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 a 1 000 a day with a similar scale of infection.

Every one of us has had an experience of someone dying of an AIDS-related illness. Today, thankfully to social activism, a strong independent media and a decisive change in Government policy, we have a more effective response to treatment and prevention.

But 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.

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.

Jay Naidoo was the founding General Secretary of COSATU, a Minister in the Mandela Cabinet and is currently a global social activist and Chairperson of the Global Alliance for Improved Nutrition, a public private partnership fighting malnutrition facing 2 billion people in the world.

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Jay Naidoo
By Grace Matlhape

Introduction: Getting a clearer focus

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) rightly 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 be sustained and reinvented. 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 Vals’s contribution (p5) highlights the role of community papers in connecting with people at the grassroots, while Trina DasGupta celebrates the evolution of community papers in connecting with people at the com. Louise Vale’s contribution (p5) highlights the role of community papers in connecting with people at the grassroots, while Trina DasGupta celebrates the evolution of community papers in connecting with people at the com.

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When the loveLife campaign for HIV prevention among teenagers was launched in 1999, there was a widespread alarm about bright bold billboards encouraging people to “use their mouths.” In communities where talking about teenage sex 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 sex. And in generalised epidemics like South Africa’s, HIV is, by and large, transmitted through sex.

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 path, encouraging young people to never stop taking action to attain their dreams and aspirations, became the new imperative. 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 an individual is not alone, that I can choose my destiny, and do not have to conform to destructive social norms. While the campaign launched a focus on the identity, purpose, and sense of belonging of young people, it will progress to explore the creativity of young people, and finally, the connectedness that can activate their social capital and create innovation and opportunity that ripple outwards from the individual.

We may not have always got it right, but we stand by the idea that exclusive social and behaviour change communication to label-conscious, media-savvy young South Africans has to be facilitated through the creation of a bold, aspirational lifestyle brand. The overwhelmingly positive response of South African teenagers to the loveLife programmes and campaigns, and the fact that major national gains in HIV prevention and sexual behaviour change have all occurred in our target market, convince us that we are on the right path in our efforts to develop complete, creative and connected young people empowered to stand up to the drivers of HIV.

The research that provided loveLife with its first campaign strategy clearly linked low self-esteem, a lack of future focus, and little parental attention to sex and sexuality, with risky sexual behaviour. In a country where the majority of people had been treated as second- or third-class citizens for generations, it is unsurprising that many young people would grow up with a lack of self-worth, believing that their possibility and potential is innately curtailed and struggling to narrow 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 increasingly valuable and values-driven generation, all p peppered with healthy reality checks about HIV, sexually transmitted infections, and teenage pregnancy.

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Today South Africa has 56.3 million mobile phone connections – more than the total population of the country. Across the globe, there are 5 billion connections, making the mobile phone the most accessible tool in the world. And for the first time ever, the majority of people, including two-thirds of the developing world, own a media device where they can receive messages, but can also request support, advice, information and solutions in return. Mobile’s ubiquity has opened up a plethora of opportunities for technology to further health interventions. In particular, it allows health practitioners, governments and civil society to engage with people about their most personal issues on their most personal and trusted device: their mobile phone. Though not a silver bullet, the mobile phone does provide for a unique opportunity in HIV prevention – allowing for the distribution of key interventions at scale, and at the fraction of previous costs.

For example, without accurate health information, myths about HIV continue to be perpetuated and conservative organisations have to ask questions about sexual health. Google, MTN Uganda and the Gramene App Lab partnered to create Google SMS Health Tips and Google SMS Clinic Finder to enable users to find information on sexual and reproductive health and to locate health care facilities in Uganda.

Access to opportunities, such as jobs and bursaries, can also incentivise prevention against HIV – the ability to create a better life is good reason for positive behaviour change, not only in health but many other development arenas. Forty-one percent of women in low- to middle-income countries report enjoying increased economic and professional opportunities simply by owning a mobile phone. And mobile-based job search tools or applications, such as SoukTel in Palestine, Vocovocu’s Mobi jobs and the government’s mobile app, have become popular by linking people to jobs or other opportunities via their phone.

The feeling of isolation associated with the stigma of HIV also remains a critical issue for many three decades into the epidemic. Support services such as Zumbido in Mexico use SMS messages to create communities among people living with HIV. Mobile phones are also enabling treatment. Products like Simphiwe remind patients to take their medication by sending SMS reminders, prompting better adherence for better health.

But perhaps the most important thing the mobile revolution is doing is linking people to the world beyond their physical space – connecting them to aspiration, solutions and possibilities. While we learn more about the determinants of HIV, mobile phones are today allowing many to access possibly the most important intervention of all hope.

I F you really want your message to be heard, then use the 150 Southern African grassroots independent newspapers and magazines, which talk to a massive yet often overlooked 5 million people. Some of us have become popular by linking people to jobs or other opportunities via their phone.

The newspaper’s front page reported on this campaign and printed it in your face photographs. The town went into uproar. Some readers tore up the paper and threw it at newspaper staff. Others framed it and hung it on their walls. Letters and SMS flew, the debates lasted for weeks. A student’s summation up of objections was “You won’t talk about these issues if that’s what we can’t solve them.”

With stigma still surrounding HIV in South Africa, community papers remain key sites of activism and information in our country. As Molefi Nonyane of Pickburn says about Your Voice – a self-funded newspaper started by his friend and recently murdered community activist and teacher Andries Tatane: “…we are like the voices behind the mountain…”

Some publications are 140 years old, whereas others are as young as six months. Some are one-man operations run from a shack in a squatter camp, converted garages, unused classrooms; others are 15 staff member-strong enterprises and have offices on three floors. But they all share the same passion: to improve the conditions of their “ground level” by celebrating people’s sharing, informing, reporting, responding and reflecting on the drivers of the HIV epidemic, and helping the individual fight against HIV, but the printed word cannot be underestimated as a resource to reach our communities.

These grassroots publications are high powered keys focused at the ground level to cater to ‘community’ in all its diverse definitions – geographical communities, language communities and communities of interest.

In SA, independent newspapers publish in isiXhosa, Arabic, Venda, siSwati, isiZulu, English, Afrikaans amongst other languages. Geographical communities range from rural Cofimvaba to the urban people of Bonteheuwel, from Makaha to Gansbaai, Manguang to Lesotho – and almost everywhere.

Communities of interest vary from South African Muslims to South African Germans, African art and literature fanatics, to social justice activists, teachers, teenagers and fruit farmers all.

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Photo: Florian Kopp

Scott Burnett is Group Director for Programmes at the NewloveLife Trust.

Trina DasGupta is the GTRA’s Women Programme Director, and a Digital Strategy Consultant with expertise on leveraging mobile phones in the developing world. Trina previously worked with loveLife to create the world’s first mobile social network centered on HIV prevention and youth empowerment, HYVita, to

Going bold with prevention

By Scott Burnett

The Fight against HIV goes mobile

By Trina DasGupta

Getting back to (grass) roots

By Louise Vale

Young people – in all cultures at all times – love to talk about sex

W hen the loveLife campaign for HIV prevention among teenagers was launched in 1999, there was a widespread alarm about bright bold billboards encouraging people to “use their mouths.” In communities where talking about teenage sex 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 sex.

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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 levels of sexual and domestic violence.

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 differentially vulnerable to HIV in a biological sense, it is the gender differences, shaped by social forces, which are more powerful.

These gender differences allow the AIDS epidemic to play out along gender fault lines. Norms which dictate what is ‘normal’ and acceptable behaviour, as a man or a woman, make women AND men vulnerable to HIV. People with alternative sexualities or gender presentations are also affected: they may hide their sexuality, leading to risky sexual practices, and gender power. While scientists agree that men and women are differentially vulnerable to HIV in a biological sense, it is the gender differences, shaped by social forces, which are more powerful.

However not all men are ‘perpetrators’ with an aggressive and ‘promiscuous’ sexuality; not all women are ‘victims’, sexually and HIV/AIDS.
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)

1984
- 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

1985
- First International AIDS conference is held in Atlanta, USA

1988
- The World Health Organisation (WHO) declares the first World AIDS Day on 1 December

1991
- The South African Department of Health commissions ad agency to develop advertising campaign: “AIDS, don’t let it happen”

1995
- 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

1996
- 90% of all people infected with HIV live in the developing world

1999
- 33 million people are infected with HIV, and 14 million have died of AIDS worldwide
- loveLife launches in South Africa as an ambitious attempt to reduce HIV infection among 12 to 17 year olds
- Manto Tshabalala-Msimang becomes South Africa’s Health Minister until 2008

2002
- loveLife’s mass media campaign extends to include 2 049 billboards, 850 commuter taxis and 160 water tanks with messaging
- loveLife’s 13 part reality TV series (S’camto groundBREAKERS) reaches 899 000 viewers 16 years and older
- 2 405 504 calls made to loveLife’s toll-free youth line
- The loveTrain launched to bring messaging to remote communities reaching 16 000 young people at stations nationwide

2003
- Five million people are newly infected with AIDS during 2003, the greatest number in one year since the epidemic began.
- loveLife has distributed more than 27 million copies of its youth magazines thethaNathi and S’camtoPRINT

2005
- Around 40 million people are infected with AIDS worldwide

2008
- loveLife launches MYMsta – world’s first social mobile platform dedicated to HIV prevention and youth development
- More than four-fifths of South Africans had seen or heard at least one aspect of SA’s major communication campaigns – up from less than three-quarters in 2005
- HIV prevalence declines among children aged 2-14, from 5.6% in 2002 to 2.5% in 2008
- HSRC reports substantial decrease in incidence for the single age groups 15, 16, 17, 18 and 19 years
- HIV prevalence decreases among youth aged 15 - 24 years, from 10.3% in 2005 to 8.6% in 2008

2010
- loveLife has permission to work in 6 526 schools and a total of 880 hubs from which groundBREAKERS (peer educator) can implement loveLife programmes
- A total of 1 433 905 youth participate in loveLife programmes – a 450% since 2006

2011
- On 1 June, UNICEF reports HIV infections among world’s youth down 12% since 2001, but short the 25% target set by world leaders


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