<td>1.1 (0.9-1.3)</td>
<td>p=0.3</td>
<td>1.1 (0.8-1.3)</td>
<td>p=0.5</td>
</tr>
<tr>
<td>Youth knows HIV status</td>
<td>1.7 (1.0-2.9)</td>
<td>p=0.05</td>
<td>1.9 (1.5-2.4)</td>
<td>p&lt;0.001</td>
</tr>
</tbody>
</table>

Source: Pettifor et al. AIDS 2005 19:1525-1534
## What continues to drive HIV infection?

<table>
<thead>
<tr>
<th>Antecedent</th>
<th>Age of first sex</th>
<th># of sexual partners</th>
<th>Consistency of condom use</th>
<th>HIV positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threats of force</td>
<td>↓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical force</td>
<td>↓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low relationship control among women (often linked to physical &amp; material need)</td>
<td>↓</td>
<td></td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Sex for money</td>
<td></td>
<td></td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>Failure to talk about condom use</td>
<td></td>
<td></td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Poor sense of self-efficacy</td>
<td></td>
<td></td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Condoms not used first sex</td>
<td></td>
<td></td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Don't know HIV status</td>
<td></td>
<td></td>
<td>↓</td>
<td></td>
</tr>
<tr>
<td>Older partners (&gt;5 yrs)</td>
<td></td>
<td></td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>Had STI in past year</td>
<td></td>
<td></td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>Multiple partners</td>
<td></td>
<td></td>
<td>↑</td>
<td></td>
</tr>
<tr>
<td>Not completed school</td>
<td></td>
<td></td>
<td>↑</td>
<td></td>
</tr>
</tbody>
</table>
Lessons learned

- Strategic
- Operational
- Monitoring and Evaluation
- Organisational
STRATEGIC

- The highest returns rest in focusing on young people
- Balance behaviour change with tackling social drivers
- Range of interventions
- Face-to-face interaction is very important
- Developing a strong sense of self among young people
- Viewing the HIV epidemic through the prism of risk tolerance
- HIV will not be overcome by attitudinal and normative shifts alone.
- Role of parents
Operational

- Continuous innovation is very important but it comes with challenges.
- It's important to be flexible in allowing communities to focus on own priorities.
- Young people's enthusiastic involvement as co-creators
- Sometimes it is necessary to sacrifice operational efficiency
Monitoring and Evaluation

- Data sets for national scale programmes should be streamlined.
- Require a strong internal and external stakeholder buy-in.
- Keep the technology simple
- Evaluation practises need to be innovative.
Has it worked?
When loveLife started, this much we knew...

HIV prevalence among women attending public antenatal clinics

Source: Department of Health antenatal prevalence surveys
loveLife’s goal in 1999

“To halve the rate of new HIV infection among 15-24 year olds within five years”
loveLife’s initial understanding of drivers of high risk behaviour

HIGH RISK  MEDIUM RISK  LOW RISK

20% SHIFT TO LOWER RISK

INDIVIDUAL FACTORS
SOCIAL FACTORS
STRUCTURAL FACTORS
loveLife’s early construct

Societal level

Get people talking about:
• Facing HIV/AIDS
• Drivers of high risk behavior
• What must change

Strengthen institutional response
• health
• education
• social security
• sports
• NGOs

Individual level

Nurture sense of:
• Motivation for
• Identity with
• Belonging to an HIV-free future

Enable young people to:
• Understand risk
• Eschew risk
• Take preventive action

CAMPAIGN

PROGRAMME

July 21, 2010

2010 The New loveLife Trust
How loveLife sought to measure its impact

OBJECTIVE: To influence...

Outcome

Proximal outcome mediators

Distal outcome mediators

Program demand & response

SURVEY INSTRUMENT

HIV

Sexual behavior (self-reported)

Predictors of high risk behaviour (self-reported)

Market research
Which of the following most closely describes *loveLife*? (2001)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New healthy lifestyle for young South Africans</td>
<td>42%</td>
</tr>
<tr>
<td>HIV/AIDS education program</td>
<td>34%</td>
</tr>
<tr>
<td>Sex education program</td>
<td>18%</td>
</tr>
<tr>
<td>Condom advertisement</td>
<td>5%</td>
</tr>
</tbody>
</table>

Among the 62% who report having heard of *loveLife*...

% “changed behaviour because of HIV/AIDS” (2001)

Source: The 2001 National Survey of South African Youth (conducted October-November, 2001), Africa Strategic Research Corporation/Kaiser Family Foundation
## Association between face2face participation and self reported sexual behaviour

15-24 year olds

<table>
<thead>
<tr>
<th>“Changed behaviour to avoid HIV” (among all)</th>
<th>Adjusted odds ratio</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>1.947</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Women</td>
<td>1.638</td>
<td>0.002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>“Always uses condoms, most recent partner” (among sexually active who have participated in loveLife services vs not participated)</th>
<th>Adjusted odds ratio</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>1.995</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Women</td>
<td>1.934</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Adjusted for completed high school or not, race, age, urban/rural residence, marriage, electricity in the home, awareness of two different national HIV prevention campaigns, participation in youth groups in past month, knowing someone who died of AIDS, and testing for HIV.

## Association between face2face participation and odds of HIV

<table>
<thead>
<tr>
<th>15-24 year olds - have participated in loveLife programs vs not</th>
<th>Adjusted odds ratio</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>0.6 (0.4 - 0.89)</td>
<td>0.01</td>
</tr>
<tr>
<td>Women</td>
<td>0.61 (0.43-0.85)</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Adjusted for completed high school or not, race, age, urban/rural residence, marriage, electricity in the home, awareness of two different national HIV prevention campaigns, participation in youth groups in past month, knowing someone who died of AIDS, and testing for HIV.

# Intensity of face2face participation and odds of HIV

<table>
<thead>
<tr>
<th>Adjusted odds ratio</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 vs not</td>
<td>0.68 (0.54 - 0.85)</td>
</tr>
<tr>
<td>2+ vs not</td>
<td>0.44 (0.33-0.58)</td>
</tr>
</tbody>
</table>

15-24 year olds - have participated in loveLife programs vs not

Adjusted for completed high school or not, race, age, urban/rural residence, marriage, electricity in the home, awareness of two different national HIV prevention campaigns, participation in youth groups in past month, knowing someone who died of AIDS, and testing for HIV

“Incidence among 15-24 yr old women has declined by 60% since 2002”

<table>
<thead>
<tr>
<th>Gender</th>
<th>Year</th>
<th>Incidence</th>
<th>95% confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>2002 - 2005</td>
<td>5.5</td>
<td>4.3 – 6.6</td>
</tr>
<tr>
<td></td>
<td>2005 - 2008</td>
<td>2.2</td>
<td>1.3 – 3.1</td>
</tr>
<tr>
<td>Men</td>
<td>2002 - 2005</td>
<td>0.5</td>
<td>0.1 - 1.1</td>
</tr>
<tr>
<td></td>
<td>2005 - 2008</td>
<td>0.8</td>
<td>0.4 – 1.4</td>
</tr>
</tbody>
</table>

Poverty stressors associated with transition and inequality underpin variation in HIV across South Africa

HIV prevalence among people 2 years and older, by geotype

Factors associated with lower risk of HIV in 15-24 year olds

- Married (AOR 0.56 95%CI 0.32-0.96), but note that only 9% of 20-24 yr olds married and may represent a low-risk group.
- Circumcised (self-reported) (AOR 0.62 95% CI 0.39-1.00).
- Participated in face-to-face HIV prevention programme (AOR: women 0.61 95%CI 0.43-0.85 & men 0.60 95%CI 0.40-0.89).

Factors associated with higher risk of HIV in 15-24 yr olds

BEHAVIOURAL

• Did not always use a condom (AOR 1.54 95%CI 1.05-2.26).
• Number of lifetime partners (AOR 1.09 per additional partners 95% CI 1.02-1.17).
• Genital discharge in women (AOR 1.75 95%CI 1.26-2.44) or ulceration in men (AOR 1.91 95% 1.04-3.49)
• Age difference ≥5 years for women 15-19 yrs (AOR 3.22 95%CI 1.25-8.33).

Determinants of risk among 15-24 yr olds in South Africa

LOW RISK

MARRIED
CIRCUMCISED
GOT ‘THE MESSAGE’

OLDER PARTNERS
GENITAL INFECTION
DIDN’T GET ‘THE MESSAGE’

HIGH RISK
Factors associated with higher risk of HIV in 15-24 yr olds

SOCIAL/ STRUCTURAL

• Black African women (AOR 8.33 95%CI 4.15-16.7) and men (AOR 2.61 95%CI 1.25-5.47).
• Did not complete high school (AOR: women 2.34 95%CI 1.71-3.21 & men 1.93 95%CI 1.22-3.06).
• Informal settlement vs other (AOR: women 2.16 95%CI 1.44-3.24 & men 1.96 95%CI 1.21-3.19).

Life circumstances create a discrete risk distribution

LOW

RISK

HIGH

BLACK
LEFT SCHOOL EARLY
LIVING IN INFORMAL
SETTLEMENT
The chain of mediators between structural inequality and high risk behaviour

Response to circumstance

Structural inequality → Some social mediators → Some cognitive trigger(s) → High risk tolerance

Response to ‘message’

Inadequate sense of: - Purpose - Belonging - Identity - Agency

Low knowledge and perception of risk → High risk behaviour

Some social mediators

Some cognitive trigger(s)

High risk tolerance

High risk behaviour

July 21, 2010
Why do we take risk?

Because we perceive the risk to be worth taking, relative to other perceived situational risks

The chain of mediators between structural inequality and high risk behaviour

Response to circumstance

Constrained choices

Structural inequality

Low social solidarity

Lack of real and imminent possibility in life

Response to ‘message’

Inadequate sense of:
- Purpose
- Belonging
- Identity
- Agency

Low knowledge and perception of risk

High risk tolerance

High risk behaviour
# HIV prevention for young people

## What we hope to achieve

<table>
<thead>
<tr>
<th>‘CONNECT IT’</th>
<th>Able to participate in mainstream socio-economy and achieve their ambitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘GO FOR IT’</td>
<td>Able to seize opportunity and safely navigate life transition through personal initiative and resilience</td>
</tr>
<tr>
<td>‘GET IT’</td>
<td>Able to act on their sense of identity, purpose, belonging</td>
</tr>
</tbody>
</table>

## How we might achieve it

<table>
<thead>
<tr>
<th>Grow the networks</th>
<th>Foster leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create new opportunities</td>
<td>Create new links to opportunity</td>
</tr>
<tr>
<td>Develop better ‘transition navigators’ for young people</td>
<td>Use peers and other significant motivators in comprehensive life enrichment programs</td>
</tr>
<tr>
<td>Shape social expectations through media &amp; community mobilization</td>
<td></td>
</tr>
</tbody>
</table>
What is culture?

“..Culture is a dynamically interactive and developing socio-psychic system...”

– interacting not least with the economic circumstances in which people find themselves.

‘Cultural’ tolerance of sexual risk in communities – a function of degree of choice and sense of inclusion?

The role of aspiration: Initial thinking

Value of future benefit

Time
The need for a sense of imminent possibility

Value of future benefit

Time