



***On the Record: Against AIDS in Africa***

**Issue 8: Violence, Youth and Information, January 31, 2002**

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**From the AP Editorial Desk: Why Uganda is Africa's Success Story**

Over the past twenty years, Uganda has served as something of a laboratory for the fight against AIDS in Africa.

The initial findings were disastrous. The disease first emerged in Uganda in the mid-1980s. Within less than ten years, 800,000 Ugandans had died - out of a population of roughly 20 million - and a million children had been orphaned. Over 30 percent of the population was infected by the HIV virus.

Uganda is still not out of the woods. An estimated 1.5 million Ugandans are infected and the impact of the disease falls far more heavily on young women than men, for reasons that were examined in the last two issues of this series. Ugandan girls between the ages of 14 and 19 are five times more likely to get infected than boys.

Nonetheless, Uganda has emerged from its ordeal and become a beacon of hope. Since 1993, the national rate of HIV infection has fallen from over 30 percent to under 10 percent.

How has this been achieved? First and foremost, by accepting that there was a problem. It was in May 1986 that Uganda's Minister of Health announced to the world that his country was on the

brink of a disaster, and appealed for help. This allowed the international community to respond. The same year Uganda established a national AIDS control program (NACP) under the Ministry of Health - with international assistance.

This was the medical response. The government then launched a nation-wide social response. One of the goals was to provide a range of different services - free condoms, regional blood screening, care for orphans, the provision of drugs, and vaccine trials. A second goal was to engage all sectors of civil society in the fight against AIDS. In 1992 the government created the Uganda AIDS Commission to coordinate this national effort, with headquarters in the president's office.

This comprehensive and multisectoral approach is one reason why Uganda has succeeded in bringing down the rate of HIV infection. It has been given a powerful boost by the engagement of the government, from President Museveni downwards.

But the main reason for Uganda's success has been an absolute commitment to openness, information and education. People are far less likely to contract and spread the HIV virus if they know how deadly it is, and how it can be prevented. It is really as simple as that.

This issue of 'On the Record' looks at several aspects of this information campaign.

It begins with a report from an AIDS testing center, written by Lydiah Bosire, the president of Youth Against AIDS. Voluntary testing is critical because if young people can be encouraged to come in for testing, the disease can be spotted early and measures to prevent its spread can be taken. But even in Uganda, Ms. Bosire found that an AIDS test can still be deeply intimidating, particularly for young people. Not surprisingly, they need to know their status but shrink from what they might hear. More must be done to reassure them and allay the concern. Testing alone is not enough.

Ms. Bosire's second report from Uganda is about the AIDS Support Organization (TASO). TASO was formed in 1987 by a small group of individuals who had lost relatives to AIDS and began meeting to comfort each other. From that small beginning has grown one of the world's most renowned community AIDS campaigns. TASO operates seven centers in Uganda. In addition to providing direct assistance to tens of thousands of Ugandans, it also promotes information and education about AIDS at the community level.

The print media and radio have also been drawn into Uganda's national campaign against AIDS. One of the most remarkable initiatives is *Straight Talk*, a magazine for young people which is now avidly read by 1.5 million Ugandans. *Straight Talk* manages to provide information about AIDS in a way that is instantly understandable to its young audience. In this issue, journalist Steven Candia talks to Anne Akia Feidler, the founder of *Straight Talk*, about the secret of its success.

The final article in this issue, by Adam Frankel of YAA, looks at the changing role of education in Southern Africa. Schools are on the front line of the fight against AIDS, but they are ill-equipped for such an awesome task. In spite of this, Ms. Frankel's report shows that teachers,

parents and pupils are coming up with innovative ways of adapting education to the fight against AIDS.

There is, indeed, hope for Africa - as Uganda has shown.

- Recommended Reading: Johns Hopkins University recently published a 58-page report on youth and HIV/AIDS, titled '[Can We Avoid Catastrophe?](#)'

### **Letters to YAA: 'Way to Go in Setting This Up!'**

*(Editor's note). Since this series began in early December last year, scores of letters have been sent to YAA and some have been selected for publication in this series. They have been edited for purposes of length, and the personal addresses of correspondents withheld. Correspondence arising from this series, and the YAA website, will be posted on the YAA website shortly.*

- From Odette

Way to go in setting this up!! Thanks.

- From Jenny Brock

Hello, my name is Jenny Brook, and I am a high school student from Ontario, Canada. In my OAC geography class, we are required to research information from various charitable organizations. Our assignment is to delegate money to places in need. I would appreciate information about how you obtain and delegate your donations, any past projects that have been done, and future plans for new projects. Thank you very much for your time.

- From Alpana

I am currently a student in the USA and I am interested in travelling to Africa and volunteering with your organization. I didn't see any mention of international volunteers on your website, but I would still like to know if your organization is open to this idea. I am planning to apply for funding through my university. Thank you.

- From Jabulani Nzilane

I would like to subscribe to Youth Against Aids and be a member of the organisation. How do I do it? Please help on this issue.

- From Ntobelcozi Molowa

I am a young man of 23. I am highly interested to be part of the aids prevention team and won't rest until the situation changes for the better. I am currently studying in Canada but want to be involved with African organisations under your roof especially the southern part. I want to share with them how things are done this side in fighting the disease and help them where they fail. So

if possible connect me to your branches in Botswana, Lesotho, Kenya, South Africa, Zimbabwe, Zambia, Namibia, Mozambique and Swaziland. I have a lot to offer to these nations.

### **In the News: New Global AIDS Fund Unlikely to Give Priority to Youth-Related Proposals**

The new Global AIDS Fund will probably not single out youth and other vulnerable categories as a priority for funding, although youth organizations will be able to submit funding proposals through a country mechanism.

This emerged after the fund's new board met for the first time in Geneva earlier this week. The board announced that it plans to spend \$700 million in 2002 and invited proposals for consideration at the next board meeting in Geneva in April.

The fund covers malaria and tuberculosis as well as HIV/AIDS, so not all of its money will go on AIDS. But the amounts available for AIDS are still likely to be sizeable. Thus far, \$1.9 billion has been promised by donors.

The guidelines for funding are not yet finalized, but they have already caused controversy. As was reported in the last issue of 'On the Record,' some activists feel that the fund might avoid funding drug treatment of AIDS victims, particularly in Africa, and focus on prevention. Abandoning the poor and sick, say activists, would send a disastrous message.

Melanie Zipperer, a press officer with the new fund, told YAA on Thursday that that board will take a 'balanced approach' that combines treatment, prevention, care and support. This implies that there will be some money for the provision of drugs.

Ms. Zipperer also said that young people would probably not receive preferential treatment, although this will be clearer when the guidelines are published next Monday. These guidelines will be published on the YAA website when they are available.

Once proposals reach the fund, they will be vetted by a technical panel and then sent on to the board for a final decision. Officials say that civil society will get a favorable hearing, because two NGOs sit on the board and have voting rights. One is the German Institute for Medical Mission, and represents industrialized nations. The other is the NGO Health Rights Action, from Uganda.

At the same time, all proposals will have to first pass through a 'country coordination mechanism.' The addresses of these country coordination offices can be obtained through the national office of the World Health Organisation. The board might receive proposals directly on an exceptional basis, if the country coordination procedure fails.

YAA is concerned that the fund will only approve large proposals and that this would rule out the small-scale community projects that are being designed and implemented by YAA's network of African members. Some would cost as little as \$1,000, on the argument that small projects yield the best results.

Ms. Zipperer said that there is no minimum amount or ceiling. But the fact is that aid agencies usually deal in hundreds of thousands in order to keep administrative costs down.

- Visit the website of the new [Global AIDS Fund](#) for more background information.

## **Testing Time in Uganda**

By Lydiah Bosire

The prevailing worry at the AIDS information Center in Uganda is how to get young people to go for voluntary testing. Many young people shrink from getting tested for HIV because they think that they are already infected and do not want to find out for sure.

I sit at the Mukono AIDS Support Association, a small building off the Mukono market place. There are long queues at every door. One woman looks very frail as she sits there in her gomesi, the Ugandan cultural dress. The others look younger. They look as if they are going to the slaughterhouse.

A young man walks in to get a blood test, and comes out soon afterward. Apparently, it is a very quick process. The doctors take the names of his parents, but not his own. They give him the test, and ask him to come back on another day for the results. He is not nervous, he tells me. The process is over in less than five minutes.

I meet two teenagers who have come for AIDS tests. Esther Suga and Olivia Nanyongo are 18 and 16 years old respectively. They had come for the test 'to find out if we are still on the right path,' Esther says.

There is little warmth in this straight corridor, with its five or six rooms. One can smell the dejection of the visitors and patients as they sit on the wooden benches outside, waiting for their tests, their turn to test blood, their pain-killers and laxatives. This is not a place for 18 year-olds.

Why were young people having sex without condoms, I asked, when the risk was clear? 'It is very hard to ask someone to use one,' replies Esther. There is no AIDS education at her school.

Neither Esther nor Olivia know any infected persons. They look nervous, and I have to ask every question about three times before they answer. In their long green skirts and white shirts, they represent the generation that should be setting Uganda on a path of development. Instead, they are at an AIDS clinic about to learn their fate.

'Women should always carry condoms, otherwise the man will force you,' Esther says. Olivia agrees. They do not want to talk any more.

Soon, a man and a woman walk in for their test in the lengthening shadows of the afternoon. They look nervous. One can only speculate what brought them here. A woman with a rash on her face and a lovely red shawl around her shoulders waits on the cold bench. On an adjacent bench, a man sleeps and a woman sits wearing the national dress. Some young people sit nearby in contemplation.

Even in Uganda's open society, AIDS is associated with promiscuity. This is judgment day.

Makerere is Uganda's main university, and it helps to explain why young Ugandans are intimidated by the process of AIDS testing. Makerere has no organization that focuses on HIV/AIDS on campus. Even though it was ranked as the second most HIV-infected institution after the Ugandan army, there is a relaxed atmosphere about the issue of AIDS.

AIDS is not the primary preoccupation of the students and is not even openly discussed on the university campus. Of the four students I talked to, none knew anyone on campus who was HIV+. There are no support mechanisms on campus for the potential HIV+ students.

Mohammed Nkutu is a medical student and one of the organizers of the First International Students Conference on HIV/AIDS and Youth. In his view, Uganda has an advantage over Kenya because there are more media campaigns on AIDS in Uganda. The students at Makerere got their AIDS education from the radio and the TV.

Mohammed says that the government's commitment to the issue in the 1990s made many people aware of the magnitude of the problem, but that is now relaxing. 'Because of the response of the government, AIDS is no longer the issue it was in the early 1990s. Sometimes you think you might be telling people what they already know.'

As if to illustrate the low priority now given to AIDS, the students conference attracted a quarter of the number of attendants expected.

- Recommended Reading: ['Knowledge is Power: Voluntary HIV counseling and testing in Uganda.'](#) This case study, prepared in June 1999 for UNAIDS, looks at the work of the AIDS Information Centre. During the 1990s, the AIC providing testing and services for more than 370,000 clients.

## **TASO Takes the Lead**

By Lydiah Bosire

Twenty year-old Henry Luyomba Hudson is having lunch at Antonios, a café which could have been a MacDonalds, when I walk in. He is a passionate and sharp-looking young man, and he is part of the AIDS Challenge Youth Club (ACYC), the youth outreach section of The AIDS Support Organisation (TASO).

TASO was founded in 1987 and is the largest AIDS NGO in Uganda. Its youth section helps young people between the ages of 10 and 24 who have lost a sibling or a parent to AIDS. TASO helps them to share problems, develop self-esteem and learn to be positive. They are also taught home-based care techniques, as well as life skills.

Henry joined when he lost his father to AIDS in 1990. 'The loss of a parent was a big blow,' he says. 'I had never lost anyone that close.' At first, he refused to acknowledge that his father had died of AIDS. 'Why me? Should I kill myself?' However, the strength of the TASO counselors helped him regain his sense of self.

'I want to be a counselor:' Henry wants to talk other people through their pain. He is inspired by the example set by his mother and Noleen Kaleba, who founded TASO after losing a husband to AIDS. Henry's mother had been in school with Noleen, so when she lost her husband to AIDS as well, Noleen would come to his house to counsel his mother, providing comfort. This was back in 1990.

'My mother struggled all her way through,' says Henry, with deference. It indeed must have been a struggle, as she had to support Henry and his twelve siblings. He admires his mother immensely. Henry is also impressed that TASO has a very personal relationship with the clients, and it goes on past the office hours. 'The war against AIDS is very personal,' he adds.

The ACYC was started in 1991. In May of 2001, it opened youth clubs at all of TASO's seven centers. Henry appears to be succeeding - because his peers have started to look on him as a resource. They want to know more about AIDS from him.

Still, joining TASO was easy. 'People look at those with AIDS as sinners, as criminals. One has to stand up to the stigma and go public.' Henry is much stronger because of his mother, and he is not ashamed to be working on AIDS outreach - as many of his peers would be. In a country that has accomplished a lot for its AIDS-affected population, AIDS is still a source of stigma, especially among youth. Henry remembers how people would point when the vehicle from TASO dropped his mother home. It used to bother him, but not any more.

Even with the successes, Henry still feels that not enough is being done. TASO has the widest reach of all NGOs in Uganda, but even TASO does not reach far enough. Henry tells me about a 25 year-old acquaintance who does not believe he could have AIDS, even though two of his girlfriends have died. When he contracts herpes, he always goes to the grandmother. He thinks that someone is bewitching him because he has just bought a car. 'He will not go for a test, he will not go to TASO. Instead, he will get herbs,' Henry says, shaking his head. Such stories are common in the rural areas.

TASO itself faces a problem that is common to many NGOs. The government of Uganda has done a great job at empowering youth to action, but because most of the programs are run through the government, there is bureaucracy to be encountered. 'Bureaucracy is killing us,' says Henry. 'It can take a whole year to do simple fundraising.'

Some NGOs also face a problem in projecting a clear message. As well as working for TASO, Henry belongs to another group named Youth Alive. Youth Alive is organised through the Catholic Church, and its members go from school to school teaching students abstinence and showing videos which suggest that condoms do not work. This contradicts the message of ACYC, which is that condoms should be an option for young people who are already sexually active.

Many students are upset by the contradictory message. Henry and Phillip Sparks (who also works for TASO and is the YAA representative in Uganda) are genuinely concerned. This is a problem that I know well from Kenya, where the religious establishment disagrees with many of the sexual reproductive health steps taken by the government. Condoms can be very divisive.

Phillip and Henry look to me for an idea. I suggest that they each specialize on one aspect of AIDS prevention. For example, the ACYC could concentrate on the condom option, while Youth Alive could concentrate on abstinence, which is really their area of expertise. Is it not possible, I suggest, for each to focus on what they do best instead of portraying the other in a bad light?

There is a lot of enthusiasm for this suggestion. 'I know that this message will reach youth, especially if we reconcile our views,' says Sparks.

I leave the restaurant after extracting a promise from Phillip Sparks that ACYC will try to meet with the leaders of Youth Alive and identify their different niches. If they succeed, they could create something of a model for collaboration between youth, to be used elsewhere.

### **Straight Talking**

By Steven Candia

Anne Akia Fiedler returned to Uganda in 1993 to find her sister wasting away with AIDS. More than 30 of Anne Akia's friends had died from the deadly virus since she had left the country.

At the time, the rate of infection in Uganda had risen to 31 percent - the highest in sub-Saharan Africa. 'The Government (had to) come in strong rather than burying its head in the sand and pretending that nothing was wrong. People were dying and there was great concern,' says Anne Akia. Civil society was pushing for something to be done.

In 1993, Anne Akia founded Straight Talk Foundation Uganda. The aim was to create awareness among teenagers and the youth. Print media was the only way to get out the message, but the new group did not have a printer, so Anne Akia met with the management of *New Vision*, a magazine with a readership of 40,000, and agreed on a partnership. She managed to secure funding from UNICEF. Between them, *Straight Talk* and *New Vision* set about changing public opinion and pushing the government into action.

Uganda's success story against AIDS has not been easy. Initially, those who had contracted the virus were stigmatized, rejected by their own relatives and even thrown out of home.

This began to change as the government joined forces with local and international NGOs. 'Local NGOs played a major role in Uganda's AIDS success story,' says Anne Akia. 'By 1993 there were next to 2,000 local NGOs.'

The number has fallen to below a thousand today, she says. But so, too, has the rate of infection. In 2001, 6.3 percent of the country's population was infected, compared to a high of 31 percent in the early 1990's.

One reason is the success of *Straight Talk*, which is now read by 1.5 million people. To make an impact, the *Straight Talk* publication had to be graphically attractive and dwell on issues that were topical to teenagers and the youth. These included STD prevention, teenage pregnancies, love, abortions, culture and superstition, rape, defilement and - above all - HIV/AIDS.



Another reason for the popularity of *Straight Talk*, says Anne Akia, was that it has saved parents from the difficult task of talking sex with their children. The publication also received support from religious denominations - even those that had taken very tough stands.

*Straight Talk* pays particular attention to its readers, and the issues that are of concern to them. 'People (want to know about) major topics such as sex and love and we put it there for them,' Anne Akia says. If necessary, they call in professionals. 'We call the doctors and we also have a pool of professional people. We pay them for their services.'

Uganda has 12,000 primary schools and 2,600 secondary schools, and *Straight Talk* targets both groups. Sixteen copies of the publication (*Young Talk*) are delivered to each primary school, and 30 copies of *Straight Talk* are sent to each secondary school.

This outreach is possible because *Straight Talk* has such a large network of supporters, which now includes 500 NGOs. It can also take advantage of a subsidized postal rate (70 Ugandan shillings per kilo). Each month, they also insert 40,000 copies into the magazine *New Vision*.

The response to all this has been encouraging: *Young Talk* receives on average 600 letters a month. *Straight Talk* receives about 250.

But distributing the magazine runs up against some hard truths. There are 1.7 million AIDS orphans in Uganda, and a rural illiteracy rate of 87 percent. The rural-urban divide also makes it hard to represent all the views of the readers in a four-page paper - particularly as urban youth do not want their views presented alongside those of the rural area.

*Straight Talk* tries to reach every one who can read by publishing in English (the official language), in Luo, and in 'the four R's' - Runyankore, Rutoro, Runyoro and Ruchiga. It also makes a brave effort to mix the views of urban and rural.

Since a large number of those living in rural areas cannot read, *Straight Talk* recently started a radio health program. This program is broadcast on all major FM radio stations throughout the country once a week. To start with, the programs were broadcast mainly in English. Lately, they have been translated into some of Uganda's forty native indigenous languages.

All the radio programs are produced by young people, who understand the concerns and interests of their young audience. One of them is Natasha Epenu, 20. 'I am a young person so I know what teenage girls go through,' she says. This can include advances from boys, men and even teachers at school.

*Straight Talk's* presenters visit schools within the city and even go up-country to meet students. 'This enables them to know what students feel and think about the radio programs, and even get live recordings of the students on topical issues,' Anne Akia says. For their participation in the radio programs, the participants get a free copy of *Straight Talk* and a *Straight Talk* T- Shirt.

One new initiative by *Straight Talk* which has been undertaken with the Ugandan AIDS Commission, has been to open up 'youth friendly services' to enable young people access to free counseling services.

## **African Education Reaches Out**

By Adam Frankel

Talking openly about sex is the first step in the fight against AIDS. When people feel comfortable talking about sex, they are more likely to ask questions about sex and AIDS. Talking about sex also helps dispel the stigma and myths that surround HIV/AIDS.

These myths spread AIDS because young people and their parents often know very little about how AIDS is transmitted. Nor are they encouraged to find out. Fearing they will bring shame to the family, or infect others through normal physical contact, it is not uncommon for parents to abandon infected children or for schools to expel HIV-positive students.

The challenge of sex education may start at home, but it is too easy to blame parents for their refusal to talk to their children about sex. In many places, especially in Africa, 'the sex talk' has never been the parents' responsibility. Sometimes it was the grandmother's job or the task of another family member. Or, more often, sex education was done at Initiation Schools.

Initiation Schools, once prevalent throughout Africa and still functioning in many places, were rites of passage for boys. Village elders would take the boys 'into the bush' and teach them the skills necessary to be a man - including sex. Sometimes the old women of the village would run a similar school for girls.

After colonialism forced urbanization on Africa and people left the rural areas for the cities, many of the traditional African institution - including the Initiation Schools and its lessons in sex education - were lost. More important, these lessons were not replaced with anything. Until now.

## **Sports and the Epidemic**

In South Africa, the top three complaints of young people are unemployment, crime, and HIV/AIDS, in that order. Young people face 62 percent unemployment, leaving them a lot of time on their hands. And since there's usually no money for after-school programs, students are also left with a lot of free time.

Recognizing the danger of idleness, Phumela Vanqa, executive director of the YWCA in Botswana, is fighting the spread of AIDS by building a recreational center in Gaborone

Despite the constraints of poverty, young people throughout the world have always found ways to get together for sports. Now, after losing team members to AIDS and watching the disease ravage their communities, many clubs are integrating HIV/AIDS education into their team schedule. In fact, all sorts of youth groups - from sports teams to drama clubs - are including HIV/AIDS education, training and support in their activities.

'There's no need to reinvent the wheel,' said Raymond de Boize, an AIDS activist in Johannesburg, South Africa. We're trying to use the resources that are already out there to combat this epidemic, he said.

The South African government and many South African corporations and NGOs are flooding young people with information about sex. But this one-sided flood of information creates what some worried activists call 'information fatigue.' Too much information - without a subsequent dialogue to engage people - can backfire by making people weary of the subject and less likely to pay attention to it. Realizing the importance of two-way discussion, many activists are now starting these dialogues in places from schoolrooms to soccer fields.

### **Transmitting Student-to-Student**

When activists try to put AIDS education in a place where young people can't miss it - school - their biggest enemies are often parents and teachers.

If parents are traditionally oblivious of their children's sexual behavior, teachers are traditionally out of touch with their students' social lives. When activists try to teach condom use, parents and teachers often tell them: 'my children shouldn't be having sex in the first place, so why teach them about condoms?' or 'my students aren't having sex, so what's the point of teaching them condom use?'

Young people are told one thing at school, another at home, and another when they're with friends. Consistency in message is essential, says Lydia Matebesi, the program officer for HIV/AIDS at the United Nations Development Program (UNDP) in Botswana.

Parents and teachers, too, need coaxing to talk about sex with their students and children. That's one reason Botswana has begun an AIDS education program that targets teachers. And the Parent-Teacher Association (PTA) of Botswana is enabling a dialogue between parents and teachers about sex and HIV/AIDS. But erasing the taboo around sex and the stigma around HIV are years worth of work.

One activist told me school principals have asked her to talk to students about HIV/AIDS, but to avoid entirely the subject of sex. Of course, that's impossible - or at least counterproductive.

Groups like the University of Cape Town's Student HIV and AIDS Resistance Program (SHARP) have sent University students to talk with local high school students about HIV/AIDS since 1994. The student-run sessions require teachers to leave the room when the workshops begin. This helps students to feel more comfortable talking about sex and HIV/AIDS. It has the added advantage of silencing a voice that frequently opposes the very idea of AIDS education.

### **Transmitting Teacher-to-Student**

To be sure, teachers can also be vehicles for HIV/AIDS training and education. One UCT peer educator told me that the best training sessions he led were held in classes where the teacher's

relationship with the students was so strong that the students asked the teacher to stay in the class.

But too often that sort of relationship does not exist. In fact, Mkhululi Thali has had to address the problem of teachers who 'fall in love with students.' And it's not just teachers. One peer educator put it this way: it's hard enough to teach teenage boys and girls safe sex, but how do you teach a middle-aged man not to infect a young girl?

Intergenerational sex - older men sleeping with young girls - is a significant problem in many African countries. One reason, Lydia Matebesi at UNDP told me, is that marriage between husbands often ten years older than their wives is not uncommon in traditional African cultures - and in many other cultures, for that matter. 'Cutting [out] intergenerational sex,' she said, 'is the only way to stop the epidemic.' Girls are at a greater risk of HIV infection than boys, and AIDS educators say so to students.

### **Girls have it Worst**

'You girls have to be doubly careful,' Kofi, a UCT student, told a coed class of 17 year-olds during an AIDS workshop at the Garlandale high school.

To be a girl is to be vulnerable. In the first place, it is easier for girls to contract the virus than for men. This is because semen is loaded with more HIV than vaginal fluid and the walls of the vagina often tear during sex, increasing the risk of transmission.

What's more, girls often have no choice whether to have sex in the first place - 34 percent of black women surveyed in South Africa said their first sexual experience had been involuntary. If a girl can't deny sex to her partner, she certainly can't demand that he use a condom.

AIDS workshops like those run by SHARP are trying to empower girls with knowledge. And peer education is all about empowerment: empowering girls to demand condoms, empowering boys to stand up to pressure from their friends to have unprotected sex, or sex at all. Peer Approach to Counseling by Teens (PACT) is one of the most successful peer education programs around. PACT is an international program, run by the YWCA in Botswana. It trains people as young as 13 to counsel peers about sex and HIV-related issues.

'Young people learn more when they're taught by peers,' says Bawani Muteshewa, a program officer at PACT. 'Young people can influence their peers positively and be role models for them.' One goal of peer education programs is to institutionalize peer education, enabling young people who have participated in AIDS workshops to teach the lessons of the workshops in more informal settings outside the school environment. PACT's greatest success is getting young people themselves to talk about sex and AIDS.

### **Changing Brands**

Workshops on AIDS are one way to fight 'information fatigue' by engaging young people in a dialogue and not just spouting facts and statistics at them. Clayton Peters, director of the Youth

Development Network in South Africa, says that one way to keep young people's attention is to create programs that see young people as they are, not as they 'should be.' Young people have short attention spans and are attracted to pop culture, he says. 'Let's turn that to our advantage and not ignore it.'

In fact, an innovative project in South Africa called Love Life is a much-hyped media-darling with deep international pockets that tries to 'sell' young people an imaginary 'brand' called Safe Sex. Love Life has billboards all over South Africa that depict shapes suggesting human anatomy with the words: 'His and Hers. Talk about it.'

Many people think the message is too subtle and enigmatic for young people to understand. But the project, explained Barbara Rijks at the United Nations Fund for Populations Agency (UNFPA), appeals to youth's interest in brands. Love Life ads sell a brand. And many people are hoping that if young people buy the brand 'Love Life,' they'll buy the message, if they can decipher it.

### **HIV/HOP: music**

While some activists use sports, schools, or brand-consciousness as points of access to young people, Shaheen Ariefvien is using music.

Shaheen is a hip-hop artist, who also works as a DJ at Bush Radio 89.5 in Cape Town. He helped organize the Youth Against AIDS 2000 Concert, which recruited some of South Africa's most talented hip-hop artists to write songs about AIDS-related issues, a genre called HIV/HOP.

'What do young people memorize better than anything else - better than studies? Lyrics, man. [HIV/HOP] lyrics better be positive,' he says, 'but no one's gonna listen to it if that shit ain't pumpin'.'

Bush Radio is a good example of an organization that adapted to the growing need for AIDS activism. The radio station was founded as an organ of anti-apartheid resistance and has run AIDS awareness programs since 1993, long before most people recognized the threat of the disease. Now Bush Radio runs a daily AIDS awareness program, hosted by an HIV-positive woman named Ntombie Yoko.

Ntombie, a local celebrity for her radio show, speaks at high schools as part of an AIDS awareness program sponsored by Bush Radio. Ntombie's talks are interrupted every few minutes by music clips - Destiny's Child's 'Survivor,' and Outkast's 'Ms Jackson' are played to the adolescent shrieks of Xhosa-speaking fans. Ntombie's AIDS awareness sessions are infused with music partly to hold her audience's attention and partly to lighten the atmosphere - which can feel heavy after talking about the disease.

The radio station does not offer follow-up sessions with students. It just doesn't have the resources. But activists like Adelaide de Boize, who works in Johannesburg, keep AIDS education an ongoing discussion. That's why her workshops require monthly follow-up meetings after the workshop ends.

## **Training Young Leaders**

Adelaide runs several programs that empower inner city youth and train them for leadership positions in a country that will suffer a growing shortage of leaders, as more young people die with AIDS. Her program, Facing the Future with Courage, was founded to fill the deficit by teaching young people everything from how to write a resume to leadership skills.

Other programs, around South Africa and throughout Africa are training young people to live and lead in societies defined by the problems HIV has created.

Programs like the Salvation Army Masiye Camp in Zimbabwe or Humuliza in Tanzania help young people understand the emotional and psychological effects of the disease. They teach life skills, including parenting, because many young people become heads of households after their parents die with AIDS, forcing them to take on parental and financial responsibilities. According to a social worker in Soweto, young people who participate in these programs return more active in their communities and even do better in school.

Programs like these are giving young people the life skills and knowledge they need to fight the AIDS crisis. But all the money that's floating around for AIDS - and there's a lot of it - is tied up at the top in hyped-up programs like Love Life or siphoned off by corrupt politicians. Either way, it rarely gets down to the community-based programs that do some of the most important work.

'Condom Weeks' are useful and AIDS Awareness Days are important but they're not a replacement for long-term solutions that help the communities where AIDS is rooted. While the initiative to address the crisis and the solutions to the crisis must come from the communities the crisis affects, young people outside AIDS-infected areas have a role to play as well. More than a role, we have a responsibility - if not for their sake, than for our own. As the world becomes smaller, it's going to be increasingly difficult to treat HIV/AIDS as someone else's problem - and as an isolated problem.

Ultimately, as Barbara Rijks at UNFPA told me, the decision to help in the fight against AIDS is based on how you see yourself.

'It basically comes down to one question,' she said. 'How big is your world?'

- Adam Frankel visited South Africa and Botswana for YAA in the summer of 2001. He studies at the Woodrow Wilson School of Public and International Affairs at Princeton University (US). Adam writes a lot and enjoys arguing about politics.