

Imagined Futures II

Universities as Incubators of Change

Pretoria, 26-27 September 2007

Conference report



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Conference organisers: Johan Maritz and Palesa Mphuthing

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Dr Mantsontso Mathebula University of Limpopo

Universities as incubators of change

The theme '*Universities as Incubators of Change*' lends itself to many forms of analysis. I had a field day just thinking of how to do justice to it. What was worse, I struggled to pen my thoughts as I found it restricting. Never-the-less, I had to do what I had to do because "ijob hi job". Is this not the purpose that Universities are trying to achieve? To teach us to do what we are trained to do.

As we all know, "if it is not broken don't fix it". The theme insinuates the question what is broken? What needs to change?

An American president once said "the future ain't what it used to be." This is so true in this day and age. Some environmental examples may be appropriate: floods, rain, spring, green vegetation etc. We all accept we may be alive tomorrow but what tomorrow brings has never been as uncertain as it is today. Our elders could not imagine the type of cars we would drive after they had been in a plane. We are wondering what kind of future our children will have with this kind of technology. It is true, we can no longer predict what the future will be like.

Incubation as a function

It is not often that man associates winter with life and opportunity. Instead winter means death, frustration and missed opportunities. It is not uncommon to hear people say that they can have summer anytime. Simply because they feel restricted, immobilized and deprived. How many of us realise that there are no grapes/apples without winter? No new growth without the winter?

An incubator rides on man's belief that warmth, nurturing and space allow the development of new life. It speaks of creating a place and a time for potential to develop and maximize its genetic predisposition. We do that to germs in the lab. They get the privilege to be in the incubator for a few hours resulting in multiplied hundred of them. An incubator **is used** to grow things. Two sides to the coin, the impact of the incubator and the product in it.

My favourite incubator is the pregnant female. For nine months a woman knows she is carrying a life but she has no idea what it will look like, what kind of person she/he will be.

Universities

Not many of us have had the opportunity to witness the construction of a university from the very beginning. As a result we have no appreciation of the sort of animal intended. Nationally universities have to be able to speak to anything that is raised. The day the ground is broken, great expectations start. From broken bones to liver transplants; Zimbabwe to Khutsong; Adam to Buddha; Uthingo to Gidani. Every part of the state president's address should have an area of speciality within the university structures. Universities are far bigger than just producing doctors, nurses engineers etc. They speak for much more than that. They can respond to topical issues such as HIV/AIDS. The quality of the product depends on the nurturing and care that takes place during incubation. We need a change in paradigm for us to produce products that will produce change.

Universities present themselves as the most conducive place for work to be done in the HIV movement. The people in these institutions are a captive audience which can be reached quite easily. The young people are in the age where delaying sexual debut is a challenge. If we do not choose to speak to these issues we ignore sitting ducks, of people who are an easy target.

We have to deal with issues of stigma in these institutions. Its not only students that stigmatize; staff also stigmatize each other and students. We have to confront stigma in higher learning institutions. If we miss an opportunity to confront HIV/AIDS in higher learning, we do not give them a choice.

Like the pregnant woman, the quality of the product depends on the care that goes into the nurturing. It is this care that we are here to talk about today. We need to understand the anatomy of this care before we call into function the physiology thereof. Unless you realise that what Universities are carrying has the potential to become, you will always be focussing on the external missing the real issues.

I wish to present an argument for a change in paradigm for Universities particularly in the area of HIV and then generally for community and societal change.

The HIV movement

Universities have the opportunity to be the largest player in this movement for several reasons.

- Over 200 000 population
- Age group that is captive and struggling with the D of the DRC
- The most struggle is waged there in reproductive health
- Stigma has the highest impact in varsities.

Not only do we have to change the stigmatization against HIV infection but against DELAYING sexual debut. Let us be honest, who has a choice once they have been sexually active? Only wishes remain. I wish I had not done it. I wish, I wish, I wish. STDs do not even need penetrative sex to express them. We need to promote that it is cool to delay; not that you are now grown to do this.

The HIV movement as a culture in the incubator needs;

1. Leadership: Executive leadership, management, student leadership and personal leadership. The minister has thrown her weight behind institutions. She started off with a R250 000 grant to all institutions of higher learning which by now should have been used to further programmatic delivery.
2. Environment: Programme leadership should be facilitated through dedication of staff to do this mainly rather than as a part of their bigger and broader responsibilities. Universities should be places where both internal and external community members know they can find solutions for difficult questions. This can only be through creating an environment that is accepting and open. A human element.
3. Resources: I should say that money is not a resource. It only helps us get resources. Resources are a function of the planning, programme and implementation of thoughts and ideas. Resources help us get there.
4. Balance: A skewed view of what gender is will always cripple work in the field of HIV and AIDS. Issues of maleness need as much attention as issues of redress in gender balance.

Knowledge access is a lot faster than it was a few years ago. Who would have thought that a fax machine would be relegated to a free service? We now speak fax to email, surfing the web on the cell phone etc. Integrity to acknowledge the source and to give credit where it is due is a paramount value if knowledge must be shared without fear.

In the HIV movement, diagnosis, care, support and knowledge generation should be spoken about in the same breath. Because of this, tertiary institutions should take the lead in breaking new ground.

The future truly has changed. It is no longer what we knew it to be.

I propose that every institution should have as an executive performance measure HIV/wellness programmes that are current and productive.

Delivery time

Varsities fortunately unlike the pregnant mother can choose what type of baby they want. One way of making the choice is through institutionalizing HIV programmes; from what students have to learn as an academic achievement in HIV education to streetwise HIV knowledge. There should be personal commitment encouraged.

Out of the box thinking should be the norm. An example would be creating partnerships that will allow students and staff to access ARV on campus. Confidentiality should not be an issue. That is what should change. Learning and teaching should be normalised in the context of HIV infections and their impact.

Everyone should be saying “Graduate Alive”.

Too many students live under a cloud of doom. There is no longer a future. This should change. ARVs may have side effects but we know they work. They may not kill the virus but they suppress it appreciably.

In one sentence, always fight stigma.



1. Academic Track: Students as Agents of Change

Chair: Nyasha Chingore

1.1 Turning teachers into HIV & AIDS activists

Abstract

HIV & AIDS education calls for a broader approach than sexuality and health oriented education - such a reductivist approach can in fact lead to the “othering” of the pandemic and unwittingly increase stigmatisation. AIDS education should be aimed at creating critical yet compassionate thinkers who are concerned about protecting the human rights of all citizens. It should be about challenging students: about how they perceive HIV & AIDS to affect them; to take ownership and responsibility for their contributions to society; about global politics and economic factors which are fuelling the pandemic.

This paper will describe how educators, on a 2 year Advanced Certificate in Education programme, HIV & AIDS in Education, are facilitated to adopt the role of HIV & AIDS activists within their circles of influence. The programme proceeds from the assumption that the AIDS pandemic has provided us with an opportunity to address many of the problematic issues and inequalities that education is facing today. The paper argues that by adopting a holistic and critical approach to HIV & AIDS education, educators will be in an ideal position to play an important role as change agents in their schools and communities.

The programme therefore aims at helping educators to become aware of their own and others’ misconceptions, unconscious prejudices and discriminatory discourses around HIV & AIDS. They are assisted to adopt an informed, global and critical approach to AIDS education and facilitated to develop innovative and relevant teaching strategies to arouse critical awareness among their learners, colleagues and the community. A brief, preliminary evaluation of the programme from the educators’ and the developers’ perspectives will be discussed. Critical input from the audience will be welcomed.

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1.2 Students as agents of change in broader society

University of Swaziland Peer Counsellors and Educators

Abstract

Swaziland remains with a very high HIV prevalence, in spite of multiple efforts that continue to be undertaken at various levels aimed at fighting against the HIV/AIDS scourge. It was against this backdrop that a group of university students initiated the Peer Counsellors and Educators (PCEs) with the major aim of raising awareness on HIV/AIDS issues within the university community. However, with time, there has been a growing realization of the need to extend PCE efforts beyond the university, as a way of seeking to bring about positive change in the broader society. The key programmes that have been developed towards meeting the latter objective include the schools outreach programme, wherein the PCEs undertake school visits where they interact with school pupils as well as share with them vital information on the dangers posed by HIV/AIDS. Through its recently established partnership with Population Services International (PSI) Swaziland, the UNISWA PCE has also become part of the “Bridges of Hope” programme which aims at creating a more integrated link between the PCEs university-based activities and the facilitation of the importation of PCEs skills and expertise to their respective communities in which they reside. Furthermore, the more deliberate attempt at linking of PCE activities to those of youth groups within respective communities is also promising to strengthen both groups, thereby elevating their involvement to a higher level, with the possibility of bringing about positive change within the broader society.

Thenjiwe Shimbira

Dlamini Thabo

Londiwe Dube

University of Swaziland

1.3 Creating Social HIV/AIDS Change Agents

Abstract

Recognising that there are impediments to successful programme rollout, and that community-based HIV/AIDS programmes often flounder, HIV/AIDS Coordination - UCT (HAICU) in 2006 devised a short course entitled 'Creating Social HIV/AIDS Change Agents' (SHACA).

The purpose of SHACA is to assist practitioners to develop competency in instituting and running relevant and effective HIV/AIDS education programmes. The aim is to refresh and update their understanding of theories of health promotion and behaviour change, basic biomedical HIV/AIDS and treatment information, and social context. Skills are provided for the initiation and management of programmes that incorporate monitoring and evaluation. Motivational inputs are provided by guest speakers who have achieved success in their chosen field - course participants have described these contributions as particularly useful and inspiring.

Now in its second year of implementation, this one-week course has been designed for a maximum of 25 community-based educators, workplace trainers and government, NGO and CBO employees wanting to learn more about managing HIV & AIDS initiatives. The staff of HAICU facilitate and teach this course as part of the winter short course programme of PACE, within the Centre for Open Learning at UCT.

Particularly with the securing of bursary grants, and by adopting a flexible fee structure, this course is succeeding in providing a transforming type of education at UCT, in which committed 'change agents' and their communities are benefiting. It is an important part of UCT's efforts to make resources available to people who would otherwise be excluded, due to their inability to meet rigorous entry requirements and pay the prohibitive fees of full-time study.

The feedback to date from participants is encouraging. The majority have indicated that they are now ready to be change agents and are enthused and empowered to apply the learnings in their work and community contexts.

Prepared by: Mr. Sean Brown Sean.brown@uct.ac.za

Presented by: Lucina Augustine

University of Cape Town

1.4 From young lions of the revolution to the “lost generation!” Youth leadership responses against HIV/AIDS in post apartheid South Africa

Abstract

South African youth has a critical role to play in the post apartheid discourse of reconstruction and development. However, due to the HIV/AIDS epidemic their role is severely hindered. There a number of reasons cited as to why they are affected by this epidemic. Social scientists argue that, socioeconomic conditions contribute to and sometimes determine the extent to which HIV/AIDS affects young people in any given social context.

South Africa’s political history disadvantaged a large section of the black majority which was to an extent displaced and removed from the mainstream economic discourse. Consequently, there have been some endemic and robust socio-economic conditions, namely: poverty, racial capitalism, gender disparities, urban and rural inequalities, unemployment, and inadequate health care. There are reasonable predictions that these conditions will significantly influence the management of HIV/AIDS epidemic both in our communities and out tertiary institutions where the majority of the youth dwell.

In the light of this brief background, this paper aims to examine the role of South African youth leadership in the fight against HIV/AIDS. The focus will be on the post apartheid dispensation. This paper stems directly from the following research projects; my MA thesis that investigated the role of youth leadership in the fight against HIV/AIDS at UKZN and the research project I have conducted at Health Economics and HIV/AIDS Research Division (HEARD) on youth organisations’ responses against HIV/AIDS in South Africa. These studies were motivated by the idea that youth leaders have a significant role to play against HIV/AIDS epidemic. Both these studies revealed that youth leadership have not played a critical role in the fight against HIV/AIDS.

Nkosinathi Ncobo

University of Kwazulu Natal

Students as Agents of Change

Key themes

a) Behaviour change

How do we evaluate university peer education programs? How do we measure behaviour change among the students /peer educators? In the absence of direct variables for measuring what are the best proxies for measuring behaviour change?

Universities present agreed that measuring behaviour change among students is one of the challenges that they face. Uptake of services was cited by some as one way of measuring the impact of programs

b) Community outreach versus campus activities

There needs to be a balance between community activities and campus activities. Students also need to do activities on campus before they go out into the community with their programs.

If we are taking programs into the communities they should not be ready made packages. Communities will need to be involved in the development of these programs.

c) Peer Educators

If all the knowledge is given to peer educators what happens to our programs when they leave. How can we make programs sustainable?

d) Voluntary Counselling and Testing

Given the drive to promote VCT on campus the question is what happens after students test? What is in place for life after test? What kinds of services can be made available for students in tertiary institutions throughout the region?

2. Academic Track: Curriculum

Chair: Rakgadi Mohlahlane

2.1 Challenging HIV/AIDS Stigma and discrimination among students by incorporating HIV/AIDS into the curriculum.

Abstract

CPUT tourism students expressed HIV/AIDS stigma and discrimination in class discussions. In response to this, HIV/AIDS Unit was contacted.

Aim:

To incorporate HIV/AIDS/STI & TB into tourism curricula in an attempt to mitigate impact of HIV/AIDS stigma and discrimination.

Objectives:

Impacts on students negatively disposed towards people with HIV/AIDS by addressing HIV/AIDS prejudice and promote VCT. Empower and encourage students with aspects of communication and research skills through published articles on HIV/AIDS and Tourism Industry.

Method:

HIV/AIDS Workshop (hypothetical scenarios, role-plays, discussions, etc) was conducted for 51 students (Hospitality Perspectives in Tourism) whilst maintaining focus on Tourism and HIV/AIDS.

Results:

Seven (14%) students tested for HIV. Positive shift of students' attitude was observed. Overwhelming number of students displayed enthusiasm to proceed with HIV/AIDS related assignments.

Conclusions:

Successful incorporation of HIV/AIDS in a non-science course is possible whilst enriching it by overcoming students' HIV/AIDS prejudices and promoting and concurrently promoting VCT.

Ashraf Mohammed HIV/AIDS Unit, Cape Peninsula University of Technology

2.2 Panel discussion on Integrating HIV/AIDS into University Curricula

Key issues from the panellists

- Universities are very protective of their credits and so it is a challenge to get HIV/AIDS integrated into the curriculum across all disciplines
- Students in the various disciplines graduate with little or no knowledge of HIV and AIDS. As universities we need to humanize what we teach the accountants, doctors and engineers etc that graduate from our institutions. We need to integrate a lot of the human rights issues into our curricula.
- In some cases students graduate after four years in university with no knowledge of HIV. It takes a deliberate decision to incorporate HIV into the curriculum for all students. It is vital to give pupils a broader understanding of issues around the virus. **The whole idea is to make sure our students graduate alive.**
- Pregnancy rate in our universities remains a problem. Girls will tell you that they do not use contraceptives as they make them gain weight. But we are not advocating contraceptives. What we are talking about is the use of condoms which we know from experience that most students either do not use at all or do not use consistently.
- Research has shown that you need a stand alone subject but also you need to humanize the other subjects by incorporating some of the issues that lead to the transmission of the virus. In our institution we had a problem with pregnancy and we decided that every student had to do a course on safe sex but this did not change their behaviour. What we have learnt is that whatever program you introduce must be sustained and must start from first year.

Panellists

Dr Mantsontso Mathebula

Lesley Wood

Ashraf Mohammed

2.3 Discussion

Curriculum

Key themes

a) HIV/AIDS as a standalone subject or integrated across the curriculum

- What is the difference between integration and stand alone?
- How do you bring HIV/AIDS issue4 into the life of the students? In the curriculum it just becomes a subject and it doesn't change the behaviour of the students. How do you change behaviour with a subject?
- The danger of incorporating HIV/AIDS as a subject is that it is washed away after the year is over just like any other subject. The approach that is used to teach the subject is just like all the others.
- We should be aware that a lot of departments will do it because it is a requirement? Students are not able to take the knowledge to use it to change their lives.

Integration is adding HIV/AIDS into specific subject areas. Research shows that you need both approaches to be effective (integration and stand alone). Curriculum integration should be professionally based. Each graduate needs a personal and a professional approach. There needs to be a level of internalization and personalization. The personal level is reinforced through peer education and other out of class activities.

You can not teach HIV like other subjects, it has to be interactive accessible etc .But you also have to access the students because it is a requirement. Students need a holistic approach throughout the course of their degree. Other players have to come in with other activities. People change when something touches the heart, you cannot do that solely through curriculum

Being a student, do I act the same as I did two years ago; NO. I don't remember everything but I act differently because I am now enlightened in some way.

Academic and non academic staff also has to be included because most programs target students and staff were being left out.

2.4 Knowledge Exchange

Exploring the use of digital storytelling as an intervention to address HIV risk with youth from high risk areas on the Cape Flats

Abstract

Introduction and Background:

The UWC Penn State Healthwise risk-analysis survey conducted with 6500 youth from the Cape Flats between 2004 and 2007 clearly identified the Cape Flats as a high risk area with regard to HIV. To address the risk factors facing youth in these areas, the Healthwise project facilitated and piloted a number of intervention strategies. One of these is the use of digital storytelling. Digital storytelling (DST) is the use of technology to communicate and share personal life stories, thereby opening dialogue around specific focus areas. It is a modern, technological advanced expression of the traditional African art of storytelling. During a storytelling circle participants explore through their own life story and the life stories of others their own prejudices, attitudes, beliefs and experiences of trauma.

Presentation format

Part 1: The presentation will start with the screening of two short digital stories done by two young people from the Cape Flats.

Part 2: Following this, presenters will reflect on the DST process as intervention strategy in addressing psychosocial issues facing adolescent youth.

Results:

Referring to the two DST sessions conducted with learners from 4 schools on the Cape Flats presenters will highlight the lessons learnt during the process of developing the stories. The presentation will explore how we turn issues into stories and how developing personal stories change how young people view themselves and the world around them. The reflections of the presenters will focus on both the training and therapeutic value of this technique. The power of DST as training tool and the integration thereof in peer educators training will be discussed.

2.5 Discussion

Key themes

Exploring the use of digital storytelling as an intervention to address HIV risk with youth from high risk areas on the Cape Flats

a) Criteria for selection, anonymity and parental consent

There was concern on the criteria for selection, anonymity and parental consent for those involved in digital storytelling as real pictures are used in the story

Criteria for selection; should be mature enough to tell a story, to be able to show compassion when others share their story. We have a bias for particular stories. Work with Life Orientation teachers, give them lists of criteria and they identify learners that might be interested. We get consent for stories from the parents for kids that are under age.

Digital story telling catches attention. We are talking about change, the DST are about things that went wrong. We also need to incorporate stories where people are telling positive things from the beginning. We need to show stories of other themes such as abstinence.

b) Post story interventions

What are the post story interventions? What was the initial agenda of DST? How much of the referral is followed through? What happens when the kids have told the stories?

Brown Paper Studios is an arts lab where young people to explore their feelings after school. Program looking at the performing arts; an offshoot from their activities was an opportunity for learners to break down and address social issues in the schools. There were major changes in their behaviour as a result of attending the after school program. We collaborated with the digital story telling program at UWC.

Plenary 1: Mary Crewe

Quote 1

“I have never felt myself to belong to an establishment of any kind and mainstream. I am interested in mainstreams; I am jealous of them; I sometimes; occasionally; envy people who belong to them- because I certainly don’t- but on the whole I think they are the enemy. I feel that authorities; canons; dogmas; orthodoxies; establishments; are really what we are up against.... They deaden thought”.

Edward Said

Ladies and gentlemen we are at a point where doing AIDS work is harder than it has ever been at any point in the life of the epidemic. There is a sense that we are doing things in a particular way and looking uncritically at the way we think about the epidemic. To compound matters we are faced with dogmas and authorities from the West which try and tell us what to do in dealing with the epidemic which has now become an African epidemic. The role of universities is to talk a different language and to challenge these dogmas.

The South Africa HIV and AIDS epidemic is in the main affecting young men and women of university age. Young people have often been describe as “the window of hope” for stemming the rate and pace of infection if they can

- Develop safe sexual behaviour
- Address stigma and discrimination
- Create an environment for discussion and debate

We know a great deal about modes of transmission, the importance of co-factors, means of prevention and progression of illness. But this is good medical knowledge- we need a greater understanding of the social; political and economic aspects of the epidemic; but also about how people have viewed the African epidemic by saying that things need to be simple. There is a tyranny of oversimplification and of patronizing the poor and the illiterate. And yet we know from research that illiterate people have sophisticated ways of understanding things.

There has been a thread of anti intellectualism in response to HIV and AIDS. In part this is because the disease raises all kinds of difficult questions and issues about our society- about;

- Race; class and culture

- Gender; sexualities and masculinities
- Power; patriarchy and oppression
- Democracy and accountability

AIDS forces us to ask different questions and seek different answers. A legacy of apartheid was the failure of the education system to encourage and develop critical minds that are able to challenge, question and debate. HIV/AIDS require us to challenge all the assumptions and taken for granted certainties we may have. Questioning and challenging is a cornerstone of democracy. It is very important that we are able to confront and challenge the status quo at all levels to challenge the assumptions we have about race; class; gender; power; identity; religion; morality and behaviour. It is up to universities and student leadership to create a new language of debate and new models of explanation and understanding complex social, personal and political issues.

Important areas for research and change in terms of the debate include;

- Race; class; culture; gender
- Men; masculinities and femininities
- Male circumcision
- Testing; counselling and treatments
- Orphans and vulnerable children
- Legal issues and human rights
- Social Identity and Citizenship

Testing

How; the question went can we get people from diverse social; political; economic and social strata to test? As the public health argument would go (against any evidence that it is in fact true) it is much better for people to know their status. The way the test was spoken about was as if it was divorced from any symbolic meaning- indeed testing was set up as the great intervention that would work because the rational idea was that it is better to know (against all evidence that questions the know you status approach as being flawed and counter intuitive in the epidemic) and then be able to access good medical care.

But no one was concerned because overwhelmingly the voice of testing was the medical voice; the voice of public health authority and there was it seemed little ground for the non medic;

the lawyer; the judge; the teacher or the priest to move- and so embraced by the world bodies- the UN and WHO- the massive 3x5 program started and then we learned that in the developing world people required less counselling; that the numbers tested mattered and that people who were opposed to testing in this way were portrayed as being unconcerned if people were to die.

No one denies that treatments and treatment access is a basic and fundamental human right and should be freely and openly available to all people. That is not the point. When people raise concerns and questions about treatment they are not questioning the right to treatment or that people should freely choose to have them; rather they are questioning what comes with it- the very real potential for a reduction in human rights, a reduction in counselling and confidentiality and a reduction of nuanced prevention as everything gets subsumed into VCY and routine offers of a test.

- There is growing evidence that testing and treating will replace prevention as people believe they no longer need to take precaution;
- That testing and treatment will hinder prevention strategies
- That people will be wary of accessing clinics where routine or opt out testing offered
- That testing and treatment will add to the stigma of the disease
- That treatment cynicism for those who are positive but excluded will have a detrimental impact on the social nature of the disease

Circumcision

Based on three poorly conducted trials; circumcision offers no protection it merely reduces of risk

Very little attention has been paid to the rights men in this regard -what of cultural sexual and traditional rights-how will these be ensured and protected-what of the right to refuse the procedure. What about the rights of mothers in terms of decisions about their son's infant health and indeed again what about the act which prohibits surgery for which there is no proven benefit- a lowered rate is not a lowered risk- men will still have to use condoms. And what about the rights of circumcised men who become infected after all. And what about the sexual experiences of women?

Orphans

What is the mainstreaming dogma we are facing with orphans? It is the belief that there exists strong enough extended family network able to take in large numbers of children and give them care; nutrition; socialization; education; and support which young people need. All the research

shows that households taking in orphans are poorer than households without orphans- and household with orphans also tend to have a greater proportion of elderly people and are usually headed by women. In addition orphans have been made to occupy a central part in such narratives of insecurity; social breakdown and collapse- they have been cast in the role of the alienated; antisocial and enraged outcasts prone to crime and to violence and worse. Orphans have been positioned as the problem and the question is how does 'normal society' cope with this problem?

And with a scarcely background glance we talk about child headed households; children coping and the resilience of the poor as if these were things to be proud about. Child headed households have no place on a caring democratic society; coping is about failure and resilience blocks the ability to flourish. Some people may thrive in adversity but millions are merely abused by it. And equally abused are the orphans at the other end of the scale- the elderly on who tremendous burdens now fall and yet there is no public outcry about the quality of their lives nor about the failure of society to protect them. It is as if the small numbers who are supported and cared for or who cope makes the rest invisible.

Of course we need to teach our young people to deal with reality and this reality of course differs from community to community, from country to country but the crucial question is how we do this - how do we develop their minds and equip them for this reality? Do we get them to accept the reality- by nit challenging the dominant status quo, by not questioning the ways in which culture and tradition feed into and collude with the epidemic or by playing all the old clichés about power and oppression and blaming all the usual suspects?

Or do we equip to think in new ways about who they are, what forces have and will shape their lives and equip them to have powerful imagined futures?

Dealing with AIDS is not about consensus- it is about rigor; debate; dissent and conflict and it is about challenging; all the taken for granted assumptions so that we can truly say that we have done the very best we can to understand this epidemic and the social webs in which it moves. It is about intellectual bravery and always speaking the alternative view; the different take and through challenging the status quo - imagining a future that we would all be proud to inhabit.

“No social system; no historical vision; no theoretical totalization; no matter how powerful can exhaust all the alternatives or practices that exist within its domain- there is always the opportunity to do something else; to formulate an alternative and not either to remain silent or to capitulate”

Edward Said

Plenary 2: Building Capacity for service and volunteering in SADC

VOSESA: Volunteer and Service Enquiry Southern Africa

Abstract

The presentation focuses on a five-country study on service and volunteering in SADC. The project is a unique north-south partnership between

- *VOSESA, an NGO that aims to address the need for well-researched, up-to-date information on civic service and volunteering in southern Africa*
- *Centre for Social Development in Africa at the University of Johannesburg*
- *Centre for Social Development at Washington University at St Louis in USA funded the study*
- *Country researchers from Botswana, Malawi, South Africa, Zambia and Zimbabwe*

The aim of the project was to document the nature and scope of service in SADC, identify the unique features of service in SADC and identify the implications of the findings for social development policy and practice. A social development approach informed the study and 5 Countries were selected: Botswana, Malawi, South Africa, Zambia and Zimbabwe. The countries were selected on the basis that they had sufficient service programmes to study and had experienced in-country researchers available to conduct the research.

The methodology included Literature searches, 46 key informant interviews with representatives from government, NGOs and donors, 13 focus groups, 108 respondents drawn from urban and remote rural areas, a mix of government, NGO, community-based and donor respondent and 20 formal and informally organised programmes were studied in depth.

The findings show that large numbers of poor people volunteer across all the countries. The volunteers are mainly women, and older women - particularly in HIV/AIDS programmes and there is a high level of youth involvement in service. The act of giving provided an opportunity for collaboration and mutuality. Both servers and beneficiaries are poor and they depend on each other for their survival and support. This has implications for service policy and programme design. Research points to mutuality of benefits to both parties. Individuals and communities benefit and incentives provided include skills development, stipends and in-kind resources.

Helene Perold and Rejoice Shumba VOSESA

DISCUSSION

Building Capacity for service and volunteering in SADC

Key Themes

a) The concept of volunteerism

How do we define the concept? Are paid volunteers still considered to be volunteers? To what extent does this create tensions in the communities?

In the field tensions are inevitable. For example in Malawi gone project was getting parents volunteering in fixing the school, and this was a community based initiative. Then came another programme getting volunteers to hand out food packages. Those handing out food packages also got some for themselves so there was immediate tension and clashes between the community initiative and the donor driven initiative.

b) Mobility of young people

Young people are a highly mobile group and they will move the moment something more rewarding comes their way. Major constraints for young people's upward mobility include lack of experience and poor social networks. By volunteering young people are able to meeting new people and making new contacts and sometimes giving them certificates of attendance can be a good motivating factor for young people

c) Gender balance in volunteerism

There are still few programs targeting better involvement of men in volunteer service. This is because men are usually involved in paid employment and it is the women who usually volunteer their services. In HIV care the gender trends are clear, there are more women than men and this is a field that requires more investigation.

3. Academic Track: Peer Education

Chair: Johan Maritz

3.1 African solutions for an African problem: Peer educator reflections on best practice in HIV/AIDS peer education programs in SSA

Abstract

Now, almost a quarter of a century into the AIDS epidemic, many universities in Africa are still trying to grapple with this reality. Despite the high prevalence of HIV/AIDS in the environments in which many African universities operate, it does not appear that they have institutionalised a consistent response. To address this issue, four universities in the SADC region (the Universities of Zambia, Malawi, Namibia and the University of the Western Cape) embarked on a HIV & AIDS peer education collaboration across four countries. Key to this collaboration is formulating best practice in HIV/AIDS peer education, and developing approaches that are best suited for sub-Saharan Africa.

Objectives:

The study had as its primary focus an analysis of best practice in peer education. With its focus on peer educator reflections the study provides a unique approach to data collection.

Method:

The study made use of a qualitative approach to data collection and analysis. Focus group discussions were conducted with twenty- four peer educators from the Universities of Zambia, Malawi, Namibia, and the Western Cape (South Africa). Focus group questions focussed on what current peer educators perceive to be best practice in peer education.

Results:

The presentation will feature two student presenters who participated in the four country (SADC) peer education collaboration. With regard to project implementation, the findings of the study offer vital guidelines for peer educators and programme managers alike. Of particular importance is the key driving forces and challenges highlighted from a peer educator perspective, exploring differences and similarities in their respective countries. Findings will highlight elements of best practice in terms of recruitment, selection, training, and intervention approaches. An attempt is made at exploring a model of intervention suitable for a unique African context.

Eni Njoh - University of Florida (United States of America), Melani-Ann Cook - University of the Western Cape (South Africa) and Bob Munyati - University of Zambia (Lusaka)

3.2 AIDS Community Educators -UCT Peer Education Program

Abstract

In South Africa do we have trained young professionals in the field of HIV/AIDS? Often the response to this question is yes, but only a few. As tertiary institutions it is essential that we provide avenues for training young people to manage HIV/AIDS issues. The peer education programme at the University of Cape Town is one such example.

The university programme is based on Catherine Campbell's theory of building an AIDS-Competent Community. Campbell (2002) states that in order for countries to manage HIV infection, all citizens need to be involved in the process of building AIDS-Competent Societies. She explains that the essential elements to achieving this type of community are: knowledge of HIV/AIDS, critical thinking, identity and solidarity, empowerment, motivation, and confidence, supportive social networks and access to services and resources. In order to build such a community at the University of Cape Town, one needs to design a programme which incorporates students' understanding and learning of these components. ACEs (AIDS Community Educators), the university's peer education programme, is based on this premise. It is in its 13th year of existence.

The main aim of the programme is to encourage students to engage with HIV/AIDS-related topics, both on and off campus, through community projects; leadership in HIV/AIDS; personal development; campus campaigns and educating their peers. ACEs are champions for HIV/AIDS issues both in the classroom and in their personal environments. One of the strategies ACEs implement is 'champion chats', using informal conversation between students as education opportunities. ACEs activities form part of HAICU's (HIV/AIDS Coordination - UCT) broader campaigns.

Ms. Lucina Augustine

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3.3 Evaluation of a Peer Education Training Program

Abstract

During 2004 Stellenbosch University hosted its first HIV peer-education training program. The aim of the training program was to promote HIV awareness and knowledge, and to encourage safer sexual practices amongst students through empowering a group of students to serve their peers as informal educators, role models, referral sources and activists.

A results-based program evaluation study was conducted aiming to answer the following research question: “To what extent was the Stellenbosch University HIV peer education training program successful (or not) in achieving its intended outcomes?” The main objective of the study was thus to determine whether the peer education training program had achieved its stated outcomes, thus having a positive effect on the participants, especially with regard to their knowledge, attitudes and behaviour.

In order to answer the research question successfully, a mixed-methods approach was employed, using both qualitative and quantitative methods of data collection and analysis. Data were collected in two phases, before and after the training intervention and included using questionnaires, interviews, portfolios and observation as research instruments.

The findings of the research study showed that, even though certain limitations were identified and recommendations for improvement could be made, the program was successful in achieving its stated short term outcomes. Changes in the participants’ knowledge as well as reported changes in attitudes and behaviour, in line with the desired program outcomes, were also indicated. The results from the evaluation can be used in planning, changing and improving future Peer Education training programs.

This presentation will focus on the findings from the research conducted and will highlight discourses and recommendations applicable to all Higher Education Institution HIV Peer Education programs.

Michelle Munro

University of Stellenbosch

Networking and knowledge exchange across university HIV/AIDS peer education programs in South Africa

Abstract

The project is a collaboration between AIDSPORTAL and ZAMANAWE

AIDSPORTAL

AIDSPORTAL is an internet platform providing tools to support global collaboration and knowledge sharing among new and existing networks of people responding to the AIDS epidemic. It has facilities for web publishing and hosting electronic discussions on www.aidsportal.org

ZAMANAWE

A Collaboration across 4 countries in Africa; Zambia, Malawi, Namibia and Western Cape. The focus is HIV/AIDS Peer education and there are a total 120 peer educators; 30 from each institution. It is funded by South Africa-Norway Tertiary Education Development (SANTED)

Peer educators feel isolated when addressing challenges and they have limited contact with peers outside of their university. The solution was to come up with an Online networking project and a discussion forum

Methodology

- Peer educators received training basic online discussion tools
- Identified topics for discussion
- Role of moderator in an electronic discussion
- Cross cutting issues = gender, culture, religion , condom usage
- Share own experiences & challenges
- Shaping programme planning, innovative thinking
- Sharing of promising practices -Role of peer educators as catalysts of change

Findings

- Cross cutting issues = gender, culture, religion , condom usage
- Share own experiences & challenges
- Shaping programme planning, innovative thinking

- Sharing of promising practices -Role of peer educators as catalysts of change

Joachim Jacobs



Peer Education

Key themes

a) Outreach Activities

There are many small NGOs who are trying to do peer education in schools but do not have sound methodologies. To what extent are your peer educators able to go out and train peer educators in NGOs using some of the methodologies you use?

Encourage our students to go and link with NGOs. In ZAMANAWE one of our targets is to do outreach activities in partnership with NGOs. Time becomes the key factor

b) Who is in the drivers' seat of peer education programs?

- To what extent are donors influencing our peer education programs e.g. PEPFAR Abstinence approach
- Who runs peer education programs, how do we strike a balance between having students take the lead and at the same time ensuring continuity of peer education programs
- What do peer educators do after they leave universities? What do peer educators do on holidays? How much are peer educator's knowledge being used in the community after they leave our institutions? It needs to be captured so that it can be reported on. How to sustain this? When you go into professional life do you use the skills learnt during peer education?

c) Life after University

- How do we keep track of peer educators?
- How can institutions keep in contact with peer educators after they leave campus?
- What do peer educators do with their knowledge after they leave university, to what extent do they use their knowledge in the community
- Are we equipping peer educators with knowledge that they can use off campus and in the community

d) Who is the primary beneficiary of peer education programs?

When we work with peer educators do we see them as being at risk? Is the training for them or for others? How do we know their attitudes have changed?

We need to critically look at our peer education programs to see whether the peer educators themselves are benefiting from the programs and if they are changing their behaviour. Often peer educators are not practicing what they preach.



Chair: Jason Wessenaar

4.1 Working with university students: Masculinity and the impact on sexual health

Abstract

Issues: Ten years after celebrating the end of Apartheid, South African youth are confronted with another struggle - the twin epidemics of HIV/AIDS and gender-based violence (GBV). Statistics indicate some of the highest HIV infection rates in the world, as women are disproportionately infected and affected with HIV/AIDS than men. Much of this greater vulnerability for young women is attributed to the high levels of sexual and domestic violence. Much of this violence can be attributed to male socialization and norms related to masculinity.

Description: Under the auspices of the Engenderhealth and the Men as Partners (MAP) Programme, the project seeks to challenge the attitudes, values, and behaviours of men that compromise their own health and safety as well as the health and safety of women and children; and to encourage men to become actively involved in preventing GBV as well as in HIV/AIDS-related prevention activities. The MAP programme builds knowledge and skills among peer educators on campus to sponsor MAP-related activities such as workshops with residential students; awareness raising campaigns on the importance of testing; and distribution of behaviour change communication materials. Project activities also include training on male-friendly clinical services for university health services, as well as MAP-related outreach efforts with surrounding communities. One successful technique is digital storytelling where young people are given the opportunity to tell their stories using digital technology.

Lessons Learned: MAP has proven that young people have the power to make an impact on the fight against HIV/AIDS. Not only are students on campuses made more aware, the students involved in the initiative are empowered to transfer the leadership skills they have acquired through the programme into other areas of their lives. Preliminary qualitative research suggests that MAP involvement is having an impact among the peer educators regarding knowledge, attitudes and behaviours related to sexual health, masculinity, self efficacy, academic attainment and job skills acquisition.

Rodney Fortuin

4.2 The Urban Ethnography of Masculinities and AIDS: The role of civil society organizations in challenging hegemonic masculinities

Abstract

For a long time inquiries into the socio-cultural construction of masculinity have been neglected in AIDS research. While there have been studies applying qualitative research methods on masculinities and AIDS long term ethnographic observation of everyday performance of masculinity in different social situations has hardly taken place, yet. The research project “Urban Ethnography of Masculinities and AIDS” wishes to fill this gap by comparing notions of manliness and male sexuality among three different groups of men with divergent ethnic, religious and economic backgrounds in Cape Town. Building on existing social science literature we argue that hierarchies between particular notions of masculinity within a particular community and between communities with a divergent socio-cultural background have to be addressed in order to understand health behaviour. In this sense, we want to raise questions concerning the impact of socioeconomic change on gender relations as well as the importance of cultural construction of the body and its fluids. Furthermore, inquiries will focus on the images of women that exist among men and on how these images eventually legitimate violence against women. In this context, a mayor concern of the research project is to analyze the role of civil society organizations in changing particular masculine subjectivities. The presentation will outline preliminary results of the study concerning the way gender and especially masculinity is addressed by HIV/AIDS prevention programs. It will give an overview of existing efforts in and around Cape Town seeking to point out existing limitations, challenges and achievements from the perspective of medical anthropology.

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4.3 Pressured and Pleasured: the macho antics of male university students

Introduction

Let me begin by defining the word antics, which appears in the title of this paper. The dictionary defines antics as actions or activities that involve ‘clowning around’ and ‘tricking’ others. An antic suggests a certain level of forethought playfulness and an audience for whom this playfulness is directed. I found it quite curious, therefore, that “Gameboy”, a third year male university student, chose this particular word to describe the dominant form of masculinity at the University of Zimbabwe, which is referred to as chi-UBA by students. How much of chi-UBA is mere clowning around and how much of it is real? How does chi-UBA manifest itself and who is the intended audience of chi-UBA antics? What are the rules that govern how chi-UBA is enacted and what purpose does it serve for male university students? In this paper, I am particularly interested in examining how chi-UBA masculinities are constructed, reinforced and reproduced within the specific context of the university campus. I also seek to show how notions of chi-UBA act as powerful impediments to HIV prevention efforts directed at male university students. This paper is based on in-depth interviews and informal conversations carried out with male students at the University of Zimbabwe, as part of fieldwork for my PhD thesis. And this paper reflects work in-progress.

‘Chi-UBA’ and UBA Antics

Every male student, upon being admitted at the University of Zimbabwe, automatically becomes a member of the University Bachelor’s Association. UBA, in short. This nomenclature has nothing to do with one’s marital status and is instead a marker of a very specific type of behaviour that is expected of male students at the university. According to Gameboy, who is himself a member of this illustrious group, chi-UBA is characterised by radicalism, rebelliousness and non-conformity to authority.

‘No one defines verbally what chi-UBA is, but you just see for yourself that this is what it was meant to be...freedom at its most’.

What is immediately clear about chi-UBA is that it is a hegemonic type of masculinity, which thrives on violence and shows of bravado (Connell, 1995). How does this violence and bravado pan out in the daily lives of male students at the university? Many writers on masculinity (e.g. Morrell, 2001; Cleaver, 2002), have shown that sports play a major role in the creation of masculinities. While it is often through excelling at sports that ‘real’ men are differentiated from ‘other’ men, it would appear that at the University of Zimbabwe mere presence at sporting events is enough to earn one the accolade of being a ‘true’ UBA. In my interview with

Gameboy, he dismissively refers to those UBA's who do not visit the sports grounds as 'UBA's just because they happen to be students at the university'. In other words, they are not 'true' UBA's. Gameboy explains,

'The sports fields are the breeding ground for chi-UBA... 'When you attend soccer matches involving UZ teams, that is where you get all the current information...that is where all the planning takes place, such as whether there will be a demonstration or not. That is where everything is done, because the chances of the CIO [the state security agents] following you to the sports fields are very low'.

Most of the campus violence and shows of bravado occur after soccer matches. Gameboy notes that it is on '...Saturday evenings, when UBAs are coming from sports, that the chi-UBA spirit is at eighty to ninety-one percent. That is when trouble occurs'. No one is safe from these UBA's and their antics, with the usual targets being couples, dining hall staff and security personnel. "Ruchiva", another of my research participants, narrated an incident he had when he bumped into a group of UBA's who were coming from a soccer match. It was just after 5pm on a Sunday, and he was taking a romantic stroll with his girlfriend. The UBA's started to 'say all sorts of vulgar things...they try to make you feel out of place'. Luckily for him, he knew how to respond to them. 'I just said Eh, ma-Comrades and they knew that I was a student'. UBA's have also been known to verbally harass female students after soccer matches. This usually takes the form of completely surrounding a female student that they see walking alone, and then calling out female body parts in her presence. This usually succeeds in its intended effect—to frighten and humiliate the student.

Perhaps the most daring acts of bravado by UBA's are those directed at authority figures outside the university. This is when the principle of 'non-conformity to authority' is put to the test. In the following quote, Gameboy explains what happens when UBA's have a soccer match against the Zimbabwe Republic Police.

'When UBA's get to Morris Depot [Police Headquarters], they begin to taunt the police by singing the following: our claim to fame is our intelligence. We were not recruited on the basis of height, running ability or ugliness'.

While most studies of masculinity in educational institutions (see Willis, 1977; Pace, 2004) suggest that it is physical strength, rather than academic intelligence, that defines 'real' men, this appears to be the exact opposite for the students at the University of Zimbabwe. The chi-UBA masculinity is predicated on intellect and male students' feelings of superiority relative to everyone else is firmly grounded in their firm belief in the modernizing effect that university

education will have on them. Indeed, university education holds the promise of upward social mobility and, for students this process begins the moment one is admitted to the university. Most UBA antics therefore involve constant references to their 'intelligence' as the above song indicates. Male students have even developed rather ingenious ways of advertising their 'UZ student' status to those who are not part of the university community. A favourite strategy is to 'accidentally' drop one's student ID in a public place and have someone pick it up for you. This strategy is often used to draw the attention of females that one might be interested in. My UBA informants swear that this strategy is effective when directed specifically towards high-school girls and to any female who has never been to university.

Chi-UBA and HIV

Do the chi-UBA principles of radicalism, rebelliousness and non-conformity to authority have any bearing on male students' sexual behaviour, and how does chi-UBA impact on HIV prevention efforts targeted at university students? My research suggests that the bravado that seems to be a core component of male students' everyday lives has a direct bearing on their approach to relationships, dating and sex. Take the fact that the most preferred types of relationships among UBA's are One Day Internationals. ODI's, in short. ODI's refer to casual sexual relationships and are the equivalent of 'one night stands'. According to my UBA friends,

'ODIs are easier to manage as they do not involve 'title deeds'. And you have to be very careful that your ODI does not advance to a 'test match' because once that happens 'you are in trouble'. Or, as they say in the vernacular, unonga vapinda pa-tight.

A test match is basically the standard 'girlfriend-boyfriend' type of relationship. The 'title deeds' referred to are the commitments that such relationships entail, such as being faithful to one girl, taking her out for movies and buying her gifts and food on a regular basis. For UBA's test matches are therefore too demanding financially and emotionally. Judas a final year male student, who drinks and smokes weed heavily, described to me a recent ODI experience he had. In short, he met a female student, started chatting her up, invited her to his room 'for tea or coffee, because I would really like to get to know you better'. Once in his room, he did make her a cup of coffee. And he had unprotected sex with her. Have you seen her since, I asked Judas, to which he replied matter-of-factly:

'If I have, I probably wouldn't know because I don't remember what she looks like. And anyway, the point is not to have a relationship with her. So if you ever meet your ODI's you should never show that you recognize them. Pretend that you don't know them'.

When I asked if he uses protection with any of his ODI's, this is how he responded:

‘Most of the times I will be having condoms on me...in fact, I always move around with a condom, just in case [at which point in the interview he actually pulls out a pack of condoms to show me]. But, you know, once you are in that situation, and you are all aroused, you don’t use the condom. I have had unprotected sex many times, even though I had condoms in my pocket the whole time’

As most of the literature on HIV and AIDS shows, non-use of condoms is not just confined to casual sexual partnerships. In fact, married couples and couples who have been dating for a while have some of the lowest condom use rates. While Judas proudly described to me how easy it is to secure an ODI, Ruchiva, on the other hand, described, with much less bravado and with even a hint of embarrassment, how he successfully maintains a sexual relationship with three female students who are all on campus. Two of the girls are in their final years of study, while the one is a first year student. He suspects one of the girls of having a boyfriend on campus because she won’t come to his residence hall. However, this works perfectly for Ruchiva, as this allows him to visit her in her room instead. This leaves him with two girls to worry about. And he seems to have a foolproof strategy thus far. He tells the one girl that he will be studying in the library until 9pm and will therefore pass by her room on his way from the library. He might actually go to the library and spend the time there with the third girl, as she happens to be a classmate. When I ask him if he uses condoms with these girls, the answer is ‘uh...sometimes’. The girl that he suspected was also fooling around later fell pregnant towards the end of last year. And it was from a different guy—a recent university graduate.

According to Epstein et al (2001) ‘it is at university that sex enters the realm of the expected and ceases to be taboo’. Again, my data seems to lend credence to this statement. It appears that male students use their years at university to acquire as much sexual experience as they can. And according to my UBA friends ‘there is a lot of pressure to be in a relationship’. This pressure seems to worsen in one’s final year on campus. ‘Other UBAs will make fun of you if you are in third year and have never had a girlfriend. They will say that you have been beaten ‘three-nil’ by the university. So it’s better to be beaten at least two to one’. According to this scoring system, for every year at university that you complete without a girlfriend, you don’t earn any points. Chi-UBA therefore places extreme pressure on male students to be sexually experienced. This pressure is contained in the teasing that occurs among male students when they are watching ‘tutorials’ or soft porn movies, which are often shown on E-TV on Fridays and Saturdays. One of my male informants stated:

‘...don’t make a mistake of walking out of the common room soon after a sex scene has been just been playing, because the other guys will start shouting and laughing at you saying you are going to engage in the solo act of devotion! [A reference to masturbation].

While probably many male students do masturbate, the practice is not favourably looked upon, and seems to indicate one's lack of skill in successfully asking a girl out.

So, why have I chosen these particular stories? For me, the attitudes towards sex by Gameboy, Ruchiva and Judas, and their rationalizations of their actions are made all the more poignant by the fact that they are peer educators. They spend almost half of their free time working as volunteers for an HIV prevention programme that is based at the campus. Gameboy belongs to a soccer club that is part of this HIV prevention programme initiative and has been active in organizing soccer tournaments, on campus, aimed at raising awareness and encouraging behaviour change around gender issues and HIV and AIDS through the sport. Ruchiva, on the other hand, is a member of the Interact Club with the same HIV prevention programme. In fact, he is one of the most active members of the club, and he too spends half of his free time organizing Gender, HIV and AIDS activities targeted at university students. Finally, Judas belongs to the Music Association with the same HIV prevention programme I mentioned earlier. He is part of a group of students who use music to encourage behaviour change among their peers on campus. These students have all taken a two week course in basic counselling and gone through a three-day gender equity training.

The stories I have shared with you today suggest a glaring inadequacy in our HIV interventions. Although in my past life I have been actively involved in HIV programming for university students at this campus, today I am speaking to you as an anthropologist. A key part of my thesis, and indeed this paper, is to show the important role played by contexts. We can not afford to continue to base our interventions on generic or taken for granted models of 'youth' behaviour. We need to begin to pay serious attention to the unique and specific contexts that young people—university students, in this case—find themselves, and only then proceed to mould our interventions around the specific contours that shape the everyday realities of modern day youth. That perhaps is our greatest challenge.

Tsitsi B Masvaure, PhD Candidate and CSA Intern

Dept of Anthropology and Archaeology

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Masculinity

Key themes

a) Gender Parity

Will working with men bring about gender equality? How do we measure gender parity in relationships? We need to think critically about;

- How do the men in our programs go back into their communities and influence change?
- While working with men how do we support women at the same time so that we strike a balance?
- The power of language in expressing masculinities,
- The importance of context and the need to consider context when we are designing interventions

b) Interaction between Universities and NGOs

Large gap between university as academics and NGO hands on approach; there should be more interaction between the two. Universities should have for a for giving feedback to the grassroots organizations.

c) Peer Educators on a Pedestal

By definition a Peer is someone of equal standing with the peers. Peer educators should not be put on a pedestal. They should be trained so that they use the knowledge at a personal level but also pass on the message to their peers. There should be a way of monitoring the activities of peer educators

Closing Remarks - Conference Rapporteur

Ladies and Gentleman you will agree with me that this has been two days well spent. I was particularly impressed by the level of participation, confidence, and ability to articulate themselves that has been shown by the students represented here. I think we need to pat ourselves on the back and say that at least there is something that we are doing right because right here we are incubating our Future Leaders and by involving them we are fulfilling the saying; nothing for the Youth if it is without them.

Yesterday many of us were challenged by the Keynote Speaker who unpacked the notion of universities as incubators for change and set the scene for the conference. What stood out for me in Dr Mathebula's presentation was that;

- the quality of the product depends on the nurturing and care that takes place during incubation. What this means for universities is that we need a change in paradigm for us to produce products that will produce change.
- WE NEED TO AIM THAT OUR STUDENTS GRADUATE ALIVE
- Money is not a resource; we need to use it to acquire resources.

A point that raised debate about in Dr Mathebula's address is; A person who will delay onset of sex has a choice while those who have already indulged in sex no longer have a choice. Is it always that FINAL?

Track 1: Students as agents of change

This first track centred on students and how they can be used as agents of change in the universities and in the broader society. We had presentations on how teachers, students and young people can act as change agents in their institutions and in the broader communities. Key issues that emerged from the discussions include;

- The challenge remains how do you create that supportive environment for teachers to practice what they have learnt when they go back into their schools? In other words there needs to be something else happening at school level to support teachers to implement what they will have learnt.
- How do we evaluate the effectiveness of our programs? How do we measure changes in behaviour in the absence of direct variable for measuring behaviour change?

- How do we strike the balance between community outreach and campus based activities. Lets start with in-reach before we do outreach
- What happens when peer educators leave our institutions?
- What happens after students test? This was a key issue which is being handled differently in all the countries
- Community involvement in development of programs. Are we taking ready made programs into communities or are we involving communities in the development of our programs.

Track 2: Curriculum

We were introduced to a powerful and moving case history from the Cape Peninsula University of Technology were advocates for accountability in HIV/AIDS policies and programming. Next was a panel discussion on the very critical issue of integrating HIV/AIDS into University Curricula.

Key issues;

1. How do you entice the various faculties to buy into it for their own good?
2. How do you bring HIV/AIDS issues into the life of the students? How do you change behaviour with a subject?

The session on Digital Story telling was a good way to round off the day. However issues were raised around;

- Criteria for selection, anonymity in the communities and consent to participate.

DAY 2

This morning we were inspired and challenged by a presentation from Mary Crewe, the director of CSA. The highlights of Mary's speech included;

- The need for a greater understanding of the social; political and economic aspects of the epidemic
- The need for students to ask different questions and seek different answers; its up to universities and student leadership to create a new language of debate and new models of explanation and understanding complex social and political issues
- Mary challenged us to think critically about the drive for the KNOW YOUR STATUS campaign in the absence of services or support systems

- The need to think critically about the issue of orphans. If we accept child headed households what then do we say about child labour
- Mary challenged us to start to think in new ways about who we are and how we deal with this changed reality

3. PEER EDUCATION

Key themes from the session

a) Training

- To what extent are peer educators networking with or training other organizations?
- Do peer educators have an input in the development of training programs
- Use of ICT was cited as an important way to ensure quality of work and to keep students motivated

b) Who is in the driving seat of peer education programs?

- To what extent are donors influencing our peer education programs
- Who runs peer education programs, how do we strike a balance between having students take the lead and at the same time ensuring continuity of peer education programs

c) Life after University

- How do we keep track of peer educators?
- What do peer educators do with their knowledge after they leave university, to what extent do they use their knowledge in the community
- Are we equipping peer educators with knowledge that they can use off campus and in the broader society?

4. Masculinity

Key themes from the discussion

The presentations challenged us to think critically about our programs in universities. Key issues included;

- Will working with men bring about gender equality? How do you measure this in relationships?

- When we work with peer educators do we see them as at risk? Is the training for them or for others? How do we know if their attitudes have changed?
- The importance of context and adapting our programs to the contexts in which we work

Patricia Machawira

Conference Rapporteur

List of Delegates: Imagined Futures 2007

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Appendix: Programme

Time	26 September	27 September
08:30	Registration	Plenary: Mary Crewe
09:00	Keynote address: Dr Matsontso Mathebula (University of Limpopo)	Plenary: VOSESA: Building capacity for service and volunteering in SADC
10:00	Tea	Tea
10:30	<p>Academic track: <i>Students as agents of change</i></p> <p>Chair: Nyasha Chingore</p> <ul style="list-style-type: none"> • Lesley Wood (Nelson Mandela Metropolitan University): Turning teachers into HIV & AIDS activists • Thenjiwa Shimbira (University of Swaziland): Students as agents of change in broader society • Sean Brown (University of Cape Town): Creating social HIV/AIDS change agents • Nkosinathi Ncobo (University of KwaZulu-Natal): From young lions of the revolution to “lost generation”! Youth leadership responses against HIV/AIDS in post apartheid South Africa 	<p>Academic track: <i>Peer education</i></p> <p>Chair: Johan Maritz</p> <ul style="list-style-type: none"> • Melani-Ann Cook (University of the Western Cape): African solutions for an African problem: peer educator reflections on best practice in HIV/AIDS peer education programmes in Sub-Saharan Africa • Lucina Augustine (University of Cape Town): ACEs - UCT Peer Education Programme • Michelle Munro (University of Stellenbosch): Evaluation of a peer education programme • Joachim Jacobs (University of the Western Cape): Networking and knowledge exchange across university HIV/AIDS peer education programmes in Southern Africa
12:00	Lunch	Lunch
13:00	<p>Academic track: <i>Curriculum</i></p> <p>Chair: Rakgadi Mohlahlane</p> <ul style="list-style-type: none"> • Peace Kiguwa (University of the Witwatersrand): (Re)producing HIV/AIDS: Issues of Knowledge Production and HIV/AIDS over a ten year period in Psychology at the University of the Witwatersrand (abstract withdrawn) • Ashraf Mohammed (Cape Peninsula University of Technology): Challenging HIV/AIDS stigma and discrimination among students by incorporating HIV/AIDS into the curricula 	<p>Academic track: <i>Masculinity</i></p> <p>Chair: Jason Wessenaar</p> <ul style="list-style-type: none"> • Rodney Fortuin (Engenderhealth): Working with university students: Masculinity and the impact on sexual health • Hanspeter Reihling (Freie University Berlin): The urban ethnography of masculinities and AIDS: the role of civil society organisations in challenging hegemonic masculinities • Tsitsi Masvaure (CSA Doctoral Fellow): Pressured and pleased: the macho antics of male university students
14:15	Tea	Tea
14:45	<p>Knowledge exchange:</p> <p>Joachim Jacobs, Inshaaf Evans & Xavier September (University of the Western Cape): Exploring the use of</p>	<p>Closing remarks: <i>Conference Rapporteur - Patricia Machawira and Conference Chair - Sherwin Gabriel</i></p>

	digital storytelling as an intervention to address HIV risk with youth from high risk areas on the Cape Flats	
15:45	Break	

Evening programme

18:00	Cocktail function	
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