

Centre for the Study of AIDS

Imagined Futures V

28-29 September 2010, University of Pretoria

VISION

Conference Report

28-29 September, Willow Park Bredell

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Acronyms

AIDS	Acquired Immunodeficiency syndrome
CSA	Center for the Study of AIDS
HIV	Human Immunodeficiency Virus
KAPB	Knowledge, attitudes, practice and behaviour
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
PLWA	People living with AIDS
MC	Male Circumcision
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
STI	Sexually Transmitted Infection
UB	University of Botswana
UP	University of Pretoria
UCT	University of Cape town
UNZA	University of Zambia
UZ	University of Zimbabwe
VCT	Voluntary Counselling and testing

Acknowledgments

The CSA would like to acknowledge the contribution of Riaan de Kock and Shirley Damons whose administrative support played a pivotal role in the success of the conference, as well as Pierre Brouard and Johan Maritz whose contributions to the conference were invaluable.

Lastly the CSA would like to express their gratitude to SAIH (the Norwegian Student's and Academic's International Assistance Fund), whose ongoing support has continued to make the *Imagined Futures* conference possible, as well as the University of Botswana and the University of Pretoria for their unyielding support.

Executive Summary

The Centre for the Study of AIDS (CSA), University of Pretoria, in collaboration with the Health and Wellness Centre and the University of Botswana, hosted the fifth Imagined Futures conference on 28 and 29 September 2010. This year's theme was 20/20 Vision: looking to the next decade through the last. The words of welcome were presented on behalf of the SAIH president who was not able to attend the conference. However the message from the SAIH president noted the importance of the Imagined Futures conference and extended his congratulations on the opening of the fifth Imagined Futures conference. Further words of welcome were offered by Pierre Brouard, the Deputy Director of the CSA who introduced the importance of understanding HIV/AIDS as an elaborate web of intricately woven individual, social and structural factors which contribute to the complexity of being human and add to the difficulty of appropriately addressing the epidemic.

Day one's key note address was provided by Professor Peggy Ntseane who presented on understanding sexuality from its own cultural perspective. This inspiring presentation discussed a variety of issues around sexuality and sexual practices and highlighted the importance of taking into account social and cultural dimensions when crafting appropriate and effective strategies for HIV/AIDS prevention and support.

Session one of day one was titled Testing and treatment and was chaired by Bawani Mutsheshwa. This session included a presentation on Testing and Treatment in Zimbabwe which suggested that there were many lessons that could be learned from the various HIV prevention strategies that were being used at the University of Zambia (UNZA), the University of Zimbabwe (UZ) and the University of Pretoria (UP). The HIV test in my room presentation introduced the University of Zambia's response to the low VCT use as "The test in my room"

programme which promoted the testing of individuals in the privacy of their own rooms. The presentation on Counselling, testing and treatment of AIDS and STIs at the Copperbelt University in Zambia noted that an increased uptake of counselling and testing services resulted in an increase in ART intake and a reduction in opportunistic infections which suggested a need for the sustainability of counselling and testing at the University. Each session was followed by discussions at the tables that were facilitated by numerous delegates. These sessions included discussions around the implications of the information presented in the presentations and also included discussion around the appropriate way forward.

Session two was chaired by Melissa Godwaldt and was made up of three presentations. The first presentation was delivered by Sean Brown and debated the efficacy of VCT as a tool of secondary prevention in South Africa. The following presentation highlighted the role of male circumcision as a tool for HIV prevention in the fight against HIV/AIDS and was given by Patricia Mbalwe. The final presentation of the day was delivered by Pierre Brouard who presented on the whole being greater than the sum of the parts. During this presentation delegates were asked to adopt a total institution approach to HIV/AIDS which addressed the whole and located students in their traditional cultures in the context of modernity.

Day two of the conference was opened with a review and summary of the key themes from day one. These included issues on SA and the region, the construction of various realities, coping with change, morality, and peers and leadership. The key note address for the second and final day of the conference was given by Anthony Manion, the director of and Lesbian Memory in Action (GALA) Johannesburg. His presentation reflected on the past and future directions for the LGBTI rights struggle in South Africa and provided an outline of the issues that faced the LGBTI movement in South Africa. The second presentation delivered by Melissa Godwaldt was an intriguing exploration of the issues facing a generation who has never known a world without HIV. This paper highlighted the response of youth in Botswana to issues around

concurrency, unprotected sex, stigma, relationships and trust. The last paper of the session was presented by Laura Myers and discussed the Findings and recommendations from the HIV seroprevalence study of 21 South African higher education institutions which looked at 21 of the 22 universities in South Africa and investigated issues on HIV prevalence and knowledge, attitudes, practice and behaviour (KAPB).

Session four was chaired by Nyasha Chingore and included presentations on the Barriers to student participation in sexual and reproductive health activities at the Copperbelt University, Students against HIV and AIDS, and Sexual and reproductive rights. This session explored issues around sexual and reproductive rights and was especially interesting because of the contexts of the reports. This session was followed by a skills building session facilitated by Fikile Vilikazi who discussed issues around lobbying and advocacy.

The final session was chaired by Rakgadi Mohlahlane and was made up of two presentations that primarily dealt with curriculum. In this session Charmaine Thokoane and Lerato Lebona noted the dynamic nature of the CSA and its candid approach to sex which offered recipients information which was clear, relevant and credible, creating an exploratory space for young people to understand the forces that shape their decisions, identity, beliefs and practices. Tapa Nkambula then discussed the integration of HIV/AIDS curriculum into the nine schools of the university of Zambia and suggested that it was necessary that all students be exposed to a compulsory HIV/AIDS course in their first and exit years of university.

This session was followed by closing remarks from the Conference Rapporteur who commended the conference on its ability to create a collaborative working space in which complex issues such as HIV could be discussed. This was then followed by closing remarks from the Student Chair, Ntshediseng Tlooko who provided insight into her experiences of the

conference and commended the conference for raising contentious but important issues. The conference was concluded by a word of thanks delivered by Mr Sydney Montana who extended his thanks on behalf of the CSA and the universities of Pretoria and Botswana to all delegates for their invaluable contribution to the conference.

Background and context *Imagined Futures V*

20/20 Vision

The Centre for the Study of AIDS (CSA), University of Pretoria, in collaboration with the Health and Wellness Centre and the University of Botswana, hosted the fifth *Imagined Futures* conference on 28 and 29 September 2010 at Willowpark Conference Centre in Gauteng, South Africa.

Conference themes

This year's theme was *20/20 Vision: looking to the next decade through the last*. The conference looked back on a decade of HIV/AIDS programmes implemented at various universities in southern Africa, in the hopes of identifying challenges and priorities for the next decade.

A number of sub-themes were included in the conference to complement the larger, overarching theme of 20/20 vision. These included:

- Testing and treatment at universities – then and now
- Research and HIV and AIDS – are we critical thinkers or loyal followers?
- Prevention – what has prevented us from achieving innovation?
- Curriculum – have we learnt from what we teach?
- Sexual and reproductive rights – silence and discourse

Conference outcomes

The conference aimed to create an interactive space for students, academics, practitioners and programme managers to interact with one another, discuss prominent HIV/AIDS issues and explore various strategies for future HIV/AIDS initiatives.

Format

The conference took place over a two-day period and included formal presentations and professional development sessions. Presentations were followed by a brief moment of “questions for clarity” in which delegates were invited to ask questions regarding technical aspects of the presentation. Thereafter delegates were encouraged to participate in table discussions. These took place at all the tables, led by a facilitator who was furnished with a set of general questions that promoted discussion and encouraged participation and lateral thinking. The official conference language was English.

Participants

More than 100 participants, representing 15 different universities around southern Africa, attended the conference, with representatives from eight southern African countries.

Introduction

Delegates from eight countries around southern Africa attended the fifth annual *Imagined Futures* conference, hosted by the CSA and the University of Botswana from 28-29 September 2010. This year's conference was held at the Willow Park Conference Centre in Gauteng, South Africa, and centred on the theme of 20/20 vision, which expressed the need to find a way forward through a clearer understanding of our past.

Opening remarks. Session chaired by Johan Maritz

Mr. Maritz, the manager of the SAIH-funded Future Leaders @ Work project, began the conference by highlighting the improved structure of the *Imagined Futures* conference, addressing concerns and suggestions from the previous year's conference. He noted the opportunity for delegates to engage in questions of clarity at the end of each presentation and introduced the idea of table discussions. These would take place at the end of each session and allow all delegates an opportunity to contribute to the outcomes of the conference. Mr. Maritz introduced the theme of the conference as being *20/20 Vision, looking to the next decade through our last*. This theme hoped to promote reflection on what had been done in the past, how it had been done, and whether or not efforts needed to be redirected or re-evaluated. He also noted an amendment to the programme and extended apologies on behalf of Prof McGlory Speckman, the Dean of Student Affairs at the University of Pretoria, as well as extended apologies from representatives of SAIH who were unable to attend the conference.

Words of welcome by SAIH

As the SAIH president was not able to be present during the conference, Mr Maritz read out a message of support from the SAIH president, Mr Runar Myrnes Balto.

The message noted that SAIH was proud to support the fifth *Imagined Futures* conference. Mr Balto noted the importance of the event for everyone with an interest in sexual and reproductive rights in southern Africa, as the *Imagined Futures* conference acted as an important forum in which ideas could be challenged. The letter noted the importance of working with youth and introduced SAIH's annual political campaign.

This year's campaign, addressing issues from the 2009 conference on sexualities and silences, focused on addressing the discrimination of students and youth based on sexual orientation and gender expression. The president of SAIH noted in his message that the struggles of discrimination and prejudice faced by students hindered success at university and blocked attempts at living with dignity and participating in society on equal terms. He further noted that everyone had the right to education and protection from discrimination. Thus the campaign would address students and institutions in Norway and internationally, and put forward a demand that all institutions of higher education and learning become discrimination free zones.

Finally, the president extended his congratulations on the opening of the fifth *Imagined Futures* conference.

Words of welcome by **Pierre Brouard**

Mr. Brouard, the Deputy Director of the CSA, opened the conference with a warm welcome to the participants and delegates on behalf of the CSA, the University of Botswana and SAIH.

He noted that, while countries often differed from one another, those in the southern African region shared many challenges in relation to HIV and AIDS. They had a high disease burden which proved challenging for governments, health systems and societies in general.

Mr. Brouard introduced the importance of understanding HIV/AIDS as an elaborate web of intricately woven individual, social and structural factors which contributed to the complexity of being human and added to the difficulty of appropriately addressing the epidemic. Mr. Brouard

argued that it was therefore imperative that we moved away from a “one-size fits all” approach to the epidemic and realised that mobilisation strategies and approaches need to be tailored to the specific needs of different areas and situations, as well as relevant to the sub-epidemics of various countries.

Mr. Brouard noted the over reliance of developing countries on donor money which could arguably lead to clashes in agenda and suggested that countries found creative way to sustain their own agenda. He presented the last challenge as being a move away from the search for the magic silver bullet to magically unlock responses to HIV/AIDS, towards understanding that there was no quick and easy fix.

Mr. Brouard acknowledged the important role of the youth in future HIV/AIDS responses and their responsibility to make a difference by changing the future. He also highlighted the importance of the conference to empower future leaders, give them a voice, and assess successful and unsuccessful strategies.

Presentations

Key Note Address: *Understanding sexuality from its own cultural perspective: implications for spatial drivers and effects of HIV/AIDS* (University of Botswana), by: **Professor Peggy Ntseane**

The keynote address for the conference was delivered by Professor Peggy Ntseane, a vivacious and inspiring speaker whose ability to candidly deliver her presentation had the audience enthralled. She introduced exciting issues that would be commented on and referred to throughout the conference.

Professor Ntseane, who has her PhD in adult education and is passionately interested in women, youth and sexuality, greeted the audience in various languages, immediately captivating them. She described HIV as not just a health problem but also as a social problem whose resolution was challenged by multiple and sometimes contradictory agendas. Professor Ntseane hoped that the *Imagined Futures* conference would prove to be a landmark in the development of future prevention and care strategies and stressed the need for careful navigation around complex issues of sexuality if the HIV/AIDS epidemic was to be successfully addressed.

Professor Ntseane set out two questions that had informed her professional life as an adult educator and an HIV/AIDS researcher. Firstly, how did sexuality and sexual practices impact on HIV prevalence/incidence? Secondly, could HIV/AIDS prevention and care strategies be made effective given the marginalised cultural contexts and the dominant language in the fight against HIV?

These questions directed the rest of her presentation. Professor Ntseane addressed the first question, saying that the role of sex and sexuality in one's life could not be ignored due to the

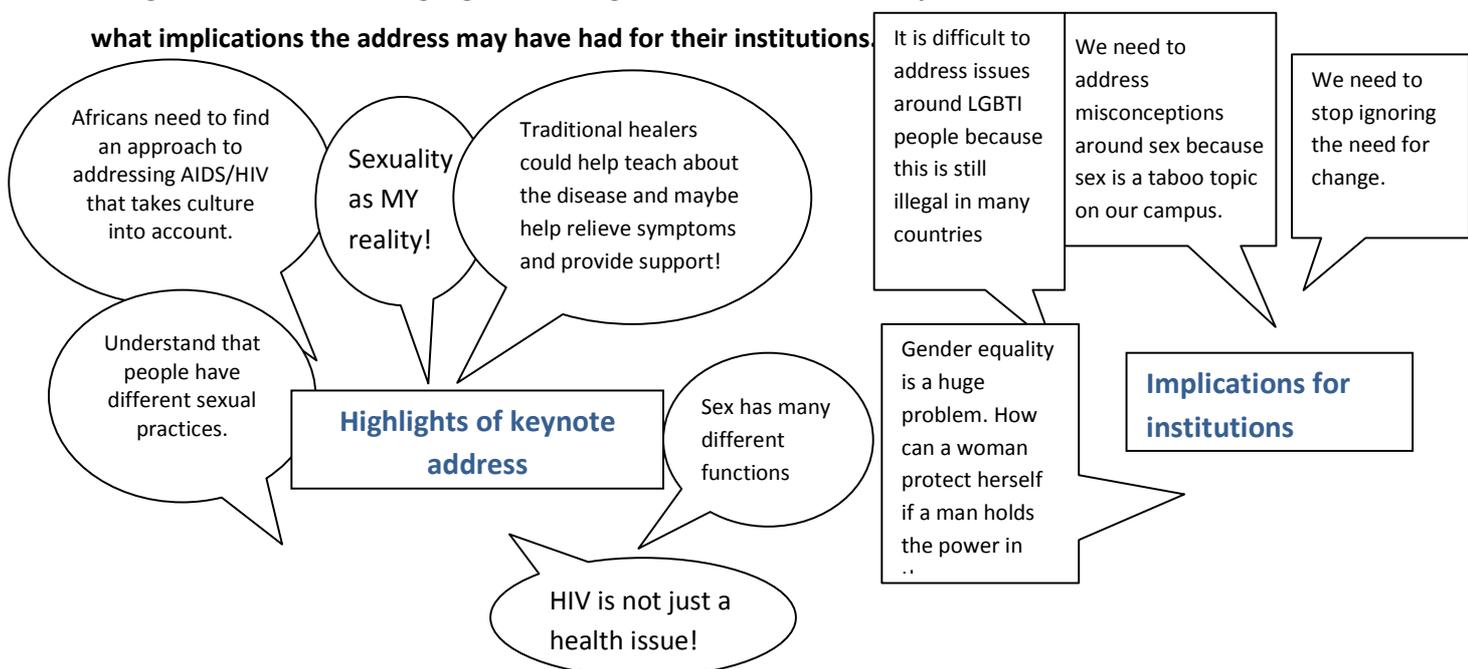
fact that it was a natural and pleasurable act, serving a range of functions including procreation, social exchange and healing.

She highlighted her concern at the ineffectiveness of western approaches in influencing the health care practices and health behaviour of African people, noting the importance of addressing indigenous and context specific cultural knowledge systems. Professor Ntseane also reflected on how sexuality and sexual activity had changed over the years, even though meanings around sexuality and sexual activity remained culturally specific.

Professor Ntseane concluded by emphasising the importance of taking into account social and cultural dimensions when crafting appropriate and effective strategies for HIV/AIDS prevention and support. She proposed that community participation and comprehensive research should form the basis for future strategies if we were to succeed in controlling, reducing and eliminating HIV/AIDS. This dream, she cautioned, would require the development of target specific programmes/projects, with an emphasis on ownership by beneficiaries, partnering with all relevant stakeholders for sustainable sexual behavioural change.

Table Discussions

Delegates were asked to highlight one thing that stood out in the keynote address as well as indicate what implications the address may have had for their institutions



Session 1: Testing and treatment. Chaired by Bawani Mutshewa

Testing and treatment – then and now (Zimbabwe), by **Darlington Muyambwa**

After discussing the importance of tackling HIV/AIDS issues in southern Africa and highlighting the importance of tertiary students in forming part of the prevention revolution, Mr Muyambwa, in true 20/20 vision style, reviewed past intervention strategies which, he noted, mainly followed the ABC (abstinence, faithfulness and condom use) strategy and had no protocol for testing. Furthermore, there was no focus on positive living or discussion of secondary prevention. However, Mr Muyambwa said there were many lessons that could be learned from the various strategies at the University of Zambia (UNZA), the University of Zimbabwe (UZ) and the University of Pretoria (UP).

Mr Muyambwa noted that the UZ had a comprehensive policy on HIV/AIDS prevention which covered students, staff and their family. It had a clinic offering testing and counselling and an ARV initiation and continuation site. However UZ was unable to offer fully comprehensive services for ART initiation because of a lack of resources, strategic partners and effective mobilisation. UNZA had on-campus testing as well as a vibrant mobile VCT programme. HIV/AIDS prevention was effectively mobilised at this university through drama and campus radio and the campus had a workplace and sexual harassment policy, as well as ARV provision since 2006. However stigma around HIV/AIDS continued to discourage disclosure at the university. Mr Muyambwa referred to the effectiveness of UP in systematic training and co-ordination of volunteers as well as the progress of the “Future Leaders at Work” project which, since its inception in 1999, had seen over 7000 students enrol in the programme. However, he noted UP’s modest testing uptake, no ambassadors on positive living, insufficient knowledge of existing services and limited translation of university policies into action plans.

The Say What “Know Your Status” campaign was acknowledged for its ability to effectively maximise events-based VCT as well as mobilise VCT for underserved colleges. The campaign was also praised for the provision of evidence for advocacy as well as its ability to initiate STI treatment and management and co-ordinate partner responses.

In conclusion, Mr Muyambwa listed some strategies for the next decade which included student friendly services, strong partnerships with civic organisations to promote disclosure and service uptake, budgetary allocations, institution-based support groups, positive living buddies and ambassadors, as well as positive living or wellness programmes which integrated testing and treatment in a broader sexual and reproductive health paradigm. Interestingly, Mr Muyambwa also acclaimed the importance of sector-specific treatment access strategies which were tailored for a specific context.

The HIV test in my room – a case of the University of Zambia (Zambia), by Nyimbili Suzyika

Mr Suzyika provided an excellent breakdown of the programme at UNZA by highlighting strategies that had been effectively used to promote VCT at the university. These included VCT weeks, services, social gatherings, mobile tents, visits to student residences, as well as moonlight VCT for testing after hours. However, even with a multitude of programmes the number of people that were making use of the services was still limited.

Mr. Suzyika introduced the university’s response to the low VCT use as “The test in my room” programme which ran parallel with other programmes but allowed individuals to get tested in the privacy of their own rooms. This programme was introduced with the intention of creating a private, hassle-free service that would encourage individuals to get tested. Trained counsellors would go from door to door at residences asking if students wanted to be tested (without coercion). If a student consented to being tested the counsellor would then be

allowed into the student's room to perform the VCT. While acknowledging that the programme had plenty of space to change and grow he emphasised that the number of people being tested had already increased from 500 to 1377 since the inception of "the test in my room" programme.

In closing, Mr. Suzyika left the audience with an image that would be carried in the minds of delegates for the duration of the conference. He introduced the idea that HIV incidence and prevalence was like a running tap, while buckets were the prevention methods used. He questioned where our efforts should lie: "Closing the tap or finding more buckets?"

Counselling, testing and treatment of AIDS and STIs at the Copperbelt University (Zambia) by, Mr Nawa Sanjobo

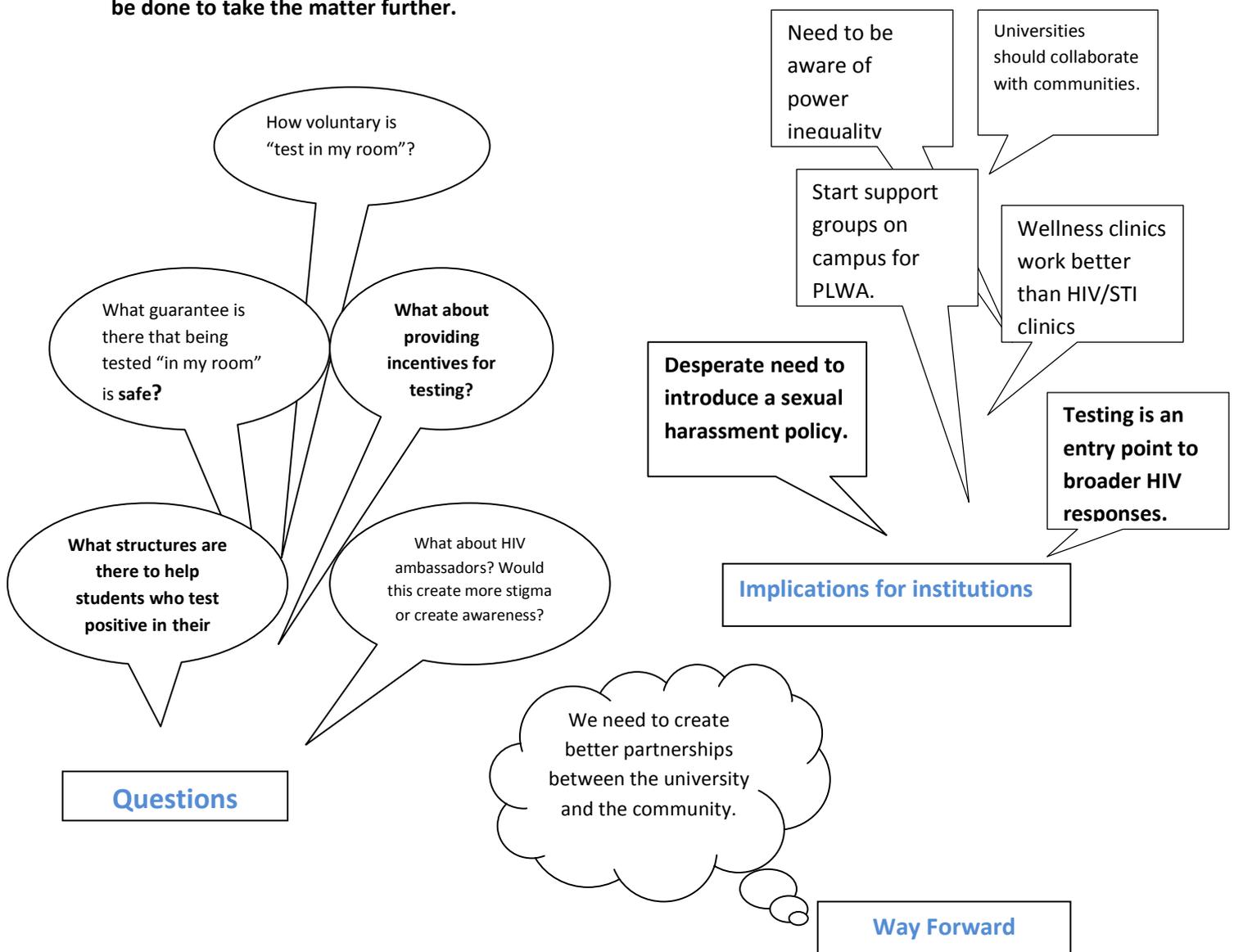
Mr Sanjobo, who is an avid researcher in the area of HIV and AIDS, provided the audience with insight into testing and treatment at the Copperbelt University in Zambia. He noted the importance of counselling and testing as a vital point of entry to HIV and AIDS services including prevention, clinical management of HIV related illnesses and psychosocial support. In response to the need for testing and treatment the Copperbelt University Public Health Unit, in collaboration with the University Health Services Department (with support from SAIH and the Copperbelt University) have been running an HIV and AIDS Prevention, Care, Support and Treatment initiative for the university community. The activities of this initiative have included counselling and testing of students and staff for HIV, treatment of opportunistic infections and STIs and access to care and support services.

Mr. Sanjobo highlighted some lessons that had been learnt from the initiatives and noted that those that had volunteered to do VCT, PMTCT, as well as receive ART had increased from 2007-2009. Furthermore, he observed that recorded cases of STIs and TB had decreased during this period.

Mr. Sanjoko concluded that an increased uptake of counselling and testing services resulted in an increase in ART intake and a reduction in opportunistic infections. He suggested that counselling and testing should be sustained for optimal results to be achieved.

Table Discussions

Delegates were asked to reflect on the presentations and air any questions that were raised by the presentation as well as state what implications various issues had for the institutions and what could be done to take the matter further.



Session 2: Prevention. Chaired by Melissa Godwaldt

Debating the efficacy of VCT as a tool of secondary prevention (South Africa) by **Sean Brown**

Mr. Brown's research looked at the efficacy of using VCT as a tool for secondary prevention. Mr. Brown introduced his presentation by providing some insight into HIV prevalence rates at the University of Cape Town (UCT) by using the HEAIDS 2008 sero-prevalence survey which indicated that UCT staff and students had a 0.2% prevalence rate.

He highlighted the heterogeneous nature of HIV/AIDS dynamics, explaining the complexity of testing, treatment and care. To have a heterogeneous understanding of HIV/AIDS means to understand that nothing is simple and acknowledge the need to tailor different approaches for each unique situation.

Mr. Brown brought the delegates' attention to the use of various tools, like condoms and male circumcision, in prevention campaigns and highlighted the fact that VCT had usually been categorised as an entry to treatment for HIV/AIDS rather than as a tool for prevention. While UCT had been implementing VCT for a number of years, testing rates continued to be low. A slow government response had failed to address stigma which led to a general reluctance to get tested. However the new national strategic plan had translated an optimistic strategy into activities which hoped to increase HIV testing by 70%.

Mr. Brown highlighted the many benefits of testing for HIV, which included early detection, support, the potential for positive behaviour change and the reduction of mother to child transmission. However he also pointed to the various factors that should be looked at when testing and suggested that a solution to one problem might lead to the accidental creation of

other problems. For example, studies had shown that people do not necessarily test because they are at risk, but rather get tested because of knowledge. Therefore it was necessary to ask people why they got tested and counselling strategies should address this in pre- and post-test counselling.

Mr. Brown stated that according to the findings of HEAIDS not everyone was receiving the benefits of testing and therefore a range of different approaches was necessary. While HIV testing could not become mandatory because of our constitution and the protection of human rights, strategies should employ different marketing techniques. One option was to include VCT in wellness drives where issues like family planning were addressed and other tests done along with the HIV test. Mr. Brown noted the effectiveness of this approach at UCT.

In conclusion, Mr. Brown suggested that while VCT may be available to many people it was necessary to have a CD4 cell count test after a positive result to prevent individuals from being lost in the system. He also recommended that there be fuller messaging around concurrent sexual relationships.

Making Male Circumcision (MC) effective in the HIV Fight (Zambia) by, Patricia Mbalwe

Ms Mbalwe introduced her paper with an orientation of the history of male circumcision (MC) in Zambia. She noted that in the past male circumcision had been a practice that introduced young boys to manhood and determined if they were ready for marriage. It was a risky procedure which used unsterilised needles and the same tools for various procedures. However presently MC was promoted as a way to prevent STIs and reduce HIV transmission. Ms Mbalwe noted however that there were pro's and con's to MC. Furthermore it was a practice shrouded in myths and represented a mixture of conflicting beliefs. She noted that over 350 males had been circumcised at CBU. The 100 males interviewed during the research stated that they would like to get circumcised but were concerned about the amount of time involved in healing

and whether the procedure and recovery time might impact negatively on their studies. While some were concerned about sexual performance, others believed that being circumcised would allow for better sexual performance. Of concern was some of the participant's reliance on MC as a "natural condom" as well as an increased desire to experiment sexually which Ms Mbalwe indicated could lead to "moral decay". Ms Mbalwe noted that most participants disagreed that HIV testing should be compulsory before MC.

Ms Mbalwe concluded that since information around MC was still unclear and contested it was necessary to involve both men and women in open forums about circumcision. In addition she suggested that there be mandatory pre- and post-MC counselling which would allow for the clarification of myths and misconceptions and in turn emphasise other prevention methods in the fight against HIV and AIDS.

*The whole is greater than the sum of the parts (South Africa) by, **Pierre Brouard***

In his presentation on the whole being greater than the sum of the parts Mr. Brouard, the deputy director of the CSA, referred back to Mr. Brown's presentation on HIV testing and the complexities that shroud this issue. Mr. Brouard challenged standard approaches to, and understandings of, HIV prevention.

Mr. Brouard suggested that universities had similar challenges but unique dynamics, interfaced with communities and acted as transitional spaces in which challenges around the old and the new were navigated. For too long, he said, HIV prevention efforts, especially at universities, had been individualistic in approach and had revealed the limitations of ABC campaigns. However, there was a web of social and structural forces which interacted in complex ways with an individual's personality, mental wellness, life experiences, needs, motivations, skills, knowledge and intentions which affected sexual and other choices that the individual made.

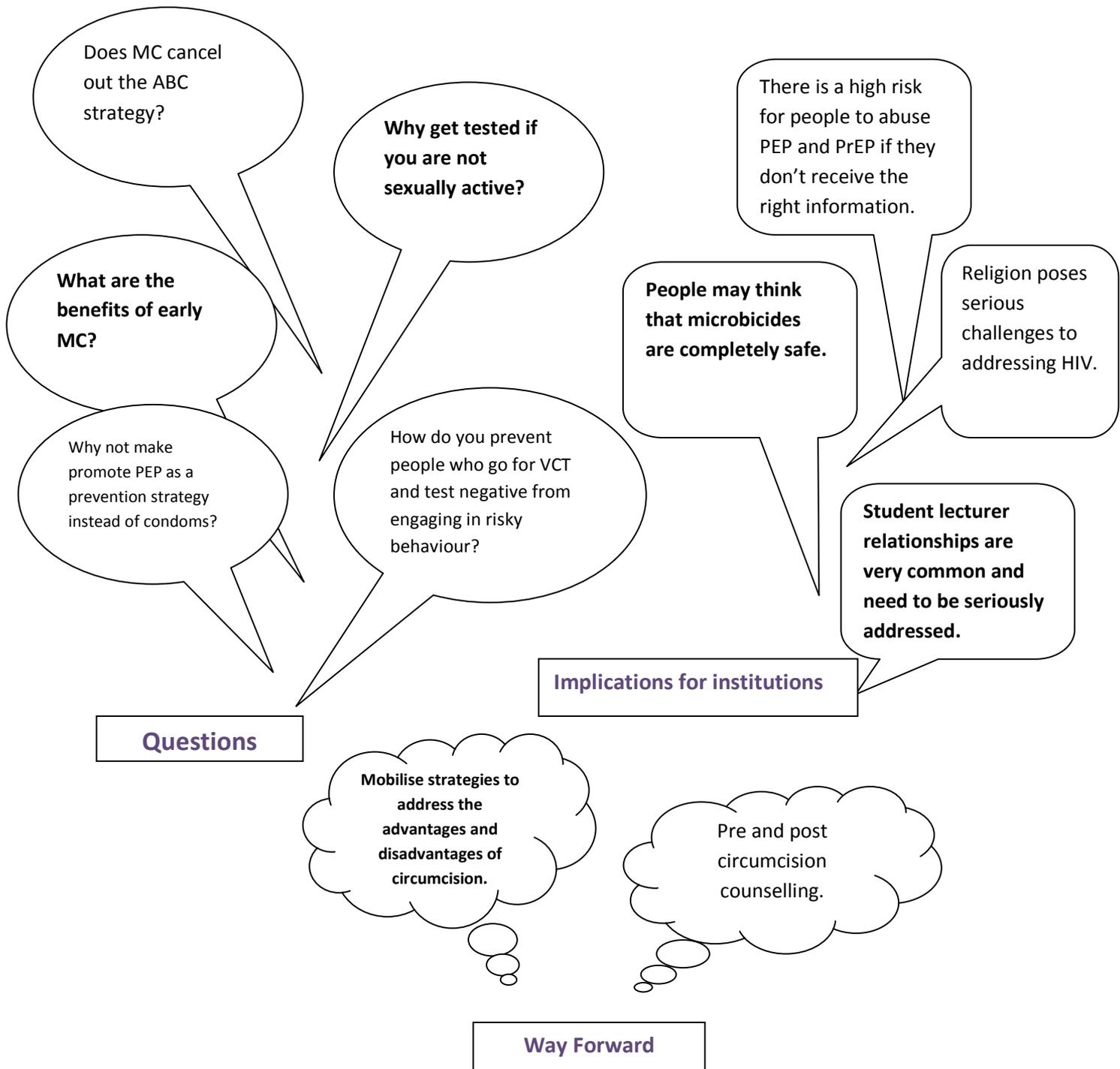
He suggested that mobilisation strategies and prevention methods had put too much emphasis on biomedical interventions and behaviour change methodologies aimed at the individual, on

peer education programmes, and on individual exhortations to adhere to “moral” values, in search of finding the all powerful “silver bullet”. In contrast, he suggested that programmes needed to look towards a combination approach to prevention. This would incorporate a combination of complex factors to affect individual and personal choices. He also highlighted the need to try to understand the dynamics of youth culture(s).

Mr. Brouard said the CSA approach to HIV prevention moved beyond information dissemination and sought to challenge students on a range of beliefs and values and encouraged them to think about HIV personally and professionally as active citizens. Very importantly, the CSA aimed to create a sense of shared effort, a social collective, among students when addressing HIV. However, Mr. Brouard noted that there was definitely room for improvement and suggested that faculty-based interventions should be promoted as well as the understanding of needs of disempowered students.

In conclusion Mr. Brouard invited guests to think about the integrity of institutions and question if they really did walk the talk as places of equality, diversity and opportunity. He asked delegates to adopt a total institution approach to HIV/AIDS which addressed the whole, linked different role players and located students in their traditional cultures in the context of modernity.

Table Discussions



Imagined Futures themes from day one

SA and the region

It seems SA is very complex and we are not sure if our interventions are working:

- Can we honestly give leadership if we are not on top of our own issues?
- Perhaps it is more important to take risks and ask challenging questions than to stick to the 'tried and tested'.
- Curiosity is critical.

Other countries feel they have fewer resources than SA – but could this:

- stimulate creativity
- help them to focus on less but do it well
- help them do what doesn't cost money?

Our realities

Targeted and contextual interventions are important:

- But how do we persuade donors to respect our needs and also make these interventions sustainable?
- Should we rely on donors for sustainability?

Participants are excited by the idea of locally relevant programmes:

- But who defines what is relevant? How democratic is the process? Whose voices are heard and whose voices are silent?
- Are there gatekeepers of power, research money and agendas?

Coping with change

Are we working 'with' or 'against' culture?

- Perhaps we are living out our traditions through the lens of 'modernity'.

Our 'culture' is our comfort zone and it feels that we are losing this:

- But what may be gained by change, not just lost?

It seems our cultures are changing and new sub-cultures emerging:

- How can we understand these changes and not use culture as a way to resist change?

Perhaps we can adapt our traditions and practices for a modern world:

- If we don't manage change, will it manage us?

Morality

We know sex is happening but we can't easily talk about it:

- What is the cost of this silence?

Faith organisations have a moral code that they hold on to quite rigidly:

- Is this moral code the glue that is holding us together or holding us back?

Is there enough self reflection in those of us who run HIV programmes?

- What gives us the right to be moral guardians?
- Should we not meet people 'where they are at' and start a journey together, in a humble way, based not on morals but values?

Peers and leadership

Peers should be role models:

- But is this realistic and are we setting them up to fail?

Peers cannot be trusted with 'serious' work like counselling:

- But is this not an opportunity to see young people as capable of change and maturity rather than 'putting them in their place' as their elders?

Should leadership be about inspiration not imitation?

Day two, Session 3: Research. Chaired by Johan Maritz

*Keynote address – Reflections on past and future directions for the LGBT rights struggle in South Africa by, **Anthony Manion***

Mr. Manion, the director of Gay and Lesbian Memory in Action (GALA) Johannesburg, reflected on past and present struggles of the LGBTI (lesbian, gay, bisexual, transgender and intersex) movement¹ in South Africa and posed interesting questions to the audience on the future directions of this movement. While his presentation spoke mainly of the issues facing lesbian, gay and bisexual people in a South Africa which had removed all formal discrimination based on sexual orientation, the struggle of transgender and intersex people remained an issue. In addition many of the points from the subsequent discussion showed that homophobia and gender discrimination were pertinent to situations in other countries.

Mr. Manion introduced his presentation by posing the question of how to talk about gender and sexuality in SA. He noted that while there were many significant issues surrounding LGBTI communities, the conceptualisation of “community” was often difficult. Furthermore, this difficulty extended to ideas and definitions around gayness and what it meant to be a gay man, for example. He noted that organisations working with gay and lesbian people had conceptualised their identities in essentialist ways and attributed one-dimensional and stereotypical meanings, which led to a loss in complexity and nuance. He questioned the ways in which discrimination was framed and noted that the different frameworks (for example political and conceptual frameworks) to describe discrimination highlighted some issues while obscuring others, and also determined the way in which problems would be tackled. He noted that, historically, gay and lesbian movements had used homophobia as a framework for

¹ Note: the LGBTI movement is a loose alliance of organisations working with sexual orientation, gender identity and gender expression. Most of this presentation focuses on gay and lesbian people unless it is pertinent to refer to the broader alliance which comes together for political purposes.

understanding discrimination and were now increasingly focussing on patriarchy, sexism and classism.

Mr. Manion said that while the rights of gay and lesbian people were enshrined by South Africa's constitution, cultural and moral discourses fostered and promoted discrimination. He noted that homosexuality was seen as being against African culture and was perceived in African communities as resulting from the corrupting influence of the west. He said that a reluctance to discuss men who have sex with men (MSM) fostered an unwillingness to address issues around sexual health, which in turn led to a failure to address this target group in HIV/AIDS campaigns. Furthermore, religion framed acceptance or rejection of LGBTI people in the language of morality which removed issues from the realm of human rights, legal equality and citizenship. This made lobbying for equality tricky.

Mr. Manion noted the backlash against "donor funded activism" as high levels of public visibility had led to a perceived increase of gay and lesbian people (fuelling, for example, notions of "recruitment") which contributed to increased levels of prejudice. In actual fact gay and lesbian organisations in South Africa are small and did not have a strong community base. The experience of persistent discrimination by gay and lesbian people meant that internalisation of homophobia was common but it was necessary for people to know their rights so that they could empower themselves and not fall into the victim role. While equality for all people was enshrined in the SA constitution, a recent study by the HSRC showed that more than 80% of South Africans believed homosexuality was wrong.

The LGBTI movement had noted discrimination towards the people with alternative sexualities, gender identities and gender presentations in state services and were focusing on this as one strategy. This was a pertinent example of a gap between policy and practice.

Mr. Manion noted that the LGBTI response to discrimination had been an attempt by LGBTI organisations and alliances to entrench rights through legal advocacy (examining and challenging legislation), a faith-based strategy (developing broad based religious support) and community mobilisation (mobilising the LGBTI sector and likeminded organisations). However,

historically the LGBTI movement had focused on litigation and legislation without looking at other socio-economic/political issues. Mr. Manion also expressed his concern with capacity constraints faced by the LGBTI movement. There were also issues with the way they worked with their constituencies, and the fact that there was little community outreach work was of concern.

Mr. Manion's presentation provided an outline of the issues that faced the LGBTI movement and had many of the delegates contemplating the relevance of these issues in their own countries. In many delegates countries homosexuality was still illegal and punishment for breaking these laws sometimes included life imprisonment. In closing Mr. Manion posed several questions which addressed strategies for entrenching LGBTI rights which could be used in South Africa as well as other countries. The questions were as follows:

1. How do we develop effective outreach and legal campaigns?
2. How do we raise the systemic nature of the discrimination experienced by LGBTI communities?
3. How do we engage with gate keepers of cultural and religious moralities?

*"We always hope for better things to happen in our lives": The generation who has never known a world without HIV responds to concurrence, unprotected sex, stigma, relationships and trust (Botswana) by, **Melissa Godwaldt***

Ms Godwaldt briefly presented a profile of Botswana and outlined the issues facing this country with regards to HIV and AIDS. She noted that this generation had not experienced a world without HIV and AIDS and therefore had different needs from previous generations. She introduced the delegates to the Tertiary Education Council (TEC) which was an umbrella body responsible for the tertiary sector in Botswana (which included any institution which offered diplomas and higher qualifications). She noted that while the University of Botswana (UB) was an exemplary example of HIV prevention programmes and social mobilisation, other tertiary

education institutions outside of UB had been left behind with little or no intervention being offered at these institutions.

This presentation summarised the research that had been done with tertiary institutions in Botswana to learn more about how students were coping, as well as what students, staff and institutions needed in terms of prevention and support. The research took the form of a needs assessment (baseline audit) and researchers met with key stakeholders (which included leaders of the SRC's, institutional heads and HIV co-ordinators) and held workshops to discuss what kinds of issues were being faced by stakeholders at this level.

Ms Godwaldt noted that while the study did not involve HIV testing, national prevalence rates were used. She stated that the statistics suggest that students entered tertiary institutions as virgins but could exit HIV positive. The purpose of the study was to achieve a comprehensive snap shot of what was happening at the tertiary level, identify and share best practices and highlight to national stakeholders that this was the sector that was being left behind. Around 10% of the tertiary education population was surveyed (4 312 participants). Staff were also looked at and while their numbers were not representative of the population, they augmented views held by the students.

Ms Godwaldt highlighted some important findings and noted that from the group of students surveyed:

- 70% were currently in a relationship
- 82.5% had already engaged in sexual activity – 45% of these students had already engaged in sex without a condom
- 53.9% of students know their status while 79% said they would not have sex with someone who was HIV positive

Ms Godwaldt highlighted this as an interesting point because it was therefore statistically probable that many students had already had sex with someone who was HIV positive. The multiple concurrent partners campaign was running at the same time as the study and therefore the topic of multiple partners was pertinent to the discussions. Of the students surveyed, 37.9% thought that their partners had concurrent relationships and 33.7% had not been absolutely faithful in their current relationships.

Ms Godwaldt commented on the importance of health and how “human capacity begins with health”. She demonstrated that everything starts from health and productivity is reliant on health at both a micro level and macro level. She emphasised the role of young people in the tertiary sector as key players in prevention, treatment and support for Botswana to overcome HIV and AIDS. Furthermore she suggested that Botswana students represented a “window of hope” in changing the future course of the HIV pandemic. The choices they made regarding stigma, treatment, support and prevention would affect their potential as the future human resource base for the country.

Ms Godwaldt concluded with the image of the cap and gown, used in graduation ceremonies, and stated that these accessories had traditionally been used in ceremonies to protect students from the elements. Ms Godwaldt then left the audience to ponder on what was being done to protect students now.

*Findings and recommendations from the HIV sero-prevalence study of 21 South African higher education institutions (South Africa) by, **Laura Myers***

Ms Myers presented on the noteworthy HEAIDS study conducted at 21 of the 22 universities in South Africa on HIV prevalence and knowledge, attitudes, practice and behaviour (KAPB). The research was both qualitative and quantitative.

The objectives of the study were to determine (amongst staff and students), the prevalence and distribution of HIV, explore knowledge, attitudes, behavioural risks and social contexts of HIV/AIDS, and examine associations between socio-demographic and behavioural results with regards to HIV. Furthermore, the study aimed to determine the current and future risks posed by HIV to institutions and the higher education sub-sector and to make recommendations on how to reduce and manage such risks.

Ms Myers indicated that an overall sample of 25 000 respondents were targeted by the research and of these respondents 23 375 (79.1%) participated in the study. Of this number 17,062 were students, 1,880 were academic staff and 4,433 were administrative and service staff. The study used self-administered questionnaires and blood spots which were obtained by finger prick (this was voluntary). The HIV status of participants was then determined by laboratory testing of dry blood spots using standard methodology.

The study found that the mean HIV prevalence was 3,4% and among the two thirds (65%) of students who reported having had sex, HIV prevalence was 3,8%. The province with the highest HIV prevalence (6,4%) was the Eastern Cape (EC) while Western Cape (WC) was lowest at 1,1%

Ms Myers highlighted the high HIV prevalence among service staff with a mean HIV prevalence of 12,2%. She noted that while there seemed to be positive attitudes to people living with HIV (88%), perception of support if known to be HIV positive was low (36%). These results were merely snippets of the vast amounts of quantitative information provided by the research.

Ms Myers introduced the categories of investigation for the qualitative research as being driving factors and contextual factors affecting HIV infection, and institutional responses focusing on HIV prevention and support initiatives.

Ms Myers pointed to various factors which increased the vulnerability and susceptibility of students to contracting HIV and noted that younger students were vulnerable because they were unused to their newfound freedom. A range of other factors were discussed too, including concurrent partnerships, sex work among students, condom use, alcohol use and the

vulnerability of disabled students. Of concern was the fact that STIs were rarely dealt with and emergency contraception was used as a form of birth control.

She suggested that policies had not effectively been translated into strategies with specific goals on many campuses and expressed her concern with the little support for HIV positive people. She noted that VCT and available healthcare varied between campuses. While there was an emphasis on knowing your status there was often limited support for those who tested positive and efforts were usually orientated towards HIV education rather than support. Furthermore, access to ART on or near campuses was a major problem for staff and students who lacked medical aid. Ms Myers recommended that universities develop a strategic plan to direct future efforts and prioritise service staff. She further suggested a focus on knowing your partner's status and couples testing. She endorsed the importance of peer education (especially with regards to staff members) and highlighted the need to address intergenerational sex. Furthermore, Ms Myers noted that even if some universities had a low prevalence rate, their aim should be to remain constant and prevent new infections.

Session 4: Sexual and reproductive rights. Chaired by Nyasha Chingore

Barriers to student participation in sexual and reproductive health activities at the Copperbelt University (Zambia) by, Michael Chikungu

Mr Chikungu noted that students played an integral role in university life and therefore their participation in issues affecting their sexual and reproductive health was not only important for issues around knowledge production but helped them to become agents of social change.

Mr Chikungu noted that the Anti AIDS Society for Copperbelt University students, in collaboration with the university's Public Health Unit, with support from SAIH and the university, had been involved in sensitising students on sexual and reproductive health issues. Mobilisation activities took the form of video shows, musical concerts (gospel and secular), debates (internal and external), edu-sport, intervarsity exchange programmes and included the dissemination of condoms and IEC materials. However a substantial number of students did not participate in these activities and an investigation was carried out to assess why.

In-depth Interviews and focus group discussions highlighted a number of factors: these included lack of time, knowing enough about sexual and reproductive issues, conflict of interest with religious beliefs and negative perceptions of peer educators.

Mr. Chikungu noted that there was a strong need to encourage a multiplicity of interventions to ignite interest among students. He also suggested that peer educators had leadership responsibilities as they had the potential to distort the messages they were presenting to their peers. He suggested that activities be timed appropriately so that students could participate and stressed the involvement of all stakeholders during the planning of activities to minimise conflicts between peer educators and other student groups.

*Students against HIV and AIDS: sexual and reproductive rights – silence and discourse. A case of the University of Botswana (Botswana) by, **Bonyakilwe Ndele***

Two main issues were identified by the presenter: gender inequality (more specifically the rights of people who have issues around gender identity and gender presentation) and the rights of sexual minorities (gay, lesbian and bisexual people). The speaker introduced Botswana's bold mission statement for 2016 which included the rights to safety, security, freedom of expression and the right to health of all (including sexual and reproductive health). However this mission statement was not supported by the constitution which discriminated against non-heterosexuals. Ms Ndele therefore questioned whether this mission could fulfil the needs of gay, lesbian and bisexual people.

Ms Ndele then highlighted the situation in the University of Botswana. While the University had an HIV/AIDS policy which had been effective since November 2002, the policy was aligned with national policy and therefore did not take into account the needs of gay, lesbian and bisexual people. Furthermore the sexual harassment policy at the university only acknowledged harassment between a male and a female and did not acknowledge same-sex harassment. Thus, even though this happened, no amendments had been made to cater for sexual minorities. It was therefore evident that LGBTI people faced many challenges.

One of these challenges was campus accommodation which was allocated according to biological sex. Furthermore, gay, lesbian and bisexual people found it difficult to seek counselling or take part in couples testing because of the prejudice and discrimination they faced, and their chances of being reported to the police were quite high. Another issue was that while condoms were made available to students on campus, the use of these was only promoted in heterosexual relationships and there was therefore no information on the use of

condoms for gay male couples. Furthermore, there was no knowledge on the use of dental dams for lesbian couples.

The prevalence of sexism, stigma and homophobia on campus also meant that there were no clubs or societies that advocated for the rights of LGBTI people. Furthermore the law did not protect the safety of LGBTI people and these challenges and pressures often led to a high failure rate. Ms Ndele articulated the need to acknowledge and protect LGBTI people in the university.

Ms Ndele concluded by stating that there was a high risk of HIV prevalence among LGBTI people due to a reluctance to address them in HIV/AIDS prevention campaigns, which resulted in a lack of knowledge on prevention methods. She acknowledged the difficulty faced by the university in tackling these issues because of government policies, noting however that the university had a responsibility to protect and ensure the rights of all students in general and LGBTI people in particular.

Sexual and reproductive rights – silence and discourse: the Zambian case (Zambia) by,
Choolwe Muzyamba

While Mr. Muzyamba had presented on a similar topic in 2009 this year's presentation introduced the audience to general issues on sexual and reproductive rights and spoke to changes since last year's presentation.

Mr. Muzyamba stated that Zambia was a typical African nation which emphasised morality and Christian values. He noted that as the country prepares for a new constitution there had been many debates around the rights of LGBTI people because of local and international pressure. However, he noted that the condemnation of homosexuality by the clergy in Zambia as being against African and Christian ways of life, had intensified anti-gay campaigns in the country.

However proponents of sexual and reproductive rights (the Swedish and Dutch embassies for example) had argued that that the church was confusing the public and indirectly advocating murder. Mr. Muzyamba noted that there had been a committee set aside by congress to address issues of human rights, however the person heading the committee was a Bishop who remained vehemently opposed to LGBTI rights.

Mr. Muzyamba highlighted Zambian law which condemned a person to imprisonment for life if they performed any acts “against the order of nature”. He noted that while a report had been drafted which stated that “every person has the right not to be discriminated against directly or indirectly”, the report merely acted as a recommendation and there was no evidence to suggest it would be passed into law. Mr. Muzyamba highlighted the need for multiple issues to be addressed during the writing of the constitution, including gender-based violence. He expressed his concern about the relationship between gender-based violence and HIV prevalence and insisted that in order to effectively fight HIV and AIDS the country needed to unite towards a common goal to make sure that basic rights like equality were extended to the whole population.

Table Discussions

How can we promote VCT among LGBTI people if there is no trust between the community and counsellors?

How can we support LGBTI people on campus if their conduct is illegal?

How can we mobilise prevention messages?

Desperate need to address LGBTI people in prevention campaigns.

Leaders have their own agenda's and are not advocating equal rights.

Afraid to challenge the status quo because it is illegal to be gay/lesbian

LGBTI people are discriminated against and not given equal rights

Questions

Implications for institutions

Need to create a platform in which people can safely air their concerns.

Policies need to be looked at and addressed.

Need to foster a safe environment where LGBTI people can be supported.

Need to involve stakeholders in discussions.

Through lobbying and advocacy we can effect change.

Need to advocate for change and challenge the stereotypes.

Way Forward

Skills building session: Lobbying and advocacy. Facilitated by Fikile Vilikazi

In an exciting skills building session facilitated by the vibrant and energetic Fikile Vilikazi, issues around lobbying and advocacy were tackled. Ms Vilikazi described advocacy as an action that was made to tackle issues on behalf of someone and done with the hopes of changing policy as well as influencing influential people.

She highlighted several elements of an advocacy strategy which included the setting of clear goals and objectives, the definition of the target audience, developing a message, building support, bringing enemy's closer through dialogue and taking action through meetings, awareness and submissions.

She highlighted the importance of monitoring and evaluating as well as the re-evaluation of tactics.

Session 6: Curriculum. Chaired by Rakgadi Mohlahlane.

More than just HIV (South Africa) by, Charmaine **Thokoane** and **Lerato Lebona**

Ms Lebona began by stating that past approaches to HIV prevention had mainly focused on ABC messages. She suggested that these messages had been clinical and impersonal which made them hard to understand and relate to, and furthermore had a judgmental undertone. Emphasis was placed on “knowing your status” as an end in itself rather than as part of a bigger picture of prevention, support and treatment. While the ABC approach had been broadened to include D (do it yourself i.e. masturbation) and E (early detection), and indeed many other letters of the alphabet, it had remained individualistic, ignoring social and structural factors

Ms Lebona stated that the FL@W volunteer programme at the University of Pretoria began, in its earlier forms, to offer open information on HIV conducive to informed decision making. However, while the programme had been partially successful it had failed to address social factors that contributed to student's vulnerability of contracting HIV and other STIs, and had not explicitly dealt with issues such as sex, sexuality and relationships. This had led to a more contextualised approach by the CSA, with a focus on human sexuality, multiple and concurrent partnerships and male circumcision.

Ms Thokoane noted that the entry level course content for the FL@W programme had been revised to include information on sex and sexuality, reproductive health, relationships, leadership and active citizenship, and the programme now delved further into exploring social drivers and consequences of HIV/AIDS.

She noted that campaigns which had been run by the programme included the “know your pressure campaign” which used several familiar brands to promote awareness around HIV and the various pressures faced by students. In future the programme hoped to have a clearer

vision on HIV education and further destigmatise HIV and sexuality. Furthermore, the programme aimed to better understand sexuality and sexual relations and create a culture of understanding and acceptance. Ms Thokoane also noted the importance of education around other forms of prevention such as female condoms and microbicides and noted the programme's aim to make safer sex more appealing therefore making non-compliance with condom use "so 2010".

She concluded by noting that the dynamic nature of the CSA and its candid approach to sex offered recipients information which was clear, relevant and credible, creating an exploratory space for young people to understand the forces that shape their decisions, identity, beliefs and practices. Students would become part of a collective for social change and non-discrimination.

*What we learn from what we teach: a survey on the teaching of HIV and AIDS in the nine schools at the University of Zambia (Zambia) by, **Tepa Nkambula***

In 2006 the University of Zambia (UNZA) held a workshop on the relevance of integrating HIV/AIDS into the curriculum. However, Ms Nkambula noted that this integration was constrained by a lack of guidelines, knowledge, teaching materials and time. A strategic plan was devised to enhance UNZA's commitment to mainstreaming HIV/AIDS into the curriculum (2006-2010). This stipulated that by the end of his or her training programme, a student should be able to understand HIV/AIDS and have a sufficient life skills knowledge base.

The objectives of the study presented by Ms Nkambula were to determine the progress of HIV/AIDS education integration into the curricula of the nine schools of UNZA, following the UNZA HIV/AIDS response workshop in 2006. A total of 115 individuals participated in the study and 83.48% of the participants felt they had good HIV/AIDS knowledge. However participants reported being more familiar with knowledge on HIV/AIDS than life skills.

The study found that HIV/AIDS education was not extended into the curriculum in the School of Engineering (SOEng) and at the School of Mining (SOMine) and only partial integration in all schools were reported. Therefore not all the programmes had fully integrated HIV/AIDS into their curriculum. Furthermore it was found that the schools that had the highest number of students saying that they had received HIV information were associated with HIV and AIDS (humanities and medicine).

Ms Nkambula noted that the common challenge emerging from the study was the inability of schools without a career line association to HIV/AIDS education to receive funding to integrate the information into their curriculum. Furthermore many staff members felt it was not necessary to integrate HIV education into their curriculum because this information was already available in other forms of media.

Thus, Ms Nkambula noted, despite agreements made at the 2006 workshop, HIV/AIDS had still not been fully integrated into all schools, even though the School of Education had a readily available course outline on the teaching of HIV and AIDS. HIV/AIDS course content was biased towards knowledge and did not adequately focus on life skills. In conclusion Ms Nkambula suggested that it was necessary that all students be exposed to a compulsory HIV/AIDS course in their first and exit years. This course should emphasise that HIV/AIDS was not only a medical problem but also viewed as a socio-economic and cultural issue.

Table Discussions

Why would you include HIV/AIDS in the curriculum if there is no career line association?

How can you make HIV education and awareness exciting with limited funding?

Should we consider age specific campaigns?

Wouldn't we stigmatise HIV/AIDS further by making classes compulsory? What about TB and other diseases?

Questions

ABC is not working, there is a need to make prevention sexier and more appealing to students.

Including HIV/AIDS into a curriculum is not viable. It is too costly and students are already exposed to this information in the media.

First year students should be orientated to allow them to familiarise them with support facilities.

The idea of using popular brands to create HIV awareness is a superb way of getting attention and appeals to a brand conscious generation.

Implications for institutions

Students need to be the driving force behind HIV/AIDS mobilisation.

Need to learn from the mistakes other universities have made.

We need to learn from successful programmes at different universities.

Way Forward

Closing remarks

Conference Rapporteur: **Jacky Mendes**

Ms Mendes said that insanity could be described as doing the same thing over and over again and expecting different results. In some ways, issues around HIV/AIDS and sexuality had adopted this approach and been unsuccessful. She commended the *Imagined Futures* conference for taking a different approach, with its theme of 20/20 vision allowing participants to look to the past to inform the future. This would prevent the “insanity” of repeating past errors.

She referred back to a presentation by Mr. Brouard which suggested that we move away from the search for the elusive silver bullet. A continued journey along this path would prove futile and would hamper our abilities to adapt to change and difference. Ms Mendes borrowed the analogy that had been poignantly introduced by Nyimbili Suzyika on day one of the conference concerning the taps and the buckets. She suggested that perhaps the efforts to close the tap had been hampered because the tap was being forced in the wrong direction.

She concluded by commending the conference on its ability to create a collaborative working space in which complex issues such as HIV and sexuality could be discussed and addressed, where issues of contestation were appropriately addressed and tackled in a meaningful and professional manner. Ms Mendes noted that the idea of change had remained a significant and important theme throughout the conference and suggested that all delegates be open to change and address the changes, big or small, which might help them move towards a brighter future because “without change, we wouldn’t have butterflies”.

Student chair: Ntshediseng Tlooko

Ms. Tlooko reminisced about a time where she had counselled an elderly couple who had discovered that one of them was HIV positive. She noted that while this experience had been difficult for her initially, she was surprised and humbled at the willingness of the couple to receive information about the disease as well as information on how to prevent re-infection. The couple were open to change and made the best of the situation. Ms. Tlooko was forced to acknowledge the dynamic nature of knowledge and culture and the movement from what we know in the past to what we know now.

Ms. Tlooko highlighted the idea of “sexuality in our reality”, a key point from Professor Ntseane’s keynote address. This notion fuelled, for her, concerns about the way some women were treated and were unable to own their sexuality. In patriarchal societies women who expressed their sexuality were labelled as “sluts”, some women were made to suffer through “dry” sex in order to appease their spouses, some were forced into female circumcision, and norms around abstinence and virginity were unequally applied.

Ms. Tlooko praised the “in my room” testing as one of the talking points of day one of the conference and noted differences in opinion on this by various delegates. She suggested it was important to tailor this programme to the specific needs of a specific situation. “In my room” testing had interesting potential to start behaviour change and promote information dissemination, but should not be coercive. Ms Tlooko also suggested that HIV tests be administered as part of a health package along with, for example, testing of body mass index, blood pressure, sugar levels etc. She also noted the vigorous debates on male circumcision from day one, cautioning that MC messages could be misinterpreted by the public.

Ms. Tlooko summarised day two: context was important and the rights of LGBTI people had to be addressed in southern African countries. She suggested that prejudice and discriminatory laws against LGBTI people were a new form of apartheid and pleaded for less labelling. Ms. Tlooko noted the value of lobbying for LGBTI rights and applauded the excellent session on lobbying and advocacy.

In conclusion, Ms. Tlooko praised the conference for allowing collaboration between lecturers and students, as well as for raising contentious but important issues. She left the audience with yet another take on the bucket analogy, asking that we consider the need to not only close the tap of HIV but also go up the river – the source – and address the origins of the problem too.

Word of thanks

Mr Sydney Montana

Mr. Montana extended his thanks on behalf of the CSA and the universities of Pretoria and Botswana to all delegates for their invaluable contribution to the conference. He also extended his gratitude to the speakers, many of whom had travelled from all over southern Africa to address the conference, as well as the session chairs.

Mr Montana also thanked the facilitators of the table discussions, CSA volunteers and CSA staff: Shirley Damons, Riaan de Kock, Pierre Brouard and Johan Maritz.

Lastly, Mr Montana thanked the donors, SAIH, whose belief in students and contribution had made the *Imagined Futures* conference possible.