



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

IMPLEMENTING HIV PREVENTION AMONGST YOUNG PEOPLE IN A GEOGRAPHIC FOCUSED APPROACH IN SOUTH AFRICA

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1. Background

The Department of Social Development (DSD) recognizes the great challenges to national development presented by the HIV & AIDS epidemic in South Africa. Studies have shown that the epidemic is largely fuelled by sexual behaviour patterns. Closely linked to this is the persistent challenge of teenage pregnancies that continues to have significant impact on the quality of life and economic status of young people, and increases levels of dependency on the social grant.

According to Statistics South Africa's census 2011, approximately 18.9 million people in the country comprise of youth between the ages of 15-35. From this 18.9 million, approximately 9 million were between the ages of 15 to 24. These young people are the future of our nation. However, the South African National AIDS Council has established that this very same population group is currently the most vulnerable to HIV infection. In South Africa, about 18.7% of people living with HIV are aged between 15 and 24. The increasing number of young people infected with HIV is a cause for concern in development planning as this will impede their contribution to the economy of the country.

Although biomedical interventions, such as condoms, which help prevent the spread of HIV, are available, HIV infection remains relatively high among the youth. There is a general acknowledgement that social and behavioural patterns have a greater bearing on HIV prevention. Vulnerability is increased among young people as a result of several factors, including:

- behavioural issues such as low self-esteem, peer pressure and a sense of wanting to belong, which affect young people's decision-making capacity and compromise their ability to consider long-term consequences;
- many young people tolerate risk by being involved in multiple and concurrent partnerships;
- many young people engage in early sexual debut without protection;
- many young people become involved in intergenerational relationships, use intoxicating substances and find themselves victims of gender-based violence; and
- a large number of South African youth receive little guidance because they have absent parents and poor family structures.

Apart from these behavioural and social factors, structural issues also play a role; these include:

- culture;
- unemployment and unemployability;
- poverty; and
- poor education.

Clearly, the factors that affect risky behaviour among young people are complex. In response to the above challenges, DSD has developed a Comprehensive Strategy on HIV&AIDS which seeks to address the social and structural drivers of HIV and promote positive behaviour change outcomes amongst targeted populations. The following are the expected outcomes of the Comprehensive Strategy:

- Decreased risky sexual behaviour in DSDs target populations
- Increased uptake of HIV&TB testing, treatment and care services in target populations
- Gender based and intimate partner violence reduced
- Stigma and discrimination reduced among DSD target populations

In line with this Comprehensive Strategy, DSD has developed Social and Behaviour Change programmes that target the young people. These programmes aim at responding to young people's needs while also building resiliency factors, increasing their autonomy, self-esteem and self-efficacy, as well as minimising risky behaviours that expose them to HIV to reduce their chance of HIV infection.

Specifically, the social behaviour change programme seeks, among other things, to:

- i. Create an enabling environment in which young people can safely voice their issues (youth dialogues)
- ii. Invest positive values in young people
- iii. Instil active citizenry in young people, and
- iv. Break communication barriers between young people and their parents/ guardians.

2. The SBC Model of Decentralizing HIV Prevention

Utilization of NGOs at a District level: DSD will target Districts that have high prevalence and incidence of HIV in the country. The number of district NPOs and implementing HCBCs will increase in the outer years. In each of these Provinces, suitable NPOs will be identified and provided with funding and capacity to implement social and behaviour change (SBC) for young people. DSD will entrust the NPOs to implement SBC programmes using the social ecological model in line with the DSD Comprehensive Strategy on HIV&AIDS as follows:

- Individual level: Conduct dialogues with young people to create an enabling environment for a sustained behavior change amongst young people. Implement the social skills programme to build resiliency amongst young people.
- Interpersonal level: Families matter programme to enhance communication between young people and their care givers. Implement Men and boys programme to address the sugar daddy syndrome and multiple concurrent sexual partners.
- Community level: Implement programmes the gatekeepers of the communities such as Traditional Leaders, Religious Leaders.

DSD's social protection services, including the psychosocial support services as well as programmes on stigma reduction underpin the entire SBC model. The SBC model will ensure that by end of three years every young person in HIV notorious communities is equipped with skills and knowledge to thoroughly

protect them against acquiring new HIV infection. This will be done by incrementally expanding skills and knowledge in the ward that are characterised by structural, social and behavioural factors that make young susceptible acquiring HIV in their lifetime. It is important to note that while the approach will provide a framework; each community is unique therefore factors that drivers HIV in every community should be dealt with in such a manner that the specific drivers are addressed depending on the peculiarity of that particular community. DSD recognises that not one programme is the panacea in dealing effectively with the structural and social drivers of HIV in South Africa. Thus DSD has packaged a comprehensive basket model of interventions that will be implemented in each target community ensuring that every particular geographic community gets saturated by these interventions over a period of time.



Fig 1: SBC Model depicting the compendium of services for effective prevention programme

3. Programme Purpose

Enhance skills for social and behaviour change that will reduce risk tolerance to HIV acquisition.

4. Programme Objectives

- To build young people’s resilience, self-confidence, self-esteem and self-efficacy.
- To build young people’s knowledge, attitude and skills to voluntarily assume positive practices and sustain positive behaviour outcomes.
- To invest positive values in young people to become change agents within their communities.

- To instil active citizenry among the young people.
- To minimise new HIV infections among the youth in the country.

5. Programme Description to be implemented towards HIV prevention

5.1. Social Behaviour Change Communication

Social behaviour change communication is a research based consultative process that uses communication to promote and facilitate behaviour change and supports the requisite social change. The social behaviour change programme seeks to create an enabling environment in which affected populations that are at risk of contracting HI virus can safely voice their issues through a dialogues process and where positive values and norms can emerge. The programme is driven by epidemiological evidence and client perspectives and needs. The SBCC is guided by a comprehensive ecological theory that incorporates both individual level of change and change at broader environmental and structural levels. It works at one or more levels: the behaviour or action of an individual, collective action taken by groups, social and cultural structures, and the enabling environment. The programme within DSD hopes to instil active citizenry amongst key populations; these include sex workers, men who have sex with men, people living with HIV, people with disability etc.

5.2. Community Capacity Enhancement Programme

Community capacity enhancement methodology is a methodology that facilitates change process based on theories and experience of how individuals and communities change their values, attitudes and practices. It recognizes that change and transformation are often complex and require a supportive facilitation process. Facilitation makes the process of change smoother and more robust. It also minimizes the chance of repeating old practices and values – repetition that often accompanies non-facilitated processes. A facilitator requires an understanding of how change occurs and how to support the change process using the framework of skills and tools. The 6-step methodological model developed by the UNDP and outlines a series of interconnected steps. Each step has a specific objective and set of tools or small group exercises to initiate and support the social change process. The cyclical steps of the CCE methodology are not static stages, which unfold in a linear pattern, but unfold, in a dynamic process towards a holistic change process. The process is implemented through community conversations where community members will come together and dialogue on issues that perpetuate the spread of HIV in their respective communities. Through these conversations young people will as a collective in identifying and finding ways in dealing social and structural drivers of HIV peculiar in their own respective communities towards prevention of new infections.

5.3. Traditional Leaders Programme

Traditional Leaders are a very crucial stakeholder in the response to HIV&AIDS in the country as custodians of culture they are a strong link between communities and culture. They are an influential force in communities and they wield influence and command respect within their communities. The programme for Traditional Leaders

should be implemented through workshops and dialogues to unleash the potential of Traditional Leaders to promote and scale up the response on gender and HIV to ensure that they take leadership and play a central role in the protection of HIV and gender based violence for women and girls in their communities. The programme aims at the following:

- To reaffirm and strengthen the role of traditional leadership in fighting the spread of HIV
- To equip traditional leaders with knowledge and skills on HIV and GBV in relation to culture
- To equip traditional leaders with knowledge and skills on how to reduce personal risk as well as motivate others.
- To address HIV and gender based violence.
- To build socially cohesive communities by promoting positive cultural practices and addressing harmful practices.
- To promote the protection of women and children.
- To educate traditional leaders on legislative framework guiding DSD's work on HIV and AIDS.

5.4. Psychosocial Support Programme

The psychosocial support programme emphasizes the close connection between **psychological aspects** of our experience (thoughts and emotions) and our wider **social experience** (relationships, practices, traditions and culture); taking into account spiritual (value systems and beliefs) and physical aspects of an individual. It describes a continuum of care and support that addresses the social, emotional, spiritual and psychological well-being of a person and influences both the individual and the social environment in which people live. The interventions and methods in the PSS enhances people's ability to cope, in their own context, and to achieve personal and social well-being; enabling them to experience love, protection, and support that allow them to have a sense of self-worth and belonging. This happens by drawing on the person's strengths, building on self-reliance and social responsibility in coping with emotionally difficult circumstances in a way that builds relationships, families and ultimately the community.

5.5. Families Matter Programme

The Families Matter! Program (FMP) is an evidence-based intervention which targets parents and caregivers of 9-12 year-olds in communities. The programme promotes positive parenting practices and effective parent-child communication about sex-related issues and sexual risk reduction. Subjects addressed include child sexual abuse (CSA) and gender-based violence (GBV). Many parents and caregivers need support to effectively define and convey their values and expectations about sexual behaviour and to communicate to their children important messages about HIV, sexually transmitted infections (STIs), and pregnancy prevention. The ultimate goal of FMP is the reduction of risky sexual behaviours among adolescents, including delayed onset of sexual debut. FMP pursues this goal by giving parents the tools they need to protect and guide their children. FMP is a community-based, group-level intervention that is implemented through workshops delivered over six consecutive sessions lasting approximately three hours apiece. Each session builds upon the foundation laid in the previous session. The sessions aim at achieving the following:

- Raising awareness about the sexual risks teens face today.
- Encouraging general parenting practices that increase the likelihood that children will not engage in risky sexual behaviours.
- Improving parents' ability to effectively communicate with their children about sexuality and sexual risk reduction.
- Addressing the difficult issues of CSA and GBV through culturally-acceptable and age-appropriate content and highlighting the key role parents can play in protecting their children from CSA and GBV.

The program is designed to help parents overcome common parent-child communication barriers – such as embarrassment or discomfort and lack of knowledge, skills and confidence – and to enhance parenting skills and practices, including parental monitoring, positive reinforcement and the building of a strong parent-child relationship.

5.6. Sex workers programme

The programme targets sex workers in communities and it is implemented through workshops and dialogues in partnership with the Sex Workers Education and Advocacy Task Force (SWEAT). The programme aims at the following:

- ✓ To create an enabling environment within DSD for sex workers to access DSD services for themselves and their children.
- ✓ Create sensitisation of DSD officials in working with sex workers.
- ✓ Address risky behaviours amongst the sex workers.

6. DSD Management and Coordination Support:

The National DSD will continue working with Provincial DSD (in specific the Provincial and District HIV&AIDS Coordinators) in implementing and managing the HIV&AIDS programmes. The identification of the Districts NGOs and HCBC that will be implementing the SBC programmes for the young people will be done through the Provincial and District HIV&AIDS Coordinators. Provinces will continue to report directly to the National DSD on a monthly basis.