Imagined Futures VI Checks and Balances

21-22 September 2011

Oasis Motel, Gaborone Botswana

Conference Report

UNIVERSITY OF BOTSWANA

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Centre for the Study of AIDS

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CONFERENCE ORGANISING COMMITTEE

Bawani Mutshewa	University of Botswana	71332601	mutshewab@mopipi.ub.bwu
Paul Motshome	University of Botswana	71845532	paul.motshome@mopipi.ub.bw
Barbara Modise	University of Botswana	71473332	letsholob@mopipi.ub.bw
Milcah Bogatsu	University of Botswana	71532713	bogatsum@mopipi.ub.bw
Queen Seleka	University of Botswana	71627770	selekaqe@mopipi.ub.bw
Billy Kgosikwena	University of Botswana	71560441	billy.kgosikwena@mopipi.ub.bw
Lucky Odirile	University of Botswana	71436717	odirilelw@mopipi.ub.bw
Onalethata Mokgathi	University of Botswana	71813304	omokgathi@mopipi.ub.bw

PROGRAMME: DAY ONE

TIME	21 SEPTEMBER 2011
09:00	Registration and tea on arrival
10:00	**Chair: Ms. Bongekile Nyandeni (University of Botswana)** Welcome Remarks: **Prof. Lydia Saleshando, Deputy Vice-Chancellor, Student Affairs: University of Botswana**
	Word of Welcome from Sponsor: **Mr Hermund Tvilde, Programme officer, SAIH**
10:45	Keynote address: **Mr Richard Matlhare – National Coordinator, National AIDS Coordinating Agency: Botswana**
11:30	Setting the scene: **Dr.Serai Rakgoasi(UB) Men, Masculinities and Sexual and Reproductive Health**
12:30	Lunch
13:30	**Session 1** **Chair: Mr. Sydney Montana (UP)** ▪ Shadrick Phiri (CBU): The changing dynamics of HIV and AIDS in a university setting: How do students living with HIV and AIDS fit into this space? ▪ Mweetwa Hansel (UNZA): Are we offering the best HIV/AIDS- related services to our students? ▪ Skill of dialogue (UNISWA)
14:45	Tea
15:00	**Skills building session: messaging and media** Johan Maritz (UP) & Jack Mills (Independent consultant)
18:00	Closure of day 1
1900	Cocktail Dinner(cultural wear)

PROGRAMME: DAY TWO

TIME	22 SEPTEMBER 2011
9:00	**Chair : Mr. Mothusi Ramaabya (University of Botswana)** Keynote address: **Pierre Brouard, Deputy Director, Centre for the Study of AIDS, University of Pretoria**
9:30	**Session 2** **Chair: Ms. Gene Shipena (UNAM)** ▪ Matilda Lukwesa (CBU): Teenage pregnancy at institutions of higher learning – the case of the Copperbelt University ▪ Lauren Chivasera & Bongekile Nyandeni (UB): A dime for a shag – The case of the University of Botswana
10:30	Tea
11:00	**Session 3 –** **Chair: Dr Esther Seloilwe (UB)** ▪ Kemba Kosmas (UNAM): Service provider accountability - are we offering the best HIV and AIDS-related services to our students? ▪ Mothusi John Ramaabya (UB): When one plus one is equal to two – University of Botswana ▪ Kuliye Nyimbili (UNZA): Accountability through understanding policy ▪ Nawa Sanjobo (CBU): Taking Stock of our actions: An overview of the HIV and AIDS Programme at the Copperbelt University
12:30	Lunch
13:30	**Facilitator: University of Pretoria** **Partnership statement: Sexual and Reproductive Rights and Health**
14:45	Tea
15:00	**Partnership statement: Sexual and Reproductive Rights and Health (continued)**
16:00	▪ Closing remarks: Conference Rapporteur & Student chair ▪ Word of thanks
16:30	Home and City Tour

DAY ONE: MORNING SESSION

Chair: Ms. Bongekile Nyandeni (University Of Botswana)

The Chair, Ms. Bongekile Nyandeni, gave a brief overview of the conference's theme: 'Checks and Balances'. She said that the conference served as a platform for researchers and students to interact and come up with innovations and initiatives which would help in bringing about change in their respective universities. She pointed out that said the theme 'Checks and Balances' was geared towards exploring mechanisms which would ensure the balancing of power as well as accountability by the stakeholders – being the institutions and students. She then introduced the Deputy Vice-Chancellor Students Affairs (University of Botswana), Professor Lydia Saleshando to give welcoming remarks.

Welcome Remarks: Prof. Lydia Saleshando, Deputy Vice Chancellor Student Affairs (University Of Botswana)

> "Be the change you want to see in others"
> *Mahatma Gandhi*

Prof. Saleshando expressed University of Botswana's (UB) pleasure in hosting the conference and also thanked the University of Pretoria (UP) for the initiative of organizing the conference. She stated that the conference represents an opportunity for researchers and students from across southern African institutions of higher learning to get together to discuss issues of HIV/AIDS. She contended that issues surrounding HIV/AIDS stem from power relations. She noted that when HIV/AIDS was first discovered, the gay community and drug users were considered the sole carriers and transmitters of the disease as they lacked the power to negotiate as well as to have their voices heard as they were marginalized. The governments didn't take them seriously due to this lack of negotiating power until they began to mobilize. The Western world viewed HIV/Aids as an "African endemic" and did not seriously pursue its vigorously eradication. She went on further to highlight the imbalance of power in gender relations, stating that in heterosexual partnerships, women have often struggled to be equal partners in negotiating safety. She pointed to the fact that there was unequal access to testing and treatment in some countries driven by gender, sexual orientation, economic status, citizenship, ethnicity, location, age and race. This however should not be the basis for getting appropriate care. She observed that since the SADC region is the most affected by this pandemic, tertiary institutions in this area operate within the epicentre of the epidemic and that in the absence of a cure, education is the best social response against HIV and AIDS. She observed that student volunteers are the drivers of the HIV/AIDS prevention in institutions and their knowledge should be tapped into to develop appropriate strategies as they are an essential pressure group. She observed that the theme challenges us to develop accountability mechanisms at different levels in that governments should be accountable to the conventions they have signed, and laws and policies which frame their responses to social, economic and health challenges. On the other hand universities should meet their mandate for a safe space for research and teaching in order to provide a space for holistic wellness of all people in those spaces. As individuals we should hold each other to account, through the values of respect, dignity and mutual support, in our communities, so that "a positive social glue" minimizes risk and supports the vulnerable. A challenge was also posed to partners to communicate openly and to value their sexual partners' lives

as well as their own lives. She also raised the issue of individual accountability and that we should all be accountable to ourselves wherever we are as well as make the powerful accountable. This can be achieved through checks and balances at a personal, social and structural level. She welcomed everyone with a quote from Mahatma Ghandi saying, "Be the change that you want to see in others." After Prof. Saleshando's welcoming remarks the floor was given over to the representative of the sponsor of the conference to give his welcome remarks.

Word of Welcome from Sponsor: Mr Hermund Tvilde (Programme Officer, SAIH)

Mr. Tvilde welcomed everyone for making it to the conference and also thanked the invited guests for their presence. He then gave a brief overview of SAIH and its history in southern Africa. He noted SAIH was proud for sponsoring the conference as it captures SAIH's vision. SAIH was first conceived of by Norwegian students 50 years ago in 1961 who were concerned about the political situation in Southern Africa. It was in response to the liberation movement in South Africa that they established relations with the youth in educational institutions which is how the motto: "Education for liberation" was conceived. Their work is based on the UN charter for democracy. SAIH has a Secretariat who deals with policy formulation and implementation strategies. At first, support was given to various programmes which dealt with political and economic empowerment, but over the last few years this has been streamlined to focus more on projects in southern Africa. They are now pushing for a project approach where two or more projects support each other. When concluding his speech, Mr. Tvilde left the delegates with a question to mull over, which was, "Why is this important to you?"

Following Mr. Tvilde's word of welcome, the floor was given over to the National coordinator of NACA Botswana, Mr. Richard Matlhare to give the keynote address.

Keynote Address: Mr Richard Matlhare, National Coordinator, National AIDS Coordinating Agency, Botswana

> Prevention, and not treatment, is the answer to combating HIV/Aids.

Mr Matlhare first thanked the conference organizers for inviting him to the conference and stated that at first he had wanted to delegate his presentation to a junior officer, but upon reflection felt that he had to be present to show young people that NACA has their best interests at heart. He said that it was imperative to show the youth that as the National Coordinator he can also come to them and listen instead of the youth only coming to NACA, and that as well as gracing high profile conferences, he can also grace a conference convened by the youth for the youth. He went on to appreciate the fact that young people are leading the prevention revolution by taking definitive action. He pointed out that sexual behaviours are rapidly changing, citing the example of an 11 year old girl who had given birth in Maun. This was met with shock by the delegates. He said that this case is one in many and it shows that sexual patterns are vanishing, the youth are a highly experimental group, and this could be as a result of many influences like evolution, modernization and others. He said while that may be the case, HIV prevalence is declining among the youth and that they are the hope for the future as they form the basis for an HIV free generation. Mr. Matlhare gave

statistics to support the position that the prevalence rate of HIV/AIDS amongst the youth was declining and that these were based on studies carried out in 2004 and 2011. Their findings were thus:

	2004	2011
15-19 years	6.5%	3.7%
20-24 years	19%	12%

He said that this showed a marked decrease in the prevalence of HIV/AIDS in the youth. He then gave another statistic to show that the prevalence in older people is high by stating that the prevalence rate in mothers in the 35-39 years group was at 50.7%. He observed that this was of great concern, and said that it is important to 'catch them young' before the youth transition to other high risk age brackets. Mr Matlhare has observed that, as NACA, they believe that it is only through prevention that the community can avert new infections. He further argued that the present treatment programmes, such as ART and PMTCT, are unsustainable as they are costly. He compared this situation to that of diamonds observing that just as diamonds are not forever and we need to come up with other economic diversification strategies, so is our ability to provide treatment which would not go on forever. There is therefore a need to come up with primary behavioural programmes that are effective and cost effective. He buttressed this point by observing that we should "close the tap and stop mopping forever". He then highlighted that the National Adult Prevalence Rate of Botswana, as compared to other countries in southern Africa and other neighbouring countries, was very high to show how serious the Botswana situation was. Swaziland was shown to have the highest rate both regionally and globally at 25.9% followed by Botswana at 24.8%. This makes Botswana the second highest both regionally and globally. Other countries in the SADC region fared as follows: Lesotho: 23.6%, South Africa: 17.8%, Zimbabwe: 14.3%, Zambia: 13.5%, Namibia: 13.1%, Mozambique: 11.5%, Malawi: 11.0%, Angola: 2.0% and Madagascar: 0.2%. Mr Matlhare stated that we must all pull together as students, the private sector, the clergy, academics, parents and non-government organizations to fight the spread of HIV/AIDS as there were still high levels of new infections. He then identified the main drivers of the spread of HIV as multiple concurrent partners, peer pressure as well as cross generational sex. After his presentation Mr. Matlhare took a number of questions. The following together with the responses are some of those which were posed.

- **Are we offering the best HIV/AIDS information to our students?**
  He said that recently in June 2011 in New York, Botswana and Australia presented came up with a Declaration of Commitment on HIV/Aids and the Political Declaration on HIV/Aids that would ensure that young people get the best services relating to HIV/AIDS. He noted that young people aged 15-24 accounted for more than a third of new infections. These were as a result of limited access to education, decent employment, recreational facilities and sexual and reproductive services. He also said that it was found that only 34% of young people globally possess accurate information about HIV/AIDS. In Botswana he said the figure stood at 42%. He noted that knowledge is power and without it the youth are left powerless in the fight against HIV. He also gave an example of the power of knowledge through the motto of Kachikau Primary School which states that "Knowledge is power." Further, he argued that at present people in Botswana are talking 'message fatigue', that is, they are tired of hearing the

same message over and over again. Mr Matlhare also talked about a study that was conducted in tertiary institutions in 2010 which pointed that there was a missing link amongst students in applying the knowledge they possess with a behavioural change. It showed that students continue to engage in risky behaviour. There was therefore a need for NACA to work with tertiary institutions to help aid behavioural change. In their findings, 82% of the student respondents at tertiary institutions had engaged in sexual intercourse and of these 45% had engaged in unprotected sexual intercourse. As regards to testing, 53.9% of them said that they knew their status. This was very much in line with national statistics where 52% of the population said they knew their status.

- **Are we offering the best services?**
  When answering this question, Mr Matlhare said that a study showed that 44.9% of students said that their institutions were doing enough to address HIV/AIDS, while 55% of them said that NACA was not doing enough in offering HIV/AIDS services to them. He also said that with the exception of UB students, 44% of the students said that counselling services in their institutions was not available.

- **What solutions/strategies can we offer our students?**
  Mr Matlhare told the delegates that prior to the New York Declaration, a number of students from Botswana had gone to a youth conference in Mali where they had resolved that for the HIV response to be transformed, we need transformative leadership. They also resolved that they had the potential to bring about sustainable change. What was essential was funding for their programmes as well as research. The youths who had gone to Mali had also observed that our laws are arbitrary – thus are inhibiting, and they suggest that some barriers like age restrictions should be removed in order for any strategies to be effective. He also highlighted that NACA has launched the National Research Agenda, which they want to be driven through policies and laws for it to be effective. Lastly, the youth had resolved to hold themselves accountable and to also hold the leaders accountable.

- **Are we working towards the same goals?**
  Mr Matlhare noted that we need to redouble our efforts on HIV prevention pertaining to the youth, with particular emphasis on knowledge, life skills education, testing and counselling as well as dialogue with the drivers of HIV prevention. He observed that we need to support and encourage the youth, especially those living with HIV/AIDS and those affected by it. He said a focus on the values and norms that define us as a nation, which are dignity, character self-worth, *botho* and discipline, was needed and that these should be invested in, as they form part and parcel of what it means to be a well-rounded African child, not defined materially against others, but one who achieves aspirations through individual effort. He said there was a need to promote positive affirmation, which for the boys meant that a promotion of new norms of masculinity was needed other than who beds more girls or women, but rather to be a son, father, or husband that a woman can be proud of. For the girls it meant that they should be the kind of women that anyone could be proud to have as a mother, daughter or wife and ones that one would love to have as their own.

When concluding his address, Mr Matlhare said that many resources are committed to the youth, and that this is great investment which needs a convincing rate of returns lest we be a disappointment to future generations. Lastly, he said that prevention is the answer and that treatment is not the answer as it is unsustainable. He left the delegates with the maxim, "Prevention, prevention, prevention and prevention is the answer."

After Mr Matlhare's keynote address, the floor was given to Dr. Serai Rakgoasi, a lecturer at the University of Botswana in the Department of Population Studies presented on *Men, Masculinities and Sexual and Reproductive Health*.

Dr. Serai Rakgoasi (University of Botswana): Men, Masculinities and Reproductive Health

When presenting his talk, Dr. Rakgoasi highlighted that when he was involved in the PMTCT project, most of the people they were talking to were women and men were not forthcoming. He said this lack of visibility by men raised some misconceptions that men are uncooperative and give unreliable answers to questions asked. He said that these were just people's assumptions and were not based on any evidence. His talk was divided into sub-topics and these are as follows:

- **Why men and masculinities?**

He said that the reason for his study was that even though men are the least informed when it comes to sexual and reproductive health, they are usually the ones in control of sexual, reproductive and fertility decisions and practices in various households. He said that where HIV is heterosexually driven, women are more susceptible to infection, and therefore men are implicated as the drivers. He revealed that 57% of people infected are women and girls. He said that the research that is available on HIV driver information is too statistical, that there was a need to go beyond the statistics to show the social construct. This would help individuals understand why men behave as they do.

- **Men and Sexual and Reproductive Health: A history**

When addressing the history of men as regards sexual and reproductive health, Dr. Rakgoasi pointed out that the family planning programmes that have been available were taken from the West and these came with assumptions from the West which overemphasized the role of women in sexual and reproductive health issues. These programmes did not take into account different cultural contexts that they were dealing with. He stated that in our case decisions are not taken by the woman alone, but they are done jointly by the man and the woman. He said these programmes led to men being viewed as just providers who were uninterested in fertility, except only to impregnate women. He further highlighted the point that most research was donor driven and it reinforced a perception of male disinterest as it made gender studies synonymous with women. He said that the assumptions that were attributed to men gave validity to the Demographic Transition Theory, which pays no attention to the cultural context of a country, but imposes a path for all countries to follow. He said there was a need to generate interest in other players in fertility other than women, a matter of reproductive health rights which was raised at the Cairo conference. This conference showed a paradigm shift as feminist researchers showed the gendered nature of reproduction and development. There was more interest in research on men as a result of the feminist scholars who highlighted social meanings of women's child bearing roles.

- **Initiatives to involve men**

Some of the initiatives that were taken to involve men viewed men as accessories to women's health. Men were looked at in terms of the women's health. Dr. Rakgoasi gave an example of this phenomenon by saying that one of the questions that has been raised: "What should men do to ascertain the reproductive rights of women?" He said that this then led to the men being pushed into female spaces, like antenatal care being pushed down on the men without comprehensive knowledge of their roles. He also pointed out that for the initiatives that involve men to work, the empowerment of women must go hand in hand with that of men.

- **The need to take a second look at men**

Dr. Rakgoasi pointed out the fact that masculinities and femininities are just social constructs, and that most of the ideas about men are not based on research. He said there was a need to get behind the statistics and highlighted a study by Silberschidt in West Africa which pointed to the fact that sexually aggressive forms of masculinities might arise as a compensation to economic marginalization. He noted that most research on men is from the western world and the findings on this research are just imposed on the developing world as men are deemed to be the same everywhere; which is false.

- **Some conclusions from a study on masculinity and HIV/AIDS in Botswana**

Dr. Rakgoasi said that masculinity acts as a lens through which men experience the HIV/AIDS message and their responses to the realities of HIV/AIDS. He also said that men are negotiating a new way of being men and that men hold different views in private setups which are directly opposite to the ones they hold in public when it comes to issues of behaviour. He noted that in private men showed high levels of support for women empowerment, gender equality, a need for the elimination of gender and intimate partner violence and that they also stated that there was a need for the reduction of sexual partners. He said that because of socially constructed expectations, some men believed that there has to be a small disparity in power relations, in that men believed that even though they support gender equality, a man still has to hold a higher power than a woman. Some men also believed that because they were physically stronger, they were not negatively affected by AIDS as women. When concluding his speech, Dr. Rakgoasi said that there was a need to understand the context we are in, for us to map out a way forward. He also pointed out that with proper understanding, men can be agents of change and that they should be involved at all levels of combating HIV/Aids otherwise our best programmes will fail to make the right impact. Lastly he said that there was a need to have a second look at the issues of men, and that we should all contribute to the solutions and not to the problem.

After Dr. Rakgoasi's presentation, the chair gave the delegates an opportunity to ask questions or make comments and these were some of the questions and comments that were contributed as well as responses to them;

Men are slow to respond to their own health issues. Why was the male condom made first when the female condom could have been made first to empower women?

In Botswana the female condom hasn't taken off, and there isn't much commitment to the condom.

How do we attract men to training and to dealing with sexuality?

We sometimes seem to look at men as perpetrators, they should not be looked as central to the problem and marginal to the solution, but we should find balance on the issue. Some have followed men where they are e.g. shebeen outreach, or catch them while still young so that a difference could be made in their lives.

As we gain new insights of manhood/masculinity, men are becoming more feminized. How do you respond to this?

Masculinity is fluid and changes and there are certain good things about masculinity which can be used to effect change.

SESSION ONE

Chair: Mr Sydney Montana (University of Pretoria)

The first speaker to give his presentation was

Mr. Shadrick Phiri (Copperbelt University in Zambia): Changing dynamics of HIV/AIDS in a university setting

Mr. Shadrick Phiri grappled with the question of how students living with HIV/AIDS fit into a university space. He reported that he heads an association at Copperbelt University (CBU) that aims to reach out to students. He said that they appreciate the fact that the students are either infected or affected by HIV/AIDS, and they have come up with programmes to tackle the HIV/AIDS challenge. He further outlined these programmes and said that they train peer educators, distribute condoms, have written booklets on HIV/AIDS, are involved in community work and commemorate the Voluntary Counselling and Testing (VCT) day. On the training of peer educators, he said that they have adopted what he terms the '*vuvuzela approach*', whereby the peer educators provide a lot of information just as the vuvuzela

makes a lot of noise. On condom distribution, he reported that at first they had placed condoms in ablution blocks, but they soon realized that the condoms might be damaged by moist. They then started distributing them at the health centre, but this was not effective as students seemed to be shy in collecting them from there. They then decided to provide condoms at the student drop-in centre as well. He said that ever since then, they have seen a good turnout in the collection of condoms at the student drop-in centre compared to the health centre where they complain that they are asked a lot of questions by the health workers. Mr. Phiri also reported on a first year sensitization week program, where they talked to first year students about HIV/AIDS. He said that they were facing a challenge with this initiative as the returning students deemed it a "gold rush", where they would all come to try and get 'the hottest girls' which also in a way contributes to the problem of the spread of HIV/AIDS. Mr. Phiri reported that the outreach programme has so far reached to over 1200 students. He also highlighted that they train peer educators since it is easier for students to talk about health issues with their peers than with their parents, especially that peer educators don't take a judgemental approach when talking to their peers.

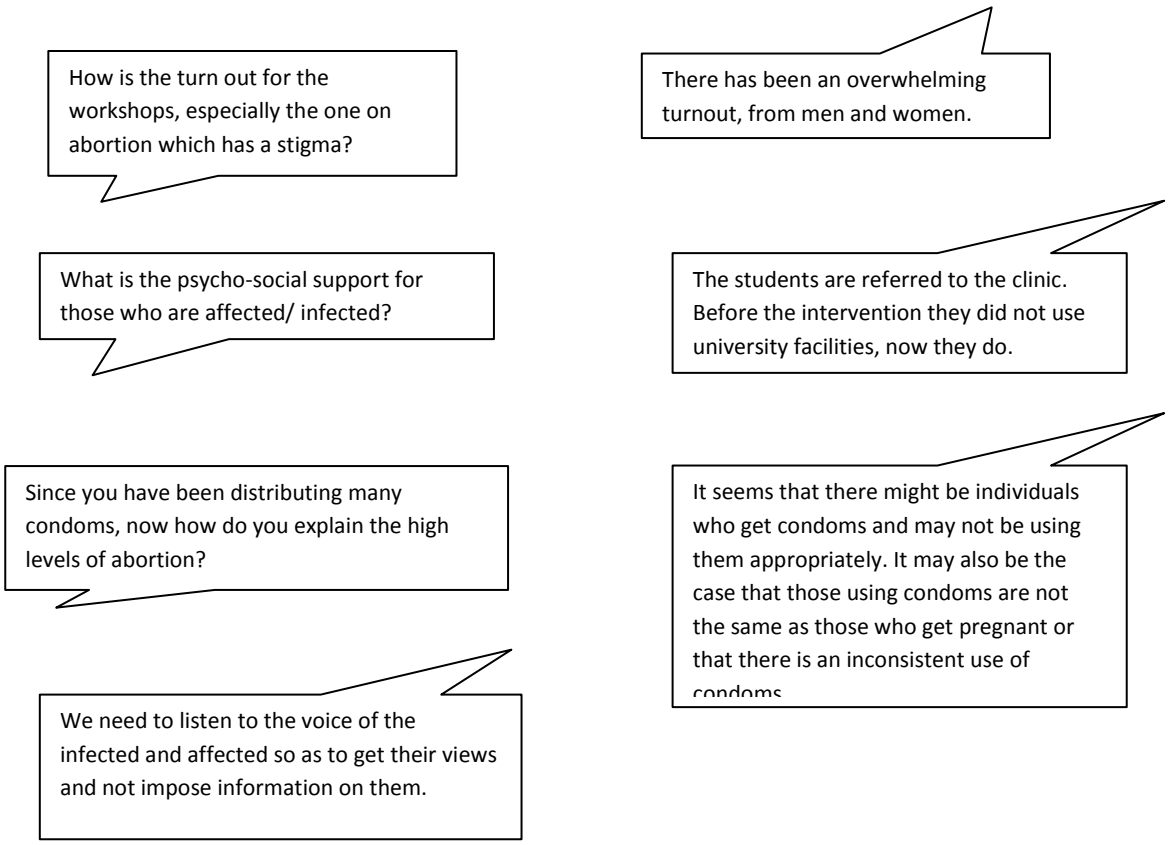
Mr. Phiri also reported on an initiative to conduct annual training on sexually transmitted diseases which he said were quite prevalent in sub-Saharan Africa, even amongst the so-called knowledgeable persons. He also reported on a male circumcision promotion programme which attracted over 600 students in 2010 for circumcision. They have also trained 40 students on male circumcision counselling. Mr. Phiri reported that abortion was very rife in CBU. To exemplify this, he said that they once had a case in their institution where a young man had assaulted his girlfriend saying that he wanted to beat the pregnancy out of her. To deal with problem, he said they hold abortion workshops where they sensitize the young women on the dangers of illegal abortion. Another workshop which they hold is the stigma and discrimination workshop, where they discuss issues of stigma and discrimination and how this can be curtailed.

Mr. Phiri also reported that they hold an HIV awareness gospel concert annually where students from diverse denominations come together. He said that this has been effective in spreading the HIV awareness message as some of the Christian students do not feel comfortable when discussing issues of sex. They therefore engage entertainers who are also peer educators to deliver this message through the concert. He said they also hold in-house debates which are used as a tool for disseminating information, and he highlighted that the turnout at these debates is high. Another initiative that they have is the One on One peer education programme, where the peer educators engage in a door to door campaign to disseminate information. Mr. Phiri reported that of the 7000 students on their campus 6000 have already been reached through this initiative. They also have men and women's HIV/AIDS sensitization nights where only men or only women come together to discuss freely on issues of sexual health without the other group present.

The CBU also has Infotainment nights on campus with drama performances and music or other art forms through which they disseminate the HIV message. On these nights they hold quizzes for students to answer questions on HIV/AIDS. They have also published material like booklets, brochures and an entertaining as well as informative magazine on issues of sexual health.

Mr. Phiri argued that the importance of all these programmes lied in that they equipped students with information which then helped them to make informed decisions, as well as build their self-confidence. He said that the challenges they face are that they are limited by resources when it comes to carrying out some of these projects and that at the CBU they have a very tight academic calendar which makes it

almost impossible to implement other programmes on campus. His recommendation was that the integration of mandatory information on HIV/AIDS in the curriculum should be sped up so that everyone could get information on HIV/AIDS. When concluding his presentation Mr. Phiri said that it is imperative for everyone to personalize the fight against HIV and individuals should be responsible as well as challenge themselves on additional steps to contribute to the HIV/AIDS fight. After Mr. Phiri's presentation, the chair invited the delegates to ask questions or make comments, and some of these questions and comments and responses appear below:



After Mr. Phiri, the chair gave the floor to Mr. Hansel Mweetwa who is a student at the University of Zambia (UNZA) and his presentation dealt with whether as an institution they were offering the best HIV/AIDS related services to their students.

Mr. Hansel Mweetwa (University of Zambia): Are we offering the best HIV/AIDS- related services to our students?

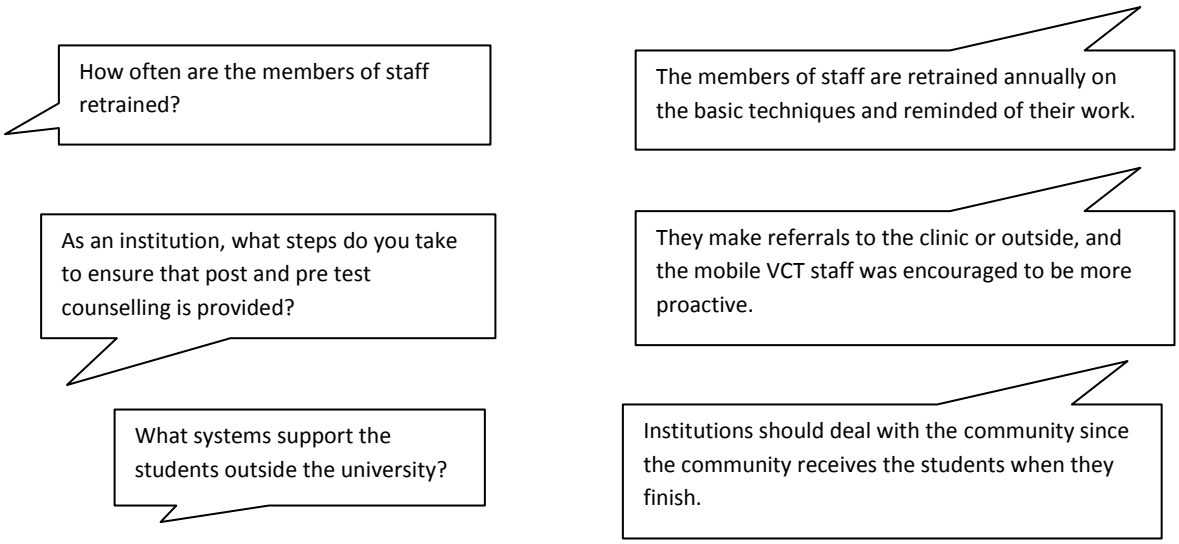
Mr . Mweetwa said that University of Zambia (UNZA) in collaboration with the clinic offers some services like condom distribution which is done either by personal collection from the clinic or a condom dispenser, which would have been filled by peer educators. Another service which they offer is male circumcision which is popular amongst male students. Mr. Mweetwa also said they have HIV/AIDS

trainings which are conducted through conferences and workshops which especially target leaders of various associations on-campus to become peer educators. Another service that UNZA provides is voluntary counselling and testing based on two models: static and mobile. In the static model, people volunteer to go for testing at the clinic while in the mobile model peer educators and health practitioners visit students in their residence and if they are willing to get tested then they get tested in their rooms. He also reported that they provide antiretroviral therapy which is administered by the clinic, as well as screening and testing for sexually transmitted diseases and cervical cancer screening. Lastly, Mr. Mweetwa mentioned that they disseminate HIV/AIDS awareness information through radio discussions, hostel talks, brochures and leaflets.

On the challenges they face as UNZA students, he said the voluntary counselling and testing as well as the antiretroviral therapy sections of the clinic were isolated from other parts of the clinic. This then becomes a problem as the students who visit this part of the clinic feel that they are stigmatized and do not feel comfortable accessing this service. He also said that the students' perception of the counsellors was that they are not sensitive about confidentiality matters and did not keep secrets. The students therefore preferred to go elsewhere for these services. The students also said that the quality of the mobile VCT counselling was questionable as it was too brief. They felt that the counsellors were more concerned with quantity rather than quality as some counselling sessions lasted only 5 minutes which is inadequate. Another challenge he pointed out was that male circumcision was offered only once a month at the clinic. Lastly, he observed that there was a lack of diversity on promoting the services provided by the clinic such as the billboards and posters which had insufficient information.

On successes, Mr Mweetwa said that they have successfully developed a UNZA HIV/AIDS policy. He also reported that there was a good response to their mobile VCT as over 600 students have been tested and there was an improvement in the static VCT as figures show that in the year 2000, 10 students per month accessed the service but as of late 60 students per month access the service. He said there was also a steady increase in the number of people accessing antiretroviral therapy and that there was a high turnout for male circumcision. Lastly, he said they distribute lots of condoms monthly and they have published a magazine last year and another one will appear this year.

On ways to mitigate the challenges they are facing, Mr Mweetwa said that the VCT and ART sections of the clinic should be integrated with the rest of the clinic so that students are not isolated and stigmatized. He said that the students accessing these services as well as those accessing other clinic services should be in the same waiting room. On the issue of counselling provided by the mobile VCT, he said that pre and post testing counselling should last at least 40 minutes and not 5 minutes as it currently is. To mitigate the challenge of information provided on the posters and billboards, he said that the information should be diversified and that the services provided by the clinic should appear on billboards. The posters should furthermore be placed in areas where students cluster, like the student centre. Lastly he said that the rate at which male circumcision is conducted should be increased from once a month to at least once a week. In concluding his presentation Mr Mweetwa said that their services varied in execution and that even though this was so, more effort was still needed. After Mr Mweetwa's presentation, the chair gave the delegates a chance to pose questions and comments and these are some of the questions and comments made as well as their responses;



After questions and comments, the chair gave his remarks and noted that there was a need to engage the students who are infected and affected by HIV/AIDS. He also said there was a need to look more into the issue of male circumcision as well as balance the pros and cons of peer education covering issues such as confidentiality. He gave the floor to Mr Johan Maritz from the University of Pretoria and Jack Mills an independent consultant to present on messaging and media.

Mr. Johan Maritz (University of Pretoria): Messaging and Media

Mr. Maritz pointed out that there is a real need for messaging and media and those messages need to be conceptualized. He asked the delegates to relate the first AIDS campaign they saw or heard and how it made them feel. One of the delegates said that the first AIDS message she saw read: "AIDS KILLS!" Mr Maritz then proceeded to share slide shows of AIDS messages which were shown the world over, and most of these were grim and showed dark images of hopelessness and death. Some of these messages depicted; a dead person with an AIDS tag on the big toe, an open grave, a personified AIDS. Some had messages like; 'AIDS kills, there is no cure', 'Thank God I said no to AIDS; I am sticking to my family', 'AIDS is real; beware of indiscriminate sex'. Mr. Maritz observed that images used in AIDS campaigns were morbid and mainly concerned with arousing fear on the public. He observed that fear arousal hasn't had positive effect as seen with campaigns against drug use which he said only brought about increased anxiety but no impact on drug use as people continued to abuse drugs despite all the warnings. Mr. Maritz then outlined some behavioural change models which he said could be more effective in effecting behavioural change as compared to posters which had proven ineffective. These behaviour change models were:

- **THE HEALTH BELIEF MODEL** in which there is a perceived threat to someone's health and that person would want to change their behaviour because of a perceived benefit to their health.

- **THE AIDS RISK REDUCTION MODEL** is based on recognizing and labelling behaviours as high risk and then the individual has to make a commitment to change and then take action on that commitment.

- **THE STAGES OF CHANGE MODEL** is divided into four components, and these are *the pre-contemplation stage* which is when the individual hasn't started on thinking about behavioural change, *the contemplation stage* – when the individual is in the process of thinking about behavioural change; *preparation for action* – when someone is about to effect a change in their behaviour and *the action stage* – when the individual effects a change in their behaviour.

- **THEORY OF REASONED ACTION:** This theory examines the behaviour that is currently displayed, the intention of the individual, their attitudes towards change, their behavioural beliefs and their normative beliefs before a change in behaviour is effected.

Mr. Maritz then gave an example of the models in use at the University of Pretoria and these are some of the initiatives that they came up with:

- **IN-TRANSIT 2011:** Students at the university are in a transitional stage during which they face several challenges and changes. The aim of this initiative is to give a new language to sexuality and gender. This is a choice based message which tries to come up with other options apart from abstinence as it recognizes that students are already engaged in sexual intercourse.
- **FUTURE LEADERS @ WORK:** This initiative recognizes that students have a role to play in our society and become full citizens. The students at UP are given passports which show that they are future leaders at work, and this enables the Centre for the Study of AIDS to make follow-ups with the students after school through travel reviews whereby the students continuously update a check list that is provided in the 'passports'.

Mr. Maritz then gave the delegates a chance to ask questions or make comments and this question was asked:

- Do positive campaigns have better results than negative campaigns?
  The answer was yes, positive campaigns have a better impact than negative campaigns and examples of negative smoking campaigns was given to further illustrate this point, which was an indication that even though fear inducing messages were used people still continue to smoke.

Mr. Maritz then gave the floor to Mr Jack Mills who was the last speaker of the day, to speak on the uses of type in messaging.

Mr. Jack Mills (Independent Consultant): Use of type in messaging

Mr. Mills said that messaging should be creative to create more awareness. He said that the most important aspects of type in messaging should be readability and legibility. He explained that readability is how easy words, phrases and blocks can be read whilst legibility is how easy it is to distinguish one letter from another. He then outlined the aspects which determine readability and legibility and these were:

- LAYOUT: which he said was the most complicated. He said that all images can help create a flow through the text and give readers a chance to rest their eyes.
- MEASURE: He said this was the amount of text in a line

- LEADING: The vertical space between the lines of text and he said it should be at least 25% to 30% larger than the font size.
- KERNING: The space between characters
- CASE: This consists of upper case, lower case or mixed case and upper case is more difficult to read though it can work in some instances.
- FONT STYLE: Roman face fonts are the easiest to read and that italics and bold can become difficult to read in long text.
- COLOUR: He said this aids the control of typography and can control the hierarchy of text.
- CONTRAST: The difference in colour between the text and the background, and black/white is the easiest to read.
- DIFFERENT FONTS: He said it is advisable to use only two fonts in a single design.
- TYPEFACE: He said not all type needs to be legible; sometimes some type is used for a particular effect.

Serif fonts are easy to read and they can make you focus and remember the text.
Mr. Mills concluded his presentation by saying that type can convey messages without images. He then gave the delegates an exercise with an image on a piece of paper and the delegates were put into groups and tasked with creating messages either using Sans Serif or Serif. Some of the images were the map of Africa with a circle around it, a condom and a ribbon. Then Mr. Mills went around the room reading out the groups' work and asked them to further explain their work. After this, Mr. Maritz officially closed day one of the conference and invited the delegates to a cocktail dinner for them to get a chance to mingle and chat in a more informal setting.

DAY TWO

Chair: Mothusi J. Ramaabya (University of Botswana)

Mr. Mothusi John Ramaabya, the chair and a student at the University of Botswana, provided a summary of previous day events. He then gave the floor to Mr. Pierre Brouard, the Deputy Director at the Centre for the study of Aids, University of Pretoria, to deliver the day's keynote address.

Keynote Address: Mr. Pierre Brouard, Deputy Director, Centre for the study of AIDS (CSA) University of Pretoria

Mr. Brouard began by bringing good wishes from CSA. He said that he has been working on HIV issues since 1986 when he was a volunteer. When began his presentation with a story which he got from a collection of stories. He titled this story "The Story of Nomsa" which was about how she came to know about HIV/Aids. It is told in her own words. He said that Nomsa is a 42 year old single mother of three. She had been taking care of her aunt for six years, and she said it was a very difficult time for her as there were allegations of bewitchment levelled against her and also threats on her life. Her aunt accused Nomsa of bewitching her so that Nomsa could take her house. Just before her aunt died she her aunt confessed to her and told her that she was suffering from AIDS and not witchcraft as she had all

along been accusing her. Nomsa said that she then went for testing reluctantly. This was in 1997, a difficult time when antiretroviral were just coming in. She was reluctant of visiting the local clinic since she didn't want to deal with the nurses and their 'big-mouths'. She therefore visited a different clinic from where she lived. When offered counselling, she said she refused it because it wouldn't have changed anything. She said the nurse, while still on the phone just told her, "You have AIDS." Then she was chased out of the office. She then consulted a social worker and went for counselling at a different clinic. She then took a rapid HIV test where her results were still positive. She accepted her status and asked for a copy of her results. She said that she had no one to blame as she knew she contracted HIV from taking care of her ailing HIV positive aunt. She said that when she told her partner about her status, he was in denial and said that she had brought the disease upon herself. He refused to use a condom and would not go for testing as he said he used traditional medicine. As Nomsa knew that her partner was involved with a lot of other women, she broke up with him and later fell in love with a man who happened to be HIV positive as well. She reported that she was now a community worker, and though she doesn't get paid, she was glad to be doing something positive for her community.

Mr. Brouard observed that this was a fascinating story as even though there is bleakness about her story, Nomsa also comes across as a survivor. He also observed that there was something universal about her story and said there is a danger in sharing stories like these as they may perpetual a view that HIV is for poor women. He further observed that the story is about power, and the lack of it and its abuse. He defined power as the various means through which we get people to do what we want, and that it is about control and generally it is used negatively in the society. He argued that there seems to be no natural limit to power, that once accumulated there is a tendency to want more. He then gave the various forms of power, which he said were; military, political, economic, institutional and psychological power. He said that power is addictive and that people with it tend to think of themselves as very important. They therefore do not want to relinquish it as it is tied up with their identity. He said when individuals give up power, they will give up the material benefit that comes with the power. The question is therefore: "How do we limit power and how do we establish checks and balances on it?" Using Nomsa's example, Mr. Brouard showed that a lack of power can come as a result of having no education. He said that she was reliant on men for support and resources and so couldn't dictate anything in her sexual relations. Her lack of education also made her vulnerable as she couldn't safely care for her aunt and ended up contracting HIV through delivering a care system. He said there is power that comes from belief systems, that is accusations of bewitchment are usually as a result of power. Usually it is women who are oppressed, or poor and uneducated who are always accused of being witches. In communities it healers sometimes release details about a sick individual. Mr. Brouard also pointed out to the abuse of institutional power by the nurse who had chased Nomsa out of her office as well as their exploitation as volunteers as they were not supported and respected. He said that volunteers should be supported and nurtured instead of being abused. On the point of gender power, he said that some men are not willing to explore their role in the HIV/AIDS spread through their unwillingness to change their behaviour. He observed that men still have too much power in the society and that he experiences the benefits of being male every day. He said that at times women collude with the men to sustain patriarchy in the way they raise their children. He said patriarchy is power that keeps men empowered and women oppressed. It teaches men that they can have many partners which make men vulnerable to HIV.

When concluding his presentation, Mr. Brouard challenged the delegates to think of power and its abuse as individuals, groups and institutions. He also enquired on how we can put checks and balances to limit its abuse. As a parting shot he asked the question: "How can we talk truth to power?"

SESSION TWO

Chair: Ms. Gene Shipena (University of Namibia)

Ms. Gene Shipena introduced Mr. Nawa Sanjobo from the Copperbelt University, who made his presentation on behalf of Matilda Lukwesa who hadn't managed to attend the conference. Their presentation was on teenage pregnancy at institutions of higher learning.

Mr. Nawa Sanjobo (for Ms. Matilda Lukwesa, CBU): Teenage pregnancy at institutions of higher learning: the case of Copperbelt University

Mr. Sanjobo told the delegates that as CBU they have conducted a desk review to find out information about teenage pregnancy in the university through the CBU Health Centre. He observed that teenage pregnancy is a widely known challenge and was very common. Therefore the Dean of Students Affairs, as the primary custodian of the student interests on campus, saw it fit for the review to be done. It was conducted from January 2010 to June 2011. He said during this period, 20 pregnancies were recorded and of these 60% were students, while 40% were dependents of staff members. He further went on to say that of the recorded student pregnancies, 67% were impregnated by fellow students while 13% were impregnated by outsiders. For the staff dependents, the figure stood at 63% by students and 37% by people from outside campus. He said the implications of this study showed that students are practicing unsafe sex and therefore at risk of contracting HIV. He also said falling pregnant negatively affected the academic performance of the girls due to the challenges that are then imposed on them, such as taking care of the child while also studying.

When concluding his presentation, Mr Sanjobo observed that there is evidence that students are sexually active, and that there was need to come up with new innovative ways to deal with young people. He also said there was need to intensify counselling for the students so that they know how to handle negative peer pressure while at university. Lastly, he said there was a need to find out how students utilize academic space as this could help when coming up with innovative intervention methods aimed at students.

After Mr Sanjobo's presentation, Ms. Shipena gave the floor to Lauren Chivasera and Bongekile Nyandeni from the University of Botswana who had a joint presentation titled, "A dime for a shag: the case of the University of Botswana".

Lauren Chivasera & Bongekile Nyandeni (University of Botswana): A dime for a shag: the case of the University of Botswana

They started their presentation with a definition of terms they use in their presentation title, observing that the word "dime" refers to "money", while "shag" refers to "sex" and that transactional sex refers to the exchange of gifts or money for sex. They observed that transactional sex is a problem within sub-Saharan Africa and that the University of Botswana has been hard hit by the problem. To further

reinforce this point, they cited some local newspapers which had reported on a certain girls' hostel where prostitution was taking place. They said it was reported that the girls had regular clients and they were the envy of their peers. They reported that the block was known as 'the prostitution block' to other students, and that other innocent girls were harassed by the men who came for this service, even though they were not involved in prostitution. They then went on to explain some of the reasons for transactional sex some of which are:

1. The girls want to maintain a certain wealthy lifestyle. This glamorous lifestyle may be fuelled by the media, where the women are portrayed as able to make easy money, are sexy and gold diggers.
2. Some girls are from underprivileged backgrounds where they are breadwinners at home. This forces them to consider prostitution as an alternative of money.
3. Others are influenced by peer pressure and their need to fit in drives them to prostitution.

Ms. Chivasera and Nyandeni then observed that the results of a dime for shag demonstrate an imbalance in negotiating power, as men overpower girls and have all say in what happens during that their sexual contact. Also apart from the fact that it increases their exposure to HIV and STIs it decreases their self-worth.
In conclusion, they said that to fight against this phenomenon, the students have to be accountable for their actions, and some of the solutions that they got from the students included the following:

1. Students could look for part-time jobs or accept their financial status and learn to live within their means.
2. Other solutions included suggestions to increase student allowance which would ensure that student could pay for their immediate needs without turning to prostitution.
3. It was also suggested that students should choose the right friends who valued their autonomy and self worth.

After their presentation the floor was given to Mr. Sihle Magagula, from the University of Swaziland whose presentation was on comprehending the skill of dialogue.

Mr Sihle Magagula (University of Swaziland): Comprehending the skill of dialogue

Mr. Magagula defined dialogue as a forum where ideas, the latest innovations, research work and solutions to problems are probed and shared by affected parties. He argued that it helps the parties to come up with a compromise and develop working solutions for those affected. He explained that the smart partnership dialogue is all about producing the best possible solutions through involving all stakeholders in a conducive environment. He said the concept was originated by a group of scientists from Commonwealth Countries who wanted to share ideas on research and the latest innovations. It was then adopted by the Malaysians in order to develop their country by getting all sectors involved. Following the Malaysians' success, Commonwealth heads adopted this concept. He said the rationale for this concept was that Africans were bombarded with intervention strategies that were imported from the West and forced down on them without their input, so with this concept, it would be owned by the people. He also said dialogue is a way of life and that it brings about a win-win situation and that honesty, respect and transparency are a prerequisite when engaged in dialogue. When applied to the

University of Swaziland case, he said that there is a link between academic societies, non-academic societies and staff. Lastly, he said that for decisions to work they should be made with the people and not just for the people.
Following Mr Magagula's presentation, the chair opened the floor for questions and these are some of them together with their responses.

How is it that men get into campus? How is the security on campus?

UB is open; people come in and go as they please.

Teenage pregnancy in CBU: What is the percentage of students and what age group are they so that we can get an idea of how large the problem is? What's the prevalence of the entire population?

It was a snap study and not a very thorough study. It is something that must be studied in depth, but it is within the national prevalence percentages.

UB students should start learning to live within their means.

SESSION THREE

Chair: Ms. Bongekile Nyandeni

Session 3 of the conference was supposed to be chaired by Dr Esther Seloilwe from the University of Botswana. Since she was not available, the session was chaired by Ms. Bongekile Nyandeni from the University of Botswana who introduced Mr. Kemba Kosmas from the University of Namibia to present on service provider accountability.

Mr. Kemba Kosmas (University of Namibia): Service provider accountability: Are we offering the best HIV/AIDS related services to our students?

Mr Kosmas began by observing that HIV/AIDS is still a major concern that affects many students. He said that in every 3 people, 1 is affected by HIV/AIDS somehow. He reported that at the University of Namibia (UNAM) they have an HIV/AIDS module which is a core course for all 1st year students so that they all have basic knowledge on the subject. The course is not merely anti-sex, but it is anti-HIV. UNAM also has a clinic and an HIV/AIDS unit, but these are only available at the main campus. Commenting on the services that they offer, he mentioned the following:

1. An HIV awareness club which is responsible among other things for condom distribution and demonstrations. They also share facts on HIV/AIDS and STDs with the students.
2. They hold drama shows and have a Bull's talk which is aimed at the men and Pyjama talks for the ladies.
3. They are involved in field trips and educational visits which form part of their community outreach initiatives.
4. They also offer counselling sessions by peer counsellors who go to students and engage with them.
5. They hold the annual HIV/AIDS week where they have debates, quizzes, talks, seminars and also do HIV/AIDS counselling and testing.
6. The two most recent campaigns they had which were a success were the Voetsek HIV/AIDS 2010 campaign which was youth centred. It used some interesting posters which he showed to the delegates. The second one was the UNAM AIDS 2011 "Put your best forward" which also had some interesting posters for the delegates to see.

When presenting on what the students from UNAM said should be done to bolster their anti-HIV initiatives, he identified the following:

1. They observed that the HIV/AIDS module should be offered on its own and not mixed with gender studies as it is currently the case.
2. They also said there should be collaboration between UNAM and high schools so that the contents of the module are not repeated.
3. They also said that more attention should be given to AIDS awareness clubs.
4. They also suggested that clinics should be established in other campuses
5. Male circumcision should be promoted more.
6. Cultural barriers should be brought down
7. gender relations need to be deconstructed to deal with uneven power relations.

In conclusion, Mr Kosmas observed that new approaches are needed to decision making and information dissemination as the youth need to be addressed in a manner that appeals to them in order to get the message through to them. He also observed that the youth need to be empowered for them to realize that they have the power to change the status quo, and that peer counsellors need to be trained to better carry out their task. Lastly, he said that testing and screening should be increased from once a year to every semester.

After Mr .Kosmas' speech, the chair gave Mr Mothusi Ramaabya from UB to present his piece which was entitled, "When one plus one is equal to two: A case of the University of Botswana.

Mr. Mothusi John Ramaabya (University of Botswana): When one plus one is equal to two – A case of the University of Botswana

Mr. Ramaabya said he was going to use an equation to illustrate his point, and he first started off by telling the delegates that the Botswana AIDS Impact Survey showed that there is a 7.85% average prevalence rate for 16-25 year olds. He also said that the UB HIV/AIDS policy has interventions and implementers but then asked if the staff and students were working towards the same goal. He said the

equation he was putting forth would attempt to answer that question. Some of the interventions that UB has come up include:

1. First years' HIV/AIDS orientation workshop
2. The counselling centre
3. HIV/AIDS testing weeks
4. Blood donation
5. A post test initiative to find out how people are living after testing
6. The students as implementers have come up with societies like Society Against HIV/AIDS (SAHA)
7. UB Leo
8. Face the Nation
9. Living and Learning Communities

All these deal with strategies of addressing HIV/AIDS. The UB staff's role he said was to do research, coordinate students at the health and wellness centre, man the UB clinic and do counselling at the counselling centre. He also said there was an Alumni programme, whose role was to provide peer education beyond the university through peer counselling, mentorship and they are the focal personnel in behaviour change programmes. When getting into his equation, he said there were two types of integration. First, is the integration by parts, which involved the participation and involvement of all stakeholders and integration by substitution which was about the role played by students' behavioural change. He then said that the above equation wasn't working and observed that there was a problem in packaging information for the target audience. He said that the information should be presented is a more creative manner to align it with current trends. He illustrated this through the use of youthful expressions such as "a dime for a shag" instead of "transactional sex", "the players circle" instead of "multiple concurrent partnerships" and "rubberise your tool" instead of "condomise". In conclusion, he said that despite the challenges, the message is adding up as the spread of HIV/AIDS is going down, and all the partners are involved in combating the virus.

After Mr. Ramaabya's presentation, the podium was given to Mr. Moloka Bright from University of Zambia (UNZA) whose presentation was on accountability through understanding policy. He was supposed to have presented with Kuliye Nyimbili but she was unable to make it to the conference.

Mr. Moloka Bright (University of Zambia): Accountability through understanding policy

He began by observing that a policy is a principle or rule which guides decisions and achieves rationale outcomes. He defined accountability as being accountable and reliable and ensuring that things are done accordingly. He also said that there is a need to understand policy if accountability is to be achieved. When speaking of the University of Zambia AIDS policy, he said it came about because of stigma in the campus and was intended to protect HIV positive students to enable them to study and do their work freely without discrimination. He said that some of the documents on HIV/AIDS which guide policies were: National Youth Policy, The Zambian Constitution and the National Development Plans among others. Mr. Bright further said that policy understanding and analysis is critical if there is to be accountability, and that all stakeholders should understand what policies stipulate for them to carry out checks and balances. He said that the people with the power to make policies should not just be accountable to themselves, but they should also be accountable to the population at large, and that

there is a greater need for students to be engaged in policy formulation. He further argued that university students should lead the advocacy for the provision of better health services which are friendly both within and outside the university. On the issue of training, Mr Bright said that the training of the students should not be just for them to understand the policies, but for them to be able to also apply their knowledge in their communities as a way of investing back into their communities. Lastly, he said that students should be trained in using self assessment tools that they can use to account for their progress and to also hold themselves accountable as well as hold the leadership accountable.

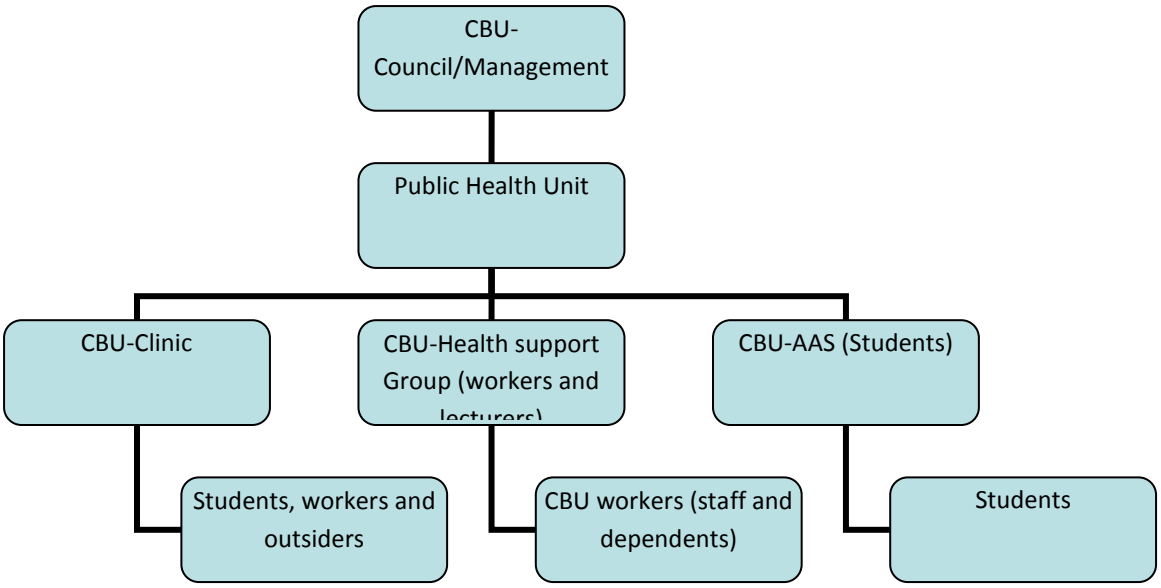
When concluding his presentation, Mr Bright said that we must understand what policies are there so that we may demand what is ours and also what kind of services should be provided. He also said that if the necessary policies are not there, we must be able to advocate for their enactment and that without understanding policies we will be shooting in the clouds in terms of policies. Lastly, he emphasized that students should be involved in policy formulation. Just before wrapping up his presentation, Mr Bright directed the delegates' attention to the T-shirt he had displayed in front. It had a picture of an African drum and he explained that it represented a calling us to the announcement that the prevalence of HIV/AIDS is rising everyday and that we should, as Africans, be united in the fight against HIV/AIDS.

After Mr. Bright's presentation, the podium was given to Mr Nawa Sanjobo from CBU to give his presentation titled, "Taking stock of our actions: An overview of the HIV and AIDS programme at the Copperbelt University".

Mr. Nawa Sanjobo (Copperbelt University): Taking stock of our actions: An overview of the HIV and AIDS programme at the Copperbelt University

Mr. Sanjobo started off by saying that HIV/AIDS is of fundamental concern to the institution as well as the employment sector as it mainly affects 15 – 49 year olds, as CBU has a unique opportunity to be providers of tomorrow's leaders. He said CBU developed an HIV and AIDS policy in 2004 and a strategic plan for the years 2006 – 2009 as well as 2009 – 2013, and these were done in consultation with all the relevant stakeholders. He said they have a Policy implementation committee which meets quarterly drawing its membership from the institution's management, student representatives, staff representatives, university health services, the District Medical Officer and the Member of Parliament. He said their awareness programmes are conducted through the university health services by the students' anti-AIDS club and the health services staff. The planning and budgeting for the programmes is done by the students and the staff. They then present their planning and budgeting to the committee.

The structure of their committee is in the following manner:



Mr Sanjobo said that the lessons they learnt from the committee are that students and staff have been able to mobilize their colleagues in their respective groups, but they found that academic members of staff's participation was very weak. He also said that they realized that engaging stakeholders at all steps has minimized suspicion and has created a sense of ownership among all stakeholders. In conclusion, he said that in order for programmes to remain accountable to their target populations, there is need to make attempts to harness all stakeholders in the entire process at all levels for effective checks and balances of what is done.

After Mr. Sanjobo's presentation the chair gave the delegates a chance to ask questions or make comments and these are some of the questions and responses:

Is it not the case that too many policies increase red tape?

Many policies are not translated into costed strategies that have blueprints. This makes some of the policies unrealistic.

In Botswana there is also academic apathy. Many academics feel HIV/AIDS fatigued as they do not respond to health adverts.

After lunch the facilitator of the conference, Mr Johan Maritz from UP gave his presentation which was titled; "Towards a partnership statement: Sexual and reproductive rights and health".

Mr. Johan Maritz (Centre for the Study of AIDS): Towards a partnership statement: Sexual and reproductive rights and health

Mr. Maritz started by giving a timeline of the development of sexual and reproductive rights and these were as follows:

- 1948 Declaration of Human Rights
- 1974 Teheran meeting where the first mention of reproductive health came about
- 1975 UN Women's year conference
- 1994 International Conference on Population and development (first definition)
- 1995 World Conference on Women in Beijing
- 2006 Yogyakarta Principles when sexual orientation was explicitly dealt with

He said reproductive health implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. He further went on to say that there has been a lot of resistance from Africa, especially Western and Southern Africa on some of the resolutions that were adopted at some of the conferences. He also said there were some gaps in the definitions adopted as the definitions were mostly centred on women and family planning only. The men were sidelined. He then outlined some controversies that have been attached with the resolutions from the conferences. These controversies were given to different groups to discuss and share the results of their discussion with the rest of the delegates. These were:

1) Do sexual rights imply the right to have sex, and by virtue promote promiscuity?
   -The response to this question was that yes, they imply the right to sexual freedom, pleasure and association. It was observed that promiscuity depends on cultural values and the case of Swaziland was given as a case in point.
2) Are sexual rights new rights? This question was posed to all the groups and 3 groups said no they have been around. It is just that they have been evolving, while the other 3 groups said yes, they are new rights which have been brought about by socialization and the interaction of different cultures.
3) Does sexual rights imply the right to have sex with anybody they desire, including children?
   -The response was that no. Sex has to be consensual and it should be between consenting adults who have the mental capacity to agree to it and it excludes the vulnerable.
4) What is the national ethnic or religious identity when we talk about sexual identity?
   -They said that there are differences in human beings and the countries we come from place expectations and roles on us as males and females, but these change as time goes on.
5) Are 'burning issues' like poverty and unemployment more important?
   -They said that all rights are equally important and should be treated the same because if you take one away it will negatively impact on the others.

After the discussion of these, Mr Maritz touched on the issue of SADC countries and their inconsistencies when dealing with sexual and reproductive rights and said that there appears to be a discomfort when there are references to sexual rights. There was an observation that some countries seem to be adopting the Abstain, Be faithful, Condomise approach, while others have inverted it and emphasise the Condomise, Be faithful, Abstain approach. Mr Maritz observed that SADC came up with a working definition in 2007 on sexual and reproductive rights which is: "the universal human rights relating to sexuality and reproduction, including the right to sexual autonomy, sexual integrity and safety of the person, the right to sexual privacy, the right to make free and responsible reproductive

choices, the right to sexual information based on scientific enquiry, and the right to sexual and reproductive health care".
He discussed sexual rights and the rights based approach and said that they have a clear relationship with human rights and that they should empower people so that they make their own decisions about their sexual lives. He said the rights advocate for inclusion and representation of all people. They also call for political participation and sexual citizenship which is about people being able to participate in the society regardless of their sexual orientation.
On the challenges of participation for sexual rights, he said it may represent high costs for excluded people and also that it can be a mechanism to legitimate moral control. He also said that sexual rights are limited and that laws are not felt the same by people. On reflecting on sexual and reproductive rights, he said that these are more than just about sex.
When talking about Imagined futures and sexual and reproductive rights, he said that an imagined future is a challenge to the status quo and that it requires intellectual curiosity, vision, optimism and honesty. When dealing with SRHR and SADC universities he said they should entail gender equality, family planning, sexual orientation, comprehensive sex education, STI and ARV treatment, post rape services, as well as policies supporting SRHR.

The conference rapporteurs Dr Otlogetswe and Mr Kamakama then gave the closing remarks, and in his remarks Dr Otlogetswe outlined some of the key issues that were discussed by the delegates. Some of these were that the youth are leading in the HIV/AIDS prevention revolution and that we need to redouble our efforts in the fight against HIV/AIDS. He also touched on issue of femininity and masculinity as social constructs. Another topic that he touched on was that sexuality and human rights are issues of concern and they need to be looked into. After the rapporteurs closing remarks, the student chair, Mr. Paul Motshome, from the University of Botswana gave a word of thanks. He thanked the sponsors SAIH, Up's office manager for the bookings and the financial manager for making the conference possible. He also thanked Prof. Saleshando and Mr Matlhare for having made the time to attend and deliver their speeches. The UB Finance Department, student assistants, the local organizing committee, the health and wellness staff, conference rapporteurs, the driver and the delegates were also thanked for making the conference a success. Participants were invited to join the city tour. That marked the end of the conference

Appendix A: Delegates' feedback on the questionnaire

What have been the most useful aspects of the conference for you?
Most of the delegates felt that the table discussions were the most useful aspect of the conference as it afforded everyone a chance to have an input in a less threatening environment and it gave them a chance to interact with people from other countries to share ideas.

What have been the least useful aspects of the conference for you?
Although almost all of the delegates said that they felt that everything was useful to them, a few felt that the presentations should also have been availed in hard copy to them as they did not get a chance to capture everything said.

What do you think of the facilitated discussions at the tables after presentations?
A lot of the delegates felt that the facilitated discussions were very good as they gave them a chance to share ideas with other delegates and to also reflect on the presentations. Some felt that the student assistants could have been more proactive in facilitating discussions as some discussions which could have been interesting fell flat. But all in all the facilitated discussions left an impressive impression on the delegates.

Do you have any recommendations for future conferences?
Some of the delegates felt that two days was too short and it should at least be three so that the talks and discussions are as exhaustive as possible. Others said that there should be common topics which are sent out to the universities, and then the universities present on what is happening at theirs and they can all share their strategies and shortcomings, that way more can be achieved rather than having different topics. Some others also said that the table facilitators should be given more training on leading discussions.

If you could recommend a theme for next year's conference, what would it be?
These were some of the themes put forth:

- Preparing for a fight
- Accountable leaders : A way forward
- Young people on the move: A transformational response to HIV
- Discuss different HIV/AIDS policies, introspection and evaluation: How efficient have been our campaigns in our institutions?
- Are we there yet? This is because for decades we have been talking about the same issue.
- 2012: Are we any closer to ending the fight against AIDS?
- Youth involvement in communities
- Men and reproductive health
- Checks and balances employed

Appendix B: Conference attendees and their details

NAME	INSTITUTION	COUNTRY	NUMBER	EMAIL
Ketshephile Pelaelo	UB	BOTSWANA	75237480	ketshephilepelaelo@yahoo.com
Nicole Senuku	UB	BOTSWANA	72492703	nicolesnk180@gmail.com
Ogaufi Odirile	UB-SAHA	BOTSWANA	72553306	odirileot@yahoo.com
Dimpho O Nkamane	UB-SAHA	BOTSWANA	72144168	dimphonkamane@hotmail.com
Bongekile T Nyandeni	UB-SAHA	BOTSWANA	74569807	bnyandeni@yahoo.co.uk
Chamulonga Josephine	UNZA	ZAMBIA	966109627	j.chamulunga@yahoo.com
Mandoloma Lessah	UNIMA	MALAWI	884101840	leymandoloma@yahoo.com
Kabambe Orpah	UNIMA	MALAWI	2.6585211	okabambe@yahoo.com
Lorraine Chivasera	UB-SAHA	BOTSWANA	72904679	lchivasera@yahoo.com
Mulapati Chandwe	UNZA	ZAMBIA	977894138	mulla_chandwe@yahoo.co.uk
Moloka Bright	UNZA	ZAMBIA	976915870	molokabright@yahoo.com
Mweetwa Hansel M	UNZA	ZAMBIA	976781799	hanselmweetwa@yahoo.com
Dipesesalema Joel	BOTSWANA	BOTSWANA	72510370	apsalms@yahoo.com
Seanokeng Letso	UB Health services	BOTSWANA	711630123	letsos@mopipi.ub.bw
Tepa Nkumbulu	UNZA	ZAMBIA	978387808	unzahivresponse@unza.zm
Sydney Montana	UP	SOUTH AFRICA	124202710	sydney.montana@up.ac.za
Jack Mills	Independent Consultant	SOUTH AFRICA	27824701843	jackmills@live.co.za
Mpho Motiang	UP	SOUTH AFRICA	837344276	mpoizen@yahoo.com
Maitseo Mololwane	Botswana Guardian	BOTSWANA	3918457	maitseo@guardiansun.co.bw
One Morapedi	WUSC	BOTSWANA	3952208	omorapedi@wusc.co.bw
Tumelo Majaule	UB	BOTSWANA	3554667	tumelo.majaule@mopipi.ub.bw
Unami Moatswi	UB	BOTSWANA	72169383	unamimoatswi@yahoo.com
Violet Nthutang	UB	BOTSWANA	72933658	nthutanggv@mopipi.ub.bw
Darlington Muyambwa	SAYWHAT	ZIMBABWE	77058028	darlongton@saywhat.org.bw
Shatho Mudongo	UB-LEO	BOTSWANA	72674583	shatomudongo@gmail
Nawa Sanyobo	Copperbelt University	ZAMBIA	978409542	nsanlobo@cbu.co.za
Olekantse Senna Mose	BOPA	BOTSWANA	3653517	osennamose@gov.bw
Dundu Macha	BONEPWA	BOTSWANA	3906224	fubadun@yahoo.com
Harriet Hadebe	UP	SOUTH AFRICA	27714849715	harriet.hadeve@gmail.com
Ruth Kelebekae	UB HORIZON	BOTSWANA	74567047	kelebekaer@gmail.com
Mbatha Ndaba	UB	BOTSWANA	74136565	rosemary.ndaba@mopipi.ub.bw
Maithamako Molojwane	UB	BOTSWANA	71469267	molojwanem@mopipi.ub.bw
Keeme Kamakama	UB	BOTSWANA	74350275	dikama2@yahoo.com
Nyashadzaishe Rashwaya	SAYWHAT	ZIMBABWE	772526567	nyashamsh@yahoo.com

NAME	INSTITUTION	COUNTRY	NUMBER	EMAIL
Angela Enosa	BTV NEWS	BOTSWANA	3658058	aenosa@gov.bw
Kabelo Moje	BTV CAMERA	BOTSWANA	3658058	kmoje@gov.bw
A Alao	UB	BOTSWANA	71554601	alaooa.a@mopipi.ub.bw
Mothusi Ramaabya	UB	BOTSWANA	74263136	mothusiramaabya@yahoo.com
Angela Sandla	UB	BOTSWANA	76596239	angie.sandla@yahoo.com
T. Otlogetswe	UB	BOTSWANA	3554542	otlogets@mopipi.ub.bw
S.D Rakgoasi	UB	BOTSWANA	3552714	rakgoasi@mopipi.ub.bw
R.K Matlhare	NACA	BOTSWANA	3710314	rmatlhare@mopipi.ub.bw
Lydia Saleshando	UB	BOTSWANA	3552888	ramaholn@mopipi.ub.bw
Kesego Basha-Mupeli	CEYOHO	BOTSWANA	3919958	ceyoho@botsnet.bw
Lucky Odirile	UB	BOTSWANA	3552293	odirilel@mopipi.ub.bw
Osego Kaisara	UB	BOTSWANA	3552293	osego.kaisara@gmail.com
B. Moitoi	GUARDIAN/SUN	BOTSWANA	3908432	botsang@guardiansunco.bw
S. Ray	UB	BOTSWANA	3554603	sunandaray@mopipi.ub.bw
Kholiwe Cindzi	UNISWA	SWAZILAND	76778175	139545@healthsci.co.za
Theresa Mabuza	UNISWA	SWAZILAND	26876230572	tpmauza@admin.uniswa
Sihle Magagula	UNISWA	SWAZILAND	26876143306	sihlemagagula@rocketmail.com
Angela Elong	UNZA	ZAMBIA	997799946	angela.elong@gmail.com
Gene Shipena	UNAM	NAMIBIA	811474122	gshipena@unam.na
Tendai Nyamajaro	UNAM	NAMIBIA	816309203	tendainyamz@gmail.com
Nonofo Leteane	NACA	BOTSWANA	71608780	noshlet@yahoo.com
Neo Tamuhla	BUP	SOUTH AFRICA	74115462	neo.tamuhla@gmail.com
Muthoki Charles	TEC	BOTSWANA	3930741	cmuthoki@tec.org.bw
Felicity Male	DAILYNEWS	BOTSWANA	3653575	fmale@gov.bw
Purene Bareetsi	MOESD	BOTSWANA	3674518	pbareetsi@gov.bw
Kemba Kosmas	UNAM	NAMIBIA	813397616	khkemba@gmail.com
Henington Mola	UEM	MOZAMBIQUE	7134143	heneimola@yahoo.com
Stelio Smoes	UEM	MOZAMBIQUE	843989594	steliosimoes7g@yahoo.com
Hermund Tvilde	SAIH	NORWAY	91613711	hermond@saih.com
Boitshepo Nyathi	YOHO	BOTSWANA	3933537	bnyati@yoho.co.bw
Kegomoditswe Manyande	BOSASNET	BOTSWANA	3959119	clinical@bosasnet.com
Baane Lone	SAHA-UB	BOTSWANA	71918860	sbaanelone@ymail.com
Osego Maseko	SAHA-UB	BOTSWANA	74528657	osego-masego@yahoo.com
Aone Tshegofatso	SAHA-UB	BOTSWANA	75202965	aonetshego@yahoo.com
Mumbi Mwelwa	UBISA-UB	BOTSWANA	72652106	gem4god2004@yahoo.com
Esther Seloilwe	UB	BOTSWANA	75662381	seloilwe@mophiphi.ub.bw
Dudu Mbatha-Ndaba	UB	BOTSWANA	74136565	rosemary.ndaba@mopipi.ub.bw
Shadrick Phiri	CBU	ZAMBIA	967644478	shaddyi@yahoo.com
Pierre Brounard	CSA-UP	SOUTH AFRICA	124204391	pierre.brounard@up.ac.za

NAME	INSTITUTION	COUNTRY	NUMBER	EMAIL
Orpah Kabambe	UNIMA	MALAWI	881555863	okamambe@yahoo.com
Lessah Mandoloma	UNIMA	MALAWI	884101840	leymandoloma@yahoo.com
Gothusang Lesego	BOPA	BOTSWANA	3653614	gtlesego@gov.bw
Bright Moloka	UNZA	ZAMBIA	976915870	molokabright@yahoo.com
Boineelo Motshwarathota	UBMSA	BOTSWANA	750974487	boinerlaw@gmail.com
Dipuo Lesaane	UB	BOTSWANA	71554209	dipuo.lesaane@mopipi.ub.bw
Mothusi Ramaabya	SAHA-UB	BOTSWANA	74263136	mothusiramaabya@yahoo.com
Hluke Keamogetse	SAHA-UB	BOTSWANA	72738365	keamogetsehluke@gmail.com
Nayang Setambule	SAHA-UB	BOTSWANA	71815016	setambulenayang@yahoo.com
Bareetsi Pureni	MOESD	BOTSWANA	3674518	pbareetsi@gov.bw
Mola Henringeta	UEM	MOZAMBIQUE	8271341443	henrimola@yahoo.co.bw
Elija Kokoro	UB CSHA	BOTSWANA	3554728	elijah.kok.ro@mopipi.ub.bw
Dinoko Zane	TRAILFM	BOTSWANA	76623269	zaineaftamath@gmail.com
Batsho Khanda	YOHO	BOTSWANA	3933537	jnrshado@yahoo.com
Mandu Jeffrey	FET	BOTSWANA	72253013	jeffreym@mopipi.ub.bw