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Introduction…. 1

Background…. 2

Acknowledging Risk…….. 2

Responses…… 3

References….. 4

Notes…… 4

Emerging data. 4

HIV/AIDS is an issue that no South African can ignore. South Africa is indeed a nation 'living with HIV/AIDS' and the pandemic has and will continue to touch every aspect of the functioning of this country.

Statistics have long suggested that the most at risk group is the youth of South Africa, where citizens under 25 years of age, who make up more than half of the KwaZulu Natal population, are increasingly vulnerable to HIV/AIDS. It is this sector of the population that need intensive intervention if a meaningful solution to the pandemic is to be found. It is also possibly this sector of the population who have the potential to work on constructive processes towards a solution to HIV/AIDS.

IPT recently launched an HIV/AIDS and Sexuality programme aimed at school going teenagers. The programme was devised after research and development conducted by Kerry Frizelle (formerly of CRISP and now based at the University of Natal where she works in the field of HIV/AIDS education), and Nompilo Xaba and Thabi Khoza of the IPT's Crime Reduction in Schools Project (CRISP).

In this issue of insight@ipt Xaba, Khoza and Frizelle provide a rationale for the programme as well as some insight into the nature of the programme.

Background

Research has shown that as early as 1990 KwaZulu-Natal (KZN) had a HIV/AIDS prevalence twice that of the national level: 1.6% vs 0.76%. Since then KZN has maintained an approximately 10% higher prevalence compared to South Africa nationally. In addition the data shows that those individuals who are under 25 years of age are more vulnerable to HIV/AIDS than other age groups. Demographics show that 64.6% of the population in KZN is younger than 25 years old. The data suggest that the peak for HIV infection is in the late teens. More specifically teenage females in KZN appear to be more vulnerable, with a prevalence of 43% whereas males of the same age have a prevalence of 17%. The high proportion of young people in KZN is one of the causes for a higher-than-average HIV prevalence in the province (Smith, 2000). This research highlights the need for HIV/AIDS intervention programmes in KZN that firstly, targets young teenagers and secondly, that challenges accepted gender roles and sexual behaviour which places *both* teenage females and males at risk of HIV infection. We argue that the school is the ideal locus for such intervention programmes as it provides us with a captive audience of young teenagers.

Acknowledging Risk

There have many calls by researchers to acknowledge that the young black population is at the highest risk of HIV infection. This *does not* suggest that HIV/AIDS is a black person's disease, but rather that the socio-economic environment of South Africa places many black South Africans at risk of infection. A survey in 1990 showed that there were high levels of ignorance about STDs and HIV/AIDS in KZN. King (1990) suggested that this lack of information was a result of lack of education and an obduracy to change lifestyle and sexual habits. The research of Ndaba at the University of Zululand showed that there was a general misunderstanding of the fatal consequences of HIV infection. She attributed this to concepts like 'isifio samasoka' the name given to an STD which means 'man who is popular with many women', which suggests that having a sexually transmitted disease is regarded as a source of pride and virility for the Zulu male. The findings of Mokobo also suggested that having many sexual encounters is generally viewed as prestigious among black youth. These views are seen to reinforce the traditional attitude of male supremacy and sexual power (in King, 1990).

Tallis (1998) argues that HIV/AIDS impacts on the most vulnerable in society: "the poor, marginalized and displaced people" (p. 8). Women are therefore more vulnerable to HIV infection. Tallis (1998) defines vulnerability as "a lack of power, opportunity and ability (skills) to make and implement decisions that impact on one's own life" (p. 9). In a paper on sex and the schoolgirl in South Africa, Haffajee (1996) comments on a youth survey which found that one in three young women in South Africa had babies by the time they were 18 years of age. However, only one third of these teenagers in the survey planned their pregnancy, and nearly half of them were still at school when they conceived. Haffajee (1996) proposes that these figures suggest that young women have a lack of power when it comes to sexual relations and that this puts them at greater risk of HIV infection. She quotes a health worker who explains that "women of all ages speak about the threat of violence or being thrown out of their homes if they raise the topic of birth control" (p. 9). In addition we argue that many young black women feel pressurised into having sexual relations with men, who see it as their right, and fear violence or rejection if they oppose.

The above discussion strongly suggests that if we want to decrease the rate of HIV infection, intervention programmes need to begin to challenge (*not* prescriptively change) cultural understandings of sexual behaviour and the rights and responsibilities of men and women when it comes to decisions about sexual behaviour. Tallis (1998) outlines other areas that make both men and women more vulnerable to HIV infection: lack of

accurate information about HIV/AIDS and sexuality, attitudes towards HIV and lack of personal skills which make safer sex possible. In sum, it is suggested that in order to reduce risk of infection a number of themes need to be included in an intervention programme aimed at teenage South Africans, including relationships, accurate information about sexual development and behaviour, assertiveness and problem solving skills and, importantly, *accurate* information about HIV/AIDS.

Responses

Every effort needs to be made to educate young people in KZN on how to adopt a healthy and safe life-style in an attempt to reduce the risk of becoming infected with HIV. Sexual behaviour *cannot* be separated from the risk of contracting HIV and it is therefore essential that any HIV/AIDS intervention programme include workshops on sexual behaviour.

In response to the above concerns, the **TAP** (**T**eenagers Action **A**IDS **P**rogramme) programme (the CRISP/IPT initiative) aims to educate young adults, in a creative and interactive way, about their sexual development and HIV/AIDS.

The TAP programme consists of eight linked modules. These modules evolve in a continuum of information and interaction, each developing on the other towards the final goal. Modules address the following core issues:

- Sexual development - Physical changes in the body.
- Relationships and interpersonal interaction within the context of sex and sexuality.
- Safer sex practices
- Alcohol and drugs and their impact on sexual interaction and decision making.
- Information and education about HIV/AIDS and Sexually transmitted diseases.
- A game show – testing and exploring knowledge.
- HIV/AIDS and discrimination.
- Understanding and talking about HIV/AIDS using a narrative, story-telling approach based on ones own life experiences.

It hoped that the outcome will be a contribution towards a generation of teenagers who are positive about their futures because they know how protect themselves against, and fight, the life destroying HIV/AIDS epidemic. In addition to providing teenagers with accurate information about HIV/AIDS, STDs and sexual behaviour, the programme has build into it a number of experiential workshops which aims to empower female learners by teaching assertiveness skills while encouraging male learners to challenge their perceptions of their sexual rights. By reflecting on their own sexual development this programme aims to develop a more responsible attitude towards sexual behaviour on the part of both male and female learners.

After completing the programme, a TAP Club will be established in each school to ensure that HIV/AIDS *remains* an important issue to be confronted by the school and its learners. Each member, including a volunteer staff member, will be trained in basic HIV/AIDS counselling skills and trauma debriefing skills so as to provide ongoing supportive services to the school community.

When we consider that 20% of teachers in KZN themselves are HIV positive (Mercury, January 2000), the call for HIV/AIDS intervention programmes in schools is heightened. There is a desperate need to raise awareness in schools about HIV/AIDS to prevent the loss of a young, educated segment of KZN's population. If we do not respond to this call, the high prevalence rate of HIV infection in both males and females in KZN will be maintained, in addition there will be a reversal in population growth due to the loss of young females. This in turn will result in a loss of financial support for the elderly and will exacerbate the already high levels of poverty in the province. Let

us educate and empower the youth of KZN before it is to late!

References

Haffajee (1996) Sex and the school girl in South Africa, *AIDS Analysis Africa, Southern Africa Edition,* 7(3).
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Smith (2000) HIV/AIDS in Kwa-Zulu Natal and South Africa, *AIDS Analysis Africa, Southern Africa Edition,* 11(1).
Tallis (1998) AIDS is a crisis for women, *Agenda,* 39, p. 6-14.

Notes

The TAP programme is supported by the ABSA Foundation.

Readers interested in being trained in the use of the programme should contact IPT for more information.

Emerging Data

As part of the process of evaluating the impact of the TAP programme, data are collected prior to implementation with any particular group of learners. The following preliminary data emerged from a sample of 233 grade eight isiZulu speaking high school learners prior to programme implementation.

- Learners who discuss sexual matters with parents: 50.9%
- Discuss sexual matters with friends: 84%
- Do not know how a girl becomes pregnant: 11%
- Do not know that condom use can prevent HIV infection: 18%
- Feel comfortable saying no to sex in pressurised situation: 65.9%
- Feel better and more attractive if sex is offered them: 19.5%
- Willing to share a needle with a best friend: 9.9%
- Believe that it is possible to tell (visibly) if someone is HIV positive: 33.3%
- Claim that they do not know how to prevent HIV infection: 29%
- Believe that HIV/AIDS can be cured: 21.4%
- Do not use a condom each time they engage in sexual intercourse: 28%

This data, although still in its preliminary stage of analysis, presents some interesting possibilities.

The fact that sexual issues are predominantly discussed with friends strengthens the argument for programmes that provide accurate sexual information to teenagers. The notion that 11% of the teenagers still do not understand how a girl becomes pregnant, and that almost a third do not use a condom during sexual intercourse also call for a more concerted effort in education about sex and HIV/AIDS.

Data such as this confirm the dire need for integrated sex education within the school system – for life orientation content to be taken seriously. Our teenagers are calling out for knowledge: knowledge that could save their lives.

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