Youth in Dialogue

Prevention is key

November 2007

“Leading today”
The Youth Community Dialogues were held in Soshanguve, Gauteng; Mhluzi, Mpumalanga; Lerome, North West; Giyani, Limpopo; Galeshewo, Northern Cape; KwaMakhutha, KwaZulu-Natal; Thaba Nchu, Free State; Mthatha, Eastern Cape; and Langa, Western Cape.
Introduction

The Nelson Mandela Foundation and 46664 Campaign together held nine Youth Community Dialogues around South Africa between November 11 and November 30, 2007.

The dialogues encouraged youth communities to empower themselves in the fight against HIV/AIDS, by finding ways to deal with their problems through engagement and debate. Close to 5000 youth from around the country were engaged in discussions around factors that put them at a greater risk of HIV-infection, including youth pessimism, peer pressure, transactional sex, women abuse, stigma and discrimination, social marginalisation and poverty.

The dialogue series targeted youth aged between 16 and 24 in townships and rural areas, a group often neglected by awareness campaigns.

As a principle, the dialogues were not prescriptive and the communities set their own agendas. Young people were encouraged to participate and own the process. Each community offered unique challenges and solutions to factors contributing to the spread of HIV/AIDS in their area.

The dialogues would not have been possible without the help of numerous partners. The Nelson Mandela Foundation would particularly like to acknowledge the contribution of Cool Ideas and Ochre Media.

In this booklet, the dialogues held at Mhluzi and Soshanguve are highlighted as case studies.

The communities were:

- Lerome, North West
- Mhluzi, Mpumalanga
- Thaba Nchu, Free State
- KwaMakhutha, KwaZulu-Natal
- Langa, Western Cape
- Galeshewe, Northern Cape
- Mthatha, Eastern Cape
- Giyani, Limpopo
- Soshanguve, Gauteng
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>5</td>
</tr>
<tr>
<td>About Community Dialogues</td>
<td>6</td>
</tr>
<tr>
<td>Key Observations and Learnings</td>
<td>8</td>
</tr>
<tr>
<td>Informing Future Dialogues</td>
<td>12</td>
</tr>
<tr>
<td>Dialogue Summaries:</td>
<td></td>
</tr>
<tr>
<td>Lerome Village</td>
<td>15</td>
</tr>
<tr>
<td>Giyani</td>
<td>16</td>
</tr>
<tr>
<td>Mhluzi</td>
<td>17</td>
</tr>
<tr>
<td>Thaba Nchu</td>
<td>18</td>
</tr>
<tr>
<td>Galeshewe</td>
<td>19</td>
</tr>
<tr>
<td>KwaMakhutha</td>
<td>20</td>
</tr>
<tr>
<td>Mthatha</td>
<td>21</td>
</tr>
<tr>
<td>Langa</td>
<td>22</td>
</tr>
<tr>
<td>Soshanguve</td>
<td>23</td>
</tr>
<tr>
<td>Case Study: Mhluzi</td>
<td></td>
</tr>
<tr>
<td>Mhluzi Youth Talk</td>
<td>24</td>
</tr>
<tr>
<td>Key Issues Raised</td>
<td>27</td>
</tr>
<tr>
<td>Interview with Themba</td>
<td>29</td>
</tr>
<tr>
<td>Interview with Maleke</td>
<td>31</td>
</tr>
<tr>
<td>Interview with Mlu</td>
<td>36</td>
</tr>
<tr>
<td>Voices from the Community</td>
<td>38</td>
</tr>
<tr>
<td>Case Study: Soshanguve</td>
<td></td>
</tr>
<tr>
<td>Soshanguve Youth Talk</td>
<td>40</td>
</tr>
<tr>
<td>Key Issues Raised</td>
<td>42</td>
</tr>
<tr>
<td>Group Interviews</td>
<td>46</td>
</tr>
<tr>
<td>The Role of Media in Social Mobilisation</td>
<td>52</td>
</tr>
<tr>
<td>Using Arts to Mobilise Communities</td>
<td>55</td>
</tr>
<tr>
<td>Reflections:</td>
<td></td>
</tr>
<tr>
<td>Looking Towards the Future</td>
<td>59</td>
</tr>
<tr>
<td>Ambassador Close-up</td>
<td>61</td>
</tr>
<tr>
<td>General Reflections</td>
<td>62</td>
</tr>
<tr>
<td>About the Nelson Mandela Foundation</td>
<td>63</td>
</tr>
</tbody>
</table>

The text in this booklet is an edited version of the Youth Community Dialogues, which took place throughout the country in each province during November 2007. Special thanks to our donor, Hasso Plattner, for making this project possible and to Cool Ideas for their key role in the dialogues.
In a world characterised by what has been called “information overload”, the paradox is that those who are most vulnerable to HIV infection often do not have the knowledge they need to protect themselves.

Perhaps this is because of the way information is conveyed and mediated. Young people especially are bombarded with messages; well meaning and earnest as these are often in their injunctions to youth to protect themselves, they do not always translate into knowledge and awareness.

That is why the Nelson Mandela Foundation, 46664 and a number of partners chose to support dialogue among young people, facilitated by young people for young people, within their community settings.

These dialogues are summarised in this publication. It is our hope that it captures the fear and anxiety about the things that make youth vulnerable to AIDS, but also the dynamism and energy that emerges when they engage with each other around some very complex issues. Let us not forget that AIDS is rooted in human sexuality and therefore in human behaviour. Changing this behaviour, where it is risky, can be stimulated externally, but ultimately it comes from within.

Of course knowledge by itself is not power; it is though a crucial step towards self-empowerment. There is no better strategy than having young people themselves facilitate these vital conversations. We intend ensuring that this first round of community dialogues will be repeated in many more communities and among many, many more young people throughout the country.

About 46664

4664 is Nelson Mandela’s global HIV/AIDS awareness and prevention campaign. It is a South African-based independent, not-for-profit entity wholly owned by the Nelson Mandela Foundation.

The 4664 campaign is a South African initiative to inspire individual and collective action towards an AIDS-free world. At its core, the campaign is about bringing hope and inspiration to all affected by HIV/AIDS. Thus, 4664 raises awareness about the HIV/AIDS pandemic and the underlying issues that impact on the disease such as poverty, the lack of education, gender inequality, lack of access to health facilities and the denial of economic opportunities.

4664 achieves its objectives through outreach campaigns in Africa and beyond, as well as through the staging of multi-artist concerts, sports and entertainment events and fundraisers. The campaign uses the universal connecting power of music, sport, entertainment and celebrity to educate, engage and empower those infected and affected by HIV/AIDS and draws upon an extensive global network of ambassadors and celebrities.

Through the Community Dialogues initiative, led by the NMF’s Centre for Dialogue, 4664 plays a vital role in challenging young people to review their knowledge about and attitudes towards HIV/AIDS, and to work together to find effective local responses to deal with the pandemic.
A lot of responses to HIV and AIDS to date have focused on raising awareness using various messages. Whilst there is value in this approach, efforts must also focus on communities taking responsibility and owning their own responses to the epidemic.

Our approach to involving communities in this particular dialogue series centred around encouraging open discussion and obtaining commitments to change that came from the communities themselves. The dialogues provided a safe space for communities to engage without fear and to tackle difficult issues head on, thus preparing the way for them to decide on the actions required in their particular circumstances.

The facilitated dialogues were guided by a clear implementation process that included the identification of local partners within communities (the model works best if it is facilitated by local partners), follow-up visits by the facilitation teams and documentation.

The implementation phase was also followed by a series of review and reflection sessions with partners involved with the process.

The data gathered at these dialogue sessions is a genuine reflection of individual and community concerns which must ultimately be incorporated into local plans and subsequent national plans for action. The involvement of local municipalities is critical in ensuring that these concerns are eventually reflected and acted upon.

The community dialogues deliberately used arts and the media to engage young people. The facilitation teams worked hand-in-hand with Viva Hecate Productions, which staged an industrial theatre production, Khululeka, before each interactive dialogue session. The play focused on educating youth in a dynamic and entertaining way about HIV/AIDS, and was a good way to introduce some of the challenging issues around HIV/AIDS in a non-threatening and interesting way.

In addition, as part of each dialogue event, youth within communities were encouraged to paint murals on walls with messages that are relevant in their lives. All the dialogue events were announced to the community through local community radio stations. The use of theatre, murals and media together helped to facilitate meaningful exchange in communities and to ensure wider engagement.

This form of community engagement has been implemented in a number of countries with very different social, economic and political situations – including those with high and low prevalence rates, mostly rural and highly urban ones. Innovative ways of engaging communities have to be encouraged to enhance current responses to the epidemic.

In summary, the inclusive approach we strove to achieve through the youth community dialogues aimed at stimulating and sustaining change from within, in order to help all involved understand and adopt the message, “It’s in our hands”. 

About Community Dialogues

Mothomang Diaho

Head of the Dialogue Programme, Nelson Mandela Foundation

Mothomang Diaho.
Young South Africans want more information about HIV/AIDS, and they are open to receiving this information from a variety of sources, including the media. Most young South Africans are knowledgeable about HIV/AIDS prevention and treatment, although small but still significant minorities hold misconceptions about some aspects.

Large majorities say they would like to have even more information about various aspects of the disease such as how to avoid getting HIV and how to talk more openly with parents and other adults about HIV/AIDS. The media (including radio and television), as well as national HIV/AIDS prevention and awareness campaigns which utilise media, are highly regarded as effective ways for young people to learn about HIV. When asked which sources they trust the most for information about HIV/AIDS, at the top of the list are experts like doctors and scientists (87%), national HIV/AIDS prevention and education campaigns (85%), HIV positive persons (80%), and parents (79%).

Overwhelmingly, young South Africans think that broadcast media has an important role to play in HIV prevention. Nine in ten say TV and radio can help reduce the spread of HIV/AIDS by focusing attention on the sexual behaviour, attitudes and traditions driving the spread of the epidemic.

An overwhelming majority think the media are doing a good job communicating with young people about HIV/AIDS, and many report personally taking action as a result of what they've learned from radio and TV programmes. Large majorities say that TV and radio are generally doing a good job communicating about HIV/AIDS (96%), and that TV or radio has had a positive impact on their own understanding of HIV/AIDS and related sexual behaviour (89%). Half say they talked with a partner about safer sex, and more than four in ten report that they decided to change their sexual behaviour as a result of what they learned about HIV/AIDS from the media. Nearly a third of sexually active youth say they got tested for HIV as a result of what they learned from a media programme.

Young people are in favour of more HIV/AIDS messaging in the media, including messages that are hopeful and inspirational, as well as those that contain straightforward HIV prevention information. Eight in ten agree that there should be more HIV/AIDS messaging and programming on radio and TV, and large majorities agree that messaging should be hopeful and culturally relevant, tap into young people's aspirations, and offer straightforward information about how to prevent HIV. More than six in ten (63%) say that messages about fear and death turn young people off.

Recognising this, the Nelson Mandela Foundation, through the Youth Community Dialogues, began an ambitious project that directly addressed the impact of HIV and AIDS on youth between the ages of 16 and 24 years of age. Instead of prescribing to them what to do, the project put the responsibility into young people’s hands by emphasising prevention. The approach is aimed at reducing the further spread of HIV by getting young people to use existing resources at their disposal.

The dialogues also provided a space for re-considering the developmental needs of young people living with HIV and AIDS in resource-poor communities, informed by their experiences and priorities. The partners learned through the nine dialogues that it is essential to build on and strengthen communication at the grassroots level in order to link with wider advocacy and social mobilisation and tackle inequity and the drivers of HIV and AIDS.

It appears that the success of HIV prevention approaches is influenced by how they are adapted to the local socio-cultural, political and economic environment and the extent to which they are adopted by local leaders and community members. The Youth Community Dialogues included the local communities and central leaders in mobilising the interventions.

The social mobilisation strategy encouraged local responses with the purpose of ensuring that communities claim HIV and AIDS control approaches as their own, ultimately enhancing their implementation.

The Youth Community Dialogues were driven by local participants as mobilisers and advocates, ensuring that local priorities are addressed and that the dialogues will have an impact in the long term.
**Social mobilisation strategy**

<table>
<thead>
<tr>
<th>Target population</th>
<th>Youth between the ages of 16 and 24 in townships and rural areas</th>
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</thead>
<tbody>
<tr>
<td>Areas covered</td>
<td>Lerome (North West); Mhluzi (Mpumalanga); Thaba Nchu (Free State); KwaMakhutha (KwaZulu-Natal); Langa (Western Cape); Galeshewe (Northern Cape); Mthatha (Eastern Cape); Giyani (Limpopo); Soshanguve (Gauteng)</td>
</tr>
<tr>
<td>Communication channels</td>
<td>Interpersonal, small group, media, arts and traditional methods of communication</td>
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<tr>
<td>Purpose</td>
<td>To persuade young men and women to participate in the Youth Community Dialogues with a focus on preventing HIV/AIDS</td>
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**Interpersonal Communication**

The Nelson Mandela Foundation employed implementing agency Cool Ideas to establish relationships with local non-governmental, political and governmental organisations in targeted areas.

Local contacts were used to assist in organising the dialogues, including community development workers, people living with HIV and AIDS, ward councillors, youth leaders, church leaders and other community leaders. The local leaders also assisted in securing suitable venues.

Face-to-face interventions were also used to persuade the target audience to attend and participate in the Youth Community Dialogues.

### Small Groups

Small group interventions reached:

- Public libraries
- Community clinics
- Churches
- Ward committees
- Workplaces
- Youth formations
- Public events

- Non-profit organisations
- Shops
- Shopping malls
- Schools
- Tertiary institutions

### Community Radio Stations

Community radio stations were utilised through promotional spots, and e-mail lists were used to invite the target market to attend the event. Continuous announcements and pre- and post-event interviews were broadcast on community radio stations in all areas where events took place.

Interviews were broadcast on the following community radio stations:

- Soshanguve: Soshanguve Community Radio and Radio TUT
- Lerome: Radio Mafisa and Radio Lethlabale
- Giyani: Radio Univen
- Mhluzi: Greater Middelburg FM
- Galeshewe: Radio Teemaneng
- Mthatha: Unitra Community Radio

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View of Lerome, North West Province.
KwaMakhutha. Stories on all events were covered by all local newspapers. More than 10 000 A1 posters were distributed. These posters were placed in strategic areas, including schools, churches, junctions, taxi ranks, shops, public phone booths, taxis and taverns. These were used to capture attention. On the morning of each event, tear-drop banners were placed to remind the target group that the event was scheduled for the day.

Traditional Methods
Invitations were sent to various stakeholders, including:
◊ non-profit organisations
◊ churches
◊ schools
◊ tertiary institutions
◊ youth organisations
◊ ward councillors
  Cool Ideas teams “blitzed” taxi ranks and major bus terminals, distributing the A5 invitation leaflet and talking to locals about upcoming dialogues and the importance of participation.
  Word of mouth was also used as a strategy to persuade the youth to attend and participate in the Youth Community Dialogues. Loudhailers were used to attract the participants to the dialogues.

Partnerships and Collaborations
These were established with the public and private sectors as well as civil society, using their influence to attract an audience. In certain areas the SA Police Service and municipal traffic officers were engaged. In Giyani, Mhluzi, Galeshewe, Mthatha and KwaMakhutha, the ANC parliamentary constituency offices assisted in mobilising communities.
Activity Coverage

Participation
Participants came from government departments, nonprofit organisations, schools, tertiary institutions and youth groups. The Youth Community Dialogues offered young people and communities in the selected areas in all nine provinces of South Africa an opportunity to raise their voices on what they think their challenges and problems are; they also had an opportunity to make recommendations with regard to HIV and AIDS.

In Mhluzi and Soshanguve, 20 young offenders participated in the dialogues. These offenders gave the audience insight into the challenges and problems of HIV and AIDS that they face in correctional centres and how they tackle the issue.

Participants wrote their recommendations and/or declarations on public murals after each dialogue. The murals depict the 46664 “It’s in your hands” emblem and serve as a continuous reminder to the local youth about their commitments. The dialogues have provided the Nelson Mandela Foundation with experiences and insights from young people and will be drawn on in future initiatives.

<table>
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<tr>
<th>Province</th>
<th>Area</th>
<th>Number of Participants</th>
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</thead>
<tbody>
<tr>
<td>North West</td>
<td>Lerome</td>
<td>380</td>
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<tr>
<td>Limpopo</td>
<td>Giyani</td>
<td>550</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>Mhluzi</td>
<td>371</td>
</tr>
<tr>
<td>Free State</td>
<td>Thaba Nchu</td>
<td>289</td>
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<tr>
<td>Northern Cape</td>
<td>Galeshwe</td>
<td>750</td>
</tr>
<tr>
<td>KwaZulu-Natal</td>
<td>KwaMakhutha</td>
<td>463</td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>Mthatha</td>
<td>411</td>
</tr>
<tr>
<td>Gauteng</td>
<td>Soshanguve</td>
<td>300</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>3514+</strong></td>
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The social mobilisation approach included going through databases of people working in HIV and AIDS, community development and organised youth formations across the country.

We had to develop relationships, without promising any returns financially or otherwise, but we had to cover the costs of local resources that assisted our team and give a stipend of some sort as 90% of the people we work with as Cool Ideas are unemployed youth and young adults.

The advantages of working with local people include understanding local dynamics and ensuring that you reach the right target audience. Local resources provide intelligence, insights and advice in shaping a localised intervention. The dialogue programme would not have been a success had it overlooked local people and organisations.

Choosing Small Towns

First we look at the number of activities that go into an area. We look at loveLife, the Department of Health, who does what in those areas. We choose areas that are not saturated.

For example, everyone goes to Soweto. In Mpumalanga, everyone would go to either Nelspruit or Witbank, the key areas that people know. If you go to North West you would go to Mafikeng or Rustenburg. We chose a place that was 70km away from Rustenburg, a village that no-one knows about: Lerome. Where’s that? Right next to Sun City. That community is highly affected, but there’s no movie house, there are no sports grounds. For young people, the only external activity is sex and getting drunk.

There is only so much that we can do on television and on radio, but our focus is to engage communities directly. When we engage them we don’t come to preach to them. We bring the play that highlights issues around HIV and AIDS and then communities engage and say what their problems are locally and what they think is the best way of dealing with their problems.

We say “It’s in your hands” as a community to do something about HIV and AIDS in your area or with people you know, you grew up with, people you are intimate with, people who are close to you.

The stories vary from one place to the next. In Lerome, they have a huge issue around youth facilities and in Giyani, what comes out very clearly is training. Young people are saying, “Give us skills, then we will do whatever we need to do on our own.”

Community Leadership

It is important for local leaders to be at events, so they...
can take on these things. We facilitate, saying “You know how to do these things, but we are reminding you that this is the way.” So, we are saying, “In African culture this is how things used to be, we used to sit around under the trees.” That’s why in our dictionaries we have *lekgotla* and *imbizo*. These words emanate from our origins and this is where community issues were dealt with, community problems were solved. So let’s go back to basics, “an African solution to a global problem”. We are now making that a practical thing.

If we could we would conduct these dialogues and say, “Stop your television and your big billboards and engage communities directly.” Know what the person in the street, what the neighbour, the person in the shack in the village, in the farmhouse is saying. Because they know how to solve these problems, but it’s only when you’re there that you get to know that people have solutions. Then you probe it. We’re not an implementing agency, we’re just the catalyst.

**Empowering Communities**

What we’re doing is empowering communities to ensure that they deal with their problems and they find ways, resources, within or amongst themselves, to deal with the issues.

This is because people have a tendency to sit back and waiting for a funder or government or some corporate to do something when they do not search within themselves to find what they are capable of doing.

If you look at the political struggle, we didn’t have the technology that we use today. I remember in my days in the United Democratic Front, we would form street committees. Our townships were the safest places, you never heard of house break-ins. There were street committees, we were so organised, but maybe it’s because our enemy was easily identifiable. Today, this enemy lives in the bloodstream of a person. But I’m sure that there is a solution. It’s in people’s hands. We don’t have the solution; it’s in people’s hands to find that solution.

If only we could get extra funding so we could go to many other areas across the country and say, “Stop looking at someone else, look within, say what is it that I’m capable of doing to ensure that I prevent the spread of HIV, but also to ensure that I protect...
myself and other people around me.” If every one of us could take that responsibility, you’d begin to see change.

Key Questions Posed

◊ Who are we as young people and where do we stand in shaping our own destiny?
◊ What are the challenges faced by young people in preventing and dealing with HIV?
◊ How can each young person participate to mitigate the effect of the HIV epidemic?
◊ What is it that we can do as young people in our own environments and with our available resources?

The dialogue programme encouraged young people to become more aware of their deeper feelings about HIV and AIDS through the theatrical performance called Khululeka, which addressed real HIV and AIDS issues. This awareness-raising component was located in the mobilisation execution phase, which helped the target audiences to evaluate the consequences of different options.

The Youth Community Dialogue brought together divided groups of young people in various parts of the country to talk about how they could prevent the spread of HIV and also contribute individually in their own families and communities.

The accompanying questions that young people had to ask during the dialogues contributed greatly to the success of this intervention. The social mobilisation teams took no party-political position on any issue but ensured that the dialogues were based on honesty and genuine situations.

At all the dialogue events we continued to ask young people to additionally address these additional questions:

◊ What is it that really matters to me in the social and political area?
◊ Why do these things matter to me?
◊ Given that others disagree with me, what can I live with?
◊ Can those I disagree with see a place for themselves in my vision of the future?

◊ How can you best build upon the assets and strengths of your community?

There is only one expert who can answer these questions: the individual to whom these questions were addressed. This is what we learned as a social mobilisation team, as it kept becoming clearer that we would never be in a position to provide people with answers to their problems. Only when they come together and discuss issues affecting them will there be tangible and authentic responses.

We learned that people have started believing that to win against the HIV and AIDS epidemic in South Africa, they have to start talking amongst themselves, whether young or old – and not just any talk but talk that involves:

◊ Questioning ourselves
◊ Listening to others
◊ Trying genuinely to see new angles on things.

Generally, we discovered that there are distinct characteristics of a healthy community. Once young people had engaged and those characteristics were identified and accepted by participants, they began to see what they have to work towards in achieving a healthy community that they could all be proud of.

The BIG QUESTION left with the communities by the facilitator was:

◊ If you could improve one thing in your community right now, what would it be?

Wherever we conducted the Youth Community Dialogues, we started community activism and have truly embedded the message that “It’s in your hands.”
Lerome, North West

Lerome Community Hall, Lerome Village, Rustenburg, North West: November 11, 2007

Lerome is a mining community situated at the foot of the Magaliesberg near the Sun City holiday resort. Its members are part of the Setswana-speaking indigenous community, the Royal Bafokeng.

Attendance
There were over 250 young people comprising community members, members of non-governmental organisations (NGOs), community-based organisations (CBOs), loveLife groundbreakers and community development workers in attendance.

Summary
The dialogue was facilitated by Phistos Molaole, a local HIV and AIDS activist who is openly living with HIV. The dialogue was open, frank and informative.

The young people in Lerome were excited to see the Khululeka play addressing issues they encounter every day. At first they were wary of expressing issues that are close to home and opted to discuss more generic problems with HIV and AIDS. The last half hour of the event saw a more comfortable audience who were more willing to say “we” and “I” instead of pointing fingers at each other.

The area experiences poverty but is located near a lucrative mining operation and Sun City. Hence female youth in the area have found themselves in a vulnerable position in which they trade unprotected sex.

Commitments
◊ “We should go into the mines and re-instil a sense of moral code to the irresponsible mineworkers.” (Leonard, 21)
◊ “We need more youth facilities in the area. Soccer grounds, youth centres, cultural halls, etc.” (Julia, 32)
◊ “We need to have facilities where young people are encouraged to do some acting and drama classes, so they can establish careers and use the platform to carry out positive messages.” (Clement, 21)
Giyani is a conservative community that subscribes to customary practices. For instance, a young person cannot talk to an older person unless instructed to do so. Stigma around HIV and AIDS is rife, talking about sex is taboo and people with AIDS are still ostracised. The youth have not organised themselves to have platforms at which HIV and AIDS issues are discussed. Young people are insensitive to HIV and AIDS messaging for fear of being stereotyped.

Attendance
There were over 550 young people and older community members, members of NGOs, CBOs, loveLife groundbreakers, community development workers, the ANC Youth League and youth clubs.

Summary
The dialogue was facilitated by Lesley Nkosi with assistance from an interpreter and advisor from the district Department of Health. A language advisor/translator was hired for the day to overcome some language challenges.

Young people vowed to get talking about sex and HIV and AIDS. The older youth will talk to the younger youth about sex in order to protect them from its dangers and the younger youth will in turn look up to the older youth for exemplary behaviour.

The youth identified poverty as the main cause of youth becoming vulnerable. The effects of dogmatic cultural norms are evident. The participants want to turn cultural weaknesses into strengths, becoming role models for each other. They will also encourage dialogue with their elders about such issues such as sexuality, sex and HIV.
The Mhluzi community adheres strongly to customary practices. The stigma around HIV and AIDS is widespread and people living with HIV and AIDS are detested. Young people are conscious about HIV and AIDS messaging, but would not dare tackle the subject openly for fear of being labelled.

**Attendance**
About 380 young people comprising community members, members of NGOs, CBOs, loveLife groundbreakers, community development workers, local municipality representatives, Witbank Correctional Facility and Middelburg Correctional Facility offenders and warders attended the dialogue.

**Summary**
In the initial stages of the dialogue session, the youth were wary of expressing issues that were close to home, but the discussion soon got heated and they started arguing about problems in a forthright way.

Offenders from local correctional facilities talked about accountability and young people appreciating what they have and being responsible. A poem by one of the offenders touched the audience. The stage was used to seat the audience, giving a grandstand effect, which proved more intimate for the youth as they faced each other and seriously engaged on issues.

**Commitments**
◊ Talk more to each other about HIV and AIDS.
◊ Encourage each other to be more ambitious and not lustful.
◊ Look after each other as brothers and sisters and abstain.
◊ Empower parents with information on how to be better role models.
◊ Maleke, 17, says: “Young people have the responsibility to live for a freedom for which those before us have fought and died. It’s in our hands!”

Top: Participants at the Mhluzi dialogue.
Above: Group discussions at the Mhluzi dialogue.
Qwaqwa and Botshabelo are small but densely populated areas, with low levels of employment. Poverty leads youngsters to desperate acts of escapism and self-destruction. Young people are in such denial that when the 150 young people attending the dialogue session were asked if they knew any infected people in their community, fewer than a handful put up their hands.

**Attendance**
289 people were in attendance.

**Summary**
The community dialogue session was facilitated by Lesley Nkosi. In the initial stages of the dialogue session, it seemed as if people had been instructed not to talk. After a few ice-breakers, the floor was opened to comments and questions. The youth said that young girls deliberately fall pregnant in order to access the R400 a month child-care grants paid by the government. Young people do not support other young people’s initiatives to create HIV and AIDS awareness. As a result of this, there are no youth organisations in the area.

Parents and other adults stigmatise infected people and curse their actions, saying they deserved it. Young people will not publicly admit they are infected. Young men don’t test their HIV status, but rather try to find out through their partners’ results. In the group interviews, a more intimate account of the youth’s challenges came out. Poverty was highlighted as the main cause of youth becoming vulnerable.

**Commitments**
◊ Keneilwe, 17, says she will go out to the taverns with posters she will make and get the youth out of taverns and away from shop corners, and back into the community. She will get them to talk and act.
◊ Other young people have vowed to get tested and know their status.
◊ Others will support those infected and affected.
Galeshewe suffers from rife alcoholism and a high rate of teenage pregnancy. The older generation do not talk to their children. It is not uncommon to find 12-year-olds getting drunk and spending their evenings at taverns.

There is pressure to be seen in the latest trendy clothing, sporting the most expensive sneakers and carrying the latest mobile phone. Peers consider these assets as the greatest achievements in their young lives. Young girls exchange sexual favours with older men for money.

Attendance
Over 750 people attended, with some having to stand in the 600-capacity hall. The enthusiastic crowd comprised community members, members of NGOs, CBOs, loveLife groundbreakers, community development workers, educators, members of the ANC Youth league, etc.

Summary
This dialogue was considered the best of the series, not only because the youth were passionate and engaging, but also because of the pace at which the issues were exposed and the strong commitment the youth showed to stopping the spread of HIV themselves.

The Youth Noted
◊ The culture of alcoholism is crippling the youth. Either the elders are too drunk to listen when their children reach out, or the youth are too drunk to heed the messaging, which they admit is everywhere.
◊ Dialogue among the youth should be encouraged.
◊ Youth need to shift their energies from trying to impress each other and work on their dreams.
◊ Homosexuals are part of the community, too. They are part of the problem and want to be accepted as part of the solution, too.
◊ The church should play a role in HIV/AIDS issues and stop pretending people are not dying.
◊ The elders should also stop pointing fingers at young people; they need to take their place and start guiding young people in life. They should stop considering sex talk taboo because whether or not they want to admit it, young people are having sex.

Commitments
◊ Young people are tired of standing on the sidelines and waiting for someone to do something about AIDS, so they are all committed to changing behaviour.
◊ Young people need to be proactive and engage in community activities.
◊ Dialogue should be encouraged.
A buse of women and children is rife in this region, where there is a myth that sex with a virgin cures HIV/AIDS. Alcoholism is common in this small community and older people are not held accountable for their drinking habits.

Conservative and rigid cultural stereotypes limit dialogue and communication. It is one of the worst-affected areas in the country and young people are keen to talk about solutions here.

There is a gap in communication between young people and the elders in the community. Young girls exchange sexual favours with older men who give them money.

**Attendance**
850 people crammed into the 800-capacity hall.

**Summary**
The dialogue was facilitated by Lesley Nkosi. 46664 brand ambassador Thembi and her boyfriend, Melikhaya, were there to encourage those who are already infected to have hope for a whole future with HIV as young people.

Three people stood up and disclosed their HIV-positive status. It was an advantage to have SA Police Services and NAPWA (National Association of People Living with HIV/AIDS) representatives at the dialogue, especially when a woman who had been raped was crying out for help and they offered to assist.

**The Youth Noted**
✧ There is no peer pressure if you know who you want to be and you focus on your dreams.
✧ Alcoholism is a culture here, and it is the main cause of irresponsible behaviour that makes HIV spread quickly in KwaMakhutha.
✧ Government cannot expect young people to work for free to address HIV issues. If they are paid, they will give their all in the fight.

**Commitments**
✧ Young people must create network support structures so they can discuss solutions to the problems they face.
✧ Young and older people’s values and attitudes are a concern and they must change.
✧ Encourage elders to start talking about HIV/AIDS.
Mthatha, Eastern Cape
St Paul’s Catholic Church, Ngangelizwe Township, Mthatha, Eastern Cape: November 24, 2007

This is one of the worst-affected areas in the country. Women and child abuse is rife in this region and the myth that sex with a virgin cures AIDS is prevalent. Conservative and rigid cultural stereotypes limit dialogue and communication, and elders rarely talk to their children about sex.

Attendance
A disappointing crowd of 90 attended. Attracting a young crowd on a weekend to a “clean” fun event proved challenging in Mthatha. Youth preferred going to parties and taverns than coming to the aggressively promoted Youth Community Dialogue.

Summary
The dialogue was facilitated by Lesley Nkosi. The audience received the messaging positively and embraced the idea of coming together and fighting together. The few youth who attended did not approve of the youth community’s behaviour and wanted to do something about it.

The Youth Noted
◊ Youth in this township have sex at an early age, which creates a lot of social problems.
◊ Young people also indulge in heavy drugs at an early age.
◊ They take cocaine and other drugs that put them at risk, like crack cocaine, which they take with shared syringes.

During the group interviews, participants gave far more intimate details (these are paraphrased here)
◊ “Girls my age like to do things they are not ready for. They don’t listen when they are told to abstain and they carry on being promiscuous. This spreads HIV because they refuse to use condoms.”
◊ “Another problem in this community is that boys have no respect for girls at all. I was kidnapped by boys I knew a few years ago. These boys were supposed to protect me but they decided to take me to a house where a taxi driver lived and raped me repeatedly all night. They did not use condoms.”
◊ “From now on I want to start talking more, using organisations like loveLife.”
◊ “Young people give in to peer pressure, not realising that they have something more precious than just belonging in groups: their lives.”
◊ “Twelve-year-olds are sexually active these days because of pressure from their friends. This happens because young people have no sense of pride. They do not have dreams of their own.”
◊ “Teenage girls are the ones getting infected with HIV more and that terrified me.”
Conservative and inflexible cultural stereotypes limit dialogue and communication, peer pressure is a major problem in this area and there is a gap in communication between young people and the elders in the community.

Attendance
There were over 400 young people.

Summary
The dialogue was facilitated by Lesley Nkosi. A number of issues came up around drug and alcohol abuse, peer pressure and early first sexual encounters, and the dialogue was open, frank and informative.

The Youth Noted
◊ Peer pressure and drug abuse are serious problems, which help the spread of HIV and AIDS in this community.
◊ Youth have sex at an early age. “Most of the kids in my class have had sex and are not even ashamed to show off about it. It puts us at great risk.” (16-year-old)
◊ Drug and alcohol abuse puts young people in great danger of infection and spreads the virus in the community. When you are drugged and drunk, you are not aware of what happens to you, especially as a young woman. Young people are exposed to abuse at a very young age.
◊ HIV affects everyone.
◊ “I must not only start talking but also advise young people and adults around me about all the dangers of HIV and drugs.” (21-year-old)
◊ “Our behaviour has to change and it starts with me!”

Participants in the Johnson Ngwevela Community Hall, Langa.
This community suffers from alcohol and drug abuse. Poverty makes youth desperate and vulnerable, and youth recreational facilities are limited. There is also a prostitution problem in the area, where young girls are said to be prostituted by older women.

### Attendance
Over 300 young people comprising learners and educators, community members, members of NGOs, CBOs, loveLife groundbreakers, community development workers, criminal offenders and guards from the correctional services facility and other interested youth attended the dialogue.

### Summary
The dialogue was facilitated by Lebo Ramafoko, the “agony aunt” on the 46664.org.za website. The youth noted that issues of peer pressure and drug abuse are serious problems which help spread HIV and AIDS in the community. They said that youth have sex at an early age and that it’s important that impressionable minds are fed positive influences.

### The Youth Noted
- “There is a brothel in one of the houses in Soshanguve, I have not personally seen it, but it is said to be run by women. They prey on young, impressionable girls of 12 years old and upwards and sell their bodies to dirty men looking for a little fun.”
- Youth today lack passion and drive.
- Poverty is the main cause of this behaviour. This is because young people do not have the confidence in themselves to avoid being influenced by petty things.
- “We must not bore young people with lectures about HIV and AIDS since they’ve heard it all before and still do not take heed. We need to adopt creative means to get through to them, like poetry. We can also reach out to them by going to schools and use these creative vehicles to send positive messages of self worth.” (Pulane, 21)
- During school holidays, young people mill around taverns because they’re bored. They find themselves indulging in dangerous substances like nyaope (a mixture of heroin and dagga) and alcohol. This promotes irresponsible behaviour where they have sex without condoms and they don’t even remember. They lose control and end up raping each other.
- Parents don’t talk to their children and that crucial break in communication makes the youth swim in dangerous pools of irresponsible behaviour.
- “Government has to intervene in this community and work with young people. Perceptions have to be changed.” (Zack, 20)
YOUTH IN DIALOGUE

Case Study

The following section is a Case Study on the dialogue that was held in Mhluzi, Middelburg, Mpumalanga.

Mhluzi Youth Talk

'It's in our hands’ – Middelburg youth highlight HIV/AIDS issues

Youth Community Dialogue Programme engages youth in small towns across South Africa.

It’s 1pm and about 30°C in Mhluzi, a township just outside the coal-mining town of Middelburg in Mpumalanga, South Africa. People melt into St Peter’s Lutheran Church, ushered in by the loudhailers of the local police announcing the upcoming dialogue on HIV/AIDS as well as by promotional inserts on the local radio station, Greater Middelburg FM (GMFM). The Middelburg event is the third event in a series of community dialogues funded by the Nelson Mandela Foundation leading up to the 46664 concert on December 1, World AIDS Day.

Youth tackling stigma and discrimination

These events don’t come around often, and stigma around HIV/AIDS is rife: locals often use terms such as “Z3” (because it takes your life as fast as the car of that name goes), or “three letters” when referring to the virus.

“People just don’t want to talk about it,” says Martin Mokgoapkama, 26, a reporter from the Middelburg Herald. “We still have a mentality that ‘If I attend that awareness [event], my neighbours will think that I’m HIV-positive.’”

Nevertheless, the event is reasonably attended, with most of the church’s pews filled with the target age group – 16 to 24-year-olds – as well as a smattering of older folk.

Mokgoapkama says he doesn’t know the infection rate in the town and has never written an article in which someone has spoken about their HIV status, despite Mpumalanga’s estimated 15% HIV prevalence rate.

Inside the church hall, the music begins to blare and Mokgoapkama hurries back inside to capture his second HIV/AIDS-event story of the year. “These awareness campaigns are still considered soft news,” he notes.

Engaging the wider community

Facilitator Lesley Nkosi says every community has unique issues that only it can solve.

There are no celebrities, no VIPs at this dialogue event. The VIP area has been taken over by prisoners and wardens from the nearby Witbank correctional services facility. Unshackled and dressed in...
matching suits, they’ve been invited to share their stories with the youth. There are rumours that the premier may arrive, but there’s no waiting for dignitaries. The event begins at 1pm, on time.

“When you go into it, you’ve got to be really open-minded to whatever possibilities there can be,” Nkosi says. “All you’ve got to do is make sure that you encourage people to talk about their issues to each other and not to me.

“We’re taking the responsibility of HIV/AIDS back to the community through young people,” he continues. “We’re trying to establish the unique problems with regard to HIV and AIDS in the communities … and then see if we can come up with specific, unique solutions to these problems and then have the youth make unique commitments.”

One of the prisoners, “Senzo”, stands up and reads his poem, How could I have been so irresponsible?:

“I mean, constant, cautious reminders ran through my ignorant skull … / They were simple as ABC / Which was abstain, be faithful or condomise / But no, I chose to jump to DEF / Which is Drink more liquor, Expel her assertivity and Force yourself into her …”

It Is in YOUR Hands
A troupe of 46664 actors begins their play, Khululeka, mixing humour with contemporary beats as they promote common prevention messages.

“Can you get HIV from touching someone’s hand?” an actor asks the audience. “No,” comes the resounding call.

“Okay, this is a more difficult one. Can you get HIV from a mosquito bite?” Yeses and nos compete. “Ahh, so we do have a lot to learn,” the actor replies.

The play ends with instructions on how to put on a male and a female condom. The female condom draws whoops of laughter from the audience. After the play, Nkosi calls the audience to the front of the church. Nobody moves out of their chairs. He pleads again and then finally instructs those sitting at the back to take a position on the front steps leading to the stage. A conversion is taking place – audience members are becoming participants.

Nkosi doesn’t often ask questions. In fact, he lets the participants both ask the questions and answer them.

The roving microphones filter up and down the rows of people, snapped up by outstretched arms. Nkosi does have a rule though. Before someone can make a point, they have to identify themselves and say “Togetherness”, to which the participants respond “ke nthe e monate (is a nice thing).” Some forget to stand up, to which the participants respond: “Uzivese sikubone (show yourself so we see you).” He also encourages participants to use inclusive terms such as “we” and “us”, instead of “they” and “them”, to emphasise their togetherness.

Issues around the future aspirations of the youth come up often, clearly a central concern for those living on the outskirts of a small town.

“Be sure of what you want to be,” says one participant. “Be a first-class version of yourself, not a second-class version of someone else,” says another. Everyone seems to have a catchphrase, a slogan they’re holding onto.

Sugar Daddies
The issue of “sugar daddies” – rich older men who reward their young girlfriends with gifts and money in return for sex – is raised. “What I see is that girls are easily influenced with a lot of things. Most girls like nice things and like things they know they don’t have. They come from poor backgrounds but they are going to look for guys with cars,” says Tshepo.

“It’s not that girls are forward; boys, you’ve got sweet words so that we
girls can be pressured,” says Hlengiwe. “A guy can pressurise a girl with anything, sweet words, you can buy her a gift and if the girl is stupid enough they will be pressured.”

Nkosi says Lerome’s youth is focused on issues around “aspiration”, specifically youth who have transactional sex with men who work in the mines. “The guy is going out with six other girls in the community, but because you can buy me nice shoes and nice clothing, I don’t mind … But these guys also have the power to say, ‘why would you want me to wear a condom, don’t you trust me?’ You could imagine with older people, they don’t believe in using condoms.”

Getting the messages through
In a smaller session after the main dialogue, Nkosi interviews a group of teenagers. Maleke, “17 turning 18 next year”, tells him that celebrity-driven music “bashes” in their area don’t work to drive behaviour change. “People … we … will go there not having an aim that we are going to get more information, or get some more details on HIV/AIDS, but we are going to go there because some stars are going there.

“Say for example they say Zola is coming, Chomi is coming, we’re going there for those celebrities, we’re not going there to get more information or to get enlightened.”

She says a public talk show in the community would be better. “But I do not want them to come and point fingers … rather than them performing, they should speak about their experiences, and they shouldn’t make up experiences,” she says.

Themba, 16, says HIV/AIDS messaging creates fear in some minds. “Although they were trying to voice out or they were trying to sell the idea to people [about the dangers of AIDS], it made them scared. Instead of making them conscious of it, they are more scared of it.”

Themba and Maleke host a show on local radio (sponsored by the HIV/AIDS non-governmental organisation loveLife) that discusses issues that concern young people in the area, especially HIV/AIDS. “I’m trying to make it appealing for them to accept it, for them to be keen on it because they are running away, because of the way we introduced it to them [as] a killer disease,” says Themba.

Mlungisi, 15, agrees. “The first time I knew AIDS it was because of [the child activist] Nkosi Johnson. Nkosi Johnson was about to die, or was thin, that image is still in my mind, that when I have AIDS obviously I’m going to lose weight, all that pain and everything.

“It was introduced as this disease, as a killer, as a murderer, that if I have HIV/AIDS, I’m already dead. It would be better if I kill myself. It was introduced as a killer, not as TB [which is treatable].”

The organisers have purposefully chosen small towns and villages in South Africa for these dialogue sessions, in the hope of making meaningful impacts in often neglected places.

“We wanted to choose areas that are not saturated,” says programme manager Sipho “Paddy” Nhlapo. “Who funds projects here? If you find five, you will be extremely lucky.

“There’s only so much you can do on television and on radio, but our focus is to engage communities directly. When we engage them, we don’t come to preach to them. We bring the play that highlights issues around HIV and AIDS, and then communities engage and say what their problems locally are and what they think is the best way of dealing with their problems.”

Youth Keeping the Promise
A mural is painted on a public wall after each event. As the team leaves Mhluzi for their next small-town destination, a local artist paints: “Put yourself first; practise self-control; be …”
From everything you’ve learnt from the show, we understand that the people who are more vulnerable to HIV are women. Maybe you can tell me or explain to us why it’s like that, why is it so?

Veronica
My answer is that amongst the young people or the community, it’s because poverty is there and then it’s the pressure from friends. Amongst friends, if my friend is dating a guy with the new Golf 5, and at home we have no bread, and my friend eats at KFC, I also adopt and do those things.

Phindile
The thing is according to my understanding and the way I was taught at loveLife, we women are carriers of this thing because it stays inside us. I mean, our body parts are inside so this virus also lives inside; it’s inside so that’s why you find that we also spread it. The sooner you know it the better.

Thuliswa
I would like to defend our fathers [older men in the community]. I’ve been hearing about fathers who are 48 and 38. These fathers have done nothing wrong. It’s our forwardness, and yes, I admit, we are forward. What I’m saying is that as girls going after a man who’s 38, what are you expecting from that man?
Secondly, a 38-year-old man doesn’t love you, he just wants to make you a trophy for the time being. And you want to say no to him when he wants to sleep with you, when you were the one who went after him in the streets? We girls must also use our brains and think because you’re going after an old man, the next thing you’ll cry rape and you were the one who went after him.

Tshepo
What I see is that girls are easily influenced. Most girls like nice things they don’t have. They come from poor backgrounds but they are going to look for guys with cars; these guys are sugar daddies. And this puts them at risk of getting HIV because they want things they can’t achieve rather than starting their lives afresh.

Precious
You’ll find that a child 16 years old is dating a 25-year-old. I mean, come on, if you are 16 years old, what do you talk about with a man who’s 25? And most of the time we do that because we’ve got peer pressure and that kind of stuff. We’ve also got this thing that someone with no car is a Yellow Pages [The Yellow Pages business directory slogan is “let your fingers do the walking”].

Handy Fact
The South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005, commissioned by the Nelson Mandela Foundation with additional support from the US Centers for Disease Control and Prevention, found that of all new HIV infections, 34% occurred in young people in the 15-24 age group. The HIV incidence among women in the age group 20-29 was 5.6%, six times higher than in males of the same age (0.9%). Among young people in the 15-24 year age group, women accounted for 90% of all recent HIV infections.

Source: UNAIDS 2007 AIDS Epidemic Update

Handy Fact
Sugar Daddies
Sex in exchange for money or goods is often referred to as “transactional sex,” suggesting a short-term encounter for short-term financial or material gain. Being unemployed results in needs for basic items such as food or money. Sexual exchange provides a means for survival. Economic dependence on a sexual partner may also be disempowering in relation to HIV prevention. Source: “Concurrent sexual partnerships among young adults in South Africa”, by Parker W, Makhubele B, Ntlabati P and Connolly C, 2006
Phindile
Sometimes you don’t want to test and then you go ahead having sex without knowing your status and in that way you spread HIV/AIDS.

And then there is a point made about sometimes a person likes bling-blings, these nice cars and these expensive cellphones. Sometimes you do have a choice to say no, but the problem is you are being pressured to do these things. Imagine someone like me, let’s say I’m 16 years old and then the person, maybe the one who drives the Golf 5, is 48 years old, I mean there’s nothing I can tell him because firstly this person is older.

Richard
Okay you girls, let’s say you’re dating someone with a car, you love this person because of the car. When he leaves the car maybe and he takes off the jewellery, what do you then see? Do you still see something in him, something attracting you to him?

You guys, most of the time there’s a lot we can do but what we do is sit at the street corners. We smoke, a mother walks by and you trip them and take their money; when you think about it, this person was just making a life for their kids, they are a parent, isn’t it? So what is good in that? Let’s stop this not using our brains. This person is trying to make a life for their kids, what if this happened to your parents, you wouldn’t like it, get me?

Hlengiwe
With most of us, there’s a lack of communication between parents and their children. And then, when a 16-year-old child is sleeping with a 38-year-old person, how do you feel? And you are a young child getting into a Golf 4 of a man with a six-year-old child, how do you feel?

And Tshepo, I just want to tell you that it’s not that girls are forward, boys have got sweet words so that we girls can get pressured. A boy can pressurise a girl with anything, you can tell her sweet words, you can buy her gifts and if the girl is stupid, she will do it. Girls are not forward, it’s that our backgrounds are not the same. One can be pressurised by a friend and one thing for sure is that we come from different families. I have girlfriends, they pressurise me to date a guy who’ll buy me Levi’s. If you’re going to laugh as a girl and make excuses, you will pressurise yourself and be pressurised but when you say “No I don’t want to,” your “no” must be clear. Don’t mince your words.

<table>
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<tr>
<th>HANDY FACTS</th>
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<tr>
<td><strong>Why are women more vulnerable to infection than men?</strong></td>
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<tr>
<td><strong>Biological factors:</strong> The vaginal lining is more susceptible to infection, so unprotected vaginal sex is more dangerous for a woman than for a man.</td>
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<td><strong>Social factors:</strong> Women have less say in when, how and with whom they have sex, and women in relationships may not be able to negotiate for monogamy or safer sex practices. Women are also victims of sexual violence and domestic violence. Women are less likely to have a say in what kind of HIV prevention methods they use when they do have sex. There are few safer sex methods that are female controlled, and none that can be used without her partner’s knowledge.</td>
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<tr>
<td><strong>Economic factors:</strong> Because women in South Africa and single mothers in particular are economically disadvantaged, their access to health care is compromised. Women in violent relationships are also limited in their ability to leave because they have few economic resources. Poor women have less access to information and resources that will help them make informed choices. HIV-positive women who are poor also cannot make healthy lifestyle choices or access drugs that may keep them healthy for longer.</td>
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<tr>
<td><strong>Source:</strong> <a href="http://www.womensnet.org.za/hivaids/aids.htm">http://www.womensnet.org.za/hivaids/aids.htm</a></td>
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Interview with Themba, 16

Themba
My mother is a caregiver; she works in home-based care; she usually takes care of those people infected with HIV/AIDS and in my view, especially in Mhluzi, I feel like HIV-positive people are isolated.

There is some sort of isolation of those people. Due to the fact that AIDS was communicated badly, it was not appealing to people. I still believe that the first time AIDS was introduced to people it was, I don’t know, it made people freak out. It gave a misconception about HIV/AIDS, it changed their perception.

I so much believe that perception determines the reception. That is how most of the people receive people with HIV/AIDS, in a way that isolates like that. It is because of the knowledge they have on HIV/AIDS, it is not appealing.

Les
So people in Mhluzi are scared of HIV?

Themba
Yes they are scared, because of the information that they got.

Les
Who are they getting information from?

Themba
The media and everything. Listen to me, the way they introduced it, it made people scared.

They were trying to sell the idea to people that AIDS kills, but it made them scared. Instead of making them conscious of it, they are more scared of it, that’s the problem. So people in Mhluzi, most of them are afraid because of the misconception they have.

Les
They freaked out from the messaging that has been coming?

Themba
Yes, because it is not appealing, take it from me, it is not appealing.

Les
What messaging can be appealing to us young people in Mhluzi? What can we hear?

Themba
I mean in most cases you speak about HIV/AIDS and you give it to us as a problem. I believe the youth have been influenced by the information that they got from the media and everything so I believe that you need to make it appealing, I don’t know how.

You could organise some sessions to talk about HIV/AIDS, organise some artists for a bash and make it funky, make it appealing for young people to be attracted. So the most vital thing that you should consider is to make the information appealing, that’s what we need.

Les
This is a lovely point but you keep saying “you should, you should” – who’s “you”?

Community dialogue advertising in Mhluzi.
Okay, let me just generalise: us, or we, me.

That’s what I like to hear, I like to hear you saying that this is what I have to do as a young person in Mhluzi.

That’s what we are doing, I mean on radio, as they’ve said, there’s a loveLife programme, every Tuesday and Friday. We do speak about such issues; we discuss issues that concern young people, especially on the side of HIV/AIDS.

That’s what we are doing, I mean on radio, as they’ve said, there’s a loveLife programme, every Tuesday and Friday. We do speak about such issues; we discuss issues that concern young people, especially on the side of HIV/AIDS. So that’s what I’m trying to do, because I now see the problem; it has not been appealing to young people, so as a young person, I’m trying to make it appealing, for them to be keen on it.

What else can you do to make it different, to make the messaging more receivable to young people and in your personal capacity, what do you think you can do?

I can get information and try to break it down to the level of young people and speak their language.

Whose problem is HIV?

It’s everybody’s problem, it is my problem because even though I’m not infected, I’m affected as well so it means I’m also involved whether I tested or I didn’t test, whether I’m positive or negative, but it is also my problem and it is my responsibility to stand up and fight against HIV/AIDS at the same time.

How can I make a difference at home? How can I make a difference in my home, my community and my life to make sure that HIV/AIDS does not end up dictating the life and the death of young people in my community?

It’s really a nice question, I must say. I believe as a young person, there’s one thing that I believe in. I have to be at their level for me to get their attention. As a person who’s well-informed about HIV/AIDS, in most cases I can speak to young people at school about that because that’s where we find young people and that’s where these things are emerging from. I don’t need 1000 people, if I can change three lives I’ve made a big change.

What resources do you need to make those changes, do you need anything?

Media, publicity, that’s what we need. Currently radio, but the idea of loveLife, of radio, is not well sold to people so we need media because most of the young people are fond of TV, the internet and everything and I’ve never seen anything concerning HIV/AIDS on the internet.

I mean I’ve got a cellphone, with files and games and everything but there’s no information about HIV/AIDS.

So you’re saying technology could have more content?

Technology, thank you very much, that’s what I was looking for, technology.

Did you hear what the guy from the municipality said? He said the fact that he is there means he’s showing a commitment and that they are committed to making sure that they are helping youth in this community to deal with HIV/AIDS issues, their door is open.

So I’m just saying that as a matter of fact you must always remember that the door is open. Go there, go to the municipal office, go to the mayor’s office, the mayor of Middelburg, and say this is what we need. We need to have access to technology, we need to have access to young people, we need to have access to more media.

We have a community radio station, we need more facilities and stuff like that, maybe you can use those platforms.
Interview with Maleke, 17

Maleke

We are shying away from speaking about HIV/AIDS. You see, HIV/AIDS in our community is something which we never talk about, it is taboo.

I’ll make a practical example. When one goes to shows, say at that show they are going to address the youth or they are going to address the community or the society at large and they are going to speak about HIV/AIDS.

People will go there, we will go there, not having an aim that we’re going to get more information or we’re going to get some details about HIV/AIDS, but we’re going to go there because we know that some stars are coming.

Les

What I’m hearing from you is that the messaging, some of the vehicles that are being used to grab our attention as young people, like for instance having big concerts and stuff, they are not working the way that they should. They are taking attention from the messages and the attention is going to the entertainment.

Maleke

Yes, however I do believe that if the set-up of these shows or these concerts is changed, then we’ll see a change in our community.

Say now for example, rather than them saying that these people will come here and perform, they should say that we’re going to have a talk show and we’re going to have celebrities or people who are in the media or people who are in the public eye and they are going to be involved in that talk show.

And the people who are going to organise those kinds of events should make sure that the people who are going to talk or are going to be hosted at that event should be the youth, because it is appealing for me if someone of my age comes to me and says that I’ve had this kind of experience, this and that happened.

And also I believe that in those kinds of talk shows we should include parents because we cannot empower the youth while at the same time we leave behind [parents], you get what I’m saying?

Les

Yes, it’s difficult getting through to the parents. How do you handle the issue of respect, the level of communication with old people?

Maleke

Yes, exactly, now there’s a loveLife saying that I like using: “if you are not talking to your child, who is?” So parents have a huge influence on us because they are role models. I grew up under their influence, they speak to me, they are the ones who instil morals, values and principles within me, but it is up to me whether I intend to keep those morals, values and principles.

However, I do believe that if we empower the youth, we should also empower parents because it doesn’t make sense to empower the youth and leave parents behind. They should accept that these kids are a different generation.

We’ve got issues affecting us, we’ve got teenage pregnancies. HIV/AIDS is one of the killers that kills the youth in South Africa and coming to think about it, if we the youth are dying of HIV/AIDS then who
Les
Who are going to be the leaders?

Maleke
Exactly, I like that saying that there was a time when we had to die for our freedom but right now we need people who should live for the freedom that was gained by the people who died then.

Les
It is time for me to … you know there is this thing called transactional sex, you know that?

Maleke
You provide me with things, materialistic things, then I sleep with you, just like that. At that time it is simple because I’m enjoying the life, I’m living the life, I’m talking the life and everything is bling-bling, it’s fine, it’s nice. However in the long run I get affected.

Les
Infected you mean.

Maleke
Yes, infected, whoo, those words. So it affects me enormously and it also pains me that people, that we, are dying because of a lack of knowledge.

Les
Do you think there’s a general attitude of not taking things seriously amongst us youth in Mhluzi? We don’t take things seriously, we don’t think it’s our problem maybe?

Maleke
Yes, I think that it is because most of the time when we speak about HIV/AIDS, you hear someone saying the government should do that, the government should do one, two, three, older people should do one, two, three, churches should do one, two, three, however we as the youth do not take responsibility for the actions that we take.

But if we started taking responsibility for the actions that we are taking, then I believe that everything will change. And we should also stop pointing fingers because HIV and AIDS doesn’t affect only the government, HIV/AIDS doesn’t affect only older people, it doesn’t choose, it doesn’t matter whether you’re young, it doesn’t matter whether you’re old, you’re rich or you’re famous, you’re poor, HIV/AIDS is HIV/AIDS. I do think that we do not take things seriously because we engage in high-risk sexual behaviour.

Les
I heard you say that you would like to see, instead of having celebrities come and perform for you, you would like to see a situation where these celebrities are coming and sitting down and talking at the same level as the youth.

Maleke
I’d like to see that, however I do not want them to just come and point fingers and say “you talk, you talk”.

We’ve got celebrities, say now they attend, even if they aren’t celebrities, just people who are in the public eye, 10 of them, make sure that eight of them are the youth and two of them are old people, because we cannot empower the youth while we leave behind adults, parents or elders.

Rather than them performing, they should speak about their experiences and they shouldn’t make up experiences, they should speak about things that they’ve experienced because I do believe that if you have experienced something personally you’ll make a difference in someone else’s life because the very same problem or the very same situation that you are facing, the next person may be
facing and with your kind of advice and with your kind of experience, that person may be able to get out of that situation.

_**Les**_

What do you need to make your fight against HIV/AIDS as a young person?

_**Maleke**_

Like Themba has said, publicity, because now we are involved in a talk show in Greater Middelburg FM, they are hosting us every Monday and Friday.

I’m a loveLife debater. Yeah, I’ve been with the debate for five years now, you can hear with the speaking.

_**Les**_

All right, so you need to have that publicity and maybe you will use some of the resources that have been offered to you, like the municipality?

_**Maleke**_

Yes, if we do get that I believe that we’ll reach the youth more easily and also if we are given publicity that we deserve, the youth will see that HIV/AIDS is not something that we should shy away from, it is not a death sentence. It is just a situation which needs to be dealt with.

Like the youth of 1976, they fought against apartheid, right? Right now we are facing a new kind of situation, we cannot fight HIV/AIDS physically, however there are things that we can do to fight it. And for us to do them, we cannot do them alone, we need their help and their assistance because I believe in the saying that no man is an island.

So for us to reach them, they should also respond, they shouldn’t just get the information and keep quiet and in their responding they should also let others know that this is what is happening because at this very moment there are many myths going around about HIV/AIDS, right? Like for example, if you sleep with a virgin then you’ll no longer be infected with HIV/AIDS; it is a myth. However, we know that it is a myth but there are still people who are saying that it is a fact.

_**Les**_

Is it still happening here in Mhluzi?

_**Maleke**_

It’s still happening and the thing that, okay, after having sex go and shower, then you won’t have HIV/AIDS; it is still happening.

_**Les**_

How can you change that as a young person?

_**Maleke**_

As a young person I think I can change that, given the platform. However, like Themba has said, I do not have to go around and organise a stadium full of people.

By speaking to my friends, I’m telling them facts, but also in my speaking I shouldn’t just speak, I should get the necessary information, the information that appeals to them, I should give them books that will show them what I am saying is true because statistics change every day. There are new methods found every day of how a person can live positively with HIV/AIDS.

_**Les**_

They must be informed?

_**Maleke**_

Yes, so I must be informed and have the necessary information, which is for example booklets, then I can let them know, then it’s fine.

And say remember what we wrote there, remember this is what we said, you know? And every time there’s a new commitment in your mind, in your discussion, you can go to that mural, it’s yours.

You write those commitments down as young people but we are taking HIV into our own hands, it’s in our hands, let’s bring new opportunities in our hands.

Mhluzi community.
View of Lerome.

Group discussion in Thaba Nchu.

View of Giyani.
St Peter’s Lutheran Church, Mhluzi.

Mural in Galeshewe.

Lerome, Rustenburg.
Interview with Mlu, 15

Les
Ja, tell me what’s going on my man, what’s wrong, what’s up in Mhluzi?

Mlu
I think one of the problems that we are faced with concerning the youth is ignorance. I think we need to realise that today’s youth, they don’t care anymore about life, what they care about is the short-term time. I have friends, they say I must drink liquor, let me drink liquor. We don’t think about the consequences, what that might bring tomorrow.

Why are we ignoring HIV/AIDS? Themba mentioned the fact it might be how it was introduced. The first time I knew AIDS it was because of Nkosi Johnson. Nkosi Johnson was about to die or was thin, that image is still in my mind that, okay, when I have AIDS obviously I’m going to lose weight, all that pain and everything. So how it was introduced, it was introduced as this disease, as a killer, as a murderer, if I have HIV/AIDS, I’m already dead. It would be better if I kill myself. It was introduced as a killer, not as TB.

Les
How do we change this now and create a different perspective now that we know that it’s not a killer?

Mlu
First thing: HIV was introduced as a killer but not as any other disease where “I’m affected with TB, I’ll take treatment and life goes on.” But I’m sure you’ve heard some of the people in the dialogue, they were saying HIV kills. You heard the DJ, Solly, saying HIV kills, abstain, be faithful, condomise or you will die. We have people living with HIV/AIDS who are healthy, who are happy with their lives. Don’t take HIV/AIDS as a killer but take it as a friend.

Les
So it’s also a perception in how do we address issues when we talk to each other as peers? We must not try to kill each other when we talk, we must build each other when we talk; constructive conversations.

Mlu
And another thing is that HIV, it’s a stigma. Nowadays, you have AIDS, it’s a disgrace. I don’t want you as a friend, I don’t want you near me. That’s why, when you asked the question, “can a mosquito infect you?” some people were saying yes, some were saying no. What I’m saying is that we have the information, the media is there, we have television, we have radio, these guys are doing a talk show but the youth are the ones lacking.

They don’t listen to that talk show, why, because they say it’s boring, why, because they say it’s boring. I know what I’m doing and what I’m doing now is I must booze, I must go to bashes, but they don’t think
of the consequences that will follow. That’s why I mentioned a fact that I may booze, I may do everything but is what I’m doing what I planned or what I wanted in my life or is it contributing to what I want to be in future? That’s what we should ask ourselves.

HIV/AIDS is a big problem in South Africa but people are ignoring it. They know that HIV, it’s there but they are ignoring it.

Les
But it’s easy to ignore something that is being labelled a killer and something that is very difficult to deal with. I’d rather not imagine what a tsunami’s done to Asia, you know? I’d rather ignore thinking about it because I see what the tsunami does but at the same time if I read more articles that I find about the tsunami, I would find that there were good people who went and donated their services and their money after the tsunami and people were able to bring their lives back in order.

Wherever there’s a negative, there’s always a positive, but it is how that message is sent out. You guys have made now a commitment to say that because you are aware you can go out and make sure that the message is calmed down a little bit.

That you can talk to people and say don’t scare me man, don’t freak me out because one person out of seven people is infected, 2500 people every day are getting new infections with HIV/AIDS. Don’t come and freak me out, talk to me like someone, let’s discuss it, let’s find solutions, like we’re doing now, right?

You guys are making these commitments, we take these commitments, we put them down on the mural over there, everyone who passes here is going to see that this is what I committed myself to, you know? And then your duty is going to be made easier, that when you go around talking to people, you can always refer them back to that mural.

HANDY FACTS
Mosquitoes cannot transmit HIV or AIDS. Mosquitoes do not inject the blood of other people they have bitten into new people they bite. Mosquitoes can, however, spread other serious diseases such as malaria and yellow fever. Humans cannot catch HIV/AIDS from any insects or animals such as monkeys, spiders or snakes. Only humans can carry the virus.

Source: JournAIDS
Social Worker
Phindile Mahungela is a loveLife volunteer who is close to the end of a year-long contract with the organisation. She said she had learnt a lot about “how to take care of yourself” but it had been a challenge.

Some of the six high schools in the area don’t allow loveLife to come and work with the learners and some parents don’t want their children to go to the loveLife centre. The organisation offers drama, debates, sports and recreation and has a life orientation booklet.

Department of Health
Margaret Skosana, who works in the municipal Department of Health, attended the dialogue because “it’s our children – we are listening to them.”

She said the department’s HIV/AIDS message emphasised abstinence and morality more than condom use. “We are trying to discourage them from being involved in sex.”

It’s important to make sure children have information about HIV/AIDS when they are very young, she said, because later they are under peer pressure.

Near the mines, young girls wait in the veld to prostitute themselves. She said this is because they don’t have jobs or food. They sometimes do it “on account”, presenting clients with a bill at the end of the month. The men say that the money they spend on this sex is not from their salaries but extra income from gambling or giving people lifts.

She said the local clinics offer incentives such as gifts of cooler boxes to encourage young people to come for counselling and testing. They offer condoms, STI treatment and information, and prepare patients for ARVs if their CD4
count is below 200.

There are also drop-in centres where children can get food for the day. Clinics have lay counsellors and can offer supplementary feeding when mothers don’t want to breastfeed. The Health Department also helps establish food gardens, with starter packs from the Agriculture Department.

She said patients sometimes remove any reference to the word “positive” from their clinic cards or health records, even if the word refers to something other than HIV. (This seems to refer to the stigma of HIV.)

Participants

Ida Xulu, an elder in the area, came to see the dialogue despite the fact that it was aimed at 16 to 24-year-olds. “I called the radio to enquire why was the session only for the youth. What about the parents?” said Xulu. “I’m representing the Mhluzi parents,” said Xulu.

Lindokuhle, 15, works at the loveLife centre in Mhluzi, situated at the St Peter’s Church. “Here in Mhluzi, teenage boys smoke and drink a lot and teenage pregnancy is rife,” she said. “We’re going to talk about girls and how to prevent pregnancies and about unsafe abortions … I’ll talk on pregnancy issues and for them to stop having abortions without their parents’ knowledge.”

Shadrack, 15, said he expected to get “education and knowledge” from the dialogue. “I want to learn and know how professionals work and to get motivation and get guidance on how to reach our goals,” he said. “What’s important is motivation; it is the way to show us how to set our minds to specific goals and to be edu-wise.

“The youth today don’t give thought to these things,” he added.

Given, 16, expected guidance from the dialogue. “We’ll be getting guidance from experienced people who have gone past the adolescence stage and we want them to teach us to be like them.”

Marcus Masemola, 25, from the Youth Advisory Centre and Steve Tshwete Municipality, said: “This event is to let young people talk about HIV/AIDS, share their views and opinions and their commitment to fighting HIV/AIDS. For example, if young people of before could fight apartheid, today’s young people should be able to fight HIV/AIDS.”

“The youth are the future leaders of our country, I mean, if they are dead, what are we going to do?”

After the event, Sandra, 24, a prisoner, said she felt proud to express her feelings about HIV/AIDS. “We need to continue preaching the message, until people hear it. HIV/AIDS is not going down.”

In prison “we talk about it. We won’t be in there for our whole lives, we will go out. When I come out, I do commit myself to preaching about HIV/AIDS.”

Chairperson of the ANC Youth League in Mhluzi Ward 4, Ditshego Seloane, says: “We are not being recognised like other townships. We’ve been going around the municipality to tell them this is what we can do to develop ourselves but we get empty promises. 46664 must come back to develop us, we want to be a youth of winners in Mhluzi.”

Daphney Mngomezulu, a teacher who voiced her concerns at the event, agreed. “They are defeated because there are no follow-ups on activities that have been started and there’s no monitor to see if their projects are sustainable, there are no ongoing structures.”

Masemola said he was grateful for the event. “It’s very rare to see black young people discuss sexual issues; it’s good that it’s from within South Africa, the youth saying that.”

“What’s important was to get their views and get them talking and participating and I think our objectives were met.”

St Peter’s Lutheran Church, Mhluzi.
The 46664 Youth Community Dialogue Programme moves to Soshanguve.

The last dialogue in the Youth Community Dialogue Programme was held in a small Pretoria township, Soshanguve, on November 30, 2007.

The dialogue’s objective was to encourage young people to participate, own the process, and engage each other in discourse aimed at preventing HIV infection as well as addressing related social issues.

Soshanguve is a township situated about 45km north of Pretoria, Gauteng, South Africa. It was established in 1974 on land scheduled to be incorporated into a bantustan bordering on Mabopane in Bophuthatswana. Sotho, Shangaan, Nguni and Venda people (hence the name) were resettled from Atteridgeville and Mamelodi. It later became part of the City of Tshwane Metropolitan Municipality, and was the scene of riots related to poor service delivery in January 2006.

The youth of Soshanguve highlighted the problems and challenges that they face in their community regarding HIV/AIDS.

The day started with a play from Lentswe Theatre and Heritage Organisation. Hecate, a drama group, followed with Khululeka, which they performed at all the events.

Lebogang Ramafoko, senior executive at Soul City, was the facilitator for the day. She made sure that people engaged in discussion about the problems they face around HIV/AIDS and that they gave solutions to these problems.

The Soshanguve youth are facing varying challenges, among them stigma, lack of knowledge, myths and many others relating to HIV/AIDS.

Shermaine, an HIV/AIDS campaigner, said that “people are condomising but they don’t know how to use a condom, that’s a problem that we’re facing.”

Bathabile said, “As young as I am, I like watching programmes (educational TV) because my mom cannot talk to me about such things, she’s still afraid and it’s true,

some of you parents can’t talk to us.”

There was immediately a condom demonstration by a participant from the community to see if people really did not know how to use condoms.

One of the participants went as far as highlighting that people didn’t know how a person can get HIV.

“We were on the door-to-door campaign and the problem we encountered with the youth was that they still don’t know how HIV is contracted,” said Susan, one of the participants.

Commitments:

Tshepiso said, “I would like to open my own youth group and I would educate each and every girl that you’re not beautiful because of your beautiful thighs, you’re not yourself by wearing short
skirts, showing your cleavage, dating older guys, dating taxi drivers and everything. You are yourself because of you, your confidence, the way you are, the way God made you.

“I am fully aware of the things that are happening to our youth of today and mostly it’s the youth that dies. Because of my friends (I am at a stage where I am informed) I teach them and they never listen,” added Tshepiso.

Tlhologelo’s commitment was to the ABC message. “What I want to commit to is those three letters of the alphabet, A, to abstain, B to be faithful and C, to condomise. Definitely when I go around I will tell my friends that there are only three letters you can use in life that you can stick to, which is ABC, that’s the best message, that’s in my heart. In fact anyone that I meet, young or old, those are the words that I can say.”

He added, “I will like to be very much involved in community projects that basically are about AIDS and then again in churches because some of the churches don’t talk much about it. I can commit to start telling some of the youth in churches and other youth in the community about what’s happening. This is reality, this is what we’re facing and the solutions to say what can we do, that’s what I can commit.”

Reflections:

Tshepiso – “I think you should do this every year to show the youth that when you fall pregnant or when you’re HIV positive, it shouldn’t be the end of the world.”

Wendy – “For me this event was a good one especially for the community of Soshanguve, even if they didn’t come in large numbers. Next time if you campaign in time, and start on time and change the time to a much earlier time, especially for us Correctional Services to be able to provide the message we do with our productions about HIV/AIDS and other issues.”

Gontse – “I saw that we are in the 16 Days of Activism and we musn’t just end here, maybe they can call us to perform somewhere else. We develop groups and go around the community, even in crèches, and perform there for free.

“We won’t just stop here in our community of Soshanguve, as soon as we’ve performed like this, wherever we get money, we will try to go out and go to other provinces to be able to provide the message we do with our productions about HIV/AIDS and other issues.”

Lebogang – “It’s not like we’re going to just end it in one place. We’re going to spread the word and through our actions, we are going to try and show that HIV/AIDS is not right.”
Key Issues Raised

Lack of Knowledge

Tebogo
I’m an offender in Pretoria Female Prison. People think when someone is HIV or AIDS-infected they can see them coughing or being skinny or having sores all over their body, which is wrong.

You cannot determine that somebody is HIV-infected by merely looking them in the eye or looking at the physical features. You need to make sure that person has been tested, before you can make sure that person is HIV-positive.

Shermaine
I’m from Pretoria Female Prison. We have also been doing door-to-door campaigns and as we were talking about ABC, we found that people don’t know how to use a condom.

Zachariah
I have two questions. The first is, do we have ladies’ condoms? If yes, why are you always making examples with men’s condoms only?

Susan
We were on the door-to-door campaign and the problem we encountered with the youth was that they still don’t know how HIV is contracted and they take it as a joke and some of them say there’s no HIV until they have it.

Koketso
I want to ask, if as you’re saying, condoms are the solution? Why since there have been condoms until now, is AIDS not decreasing but increasing?

Betty
There’s this issue that people don’t know how AIDS is contracted because a person says let me not wear a condom and I won’t ejaculate inside a woman. I think that’s the cause of the spread of HIV. A person thinks that ejaculating causes the contracting of AIDS, that’s why it’s spreading.

Beauty
I have a suggestion for the government. Would it be possible to stop distributing men’s condoms and distribute female condoms instead? Because most men don’t want to use condoms and now they are infecting us women and we women want to use condoms and they pressure us. At least government should make sure there are more female condoms and men’s condoms are decreased.

Lesiba
I think that another way to make sure we have more knowledge is to have more advice centres. Our areas have been demarcated by wards; if every ward had an advice centre it would be easy to look for information on AIDS.

It would be easier than having the government spending a lot of money on festivals. When top artists have been booked they don’t come for free, they want money. Take that money and invest it in
education so that we can have more knowledge.

The other thing, we must watch out for public representatives or public servants: do they have information? If you go to a hospital, it’s not all nurses that are knowledgeable on HIV and AIDS.

**Denial**

**Bhekisisa**
The other thing is that people, let’s stop being in denial because HIV/AIDS is there and it’s killing. The other thing is that let’s not take this thing as a joke, because for 46664 to be here, it’s because they saw the role HIV/AIDS is playing in South Africa, so this issue is very serious.

**Lack of Training**

**Bhekisisa**
We need training for treatment literacy practitioners, people who’ll stay in our clinics and hospitals. Another challenge is our nurses, our doctors, they don’t know about antiretroviral treatment.

**Khosi**
My job is to do door-to-door, in other words we go around checking patients that have HIV/AIDS and TB patients. They say they don’t get good treatment from clinics. When they get to clinics and the nurses see their files and they are HIV-positive, they shout at them and tell them that they didn’t send them to go and get these diseases they have. You find that when they leave they don’t give them treatment.

**Veronica**
It’s not that doctors don’t know, there’s no doctor who can give someone the wrong treatment. People do their own things, when they say three times a day, that person turns it to two times a day. If you know that you take treatment, travel with your pills. And there’s this thing that people with HIV say that they get money and when their CD4 count rises they stop giving you the money so they don’t take treatment correctly and the money keeps coming.

**Gloria**
I’ve worked in this community as a nurse, I did HIV/AIDS campaigns in this very community around 1988, 1990, 1991. I think some of the care workers know me. I want to comment because this is coming up as I’ve been listening, the training on information on HIV/AIDS for medical people. The biggest challenge, I think, in the department of health is to speed up training that is going on in terms of using ARV drugs and updates in terms of...
HIV/AIDS because there are so many changes happening.

**Experimenting / Carelessness by Youth**

Veronica
I won’t tell you to stop having sex, if you are at the stage, you’re there, you can’t run away from it but it’s up to you what you tell yourself, what you want in life. If you want to die, kill yourself and we’ll bury you, but if you tell yourself that HIV exists and you are going to overcome it, you’ll get over it.

Ephraim
I’m from Baviaanspoort Prison. The youth of today no longer have that African spirituality to be able to abstain until you get married. I was incarcerated in 2003 but I haven’t even masturbated or slept with another guy. I know these things happen in jail where guys sodomise each other but if you tell yourself that you will have self-esteem and that in life this is what you want to be and that myself as a man, I want to be a good father to my children, they must grow up and not get infected with HIV and things like that. I want to tell the youth here that you must trust yourself and have an unbreakable self-esteem. If you see that your temptations are growing, please condomise.

**Stigma**

Shermaine
When a person is HIV-positive, people shun them, they keep away from them, because you think that now he’s HIV-positive, if they see me around that person, they’ll also think that I’m positive. South Africa is affected with the disease so let’s work together. We all know that one hand helps the other, right?

**Sugar Daddies/ Money**

Marvelous
There’s this thing with youth, as in, it’s all about money. Like as youth you have to be funky, you have to be vibey, and stuff like that, so people now they engage in sex so that they can get something out of it if they are black sisters, that is. It may be that people are poor, so they have to resort to those things so that they can get what they do not get at home.

**HANDY FACTS**

A 2005 HSRC study found that 73% of boys aged 15-24 and 56% of girls in the same age group reported using a condom during their most recent sexual encounter.

*Source: Department of Health*
Tshepiso
I would like to say to girls who are at the age of 14 to 21, we should respect ourselves and not date guys who are older than us, sugar daddies or whoever. He’ll take you to five-star hotels for a weekend and you’ll be a weekend special and then on that same Sunday, you come back home, back to square one, you’ll sleep in the same bed, a twin bed, eat the same meal, which is maotwana (chicken feet) and morogo (spinach).

Veronica
You grew up at your home without couches but why do you want to sell your body today to get couches? Don’t wish for things outside. Where you grew up sitting on a bench, be like that. Stop envying, go to school, if you go to school you won’t envy.

The community of Soshanguve.

Parents’ Involvement

Bathabile
My plea is to our parents. As young as I am, I like watching programmes because my mom cannot talk to me about such things, she’s still afraid. It’s still something that scares parents to talk to us.

I would like to plead with you to talk to us. Yes, sometimes we don’t listen and then you give up on us but as long as you try, there will be a point in time where we’ll see that we have to listen to you. You’re our parents, what else can we do?

Veronica
I started campaigning from 2001, door to door, every year. You’re killing your mothers, you’re not telling them the truth, she bathes you and you keep saying, “No mom it’s TB.”

I beg you, please, it hurts out there, help your mothers, tell them the truth.

If you’re young, ask your mother, it’s not about parents taking responsibility for everyone, you must also ask her, face your mother and say “Here’s some tea mom,” and say, “Mom there’s something I want to ask but I don’t know where to start” and then ask her. Then she’ll be open to you.

Susan
As parents, I think we have a big responsibility to talk to our children so that they know that HIV exists, because we parents are scared to talk to our children because we also don’t use condoms because we think we have steady boyfriends and we are married. Such things make us scared to talk to our children.
Group Interviews

Les
I’ve gone around the country, I’ve interviewed young people between the ages of 16 and 24 about social issues they are having around HIV/AIDS in their communities.

Let’s not talk about AIDS in the context of South Africa; what’s happening here? Tell me what you’ve identified as problems, tell me what you think the solutions are and tell me what your commitment is in terms of fighting the HIV and AIDS scourge.

I’m not going to use that word anymore, all right? Make it short, I don’t want a long story, even if you have one problem that you’ve identified, it’s going to go a long way. In your community is there anything that you are involved with?

Pulane, 21
I’m organising poetry sessions to keep young people away from the streets and because poetry is a form of expression, so they can express their problems through poetry.

During apartheid, the youth had one challenge and they managed to face it and win. So basically I’m all about bringing the arts back to kasi [the township] where they belong.

Because you get exhibitions in town and yet the artists are from the townships, but here in the townships there are not exhibitions happening and then we think that the arts are for white people.

Les
So you’re saying that our fight against HIV should be approached in the same way that youth in 1976 were approaching the struggle against apartheid?

Pulane
Kind of. I mean we’re going to bore people if we’re going to sit here and say “Do not have sex, do not do that.” We can do it through poetry. I mean...
someone will listen. If we’re going to sit and talk about “HIV is this, HIV is that,” they’re not going to listen, they are just going to walk in and out.

But if we do it through dance, poetry and such things, they’re going to stay and listen and the message is going to come across.

The problem that I have identified is that poverty is the basis of everything. People are not confident, confidence is what we lack and that’s why people can date a grown man and sleep with them without a condom and then contract the disease. That’s our problem, lack of confidence.

Les
So what you’re saying is poverty is the main thing and as a result of poverty young people don’t have the confidence to look into themselves?

Pulane
Exactly, and now what happens is that, I’m thinking that the solution is to start them from a young age, target them and teach them about confidence, especially.

We must start with the girls because they are more vulnerable, because they become pregnant and biologically we contract HIV faster than men, it’s just a fact.

If we can have a programme at school that deals with confidence and teach these kids to be proud even if they have nothing. The thing is for confidence to be lost, a child grows up not being able to get All Stars [shoes] or whatever, now that child automatically looks down on themselves because they can’t wear All Stars, can’t wear this and can’t wear that.

And then, when someone says have a smoke, they are going to smoke because they have no confidence, they don’t see themselves as worth more than that. If we tackle the mind and show them that they are worth it, we are done with them.

At a young age, at 11, start. That child must know “I can always say I don’t want to talk to you.” She must be confident like that. When we are finished with girls, then it’s easy. Guys know that when they go to the girls they will get this response and then we start with the guys.

Less
What is your personal commitment from here on, in terms of what you’ve identified?

Pulane
In my poetry sessions that I organise around here in the township, I identify the national days, like Heritage Day and all that and I theme it in the style of whatever national day it is. I will send the message across and I do motivational speaking, in every programme, in every event, there’s motivational speaking. So that’s what we need, we need motivation.

Les
What is your community involvement?

Zachariah in the Soshanguve group interview.

Zachariah, 20
I’m involved in a lot of ways; sports; I teach chess and coach netball and that way I keep them from the streets.

A challenge that we get is that they play and they play and then there are no groups to play against so these people get bored.

If I see kids playing something, I make sure that I encourage them. Sometimes I try to find sponsors for them, which is very hard to do. We lack funds here in Soshanguve.

Les
They lack encouragement, facilities and direction, so they find that when they are bored during holidays, they have sex?
Zachariah
Ja.

Les
How old are these kids we’re talking about?

Zachariah
Some are between 16 and 17 and then there are some in my age group. I talk to them and as we speak most of them are drinking alcohol, so it’s like something normal.

Les
Where do they indulge in alcohol, what kind of places?

Zachariah
Most of the time you find them in passages drinking at night and they do like drugs and things that are bad.

Les
Drugs, what kind of drugs?

Zachariah
Nyaope.

Les
Nyaope, what’s nyaope?

Pulane
You don’t know nyaope? It’s the drug.

Les
What is it?

Pulane
It’s a powder, it’s a pill.

Les
Mandrax?

Pulane
Yes, it’s Mandrax, it’s so big.

Les
So once they are taking alcohol and drugs, you know, these substances, then they are not in control of their behaviour. Then they are at risk of getting infected.

Because we’re talking about how young people get infected easily. What is the solution to this thing?

Zachariah
If maybe the government would try to communicate with the people, I know that it’s all over the television, but it’s not enough. If they would bring people to talk to the youth regularly, to have involvement between us and the government.

Les
Why do we always have to be looking at government? What is it that you as young people are doing in the meantime?

Zachariah
In the meantime, it is very difficult for people like us to go out there, especially in my community, because most
of the people in the area are involved in dating. I talk to them and as we speak most of them are drinking alcohol, so it’s like something normal.

Les
They tell you that they won’t listen to you.
So it’s difficult to face a person and tell them that whatever they are doing is wrong and they will talk to you the way they want to as we have freedom of speech and it’s their right, that’s the way we live.
I usually tell the kids I coach that you choose for yourself whether you live a good life or live an abnormal life, and by doing that you have to ask yourself: how do you benefit from whatever you’re doing? And if it doesn’t benefit you, just leave it and do something that will benefit you.

Les
What is your personal commitment now to make sure the HIV doesn’t spread any more than it has? What are you going to do from now on?

Zachariah
I can try to talk to people that I meet. I make sure that I tell him or her about how bad HIV/AIDS is. Every time you meet someone, before you leave them, make sure that you just say “Do you know?” Just give him advice on how HIV kills.

Les
And you’re going to focus on people that are younger than you because they are easier to handle?

Zachariah
I’m going to focus on everybody that I talk to. When I talk to somebody I’ll make sure that I must talk about HIV/AIDS because if we’re not going to talk about it, it’s something that will increase. We just ignore it, we don’t talk about it but if we can talk more about it then it will stop.

Les
Tell me about you, your background, what would you like to tell me about?

Veronica
Right now we are doing a door-to-door campaign for World AIDS Day, I’m a volunteer from the Institute of Primary Health (IPH). I work for Luvuyo, it’s an orphanage, and IPH is an organisation.

Les
What are the things that you see that put people in your community at risk?

Challenges?

Veronica
The first challenge is the fact that people know what’s going on but the minute you come and start talking about HIV, people pretend that they don’t know anything and then make you a fool. They will ask you about the myths. When you go to some of the people’s houses, they will tell you that you’re infecting their house with AIDS.
Women are mostly infected with HIV because they are taking care of their kids and their kids are not telling them the truth about what’s wrong with them, they tell them they have TB.

Les
You are saying the women are HIV-positive?

Veronica
Yes, because most of them have been infected by their children, because they take care of them, bathe them, and the kid is not telling them the truth about what they really have. The challenge we get is that most of the young people like experimenting with things that they don’t know, especially when it comes to sex.

Les
You said experimenting, how do they experiment?

Veronica
When a friend tells them “Hey my friend, sex is good” and another one comes and they have a baby and say “Hey my friend, getting a child support grant is nice, I get paid every month and I’m still a student” and so the girl would want to also get the R200.
Les
So it’s like R200 for HIV? What is the solution to that problem?

Veronica
The solution is all about communication and what you want in life. You must have a dream and tell yourself that when you have five dreams, at least you must achieve three of them.

Les
And then another solution?

Veronica
Another solution?

Les
Let’s talk about the problem that young people don’t disclose to their parents and they put their parents at risk. You found that the mothers get infected from looking after their children, giving palliative care to children that are infected. How can you sort that out?

Veronica
It’s all about communication and you must be free with your children and talk to them about sex and they must also be free to ask and not say “My mom is older, when I ask her she’ll beat me up,” you understand? So they must talk and ask their mother what’s going on.

Les
What about the young people who are experimenting and trading their lives for child support grants, how can you sort that out?

Veronica
There’s no-one who doesn’t know about HIV/AIDS. It’s just that listening to friends and you have weak points and don’t know where you’re going, but if you know your goal, you won’t have any problem. Even if a person comes to you and says let’s go there, there’s a party, if you don’t want to go, don’t go.

Les
So they won’t get peer pressure if they know their dreams?

Veronica
Yes.

Les
And then your solution or personal commitment?

Veronica
The issue of poverty, a lot of people complain about poverty. We grew up with poverty around a lot of houses and I don’t see why, when you eat dry bread you must complain. It’s not about poverty, it’s just that there are people that don’t have anything and there those who do it intentionally.

A person knows that at home we’ve never had sofas but they want to get sofas in a wrong way. Get them properly, go to school and then you can get that sofa. Point at it and say “You know what, I have a certificate for that sofa.” But don’t say “I have a certificate for that man.”

Les
You, Veronica, what do you plan to do to make sure that AIDS doesn’t spread in your community?
Veronica
I’ll talk and talk. Every year I campaign for World AIDS Day, just because I know that every year there’s a change that they make. From 2001, I’ve been campaigning for HIV/AIDS and every year getting different information from people.

Les
Would you like to have platforms where you can carry out these exercises for much longer?

Veronica
Yes, especially when it comes to people like you, so that people can hear our problems.

Pulane
Can we have influential people coming because you know what, a celebrity can make someone change. We need influential people like Lebo.

Veronica
But then still you are a celebrity, are you still a celebrity?

Pulane
Yes, but you must understand what kind of people I’m talking about. Kids in high school admire them, it’s like a child admiring their teacher more than their mother, that’s how it works, end of story. Now because we want the problem to end we need to use that way.

Veronica
Most of the time I like to tell people that it’s not about a celebrity, someone on TV.

Pulane
Yes but they don’t get it.

Veronica
Let me tell you about me, there are people that like calling me or coming to me, especially children. Right now there’s a girl who got lobola paid out to her family, she called me and said, you know what, you’re my role model, the way you live and the way you do things. That’s why when you live as a person, you must know yourself, where you’re from and where you’re going.

Les
It sounds to me like you’re saying that we all have the answers in our reach, maybe we should use that as an advantage, let’s not look to other people to come and be celebrities or to push. Pulane, you have a good point. Young people are fashionable, and they want to see celebrities come through before they can come through. But if you can do that, get those young people in and get those celebrities, what we have to start saying now is that let’s start pushing the mentality that don’t look to someone else who comes from outside, look to yourself.

Pulane
We have to start there and then we’ll move forward.

Veronica
I don’t want that always when there’s a talk on HIV/AIDS they must expect celebrities. You are damaging that person’s mind. I want that always we must try and do things ourselves and stand on our own without these people.

Pulane
We will be involved.

Les
Yes, be involved in your own community, use these celebrities for your own initiatives, don’t wait for someone else. That’s a good solution. You’re right, don’t wait for someone from outside to come and say come and then you talk.

HANDY FACT
“Home Based Care (HBC) is the provision of basic nursing care needs by formal or informal caregivers to people in their own homes. This service is available to people who have mental, physical, emotional and social needs. There may be situations where you need to clean up body fluids or blood from someone infected with HIV. It is important to use rubber or plastic gloves or other barriers such as plastic bags or thick cloth to prevent direct contact. Make sure that you have easily available at all times.” Source: Department of Health brochure: Caring for People with HIV/AIDS

Veronica
I’ll talk and talk. Every year I campaign for World AIDS
Making change or transformation possible often means interrogating a sense that “we live in a global media culture”.

It is this generalisation which drives inappropriate strategies and solutions, which in turn lead to organisations using only mass-market communication models to achieve complex behaviour change results. The outcomes are often disappointing.

The solution lies in understanding that we have no media equity. Globalisation may well have extended the reach of media channels, media formats and message competition, but we still live in an era in which the development of many communities is hamstrung by limited access to appropriate media.

It is in these “media poor” communities that limited media distribution, coupled with poor socio-economic conditions, creates a dire need for strategic communication models. Traditional forms of communication rarely achieve the impacts desired.

The famous Italian film-maker Bernardo Bertolucci once alluded to the problem with revolutionary films: they never quite get to the audiences that they were intended for but they do get to film festivals. His comment raises issues related to distribution, content, as well as the sense that not enough is being done to reach out to those who need information the most.

A cursory glance at our African media landscape will on occasion reveal that mass media campaigns do not make it to “at-risk” communities in
far-flung areas as intended.

When the media does
make it through there are
sometimes complex social
barriers that genuinely
obstruct the message uptake.
This is evident in the HIV and
AIDS landscape where issues
of stigma, denial, fear and a
lack of open dialogue cannot
be mediated through media
on its own. Government’s
mass media AIDS campaign
Khomanani “Caring Together
for Life” demonstrated that
social mobilisation coupled
with media interventions was
the most likely method to
increase message impact as
well as contribute to changing
behaviour.

Social mobilisation can go
where no medium reaches.
Face-to-face communication
can reach beyond social and
environmental barriers, thus
assisting in influencing both
individual and inter-personal
dynamics.

Consistent with the objective
of inspiring change, social
mobilisation is an effective tool
to reach communities and talk
to individuals in a direct way.
The dialogue campaign was
able to reach people in areas
where mass media seldom
goes: communities with no
running water, halls without
electricity and spaces where
the only media for hundreds
of miles around promoted
washing powder.

Social mobilisation is often
used to complement more
conventional communication
tools. In the case of the
Youth Community Dialogue
Programme, media was
used to complement and
where possible amplify
the mobilisation. The latter
approach was interesting in
that the content and issues
emanating from the dialogue
could dynamically inform the
editorial and participants for
the media.

The success of HIV
prevention and control in
Uganda between 1991 and
1998, where prevalence
dropped from 21% to 9.8%,
points to the positive impact
of being able to mobilise a
community at a grassroots
level.

In the case of the Youth
Community Dialogue
Programme, the mobilisation
of community and appropriate
communication resources
(select community radio
stations in the areas of the
dialogue, community print,
murals, posters) contributed
to amplifying and extending
the reach of the programme.
Social mobilisation contributed
to giving the campaign a
physical presence in different
communities and within
different constituencies.
Through adopting local
community spokespeople at
the dialogue sessions it further
contributed to creating a cadre
of enthusiastic carriers of some
of the messages arrived at as
part of the dialogue process.

Stigma, discrimination and
access to information and
support pose some of the
greatest barriers to the fight
against HIV/AIDS – with the
world’s future generations
most at risk. Young people are
struggling to find their way in
life, in the context of a global
epidemic that forces them to
strongly consider each and
every decision with regard to
sex, lifestyle and relationships
as potentially life-threatening.
A lack of dialogue at the
community level is restricting
positive behaviour change.

The Youth Community
Dialogues endeavoured to
increase awareness and engage
youth at the community level.
Offering young people a voice
within their own community
while providing essential
information on the impact of
HIV and AIDS is in keeping
with the following goals:
◊ Break the cycle of new HIV
infections and help youth
infected and affected by the
epidemic
◊ Promote ABC (international
best practice)
◊ Promote VCCT (voluntary
confidential counselling and testing)
◊ Expand face-to-face communication and outreach programme support at a community level
◊ Support an effective integration of mass media and outreach, to capture the imagination of youth around the world
◊ Rally and empower South African youth to break the silence, encouraging them to do something about HIV and AIDS in order to build a positive future

Linking community dialogue or “community action” to media interventions of the campaign served to extend the reach of the awareness campaign and the engagement of thousands of young people outside the dialogue session catchments but within the appropriate geographical and cultural area.

This link between direct social mobilisation and mass media – primarily on community radio – serves to leverage the potential for word of mouth with regard to positive behaviour change amongst youth, in terms of adopting health-seeking behaviours and consistent prevention techniques.

Word of Mouth (WOM) is a powerful form of communication. Studies have shown that WOM has a bigger impact on actual behaviour than any other source of communication. Word of Mouth Media (WOMM) is communication using mass media platforms that is specifically focused on increasing and affecting WOM. Community mobilisation is WOM in action: thousands of people talking to other people in their own communities. WOMM is media focused on leveraging that WOM.

This extension of social mobilisation initiatives into the media focused on the engagement of community leaders and member individuals, civil society groups and NGOs in order to achieve social mobilisation toward the prevention of HIV infection and the support of those infected and affected by HIV and AIDS.

The challenge remains one of ensuring that mass-media campaigns cascade to community involvement through authority and respect in order to extend and leverage exposure to the young voices present.

Social mobilisation amplified through media will remain an integral part of the overall communication strategy for the dialogue campaign and other related African HIV and AIDS initiatives.

The 46664 mural in KwaMakhutha.
**Using Arts to Mobilise Communities**

**Interview with Hecate Productions**

*Khululeka* (Be Free) is based on the real-life stories of people who have lived with HIV/AIDS. The play is hard-hitting yet humorous, weaving in the contemporary rhythms of life in South Africa while attacking common myths and misconceptions about the pandemic. It is produced by theatre company Viva Hecate, and was staged at all nine of the provincial dialogues, kicking off the discussion at each.

Richard Frank spoke to actors Daniel de Lange, Bathabile Mashego and Ronny Maputa, and producer Yvonne Kershaw, one of several Hecate teams performing around the country.

**Richard**
Where does this play come from?

**Daniel**
It was written by an actor called David James. He interviewed people who are HIV-positive and created these sketches, and then wove it all together.

**Richard**
So they’re true stories?

**Bathabile**
This was the second time playing an HIV-positive person. The first time was on a soap opera.

**Richard**
Do you ever get looked at differently because you play in an HIV-positive role?

**Bathabile**
I hear that it happens, but it hasn’t happened to me. There was just this one time in Durban where after the show people came to us and gave us hugs, [saying], “Oh, you’re so brave.” And you can’t exactly say, “no, no, but”, because then it defeats the purpose, and also it breaks the stigma, so if people think that, then it’s okay.

**Daniel**
What we say to them is, we’re not HIV-positive, but if we were, we would look exactly like this. If we’re managing the disease we could still look healthy and handsome!

**Richard**
And Daniel, what have you been involved with?

**Daniel**
I’ve done a lot of directing for educational theatre and for industrial and corporate theatre, and have been working for this company Viva Hecate for three years now, so I’ve been with this play from when it started. This play has been
It was different to what it is now. We saw what works and what doesn’t and then we reshaped it and I think we’re quite happy with the product as it is now. And it might still change, it might still evolve.

Richard
It looks like it evolves. From Middelburg to here, two weeks later, you threw in a few different things.

Daniel
And you’ll see something else the next time you come.

Bathabile
And also we feed off the audience. Five minutes into it you already know what kind of people you have in the audience and you work around that.

Richard
How would you describe this type of acting?

Daniel
It’s theatre with a purpose. You’re entertaining but at the same time you’re leaving people with a message. You don’t want to be finger-wagging and you don’t want to force the message down their throats, you want it to sink into them and get them to start asking questions in their own heads and start speaking to each other in their community.

Richard
Do you ever worry that some of the satire goes over their heads and you’re actually propagating a myth? When people do not laugh and they’re supposed to laugh.

Bathabile
It’s a very simple and straightforward play. I think that they get it. The only time we worry is when we are working with high school kids and we hope that we keep their attention. But we’ve had good responses.

Richard
Who are the people you talk to the most?

Bathabile
High school kids. And it’s just shocking what these kids get up to, so it’s needed.

Daniel
This year is the first year that we’re working with 46664. It’s been very inspiring that Madiba is supporting us in this cause and that we’re working on the project together.

And of course having his Foundation associated with this gives us status, whereas before sometimes people would view it sceptically, now it’s as if it is a good brand, now they believe in it.

Richard
Do you ever get bored with the same play?
Bathabile
No you don’t. Because it’s different people every day and they have different ideas, so it keeps us fresh.

Daniel
Sometimes everyone will laugh at the same point, but other times you get different reactions. What’s great about theatre is it’s a live medium so the reaction is immediate, it’s not like you have to wait for your TV episode to be screened.

Richard
Do you still get nervous?

Daniel
Especially when you perform in front of Madiba or artists that we performed in front of yesterday [when 46664 ambassadors watched the play], you feel pressure. What was interesting was we found that the artists, even though they were listening, they were quite inhibited, whereas the community gave us an immediate response and it felt like we were doing the show for them, and that’s our target market, so that felt really good.

Bathabile
Actually, the local artists could relate, they understand the depth of the problem, whereas international stars get it, but they get the figures.

Daniel
There was one guy who stood up and asked Ludacris a brilliant question. He said, you’re here and you’re connected to this project and now you’re promoting safe sex but the lyrics in your songs are about promiscuity, so what’s that about? So Ludacris said, “Well, I practise safe sex.” But I think he needed to elaborate on that.

Richard
Highlights?

Daniel
Meeting Madiba was very special. It was overwhelming. I was very moved. Especially now, like in our history scene we speak about his release, and acting that moment, and having him sit right there, was awesome.

Bathabile
It would have to be when we did this show for a company and there were two men in the audience, one Christian and the other Muslim, who came to us after the show. They were talking about how, if we’re doing this for school kids and talking about sex, we’re promoting sexual behaviour.

And we’re saying, no, look, this is what your kids say to us after the show. These kids are having sex, they’re having unprotected sex and they’re learning it from each other so it’s best for us to go there and tell them the truth; we speak their language and they understand.

And you see that someone is thinking and you’ve changed someone’s mindset. For me, when you know that someone is going to go home and sit their kids down, you’ve done your job.

Richard
Do reactions change depending on where you perform?

Daniel
What is amazing is that whether you do it in Cape Town, Johannesburg or in a small farm school in Mpumalanga, it has the same effect. They might laugh at different places but they get touched in the same way.

Bathabile
There isn’t much. They might be having sex for different reasons, but they have common problems.

We went to a school in Soweto and the teacher was saying to us that these are Grade 9s and 10s, that more than half of our audience are parents, and some of them have more than one child. It’s shocking. You go to another town where kids are having sex because they need to, because they need the money for the government [child care] grant.
Richard

In some of those schools, is HIV closer to some than others? Do you ever have people crying in your shows?

Bathabile

All the time, there is always one person in the audience who’s crying. We had a young woman coming to us afterwards saying that she doesn’t know where to go, her mother passed away from HIV/AIDS-related illness about a year ago.

She’s got no one. No one has ever come to her and said look, maybe we should take you for counselling. She lives with relatives, but they don’t talk to her about it.

Daniel

And then Bathabile plays Miriam, who gets raped. Often there are girls in the audiences who have been through the same ordeal. Often we have people laughing, but it’s from sheer shock.

Daniel

What has been quite tricky for us this year is that we do a condom demonstration after the show and we tell them that government condoms are 100% safe, but now you know there have been batches of condoms that have been rejected.

So now we have to travel with these newspaper clippings and we say, “Government condoms are 100% safe, except, and the serial code is...” so that is very confusing. So we really hope that the SA Bureau of Standards and the government are going to work more closely together and get this thing sorted out. Because otherwise it makes our job very difficult, because you’re giving them one message but now there’s all this subtext with this message.

Richard

Are we changing people’s behaviour?

Bathabile

With these community dialogues, we have had a lot of kids saying “Well, I’m going to go out there and spread the gospel”. The truth is, when we leave here, we can only hope that the message stays in and they will go tell their friends and families, but we don’t know.

Daniel

And we can’t actually tell people how to live their lives. One thing that worries me though is that often 14-year-olds, 15-year-olds will stand up and say, but how can I go to the clinic and get free condoms; they’re not going to give it to me. And then secondly, if you don’t have money for bread, how the hell are you going to go and buy Durex condoms?

Bathabile

We maybe need more support from the Department of Education. We go to a school and discuss amongst ourselves, will we do the condom demonstration? We don’t want to offend people, and we ask permission from the school. If we’re going to say, practise safe sex, but these kids don’t know how to use a condom, [then what?]...

Daniel

So we’re saying use condoms, but they don’t know to use them properly. Because if you’re not storing or using a condom properly there is no point.

Richard

What’s your view on the community dialogues?

Daniel

I hope there’s more of a rollout with this.

Ronny

I think it’s excellent. This way you break the community’s silence. Then we can break the stigma.

People don’t believe there is this illness, they only believe it when they see it. So rather don’t get sick now, find out about your status, that’s the message we’re trying to push to the community, and it’s working.
As we are taking the responsibility of HIV and AIDS back to the community through young people, the future of tomorrow, we’re trying to establish what are the unique problems with regard to HIV and AIDS within the communities.

And then see if we can come up with specific unique solutions to these problems and then have the youth make unique commitments.

When you go into one of these dialogues do you know what’s going to happen?

No. When you go into it, you’ve got to be really open-minded to whatever possibility there can be. All I’ve got to do is make sure that I encourage young people to talk about their issues to each other and not to me.

The one thing that I always try to avoid is to create a teacher-student environment, where you’re going to teach them how to behave, you’re going to tell them what to do; it’s already been done. This is a platform for people to step out and look at each other as friends and peers and let’s talk about our problems and let’s talk about our solutions. So you never know what comes out. You’re always surprised as to how much there is out there that hasn’t been done or that can be done and how easy it is when it turns out. So it’s always exciting when it comes out.

What are some of the things you have found at these community dialogues?

In the North West, Lerome, I found that it is a mining community and I found that the aspect of aspiration for young people makes them susceptible to exploitation by those who are working in the mines. Those guys are earning in the region of R7000 a month and they carry the power. It’s also culture, in a way, working against them, in the sense that the roles within relationships are males being superior beings and females taking all sorts of crap because they are the weaker sex in the relationship. That makes them very vulnerable.

So you find that these girls know that the guy is going
But these guys also have the power to say why would you want me to wear a condom, you know, don’t you trust me. I’m the man with the money, I’m giving you gold. That is the prime problem.

And you also find that in taverns, at night, around 3 o’clock in the morning, there are young people. Sixteen-year-old girls hang out with 64-year-old men, just for the sake of getting the entertainment because those guys pay. So children are at risk and they don’t have facilities where they can focus on being young and be creative and find their talents and stuff like that.

In Giyani it was the most saddening story, because these guys are victims of culture. You find that with HIV messaging it’s easier for young people to be oblivious because they are afraid of expressing to their parents that they are aware of HIV and AIDS because that is going to expose the fact that they are sexually active or that they’re aware of sex, so there’s the taboo, you don’t talk about sex because that’s something that’s not supposed to be done.

And they cannot communicate with their parents at any level when it comes to that sort of stuff. So they cannot show that they’re aware and they cannot teach each other. So respect has worked against them.

The principle of respect with black people is working against them, because it’s respect to the level where it’s crippling. You cannot communicate to someone who is older than you.

What was emphasised there was that people have to start planning around that whole effect of culture and respect. Let’s turn it around and make it work for us instead of against us.

Because I can’t talk to an older person, [firstly] I have to try to make an effort to open up a platform of dialogue with older people, but second, because now I know as a young person that being older makes me wiser than the younger person then I should serve as an example to the younger people and guide them and tell them. So we have created an environment of brotherhood.

Now they have made a commitment to be brothers and sisters to each other and to tell each other truths and to guide each other towards the right direction when it comes to HIV and AIDS and sexual behavioural patterns.
Thembi Ngubane comes from Khayelitsha township outside Cape Town. She has toured South Africa speaking about what it is like to live with HIV and AIDS.

This all started with an audio diary that she began to keep in 2004 to be broadcast on National Public Radio in the United States. At first she wanted to keep her identity anonymous. But when she went on a speaking tour in the US she saw people’s positive response and decided to tell her story to people in South Africa. Her blog is at http://thembisaidsdiarytour.vox.com/

How did you get involved with 46664 as an ambassador?
I got to know the Foundation and its work this year when they first heard my diary.

What is your involvement in your community?
In Khayelitsha I used to be in a support group, then the group got divided. I’m involved in many things that include HIV, for instance I work with different companies. I’m an ambassador for UNICEF; I go out in countries like India and I speak to mothers-to-be about how to be an HIV-positive mother. So I work with a lot of companies where I go to schools and do HIV/AIDS awareness in schools and speak as a positive speaker with people that have lost hope. I also go to parliaments and speak to people who have the power to influence the community. So I’m a motivational speaker and I’m involved in a lot of work.

How has motherhood been so far, especially as HIV-positive parents to an HIV-negative baby?
Well it’s been great; I’ve been enjoying being a mother. She’s three now, she just turned three yesterday and it was difficult at first to be HIV-positive and also to come to terms with understanding that you might have an HIV-positive or a negative baby.

So it was a very difficult choice for both me and my partner, Melikhaya. It was a very difficult experience for both of us, but we have a belief that people should see that this is not a death sentence, this is something that can be manageable, and we managed to the point where we had a baby who is negative and now we are living healthy lives.

How’s your health at the moment?
My CD4 count has gone up, I’ve been on ARVs for three years. I started on ARVs in 2005 and my CD4 count was 147 and now my CD4 count is around 600, so it’s going great.
Soul City executive Lebo Ramafoko is also the “agony aunt” of the 46664.org.za website. She facilitated the Soshanguve dialogue.

What were your objectives/expectations going into the dialogue?
It was mainly to make sure that people are in conversation with each other and to facilitate a safe space for discussion. It was kind of like playing devil’s advocate, by probing and getting people to realise that, as they were divulging their personal lives, they were also at risk. Making them realise that the lives that they lead and their behaviour can put them at risk of getting HIV.

I also had to give factual information; if there were any myths I had to make sure that people have the right information about those myths.

I had to know what to say and I also had to be informed about the issues.

What have you learnt from the dialogue?
I learnt that communities are grappling with HIV, also that dialogue is important, it’s an opportunity for people to talk to each other and help each other with issues surrounding HIV.

Do you think that dialogues like this are of any importance?
I think that they are so much more important (not saying the 46664 concerts are not important) as an initiative than just messages to raise awareness.

Perhaps we need to look at stakeholders. If people have issues with the clinics, it doesn’t make sense if the clinics are not there.

We need to structure it better. Had the relevant people been there, they would have said, hold on I can answer that question for you. It is a good idea though, I think the dialogues are very important.
About
Nelson Mandela Foundation

Nelson Mandela Centre Of Memory And Dialogue

The Nelson Mandela Foundation is a not-for-profit organisation established in 1999 to support its Founder’s ongoing engagement in worthy causes on his retirement as President of South Africa. The Foundation is registered as a trust, with its board of trustees comprising prominent South Africans selected by the Founder. The Nelson Mandela Centre of Memory and Dialogue was inaugurated by Nelson Mandela on 21 September 2004, and endorsed as the core work of the Foundation in 2006. The Nelson Mandela Foundation, through its Nelson Mandela Centre of Memory and Dialogue, contributes to the making of a just society by promoting the vision and work of its Founder and convening dialogue around critical social issues.

Dialogue For Justice

The Centre of Memory and Dialogue aims to develop and sustain dialogue around Mr Mandela’s legacy. It is committed to utilising the history, experience, values, vision and leadership of its Founder to provide a non-partisan platform for public discourse on critical social issues. Achieving community participation in decision-making, even at policy levels, is prioritised.

The Centre aims to perpetuate and re-invigorate the culture of engagement using the examples set by Mr Mandela of inclusive and open dialogue that South Africa is famous for.

Drawing on the rich traditions of transformative dialogue, problem-solving and social renewal that made possible South Africa’s remarkable transition, the Centre:
◊ Aims to facilitate greater understanding and awareness about the problems faced by people, particularly in South Africa and Africa, and the possible solutions available to them
◊ Utilises comprehensive methodologies to promote dialogue between stakeholders
◊ Convenes result-oriented stakeholder dialogue on key social issues identified through continuous engagement with partners.

Memory For Justice

Memory resources documenting the life and times of Nelson Mandela are to be found in an extraordinary range of locations, both within South Africa and internationally. The Centre of Memory and Dialogue provides a unique facility which:
◊ Locates, documents and ensures the preservation of these scattered resources
◊ Collects and curates Mr Mandela’s personal archive
◊ Promotes public access to these resources and fosters dialogue around them
◊ Ensures that all initiatives in the name of Nelson Mandela are true to his legacy.

Memory is not an end in itself. Its significance lies in its use. The Centre of Memory and Dialogue seeks to reach both global audiences and those systemically disadvantaged within South Africa by:
◊ Undertaking outreach programmes, including travelling exhibitions, books, comic series, and internships
◊ Ensuring web-based access to information through its web portal
◊ Supporting digitisation initiatives designed to broaden access to resources
◊ Facilitating research by individuals and institutions.

We believe that the vehicle for sharing memory effectively, for growing it, and for engaging it in the promotion of justice, is dialogue. We actively open our memory work – on the life and times of Nelson Mandela, the events and the people he influenced or was influenced by – to debate and discussion, and we draw on this memory work in convening dialogue on critical social issues that present a threat to justice in society.