

[Catherine Campbell](#), Andy Gibbs, Sbongile Maimane, Yugi Nair and Zweni Sibiyi
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RESEARCH ARTICLE

Youth participation in the fight against AIDS in South Africa: From policy to practice

Abstract: Effective youth participation in social development and civic life can enhance young peoples' health and well-being. Yet many obstacles stand in the way of such involvement. Drawing on 105 interviews, 52 focus groups and fieldworker diaries, this paper reports on a study of a rural South African project which sought to promote effective youth participation in HIV/AIDS management. The paper highlights three major obstacles which might be tackled more explicitly in future projects: (i) reluctance by community adults to recognise the potential value of youth inputs, and an unwillingness to regard youth as equals in project structures; (ii) lack of support for meaningful youth participation by external health and welfare agencies involved in the project; and (iii) the failure of the project to provide meaningful incentives to encourage youth involvement. The paper highlights five psycho-social preconditions for participation in AIDS projects (knowledge, social spaces for critical thinking, a sense of ownership, confidence and appropriate bridging relationships). We believe this framework provides a useful and generalisable way of conceptualising the preconditions for effective 'participatory competence' in youth projects beyond the specialist HIV/AIDS arena.

Keywords: competence, gender, health, HIV/AIDS, participation, rural youth

Introduction

Youth participation in community development and civic life is increasingly seen as an important condition for democratic renewal and the enhancement of the health and well-being of young people. At the international and national levels, youth participation in all aspects of life is part of a bundle of human rights directed at young people and is written into international policies and charters (UNICEF 2003).

However, much discussion in the social science literature emphasises the difficulties of achieving participation amongst young people (Morsillo and Prilleltensky 2007, Perkins *et al.* 2007). There is also ambivalence about the aims of participation, especially in health promotion. This debate is often framed in terms of the ‘narrow’ and ‘broad’ prospects for health promotion. In terms of the ‘narrow’ possibilities, young people’s participation is seen to improve service delivery through responding to their specific needs and concerns. ‘Broader’ understandings see youth participation as leading to empowerment and collective social action in the interests of challenging the processes of their social exclusion (Morsillo and Prilleltensky 2007, Percy-Smith 2007, Watts and Flanagan 2007). Highlighting the potentially liberating aspects of youth participation Morsillo and Prilleltensky (2007) discuss the ‘level’ – individual, community or social – at which transformation can occur, emphasising the difficulties of achieving change at the community and social levels.

HIV/AIDS is a prominent health issue for young people. Recent studies suggest over half of those now being infected with HIV/AIDS are aged between 15 and 24 (UNICEF 2002, UNAIDS 2006). Involvement of young people is seen as a

precondition for successful HIV/AIDS management and has become a central pillar of international AIDS policy (UNGASS 2001, UNICEF 2002, UNAIDS 2006). Closely linked is widespread recognition that for youth struggles against HIV/AIDS to be successful they need to go hand-in-hand with youth social development (Wallerstein 1992, Campbell, *et al.* 2005a).

In South Africa the development of young people is a high priority, paralleling increasing concern for their participation in community development and HIV/AIDS management. South African community development policy emphasises the need for “the active involvement of young people in national development...[and the importance of providing] opportunities for their participation in national, provincial and local development programmes.” (South African Government 2002, p. 6) While the *National Strategic Plan on HIV/AIDS and STIs* highlights young people as a specific focus area (South African Government 2007).¹ Policy rhetoric in South Africa has been translated into practice, with numerous interventions for HIV/AIDS and community development seeking to promote young people’s participation (Gallant and Maticka-Tyndale 2004, Campbell *et al.* 2005a, Parker, W. *et al.* 2007).

However these comprehensive policies and interventions have not led to a substantial reduction in HIV-prevalence amongst young people in South Africa. While HIV-prevalence is estimated to be 10.8 percent for the whole population over 2 years old,

¹ There are competing understandings of what age groups constitute youth In South Africa youth are commonly seen as being between 14 and 35. While in the international literature on HIV/AIDS, 15-24 is more common. We follow the broader understanding in line with community perceptions of youth in our case study site. And while this leads to some problems of comparability between a 14 year-old school girl and 35 year-old man, many issues that emerged in our research are linked to their broader categorisation as ‘youth’ rather than ‘adults’.

for young people specifically (15-24) it is 10.3 percent, with a huge variation between males at 4.4 percent and females at 16.9 percent in this age group (HSRC 2005).

Many reviews mention the challenges of ensuring meaningful youth participation in social development projects (Campbell and Foulis, 2002). This paper contributes an understanding of why interventions may battle to effect the optimal participation of young people. We do this through an in-depth case study examining how the social environment of a particular community actively facilitated or hindered young people's participation in HIV/AIDS activities.

In earlier work in South Africa we highlighted the way that social environments actively shaped the nature and form of youth participation in a HIV/AIDS peer-education programme (Campbell *et al.* 2005a). The research was conducted as a final evaluation into a peer-education programme. We argued that a variety of factors, including the pathologisation of youth sexuality and poverty as well as patchy networking amongst NGOs and local community leaders were crucial in undermining the participation of young people in the programme.

This paper builds on these arguments in two ways. Firstly it focuses on a rural context in contrast to the peri-urban context of the previous research. In South Africa, rural areas provide substantially different living conditions to urban and peri-urban areas and a substantial proportion – 43 percent – of young people aged 14-35 live in rural areas (Sekwati and Hirschowitz 2001). Secondly, the earlier study focused on a cross-sectional study of an already completed programme, run by one organisation. In comparison, the current study draws on longitudinal process research into a three-year

research and intervention project that explicitly sought to encourage youth participation, leadership and development in a broader HIV/AIDS management project involving multiple community groups and external agencies.

Entabeni Project case study

The case study is drawn from a community-led HIV/AIDS intervention in Entabeni a community in rural KwaZulu-Natal, South Africa. The community is approximately 30km from the nearest town and health facilities. There are high levels of poverty and illiteracy in the community and TB and cholera are common (Barron *et al.* 2006). Estimates of HIV-prevalence in the community suggest that 1 in 4 adults are living with HIV/AIDS (HEARD 2005). The area is tightly controlled by a traditional chief (the *Inkosi*) who delegates power downwards through local traditional leaders (*Indunas*). As in much of South Africa, there is also an elected local government, 'the municipality', whose power structures run parallel to the *Inkosi*, but the municipality does not wield much influence in the community.²

Life for young people in Entabeni is difficult. While school enrolment is high, at approximately 93 percent, the burdens of a growing HIV/AIDS epidemic and high levels of poverty mean many young people do not finish school (Horizons 2004). After leaving school, lots of young people move to urban areas in search of jobs. Others remain in the community undertaking small amounts of work where they exist.

² The provincial Department of Local Government and Traditional Affairs is the closest sphere of government to communities. They have district municipalities that are responsible for development planning in communities. These are further sub-divided into local municipalities, one of which services Entabeni.

Our case study of youth participation is taken from a larger on-going project, which aims to strengthen local community responses to AIDS (Campbell *et al.* 2005b, Campbell *et al.* 2007a). The Entabeni Project was initiated as a partnership between the Centre for HIV/AIDS Networking (HIVAN) at the University of KwaZulu-Natal and the community following two years of in-depth research into community responses to HIV/AIDS and following dissemination workshops at which a joint project was formulated between the community and HIVAN (Campbell *et al.* 2007a, Campbell *et al.* submitted a).

The Project has three main aspects. First, training and supporting home-based carers. Second, developing volunteer support structures in the community. And third, building supportive networks between outside agencies and the community to support the community and specifically the home-based carers. A key goal of the project was to maximise the involvement of young people in all project activities. This paper will focus on the youth dimension of this broader Project.³

In this regard, the Project's particular aims were to maximise young people's involvement in HIV-prevention and AIDS-care management activities and use these as a 'springboard' for the wider social development of young people. Initial baseline interviews conducted prior to the establishment of the Project showed young people were a vital and untapped resource in the community and expressed great interest in involvement in the Project (Campbell *et al.* 2008).

³ The wider project – within which the youth focus was one component – is discussed in greater detail in Campbell *et al.* (2007a), Campbell *et al.* (2007b), Nair and Campbell (2008), Campbell *et al.* (2008), Campbell *et al.* (submitted a) and Campbell *et al.* (submitted b)

Three activities emerged that directly engaged young people. The first was a youth rally, conceived by young people and adult Project participants as a way to raise the issue of HIV/AIDS in a manner that would relate to young people. It included dancing, music and motivational speeches. While the rally was successful, attracting over 800 people, its effectiveness was limited by the dominance of two adult males on the organising committee. They insisted the rally promote sexual abstinence, rather than condoms. As a result, the message of the rally failed to engage with sexually active young people who were most in need of input (Campbell *et al.* 2007a).

The second component involved training young people in skills to deliver peer-education and counselling. This training was provided by an external NGO through a link facilitated by the Project. At the outset, the training proved very popular amongst young people. Over time, a number of factors undermined the training's effectiveness. Some who completed the training, and were awarded certificates, left the community hoping to use the certificates as a way to secure paid employment or further education – rather than remaining in the community to provide peer-education and counselling, as had been the aim of the training. Many others dropped out and simply did not complete the training. Of those that completed the training, few actively used their new skills in the community. Again, the Project's efforts to promote the involvement of young people in local HIV/AIDS management had a disappointing outcome.

The final aspect revolved around supporting young people to become more involved in the public life of the community. This involved ensuring that there was substantial youth representation on Project committees such as the Entabeni Health Partnership

Committee which consisted of local Entabeni residents and external health and welfare agencies and supported the Entabeni Project (Campbell *et al.* 2007a).,

In addition, the HIVAN Project team supported these young women and men leaders, through providing regular telephone contact with them during which we discussed problems they were facing. The Project also strove to provide the young leaders with opportunities to broaden their skills and horizons through participating in activities outside of the community, such as attending relevant conferences and further HIV/AIDS training, to build their knowledge and their confidence.

This training, skills building and support has lead to young people becoming more involved in Entabeni-based structures and organisations developed as part of our facilitation of local responses to HIV/AIDS. However, while young people were involved in these structures they often struggled to be meaningfully involved, expressing frustration at their ‘tokenistic’ inclusion. Overall the engagement and participation of the young people in the Project has been lacklustre and disappointing, especially given their initial enthusiasm.

Theory/framework

The research we report in the remainder of this paper took the form of a longitudinal study of the three-year Entabeni AIDS Project. This was process research, and one of its key goals was to track and explore macro-social factors shaping the extent to which young women and men did or did not become involved in the Project. As such this paper is not an evaluation of the Entabeni Project and its attempts to facilitate

youth participation *per se*, but rather explores how the broader social environment hindered and/or facilitated youth participation in community responses to HIV/AIDS, of which the Entabeni Project was one.

Our concern with understanding the nature of the participation of young people is framed within the growing body of work focusing on the social context of HIV/AIDS transmission and interventions which seek to challenge these drivers (Tawil *et al.* 1995, Waldo and Coates 2000, Parker, R. *et al.* 2000). While the social context of HIV/AIDS in South Africa is well understood (Campbell 2003, UNAIDS 2006), there are few understandings of the pathways through which structural factors come to hinder young people's participation in HIV/AIDS management. An understanding of these pathways opens up the possibility of designing more effective participatory interventions.

In an earlier paper we characterised the social environments in which HIV/AIDS programmes are carried out in terms of three interacting dimensions (Campbell, *et al.* 2005a). The first dimension, the *symbolic context*, refers to the web of social representations through which young people understand issues and translate new information about HIV/AIDS (Parker, R. 2001). This includes understandings around gender, HIV-related stigma and sexuality. The second dimension is the *material-political context*, including poverty, inequality and the nature of political representation. The final dimension is the *organisational-network context* of the community, such as the role played by the public and private sectors and civil society organisations to create a supportive environment for youth HIV/AIDS prevention.

These three dimensions are crucial in shaping the social environment from which youth participation in HIV/AIDS management flows. (Campbell *et al.* 2005a)

Methods

The data are drawn from a large corpus of interviews, focus-groups and fieldworker diaries. In total the corpus amounts to around 105 in-depth semi-structured interviews – including interviews with young people, church leaders, teachers, government officials, home-based caregivers and local leaders, 52 focus-group discussions (with a total of 313 participants) including, young men and women, home-based carers, local teachers in the community and traditional leaders (*Indunas*). It also included fieldworker diaries kept by HIVAN Project workers.

Participants were very keen to talk about HIV/AIDS and the community they lived in. Individual in-depth interviews were often over one-hour long, with focus-groups between one hour and two hours in length. All interviews were conducted in Zulu and recorded. They were then translated and transcribed into English for analysis.

The coding frame for our data was guided by Campbell's five dimensional concept of the AIDS-competent community (Campbell *et al.* 2005b). This provides a five-factor conceptualisation of factors most likely to facilitate community participation in HIV/AIDS management. The five factors considered are: HIV/AIDS knowledge, safe social spaces to engage in dialogue about this knowledge with liked and trusted peers, a sense of ownership of the problem of AIDS, a sense of confidence in individual and community resources to contribute to tackling it, and the existence of bridging social

capital. Regarding these five dimensions as preconditions for effective participation, our data analysis sought to examine the extent to which these five dimensions did or did not exist in relation to the young people of Entabeni, in order to throw light on why youth participation in the programme did or did not happen.

In this regard, data were then subjected to thematic content analysis (Flick 1992) using these five factors as the core categories for the coding frame. The results are presented below and the core categories are further elaborated.

Results

Knowledge and skills

Young people in Entabeni had good basic knowledge about HIV/AIDS, which is a precondition for involvement in HIV/AIDS management. However, a range of factors made it difficult for the young men and women to act on the information they had.

Many young people held alternative views about sex that contradicted mainstream messages around safe sex. Many of the youth told us that contrary to adult views they were sexually active. They told us how they did not use condoms, alternating between arguing that condoms reduced the pleasure of sex and the naturalness and inevitability of death in their community. One young woman, who was also a home-based carer in the community, suggested that other young people felt they should not use condoms because it ruined the pleasure of sex:

Thoko (F): They have this belief that they cannot eat a sweet in its wrapper. (HOME-BASED CARER)⁴

Some adults also recognised the competing pressures on young people around sex and condom use. A female traditional leader, reflecting on why she thought young men and women did not use condoms, suggested that while they had a lot of information about HIV/AIDS, they were also keen to experiment and so did not use condoms:

Ms Ndawo (F): I think young people are saturated with information about HIV/AIDS. They feel they have enough information and they get bored when they are pestered about it. Some are afraid to hear about it because they know they still want to experiment about sex. So they'd rather not know about it than to lose out on the experimentation. (*INDUNA*)

In interviews, young people also mentioned other issues that hindered their use of condoms. Many of them highlighted how the notion of 'trust' between partners meant that neither women nor men were keen to use condoms because they symbolised a lack of trust between partners and therefore a sign of unfaithfulness in the relationship. As a group of school-going young men said:

Sibusiso (M): The girl will ask whether you want to use a condom because you don't trust her. This is the question that many boys have been asked by their girlfriends. The boys stop using condoms after they have asked that because they feel embarrassed to use a condom because they trust their partners. They promise each other that if it happens a girl gets a sexual disease it would mean she got from her partner and vice versa. Young people don't like to use condoms - both males and females. There are those who use condom consistently. Others they use condom to other partner and don't use it to other partner.

Interviewer: In what situation where they use condom and don't use it to other partner?

⁴ All quotes are structured – Name (sex, M – male, F – female): Quote. (Position in the community)

Jabulani (M): There are girls who say, “If you want to have sex with me you will not use condom.” There are also those girls who say that you have to use condom if you want to have sex with her. This is confusing, because you have to think if she says no to using a condom she really means it and vice versa.

Interviewer: What have you done in those situations?

Jabulani (M): We do as the girl says. Because if she tells you not to use a condom it means there feelings of trust between the two of you have developed. The girls that say “you must use a condom” are the ones where there is no trust. (SCHOOL-GOING MALES)

In addition to questions of trust and curiosity there was also the real issue that many young people found it difficult to access condoms in Entabeni. One young male described how he got condoms from the mobile clinic, which came once a month, and if he had run out of condoms, he still wanted to have sex:

Ndoda (M): I use condom but sometimes I ‘break the law’ when I don’t have any. I can’t wait for mobile clinic and clinics are too far from here. This is the situation that forces us not using condoms. (SCHOOLBOY)

As such while young men and women demonstrated extensive knowledge about HIV/AIDS their ability to act on this to protect themselves in sexual relationships was limited by competing demands – such as their curiosity with sex and the need to develop emotional trust with their partners. Furthermore, from a practical point of view, access to condoms in this relatively remote community was highly restricted, even for those who wished to use them.

Safe social spaces

There is an increasing recognition of the importance of spaces in which peers can talk about new and alien information if they are to integrate it into their everyday lives and act on it (Low-Ber and Stoneburner 2004, UNDP 2005, Epstein 2007, Campbell *et al.* submitted a). Where such spaces existed in Entabeni young people were keen to talk about issues that affected them. One teacher reported that given the opportunity to talk about sex, young people were very keen to:

Ms Zama (F): What I can say is that when children are given a chance to talk about sex, they become comfortable. I am not sure whether it is the topic that interests them. They like discussion topics that are not necessarily in line with their curriculum...What I am trying to say is that children enjoy discussing sexual issues. I am not sure whether they are tickled by such discussion, but the fact is that they are fascinated by such discussions and they are open about them. (SCHOOL TEACHER)

Social spaces existed for young people to talk openly about HIV/AIDS and sex were few and far between in Entabeni. In a conservative traditional community strong social norms and inhibitions prohibited talk about sex, especially sex amongst young men and women.

This was the case in schools. While Ms Zama said she was willing to discuss HIV/AIDS and sex openly in school classes, other teachers were not, saying that children who did talk about HIV/AIDS and sex in classes were 'naughty' – essentially making a distinction between 'good' children who did not speak about sex nor have sex and 'naughty' children who broke rules and had sex:

Mr Ndosi (M): Then we looked in class at sexually transmitted diseases and the signs that are shown with those diseases and how to prevent those diseases.

Interviewer: So how do the pupils respond to this, when you do life-orientation classes? Do they feel free to talk about these issues?

Mr Ndosi (M): Yes, they do talk, but it's only the naughty ones that talk about sex. (SCHOOL TEACHER)

During a discussion the HIVAN Project team had with the Entabeni high school principal about HIV/AIDS, sex and HIV/AIDS education, he said that learners at his school had no need for AIDS education because Entabeni was a conservative community and sex outside of marriage did not occur.

Many young people said that when they tried to talk to their parents about HIV/AIDS and sex, their parents tended to only talk about 'good behaviour' or abstinence as the area's traditional chief (the *Inkosi*) had instructed parents to do:

Interviewer: Are young people able to talk freely to their parents or adults in this community about HIV/AIDS?

Sindi (F): The *Inkosi* is forever calling on mothers to address the youth and talk to them about good behaviour and not involving themselves in sex. (YOUNG PERSON)

The prevailing assumption amongst powerful adults (such as the school principal, the *Inkosi* and many parents) was that children did not have sex before they were married. For this reason many adults and parents chose not to talk about condoms, only reinforcing 'abstinence only' messages around HIV/AIDS. This approach denied the reality that many young people were having sex:

Interviewer: Do people know about using condoms in this community?

Zanele (F): No they don't. They [adults] don't talk about condoms to young people, because they don't expect young people to have sex. (SCHOOLGIRL)

Interviewer: You say you take condoms and make your thing, do you mean that you are not allowed to have sex or do you mean sex is only for married people?

Jabulani (M): Sex is not meant for young people. But it happens that young people have sex, but adults say sex is only for adults. I don't think that young people can stop having sex. (SCHOOLBOY)

The denial of youth sexuality by many parents was also buttressed by a resurgence of traditional practices advocated by the *Inkosi* in the community, reinforcing this approach. The *Inkosi* promoted virginity testing and participation for young women in the 'Reed Ceremony', where all participants are checked to ensure their virginity, as one adult described:

Thembi (F): There was a meeting in the hall where the *Inkosi* was telling us to educate our children about how they should behave themselves. He also told us to encourage our children to attend *Umkhosi womhlanga* [Reed Ceremony]. I can say that he plays a role in supporting health behave to our children in this community.

Interviewer: Does he talk about HIV/AIDS?

Thembi (F): He educates us about AIDS especially to our children. He told us to educate our children to behave themselves. He said we must not be afraid to talk to our children because we thought they are still young to talk about this issue. He said we must tell them that if they have sex with boys they will get infected with AIDS. (HOME-BASED CARER)

Denying the sexuality of young people, as parents and the *Inkosi* tended to do, by promoting abstinence only approaches when discussing sex and HIV/AIDS with

young people, can be seen as part of broader attempts by adults to reassert their authority over youth especially young women (Campbell *et al.* 2007b, Leclerc-Madlala 2001). This approach failed to resonate with young people who admitted that they were sexually active and so needed spaces to learn about condoms and discuss these issues, which their parents were unwilling to do.

There was a general lack of activities specifically for young people in the community which may have led to the emergence of organic social spaces in which they could talk about HIV/AIDS and sex, without adults setting the terms of the discussion. Young women appeared particularly restricted in their abilities to access such spaces, often being expected to complete housework after school, before starting homework or extracurricular activity, as one school girl described:

Nomfundo (F): We have to do our chores before we are allowed to do homework, this is a hard situation (SCHOOLGIRL)

And few extra-curricula activities were available to young women apart from the church, as one home-based carer pointed out when discussing the lack of young women participating in community activities:

Nomandla (F): Young girls are not allowed to get involved in any community activities aside from church (HOME-BASED CARER)

Overall, there appeared few spaces in which young people could discuss HIV/AIDS and sex openly – undermining the likelihood that they would translate what knowledge they did have into life skills – in ways that resonated with their own social

and sexual identities, and that were practically feasible given the realities of their lives.

The few social opportunities that did exist for young people to discuss AIDS and sex tended to be framed by the assumption that ‘young people do not have sex’. The dominant form of AIDS-education – supported by the very powerful *Inkosi* – was to promote abstinence. Such approaches denied the reality that many young men and women were sexually active, making this educational message inappropriate for them, with little value for protecting their sexual health. In addition, in settings dominated by highly judgemental views about HIV/AIDS and about youth sexuality – which deny the realities of young people’s lives – it is unlikely that young people will feel drawn to participate in HIV/AIDS interventions.

Ownership of the issue

For young people to become involved in HIV/AIDS management, it is necessary that they have a sense of ownership of the problem. The fear, denial and stigma surrounding HIV/AIDS are all linked to the lack of people’s willingness to take ownership of the issue (Campbell *et al.* 2005b). In Entabeni, there were high levels of fatalism around HIV/AIDS – many young men and women referred to HIV/AIDS as a ‘death sentence’. In one focus-group with out-of-school youth voluntary counselling and testing (VCT) for HIV/AIDS was discussed, most of the young men and women involved suggested that there was no point in being tested, as there was no cure:

Simanga (M): This is just a way of hastening death because already you know that this disease is incurable. You are going to die anyway. This is how I feel.

Interviewer: Don't you see the danger that a positive person can infect others if she is not aware of his/her status?

Simanga (M): Telling other people about one's status won't change anything. One will die anyway.

Ntombenhle (F): I disagree. Telling other people can encourage them to live positively and use condoms. Even if they have this disease, they will still live longer. (OUT OF SCHOOL YOUNG PEOPLE)

One young person, who was also a home-based carer in the community, reflected on the sheer scale of the HIV/AIDS epidemic in the community:

Busi (F): If a young person has been sent to hospital here, he does not live. They all die. We always talk about death these days. It is frightening. (HOME-BASED CARER)

Such fatalism in people's approaches to HIV/AIDS – while partly driven by the lack of effective treatment and response to HIV/AIDS at the national level – also hindered the likelihood that young people would see HIV/AIDS prevention as an issue where they could exercise effective agency.

Young people frequently spoke of high levels of HIV/AIDS stigma in the community. Being associated with a friend or family member who was known to be living with HIV/AIDS, or admitting to living with HIV/AIDS oneself was likely to be difficult for young people in this community, because of the views people had about HIV/AIDS, linking people living with HIV/AIDS to being immoral:

Zanele (F): But here you can't walk with an HIV positive person.

Interviewer: Where?

Zanele (F): I mean here. You cannot be seen walking with a positive person in this community. They are highly stigmatised. (SCHOOLGIRL)

Nkululeko (M): If I'm sick and go to hospital and then diagnosed HIV-positive, it will be very difficult for me to disclose my status, because the community would see me as bad person.

Interviewer: Why is that so?

Nkululeko (M): They will think that I was sleeping around. (SCHOOLBOY)

Such was the stigma in Entabeni surrounding HIV/AIDS that many people refused to admit that either they, or a person they knew, were living with HIV/AIDS. Our research suggests that key drivers of the lack of ownership of the problem of HIV/AIDS amongst young people in the community were high levels of fatalism, stigma and unwillingness by people to admit they or someone they knew was living with HIV/AIDS. Such lack of ownership undermined the likelihood that young people would be motivated to participate in local responses to HIV/AIDS.

Confidence

Linked closely to a sense of ownership, the fourth dimension of the AIDS Competent Community is a sense of confidence that one can make a meaningful contribution to tackling the issue (Campbell *et al.* 2005b). In high levels of marginalisation and poverty, people may feel unable to respond to issues, choosing instead to wait for external assistance (Sliep and Meyer-Weitz 2003, Barnett and Whiteside 2006).

In Entabeni a range of factors undermined young people's confidence that they could make a difference and therefore limited their willingness to become involved in the

Project. A prominent theme underlying young people's lack of confidence to act, as in our earlier study in a peri-urban community, was that they were typically seen by adults as 'mad, bad and deviant' (Campbell *et al.* 2005a), with little to offer the community. This was also the case in Entabeni. As one older community member put it:

Mr Khumalo (M): Young people want money but they don't want to work. They want money for buying *dagga* [cannabis] and drinking alcohol. Young people are not good at all. (OLDER MAN)

Young people recognised that the negative perceptions of them held by adults meant that they were often not invited to be involved in community activities, even though they felt that they had a lot to offer the community:

Interviewer: What is the biggest problem that causes this gap between parents and youth?

Khehla (M): Parents don't trust us. They think we are useless children. We youth always talk about our parents and older people that are involved in community matters. There are times when we realise that if young people were involved things could have moved faster and better. (OUT OF SCHOOL YOUNG PERSON)

In Entabeni, poverty also meant that many young people were more concerned about finding work than becoming involved in HIV/AIDS management. One female traditional councillor, reflecting on the lack of youth involvement in the community more widely, emphasised that they were pre-occupied with finding employment, rather than becoming involved in the local community:

Ms Ndawo (F): Another reason for youth reluctance to participate is that when young people finish high school, they are desperate to find work. So if you keep asking them to attend things that won't bring any money, they resist that. (*INDUNA*)

This was closely linked to the fact that even in this fairly remote community there was a growing awareness that young people – especially men – were part of a materialistic global world where effort should be rewarded. Voluntary work, the basis of the HIV/AIDS management Project, offered no such rewards.

But the lack of young people's interest in volunteering in community projects was not only linked to the immediate lack of rewards, it also stemmed from their perceptions that the concept of volunteering had been 'abused' in the past by adults. Young men told us how they were often expected to provide free labour for community projects, but whenever there were material rewards available for work, adults 'muscle in' and they were systematically excluded:

Simanga (M): Youth are excluded from opportunities for paid work because we are told we are too young. But when it comes to voluntary work we are always called in. (OUT OF SCHOOL YOUNG PERSON)

Sandile (M): The *Induna* sent us on a road-building course to qualify us for volunteering for road construction. However as soon as he realised the work would be paid, he stopped us from going to get the work, and he and his son took our places. (YOUNG MAN)

For young people in the community therefore, the lack of cash rewards for volunteering, linked to the way volunteering had been abused in the past in the community, meant few had the confidence to engage in further voluntary work. Past

experience had suggested that they would be excluded from work that led to cash rewards at any point.

Despite these factors militating against youth participation in the public life of Entabeni and in the Project, a small number of young people did nevertheless become involved. However, many of them emphasised that their participation in community structures was tokenistic, to give the appearance of the participation of young people, rather than real involvement:

Interviewer: You said there is no communication between adults and youth, but at the same time you say youth are represented in committees.

Nkululeko (M): They include youth in committees, but they don't involve them if they are going to government departments for help. Young people end up doing nothing meaningful because adults aren't empowering them with skills and knowledge. Adults are the ones who end up taking the role of youth when there is real work to be done. It just tokenistic that youth are represented on committees. (SCHOOLBOY)

And when young people did try and speak up, adult responses reinforced their belief that adults did not want them to be involved in the community:

Qinisani (M): They give young people positions on committees, but then adults don't listen to young people's views. If we young people say something adults think it's either illogical or we are undermining them. (YOUNG PERSON)

Young people repeatedly regretted the way in which their minimal and tokenistic involvement in committees and the public life of the community denied them skills development, simply reinforcing their marginal status in the community. Given the

high levels of material and symbolic marginalisation of young people in Entabeni, many of them had little confidence that they could make a difference around HIV/AIDS.

Bridging relationships

In the context of high levels of poverty and the burden of a widespread HIV/AIDS epidemic, grassroots community projects to tackle HIV/AIDS are most likely to be successful when they are supported by external organisations with access to material and symbolic resources to assist projects in achieving their goals (Evans 1996, Gillies 1998, Campbell, 2003). Such organisations may derive from the public and private sectors and/or civil society. Bridging relationships with agencies outside the community were very limited in Entabeni. In terms of health services, while there was a monthly mobile clinic, young preferred the local hospitals in the face of the lack of privacy available at the clinic. However these were 30km away, and transport money was often scarce. They also complained about the low service standards provided by the clinic (Campbell *et al.* 2008). Apart from this, young women and men had very little access to health care within the community.

Other government services for young people were also quite limited. While the Department of Education did have a number of schools in the area, those seeking tertiary education had to leave the community and live elsewhere. But with high levels of unemployment and poverty in the area many did not manage to complete their secondary education, either because they were forced to leave school to look for

work, or because they saw no future for themselves either with or without schooling (Sibanda 2004).

NGO involvement in Entabeni, specifically for youth, was very limited. A number of people told us of how external NGOs would visit Entabeni to put HIV/AIDS posters up around schools. But teachers reported that these posters had little impact:

Mr Mfeka (M): We do have posters that inform learners about HIV/AIDS in our schools. It is a pity that they don't really have any impact as kids just look at them and go away.
(TEACHER)

Overall, bridging relationships to support the involvement of young people in HIV/AIDS management in Entabeni were very constrained. Civil society and government, while they tried to provide some form of support for young people, were generally overstretched and lacked the resources and skills necessary to provide such support (Campbell *et al.* 2008). In such situations, any indigenous organisations for young people in Entabeni had few opportunities for eliciting support from outside groupings, which might have been crucial in bringing about more effective youth participation in HIV/AIDS management.

Discussion/Conclusion

This section has two aims. Firstly we seek to synthesise our views of the way in which social factors undermined our Project's goal of youth participation. Here we will distinguish between structural factors which lie beyond the scope of local social development programmes, and potentially actionable factors which we believe might

usefully and realistically be tackled by future youth participatory projects. Secondly we seek to flag up the usefulness of our five-dimension AIDS competence framework for highlighting the psycho-social preconditions for effective participation, suggesting that this framework may have use beyond the specialist HIV/AIDS arena – helping people to understand factors most likely to facilitate youth participation a wider range of projects.

The Entabeni Project did indeed put in place a number of important structures to promote participation in the Project amongst young people in the community. The Project worked hard to ensure that activities it ran resonated with the lived experiences of young people – through promoting condoms and recognising that young people were sexually active – in opposition to the views of many adults in the community (Campbell *et al.* 2007a). It also provided social spaces in which young people could talk openly about HIV/AIDS and reflect on what they could do to challenge it (Campbell *et al.* submitted a).

Yet as this paper has argued these positive actions by the Project were undermined by wider social factors that constrained young people's participation in the Project. To some extent structural barriers are beyond the scope of small projects such as this (Kumar and Corbridge, 2002). Poverty and unemployment constitute structural barriers of this nature. While the Project attempted to increase access to grants for home-based carers and the wider community, grant uptake was still relatively low. Similarly, the role of AIDS-related stigma in hindering youth participation in the Project was also recognised by the Entabeni Project from early on. The Project went to great lengths to challenge stigma – through providing HIV/AIDS information,

ensuring quality care for people living with HIV/AIDS from home-based carers and increasing access to government hospitals and clinics – however it remained a serious barrier to the participation of young people. As such some structural barriers are very difficult, if not impossible, for small projects such as this to challenge.

However, we believe that some of the barriers which hindered youth participation in the Project could have potentially been overcome. Firstly, the importance of adults in undermining youth participation was a major barrier which future projects might seek to tackle far more explicitly than we did. Other studies have emphasised the importance of adults in facilitating or hindering youth participation (Mchakulu 2007), but have implied that creating structures in which adults support youth participation is relatively simple (Messias *et al.* 2005). Yet, as our case study demonstrated adult perceptions of youth as lazy, and as inferior to adults, hindered youth involvement, as did adult denial of youth sexuality. In contexts where adults are highly marginalised, their power over youth might be one of the few areas where they can demonstrate authority (Campbell, 1992), a situation which probably feeds into their negative stereotypes of youth. Recognising and tackling the inter-linked nature of the marginalisation of adults and the marginalisation of young people is therefore crucial if the empowerment of young people is to be a reality. Those seeking to put participatory programmes in place need to work very hard with adults to ensure they recognise the value of youth inputs and accept youth as legitimate equals in such programmes.

Secondly, the limited support for youth and youth organisations from external agencies was another factor limiting youth participation in HIV/AIDS management.

Again, while the Project worked hard to encourage external agency involvement in the community, especially around supporting youth, overall the reality has been a lack of commitment by external agencies (Nair and Campbell 2008, Campbell *et al.* submitted b). Yet external agency support for youth does not necessarily translate into youth participation and indeed can further hinder it if it is excessively bureaucratic or inappropriate (Matthews 2001). Programme facilitators need to work hard to ensure that external agencies provide the necessary support to encourage youth participation.

The third barrier which could potentially be challenged through small-scale projects is the lack of incentives youth faced to participate. Our research pointed to the way volunteering had previously been commandeered by adults as another way to exploit youth labour. Incentives in previous projects had been appropriated by adults in the past. We would argue that in order to succeed in ensuring youth engagement, projects such as ours need to put meaningful and long-term incentives into place. Cornish (2006) argues that it is vital that participatory projects give marginalised people concrete experiences of exerting their agency – in ways that are recognised either through material incentives or meaningful public recognition. Ideally these incentives would be financial, but given the restricted nature of many project budgets, a broader understanding of incentives is needed. The Entabeni Project did attempt to provide young people with incentives for participation in the form of training courses, certificates for completing such courses and attendance at national and international conferences outside the community – but still were limited in their effects. Project facilitators need to work hard to define what would count as meaningful incentives for youth in their particular contexts, and also to ensure that such incentives are structured, long-lasting and build confidence.

Therefore we suggest that project facilitators looking to encourage the participation of young people in HIV/AIDS management ensure that; (i) they ensure buy-in from adults and recognition of youth as legitimate actors, (ii) they build bridging relationships with external agencies, and (iii) ensure that meaningful and ongoing incentives are in place. We believe that each of these factors is realistically achievable, even in small local projects.

At the conceptual level, we hope that this paper has illustrated the usefulness of our concept of AIDS competence as a heuristic tool for mapping out/understanding the psycho-social preconditions for effective participation, and the way in which aspects of the material, symbolic and institutional environments may facilitate or hinder these.

The generalisability of case-studies, such as ours, is a controversial issue. While some suggest that it is impossible to generalise from one case-study to another, others, including ourselves, argue that it generalisability is possible, based on the judgement of skilled social scientists/activists on a case-by-case basis (Flyvbjerg 2001). We hope that our illustration of the way in which we have used the concept of AIDS competence to investigate the psycho-social processes shaping the possibility of effective participation will be useful to colleagues working in other areas besides HIV/AIDS. We believe that our concept of *AIDS Competence* could be generalised to serve as a useful conceptualisation of *Participatory Competence* – and be of use to anyone keen to understand how best to optimise youth participation in social development projects. Our research suggests that youth are most likely to participate in social development projects when they have the appropriate knowledge, social

spaces for critical thinking, a sense of ownership of the problem in question, a sense of confidence in their ability to contribute to solving it, and appropriate bridging relationships. Much work remains to be done in expanding our understandings of the psycho-social factors that are most likely to enable effective youth participation, and on how to promote the development of these factors from one situation to the next.

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