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“To take the information down to the people”: life skills and HIV/AIDS peer educators in the Durban area, published in *African Studies* 61(1):169-191.

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Abstract

Education in “life skills” has been a central pillar of state and NGO strategy in combating the threat of HIV/AIDS in South Africa. Based on research conducted in Durban in 1999, this paper examines how life skills education – thought of by some as a euphemism for “teaching about safe sex” but by others as an essential way of contextualising sex education in its broader context of empowerment and striving for equitable gender relations – is understood in contrasting ways by senior personnel and the largely unpaid volunteers who form the ranks of peer educators. Outlining the complicated institutional context of funding and educational practice in which this teaching has been taking place, the paper shows how conceptualisations of the role played by life skills peer educators, and their motivation for involvement in such programmes, diverge considerably. Senior personnel see educators as conveyors of accurate biological knowledge about reproduction and disease transmission to their peers and, subscribing to development discourse about “sustainability”, perceive them as driven primarily by an altruistic spirit of voluntarism. What is equally important for some peer educators, however, is the sense of identity provided by involvement in such programmes, and the prospects for future employment, and escape from the beleaguered world of township poverty, which they offer.

The failure to see AIDS in context has been rightly lamented. Although much work has already been done to give us a clearer picture of the complex social correlates of AIDS, there are areas which remain under-researched. A comprehensive assessment of the contextual backdrop to this disease must seek to analyze not only its social determinants but also the effect (or lack of effect) of measures already taken to contain it. Such an assessment must also pay attention to the social and institutional context within which such measures have been implemented.¹⁻

The failure to consider the effectiveness of existing measures as a relevant part of the context of AIDS is evident not only through its absence from the literature. It is also apparent from discussions health and education practitioners working in Durban, the site of this study. Many of them feel that a lack of research into the effects of their programs mean they are destined to work “in the dark”, with little sense of how, and how far, they are succeeding in influencing AIDS-related behaviour. Although compendia of effective AIDS intervention models do exist and are debated in various fora,²⁻ on-the-ground practitioners decry the fact that their hectic schedules and the stringent conditions set by

individual funders impede broader collaboration, thus limiting how far they can learn from each other's and their own experiences. While each separate life-skills peer education program has to give an account of its activities to its own specific funders because of donor requirements, there is little external or independent assessment of the broader, overall impact of these efforts.³⁻

The research for this paper accompanied a large-scale, questionnaire-based statistical survey, conducted in Durban during 1999-2000. The study, entitled "Transition to Adulthood in the context of AIDS in South Africa", was undertaken jointly by Tulane University, The Population Council NY and Natal University Durban, and funded by the Rockefeller Foundation and the US Agency for International Development (see MacIntyre et al 2000).⁴⁻ That section of the survey funded by USAID was intended to assess the effectiveness, in a context of high HIV/AIDS transmission, of young peoples' exposure to education about "life skills" in schools. My own part of the project consisted of a series of interviews with people working, at different levels of seniority, on programs designed to combat AIDS. My interviews, corroborating some findings of the survey-based study, indicated that life skills teaching in the formal classroom setting was all but absent in all-African township schools where the risk of HIV infection was highest, (despite the heartfelt belief of school principals in the desirability of such teaching in situations of high risk). It was not through formal educational initiatives, but rather through a series of peer education programs run by NGOs, local or provincial government, or private companies, or by consortia combining the efforts of all three, that most AIDS activists and officials I spoke to had been instructed in life skills, and were now in turn instructing others.

Using questionnaire survey methods, the larger-scale study was, however, unable to assess an ambience I gleaned from conversations and from a reading of the broader literature. At the time of research there was already a feeling by many that the state's failure to tackle the epidemic had been symptomatic of a "failure of political will".⁵⁻ This failure was manifest, in turn, at the level of local community politics, particularly those involving youth. Whereas the 1980s had seen massive - although not

undifferentiated - youth mobilisation in all areas of the country, and while many youthful activists from that era had now found their way into positions in government, a subsequent generation of young men and women appeared to be largely depoliticized.⁶ There is even a suggestion that the medicalisation of sexuality and sexual health problems had served to buttress youths' individuation and political apathy. The largely youth-driven "civil society" of earlier decades had, then, largely dissipated. Apparent lack of interest on the part of the state was mirrored by political ennui within the ranks of young people. Tangentially, this paper raises the question of how far the opportunities with which such youths were now being provided, as volunteers or part-time employees within various educator schemes, were serving as alternative outlets for energies formerly politically deployed.

To return to the narrower setting of the study: my interviews proved instructive in illuminating the views and motivations of, and problems experienced by, those working within peer educator life skills programs within one specific regional setting. Although the scope of my section of the study did not permit me to evaluate the impact of these programs quantitatively or in any systematic way, it did yield some insights into the effectiveness and appropriateness of these schemes. Because many of the educators interviewed had themselves previously been the targets of peer education, their recollections of the process and opinions about it provided valuable information about its impact.

“To take the education down to the people...”

This phrase, used by a peer education co-ordinator to validate the enlisting of people from existing organisations as life skills educators by contrast with more top-down approaches,⁷ sums up the vision of peer education as a means to attain levels of community integration, context-appropriateness and affordability not achievable in more formal or didactic educational settings (Varga et al 1999). Although there has been little consideration of how it achieves its ends (Turner and Shepherd 1999), peer education is thought to facilitate empowerment through the stimulation of a dialogically- rather than didactically-achieved awareness about conditions of impoverishment and about the

possibilities of changing and improving these. Peer educator programs are intended to facilitate the altering of group identities, which will allow in turn for the challenging of traditional norms, particularly those which underpin patriarchal and violent approaches to sexual practice (Horizons 1999).

The use in South Africa of youths to train their peers in safe practices relating to fertility and reproduction is thus parallel to, and based on, its widespread use in the wider world. It was pioneered in the region by PPASA (Planned Parenthood Association of South Africa), which at the time of research had been running peer educator groups in Gauteng (formerly Transvaal) for at least a decade. Although PPASA was not currently operating any such programs in Durban, several were being run there by other organisations, each working with its own collection of educators in specific neighbourhoods, and occasionally engaging in collaborative projects.⁸⁻

But such schemes, like the disease which they are designed to combat, need to be seen in context. In the impoverished conditions experienced by those South Africans who run the highest risk of contracting HIV/AIDS, there are many factors at work which limit the development of such forms of awareness and of the “safe” or healthy practices which ought, ideally, to accompany these (Campbell and MacPhail 2001). Amongst these, it is gender-based inequalities which have received most attention in the literature: particularly the economic dependence by women upon men which makes sex a source – often the only source – of income (Wood et al 1998). Given such constraints, the pursuit of programs based on peer instruction, as in the case of a project involving sex worker peer educators in a Gauteng squatter settlement (Campbell and Mzaidume 2001), may have to be pursued within settings where the overarching socioeconomic conditions are less than conducive to the transformation of gender relations. In settings like these, social context circumscribes the effectiveness of peer education rather than being altered by it.

In many impoverished communities, existing peer norms, on either side of the gender divide, thus seem as likely to promote as to inhibit the coerciveness associated with first

and subsequent sexual encounters. Early sexual experimentation and the pre-adolescent onset of intercourse, for example, are shown by an Eastern Cape study to be driven more by peer expectations than by sexual interest or desire (Ntlabati et al 2001). Youths of the current generation are expected by their age-mates to force girls into having intercourse, while girls' friends reinforce the expectation that they yield to such attentions uncomplainingly. For a girl, failure to submit to such expectations might lead to the humiliation amongst peers of being seen to have been abandoned by her male partner (Wood et al 1998; Ntlabati et al 2001). Under such conditions, the egalitarian cosiness associated with "peer education" in an ideal context must surely be more frequently experienced as the duress of "peer pressure" in a less-than-ideal one.

Despite an uneasy awareness of this possibility, to which I will return later in the paper, it was the potential for changing awareness and behaviour, on levels beyond - but certainly including - that of sex and reproductive health, which had fuelled the development of a range of such programs in Durban. As a prelude to considering them in more depth, I give some attention to the institutional setting in which they were being run and the failures of earlier initiatives which had such hopes to be pinned on peer education.

AIDS in context: life skills teaching in Durban

By the time of research in mid-1999, the teaching of life skills to African youths had become a major focus of anti-AIDS intervention in the Durban area, as in many other parts of South Africa. The new-found importance of this approach reflected the failure of several earlier initiatives, both regionally and nationally. It also indicated that there was a growing awareness of the importance of seeing AIDS in context. Practitioners' recognition that the disease could not be understood independently of the social conditions in which it takes hold seemed, albeit in a more level-headed fashion, to anticipate President Mbeki's later controversial insistence on poverty rather than infection as the cause of the disease.

One senior office-holder, asserting that the disease would continue to spread “as long as you have poverty, and certain socioeconomic conditions”, criticized the view, which she associated primarily with researchers “from overseas”, that AIDS could be seen as simply a matter of public health.⁹– Activists in the field echoed this perception. For people in circumstances of deprivation, said Mkhonzeni Gumede, difficulties in “choosing health” stem not only from problems with procuring clean water and other crucial resources. Unpredictabilities of crime and violence, as much as those of hygiene, might disrupt the best-laid plans of any person seeking well-being.¹⁰– It was this recognition - that AIDS and the conditions which promote it are embedded in conditions of socio-economic deprivation and associated with factors beyond sexual transmission – that underpinned the new emphasis on life skills. Promoting such skills was intended as a means to educate the whole person and develop self-confidence in a range of areas, rather than concentrating simply on condom use and “safe sex”.

The desire for an integrated approach was also manifest in interviewees’ plaintive awareness of the fragmentation of existing initiatives. Some expressed frustration at the fact that so many separate programs had been established in Durban, each funded by a separate donor and involving a near-total replication of materials, manuals and the like. At the same time, as already mentioned, most acknowledged that there was no time in their already overstretched schedules to allow for networking or attempts at broader co-ordination. Regret was often expressed at the fact that, despite the urgency which it is felt the scale of the epidemic should have prompted, there had been so little effective intersectoral or “integrated” collaboration on these matters.¹¹–

Many Durban anti-AIDS activists speculated about why local initiatives had not managed to achieve the same sort of NGO/state collaboration that appears to have been effected in Uganda. Greater integration might, after all, have been expected given the distinctive way in which state and the non-governmental sector in South Africa have come to overlap. One aspect of this was the post-1994 “personnel drift” involving the frequent and rapid movement of people and expertise between private, non-governmental and public sectors. In Durban, some NGO trainees moved into government once having

completed their internships, while many former NGO employees went into the more lucrative and perhaps better-organized world of private consultancy, where they nonetheless were doing much of their work for the government. Some people were holding office or occupying roles in a variety of arenas simultaneously, and found themselves taking different stances depending on which of these roles they assumed at a given moment. But this personnel drift has not increased the general pool of expertise, nor has it always enhanced the level of integration in the world of AIDS advocacy. In some cases it has left some organisations incapacitated while giving others the edge in the increasingly competitive bids which were having to be made for limited sources of funding.

Personnel drift

Bafana Msezane was working for an educational publishing company in 1997 when, in a coalition together with the National Progressive Primary Health Care Network (NPPHCN) and Kwazulu-Natal's Department of Health, it bid successfully for funding to teach life skills in KwaZulu-Natal (see below). On the strength of experience gained, within two years he had moved to take up a job at the AIDS Foundation, an NGO which has been in existence since 1988. The AIDS foundation later become involved, together with the Kwazulu-Natal Department of Health and the non-governmental Health Systems Trust, in a further collaborative life skills teaching project called *Pusha Siyayidul'ingulazi* (Push Away AIDS), aimed at "youth out of school", which is funded by South African Breweries. In his capacity as an employee of the AIDS foundation, Bafana enjoyed a constructive relationship with the government: the AIDS foundation was receiving some government funding, and administering some programs – like *Pusha* - for government. But in his other capacity, as holder of the position of co-chair of the advocacy body, NACOSA (National Aids Convention of South Africa), he and his fellow-members were inclined to play an advocacy role and put pressure on the government, calling for it to make AIDS a much higher, and more centralized, priority. "We are accused of being too militant", he said, making it clear that these two roles impinged upon each other at times.

The predominance of the "tendering" model through which funding was being made available for projects, then, served further to blur the boundaries between government, NGOs and private enterprise, but has sometimes functioned to deepen the divisions between groups of specific competitors within this heterogenous pool of expertise. After 1994, donors began to give funds to the government rather than directly to NGOs as had previously been the case. This forced NGOs to bid for money, usually in partnership with consultants, private firms, and even local government departments, but often pitted them against rival NGOs. Allegedly this process facilitates a flexible combining of NGO, consultant and private sector expertise, following a "partnership" model suggested by Mbeki in a speech made in October 1998. But some thought that the tendering process

had blunted the advocacy role which NGOs were formerly able to play, and tended to enforce a compliance with government policy. The NGO sector, according to independent AIDS consultant Vicci Tallis, had been undermined “at a time when the government needs to be challenged”.¹²⁻

If sectoral blurring had not, at the time of research, made for much intersectoral collaboration, there had nevertheless been considerable efforts made to promote integration between state, NGOs and the private sector, and also between the various parts of civil society, at various levels. For example, the Kaiser Foundation-funded National Sexual Health Initiative (NASHI), which had recently been launched at the time of my research, was the latest in a long line of attempts to assess, rationalise and build upon existing efforts. Looking at the topic of “life skills” in particular, concerted efforts at rationalisation had been and were continuing to be made by government, in collaboration with NGOs, as part of a broader effort to centralise and standardize – and to attempt to make more effective - this key aspect of education. But the failure of such attempts had, in some cases, led to the further proliferation of new and often increasingly disparate initiatives. A case of unsuccessful co-ordination, whose lack of success led directly to the increased emphasis on informal and peer-based education, was that of life skills teacher-training in Natal.

Life Skills Teacher Training in Natal

In 1997, in response to the worsening AIDS crisis, the Kwazulu-Natal Department of Health, joined later by the province’s Department of Education, used European Union funding to train 1,004 Kwazulu-Natal secondary school teachers to introduce life skills education into their schools. Consortia were assembled in each province to tender for the funding, and contracts awarded. While in several other provinces the contract was given to consortia formed by the non-governmental PPASA (Planned Parenthood Association of South Africa) alongside various consultants, in Natal it was the NPPHCN (National Progressive Primary Health Care Network) which, in partnership with educational publisher MacMillan Boleswa and the Departments of Health and Education, was awarded the contract to do the training in a series of five-day long workshops. The aim was to train two teachers from every school, and to have them, once returned to their schools, follow a “cascade model” of education in which they would train their colleagues in life skills education.

Various problems dogged this initiative. Teachers returning to schools found that their subject, in contrast to its predecessor - the more familiar “guidance” - was not recognized by their peers. Since it was part of the new curriculum, designed to be introduced only in 2000 (and later postponed to 2005), life skills and its associated ideologies of dialogue, self-driven learning and the development of the whole person, were neither recognized nor appreciated by teachers in local schools in 1997. Lack of adequate initial teacher-training, and of ongoing teacher support, have meant that the program’s ambitious use of pupil-oriented

techniques and of facilitative rather than didactic methods has fallen flat. Teachers returning to their schools began using life skills lessons to catch up with maths or other subjects perceived as more important. There was a failure to monitor these teachers after they had returned to school.

At the provincial level the initiative was owned – and allegedly too jealously guarded - by the Dept of Health. This was seen by some as inappropriate, life skills appeared to lie more squarely in the realm of “education”. A related criticism pointed to the failure, at both provincial and national levels, to involve or integrate other sectors, or to stress the importance of the initiative for the wellbeing of the nation as a whole. The impetus rapidly faded, and was followed by a proliferation of alternative initiatives to teach these skills outside the school setting, with a strongly-felt necessity to start afresh, and to generate new manuals and materials rather than using the ones designed for the original project.

Subsequent events have shown that, despite some collaboration, the government has had a sense of being able to manage major AIDS education programmes without the aid of non-profit organisations. An amount of R70 million was allocated to provincial Departments of Education to conduct life skills training in South African primary schools from April 2000 - March 2001. In Kwazulu-Natal, for various bureaucratic reasons, most of the allocation of about R8 million was not spent and, in March 2001 - the last month in the financial year - service providers from the non-governmental sector were brought in, through the tender process, to do some life skills training. Nevertheless, the Education Department continues to see the in-service training of teachers as its responsibility, being reluctant to engage NGOs in anything other than a peripheral role.⁻¹³

The failure to achieve a successful – and integrated - outcome in this area of teacher training demonstrates how skills, too, must be seen “in context”. Even in other provincial contexts, where the training initiatives involved more effective collaboration and were better planned and co-ordinated,¹⁴ life skills teaching could not take root in a school setting where existing ideologies and practices were unlikely to nurture it (Campbell and MacPhail 2001). Indeed, far from being conducive to the propagation of life skills, it became clear from some of my discussions that schools were key sites in which unsafe sexual behaviour and hence AIDS infection are thought to be likely to occur – and that teachers were among the main culprits.¹⁵⁻

An awareness of the demoralized circumstances in many poorly-financed South African schools has led some people working on these issues to set more - rather than less - store by the existence of a well-designed curriculum and materials such as text books. There was some faith, for example, that the lack of a supportive learning environment and adequate teaching staff might be compensated for by thoughtfully-written teaching materials.¹⁶⁻ But a more commonly-held view was that the failure of life skills in a school setting left little option but to concentrate on the world, beyond formal schooling,

in which skills-teaching could be informally pursued in a more cohesive and integrated setting.

In the wake of initial state indifference about AIDS in South Africa, early non-governmental initiatives seemed to promise much of the best that civil society could impart. The diversion of funds to the state after 1994 need not necessarily have interfered with such developments since it could, in theory, have enabled a benign co-existence of local community action with state-directed guidance and managerial capacity. But the provision of funding through tendering, although leading to intense competition at the moment when contracts were awarded, involved little monitoring after initial terms had been met. It was the confusion generated by formalised anti-AIDS education initiatives funded in this manner that gave such a sense of urgency to organisations still remaining – or newly involving themselves - in the field of life skills teaching, and that led their donors to insist on ever-increasing levels of sustainability.

“Take on board the AIDS issue”

Although the pursuit of an anti-AIDS strategy which could transcend the structures and problems associated with the formalized teacher-pupil relationship in a school environment was, in part, the result of frustration with the kinds of experiences documented above, such a strategy had already been initiated in some quarters, in an attempt to find a more integrated way of combatting AIDS. Mbeki’s 1998 speech calling for groups to form partnerships against AIDS rather than continuing to see it as purely “a Department of Health issue”,¹⁷ was more a reflection of existing concerns than a spur to new and hitherto unknown forms of collaboration, since experienced activists already become aware of the need to tackle AIDS in an integrated and holistic manner. Insisting that the disease could be neither owned nor controlled by narrowly-defined “health” or “education” sectors, independent AIDS consultant Vicci Tallis and AIDS foundation co-ordinator Debbie Mathews both pointed to the need for a broader-based approach. Taking the matter beyond such restrictive boundaries, Vicci argued, it was necessary for organisations or departments normally concerned with other matters such as gender, or land, to “take on board the AIDS issue”.¹⁸

If a consciousness of AIDS should become almost a way of life as this implies, the link to life skills – conceived of in the broadest possible terms – becomes clear. One program in the Durban area which had directed itself at “developing the whole person” was the government-funded “Act-Alive” co-ordinated by DramAidE.

DramAidE’s Act-Alive program

After its launch in 1991, DramAidE’s dramas in regional and rural schools in Kwazulu-Natal initially focused on HIV/AIDS and stressed the simplicity of counteracting AIDS, with the usual “ABC” message.¹⁹⁻ But after 1996 it started a new schools initiative – Act-Alive - with a broader emphasis on life skills and sexuality. Its aim, according to Project Manager Mkhonzeni Gumede, was to help people understand their bodies in a broader context, and to handle the accompanying social interactions: for example, to help

a girl who is involved in a power relationship, with a taxi driver or teacher, and wants to get out of it, ...[to] do so without endangering herself. ... So we used a forum theatre style, saying ‘let’s see how you would handle this situation and act out through role play, something like running away from a guy’. We would call up participants from the audience and get them to engage in this role play.²⁰⁻

This initiative was later accompanied, and backed up, by the establishment of youth clubs, aimed at “promoting health”, within specific schools. But its sole funder at the time of research, the government, then ceased to provide money for this work in schools. Instead, outside funding was being provided for them to participate in making a giant “AIDS quilt” and to work with students in tertiary institutions. “If you are an NGO like DramAidE,” said Dudu Luthuli who formerly worked there,

you go with the directive of the funder. If the funder says, ‘you should allocate so much’ and then you are pressed for time, and pressed to meet your funder’s demands, it causes problems. Because you might leave the kids at the stage where they are not courageous enough to stand on their own. Maybe it was the approach we used, I don’t know, but when we left, the club died. In some other schools, the clubs survived. They still exist, even today, even though the project was there four years ago. ...The teachers were well motivated to go on with the work. In some schools, the kids would be interested, but when that lot got to Standard 10 and left the school, then the club died.²¹⁻

Contradictorily, given the enormous emphasis on the need to see AIDS in context, it may have been precisely the wide-ranging character of a program such as this one, and its members’ concern with the everyday – and broader - health problems of their constituents, which caused them to run into funding problems. In the setting of rural schools, where children were sometimes fainting for lack of drinking water, it was often these more apparently pressing and immediate health problems - together with teachers’ priorities like the promotion of neatness, punctuality and respectfulness - which the Health-Promoting Clubs foregrounded. Endorsing the view that the message had become too diffuse to be effective, an activist and NGO officer who had seen some of

DramAidE's productions while still at school mentioned that many of his co-scholars had not been sufficiently alert to "pick issues" from the plays, and suggested that a more explicit message was necessary in life skills teaching.²² The overall promotion of a positive self-image and body awareness might have been in line with an emphasis which kept the whole person in view, but it lacked sufficient focus, perhaps, to appeal to prospective funders.

The Act-Alive program appears from various evaluations to have been successful; it was certainly the sole life skills program to which the peer educators and educator co-ordinators I spoke had been exposed during their school years. And despite funding difficulties, the legacy of such programs continued. Following the tendency for personnel drift mentioned earlier, former DramAidE member Dudu Luthuli was recruited to work in new, more concentrated and comprehensively-funded initiatives: at the time of research, Dudu was co-ordinating the DfID-funded *Abasha Phezulu* (Up with Youth) initiative under the auspices of the Society for Family Health, saying that many of her objectives in this new project were being met "by using the same techniques that we used there".²³ - In a similar perpetuation of its legacy, DramAidE also helped to train the co-ordinators and educators in the YMCA's Better Life Options programme, which was being funded by various overseas donors.

Contrasting - even contradictory - emphases thus co-existed. On the one hand, funders seemed increasingly to be demanding centred initiatives directed towards controlling the transmission of the disease. On the other there was a plea - heeded by some funders - for projects which would tackle AIDS within its broader context rather than reducing it to something "as simple as ABC" (the chant-like refrain from an earlier era of anti-AIDS measures). In the world of life skills education, these contradictory emphases interlocked in complex ways. When educators stressed the need for these broad-ranging skills, this was sometimes interpreted as a coy way of stressing the need for sex education without being explicit about the topic.²⁴ On the other hand, where initiatives were too broadly-based, funders called for more sharply-focused programmes that were more likely to achieve behaviour change in the specific area of penetrative sex. Meanwhile peer

educators themselves, perhaps expressing a need more broadly felt, have pleaded for a wide range of life skills for themselves which would go beyond just “empowering us to use a condom”.²⁵ –

“They will give out wrong information anyway”: peer educators in Durban

Local peer educator initiatives, as well as being based on internationally recognized practices and discourses as mentioned earlier, were also endorsed with enthusiasm by local program co-ordinators viewing them through the prism of local ideology and of their own youthful experiences. They were seen, for example, as a viable alternative to the largely non-existent communication about matters of sex and reproduction between generations within African families, where, it was alleged, there was often minimal trust and interchange, or where discussion of sexual issues was taboo.²⁶ – Similar dysfunctionality of communication was said to exist between clinic nurses and other health professionals – invariably disparaged as “old *gogos* (grandmothers)” - and the teenagers who might rely on them for advice: “if young people are together, they can talk. But if there’s an old person there, you can’t”.²⁷ –

Trust was said, then, to develop far more easily between peers than between people of different generations. Peers were hence seen as ideal communicators about the facts of life. But many peer relationships, especially those between genders as discussed earlier, lack the egalitarian quality which the term seems to imply. A male peer educator who builds up a relationship of trust might, it was thought, take advantage of his position: “it is possible that kids might ‘fall for’ him”.²⁸ – He might act in an authoritarian rather than a collegial and friendly manner to his peers.²⁹ – He might, someone speculated, even use his access to contraceptive services to procure, in exchange, sexual favours for himself. Indeed, there was hilarity at the thought of an educator saying, to one of those being educated, “come, let me show you how to use a condom”. Even in the absence of an abuse of trust as overt as this, the need for confidentiality, which makes some adolescents travel far afield for fertility advice rather than consulting local community members, would be unlikely to be satisfied by discussions with a peer (Varga et al 1999:4:8).

Some of these warnings are borne out by a 1996 survey conducted, in various South African urban settings including Durban's Umlazi, by Richter. Many of the youths she interviewed, who were not peer educators but rather recipients of peer education, claimed they would prefer to get advice, in an anonymous youth centre, from adults – whom they respect – rather than from peers. She found that where peers do have an influence on peer behaviour, it has generally been in the direction of bringing about, rather than avoiding, high-risk behaviour. When I asked DramAidE director Lynn Dalrymple about this, she defended the peer educator model, sounding resigned and yet sanguine:

boys will talk to girls about sex anyway, they will give out wrong information anyway - by mistake or on purpose - and they will use this misinformation to get girls to sleep with them anyway. We can only hope, with our interventions in peer education, that there will be some peer educators, among the many doing this informally anyway, and without any training, who will genuinely help. It is of course inevitable, as well, that there will be a dilution and distortion of the message. People will tell others only part of what we told them, forgetting that before this we said something very important like “what would happen if”.....³⁰ –

Such pragmatism notwithstanding, Richter's survey implies that the “cost-effectiveness” of peer education would be more accurately described by speaking of it as a low-cost, but second-best, alternative (1996).

Juxtaposed starkly like this, it is difficult to weigh the positive attributes of peer education against its potential disadvantages. The difficulty is exacerbated by the fact that, because of the dearth of research mentioned earlier in the paper, there is very little in the way of detailed evaluation of such programmes – and particularly of the means by which, and the effectiveness with which, they change sexual behaviour (but see Campbell and MacPhail 2001; Campbell and Mzaidume 2001). Part of the problem with the peer education model, and with the ideology underlying it, concerns the way in which it merges two sets of qualities. It combines the egalitarian and non-authoritarian character of a relationship between equals with a more hierarchical relationship in which knowledge – in this case about life skills - can be passed on from the informed to the ignorant. If educators were the equals of those whom they educate, and hence merely vessels for transmitting neutral bodies of information as is sometimes implied (Hobart 1993), then the question of these educators' own behaviour change would not be

pertinent. But if the nature of the “peer” connection involves them in relationships – including, potentially, sexual ones, and ones of unequal power – with those whom they teach, then it would be useful, in order truly to assess the effectiveness of these life skills schemes, to find out whether educators as well as those taught are practising safe sex. This, at the time of research, had not been attempted. Indeed, it would be hard to imagine a means by which it could be done.

It seems then that for peers, as for the school teachers mentioned earlier, existing relationships characterised by gender inequality might be as likely to promote – even initiate - coercive sexual connection as they are to encourage safe and healthy sexual behaviour. If, as a peer education director asserted, the benefit of life skills education programs in schools is primarily that it provides information for *teachers*, it seems likely that such an observation would apply equally in the sphere of peer education. It may be to those teaching rather than to those taught that the advantages of life skills education accrue (Senderowitz 1997, cited in Varga et al 1999:4.6).

“How come we have to be the volunteers?”

I have suggested here that the behaviour of peer educators is as significant as their capacity to pass on information. If this is so, perhaps their reasons for joining such programs ought to be considered. Motivation has been much-debated by those who design and run such schemes, since it affects educators’ staying power and hence these programs’ overall success in the numerical terms in which reports to donors must be couched, and also because of the ever-increasing emphasis on sustainability (Gardner and Lewis 1996); Grillo and Stirrat 1997:8-9). The issue of motivation is closely linked, as well, to the cost-effectiveness mentioned earlier, since most peer educator foot-soldiers are volunteers. The fact that these peoples’ effort comes free and gratis has to be continually weighed up against the consequent instability of might be called the “labour force”.³¹

In the case of *Abasha Phezulu*, volunteer motivation was thought to derive from the unemployed youths’ need for diversion and social participation: “some of them are bored

and have nothing to do at home. It's nice to meet with a group of other young people and chat, and do something interesting".³²⁻ A model inspired more by community outreach informed the Scripture Union's life skills programme in Kwa-Mashu, where Nqoba Zindela was trying to recruit church members and others who might have altruistic motives. But in practice he had difficulty mobilizing sufficient numbers of volunteers and in retaining those already mobilized:

because there are such problems of unemployment, and because we are working with disadvantaged people, we find that we get to the end of the month when they have been working with us, and it is very hard to give them no money at all - they have dependants. Some of them drop out. We may think we have a certain number, and then we find that they don't arrive. I have now started to try and raise some funds, so I can pay them at least something.³³⁻

The volunteers in most programs were being provided with a little money for transport and food, but some soon came to see this small payment as a form of wage. This was the perception of the unemployed youths serving as peer educators at the AIDS Foundation, who felt that they deserved higher pay. After an incident in which they held a noisy protest outside the office and accused its occupant of "eating the money", new contracts had to be drawn up making clear the voluntary nature of the work and indicating that monies paid were for expenses incurred.

Such problems experienced with the "volunteer" model led development officers and coordinators to look for alternatives, either by offering various material benefits or by stressing more strongly the need for a pre-existing and independent source of community commitment. This latter was preferred, not only because of its presumed greater effectiveness, but also because of its alignment with ideas about sustainability which most donors favour. For some program directors, there was a strong impulse to connect with people at the grass roots, with a view to "moving the level of ownership downwards". Finding self-motivated educators within local settings was thought to be one way to do this.³⁴⁻

Considering that religion might provide a strong motivating force, the AIDS Foundation, for example, changed its orientation from the youthful unemployed to older church-going

women.³⁵⁻ Still committed to mobilizing young people – in this case unemployed youth out of school - Mdu Khumalo’s preferred approach when selecting “master trainers” for Kwazulu-Natal Youth Council’s *Pusha* project was to tap into existing sources of strength within the community, by signing up leaders from the various youth organizations in the Youth Council’s constituency. Combined with a stringent screening process designed to weed out those with less than total commitment, this approach he felt would successfully tackle the problems involved in using anonymous and unconnected individuals, as many other programmes were doing:

as an individual it’s difficult to take the information down to the people. But if we work with organizations which are respected within their communities, it is easier for them.³⁶⁻

With its assumptions about and reliance on the strength of existing and sustainable community bonds, this resembles much development theory (Chambers 1983, see Gardner and Lewis 1996). Mdu’s presumption was that existing social bonds can be utilized in order to convey a new message, and that the message, however foreign and unwelcome it might at first appear, would be effectively communicated because of the strength of the social bonds. In this sense, his presumption is the opposite of the textbook-publisher’s one, mentioned earlier, in which the inadequacies of education’s social context could be made up for by well-designed educational materials and text books. Where the publisher endorsed the idea that skills could be taught despite the context, Mdu was here stating his belief that only a sustainable context can render such teaching successful.

This quote provides some insight into how the role of peer educator might be experienced by its occupiers rather than by those who select them. By focusing on the ease with which organizationally-embedded actors can reach “the people”, Mdu’s remark indicates the importance of seeing things from the point of view *of educators themselves*. It points us towards an understanding that, while some officers and policy-makers might view these educators as mere ciphers who serve as low-cost intermediaries in a process of knowledge transfer, volunteers have a different view of the situation. Although Mdu, here, was highlighting the desirability of recruiting educators embedded in a community

context who would experience “ease” in communicating ideas back to this context, my conversations with some such educators indicated that they saw themselves as embedded as much within the NGOs with which they were working as within the communities from which they came. They viewed their role as providing a source of membership in something beyond the dead-end world of youth unemployment, a first step on the road to career advancement, a promise of improved prospects and hence of acquiring distance from, rather than being embedded more deeply in, an undifferentiated “community”.

Illustrating these themes very clearly were my discussions with people at varying levels of seniority in the YMCA’s Better Life Options peer educator programme, aimed at providing life skills and improving reproductive health in the context of various Durban townships. The project manager, Thami, had “grown up” in the YMCA, having attended its scholar support scheme SEI (Supplementary Education Initiative) from 1990 to 1993 in Umgababa, where he was raised, and having moved through successively higher levels of the program until he achieved a managerial position.³⁷ The local co-ordinators who reported to him had, in similar fashion, moved through the first level of recruitment, as peer educators, before occupying their roles as peer educator co-ordinators. Having moved one step up the ladder, each was now overseeing and monitoring around 10 such educators who ran weekly classes held in local schools. Some combined the co-ordinator role with part-time study in the tertiary sector. Since all were part-time employees rather than volunteers proper, their motivation might have been partly linked to material factors, but these appear to have been less important than questions of identity and self-worth.

Conversations with local co-ordinators provided some insight into their early exposure to life skills teaching, into how they, in their turn, had been recruited, and into how they saw their role in the YMCA. Lindiwe, like Thami, had worked her way upwards in the organization. After six years enrolled in the scholar support scheme, which was centred on general educational assistance, she moved up through the ranks to become one of its co-ordinators. It was in this capacity that she spent time in the YMCA office and observed the beginnings of the Better Life Options peer educator program, eventually

taking the initiative to start a branch in her home township, Lamontville, where she then ran it.

Her successively deepening involvement in both these programs had clearly shaped her sense of self-worth. She portrayed her growth from youthful shyness to accomplished and confident adulthood in terms which stressed the YMCA's role:

Those people who used to know me, know that my parents are very strict, I was never allowed to go out anywhere. Now people see me going out on Friday and Sunday - they see that the YMCA has made something out of nothing. In the old days, if I was seen talking to a boy, I would be punished. Now I am exposed to these things all the time, my parents have realized I am grown up. I am 20 years old. I must take my own decisions.³⁸⁻

Lindiwe's account of her upbringing made it clear that her role in the YMCA had enabled her to transcend her own sense of restriction and nervousness as an ignorant adolescent. It had provided the clarification about the world and about the "facts of life" which had been unavailable within the narrow setting of her family, and had correspondingly rendered her something of a social success where she had previously been inhibited and withdrawn. Through her involvement in the program she had been drawn into a world of civility in which gender relationships could transcend the crudeness and implied dependency they normally connoted in the harsh world of township life. While from the perspective of the Better Life Options program her success was seen in terms of her capacity to educate and empower others, from her own perspective the program's success was that it had educated and empowered her.

Illustrating a less gradual trajectory of involvement is the case of KwaMakutha co-ordinator, Felicia. Having sat at home unemployed and "doing nothing" since her last year of school, she was visited by one of her former teachers who was on a recruiting drive for the program, and agreed to join. Being enlisted, it was clear from Felicia's enthusiasm and intensity, had given her a considerable sense of purpose.

To understand Felicia's perception of her role, one must recognize how crucial it was for she and her fellow co-ordinators to be seen as distinct from some homogenous, and

promiscuous, youthful horde. Having been inspired by the advice of a schoolteacher who informed the class that she had remained a virgin until the age of 23, Felicia regarded herself, and was seen in the school, as a “good girl”. With a sense of herself as virtuous, as not being “at risk” of either pregnancy or AIDS, she was affronted and angered when a DramAidE performance was mounted at the school to warn pupils of these interlinked outcomes, since it appeared to categorise all township youth, including herself, as lax in morals.³⁹ Echoing this objection to the homogenizing tendencies inherent in much attempted life skills teaching, AIDS campaigner Vicci Tallis expressed a similar view. In an attempt to explain why AIDS education campaigns, successful elsewhere, had failed to take root in South Africa, she said

The problem is that we are targetting the general population, not specific groups. It’s “youth in South Africa” – it’s a one-message-fits-all approach. We need to look more at specific target groupings. Since we cannot reach everybody, we need to look at messages for specific groups. We need to latch onto what makes a particular segment of society special.⁴⁰

It is not my intention here to perform the evaluation for which so many NGOs have been longing, by endorsing the approach of the specific organization which recruited these particular co-ordinators. I am not, in any case, in a position to do so, since I have no way of monitoring the effects these young practitioners have had upon their peer educators, nor that of these educators upon those to whom they convey their information. But what can be gleaned from the case of Lindiwe and Felicia is some insight into the puzzling question of motivation. The answer seems to lie, at least in part, in how life skills programmes educate their educators; in how those designed to aid in development are being developed. These educators were at least as fired up by the sense of purpose, identity and membership they derived from their work - an enthusiasm probably linked to their status as part-time employees - as by the idea that they were helping to spread accurate information about safe health choices to their local communities.

The case also demonstrates something about AIDS, and the teaching of AIDS-related skills, in a broader and more holistic context. The foot soldiers of peer education may, like Thami and Lindiwe, have been drawn into organizations through impulses and

incentives which have little to do with AIDS, fertility, spreading messages about safe sex, or even about healthy living in a more general sense, but which rather concern youthful ambition, the furthering of education, and the desire to “live a better life”.

That this is true more generally, and in other African contexts where peer educators are used, was clear from a speech given by a young Zambian peer educator at the 5th Annual Reproductive Health Priorities Conference, held in Kwazulu Natal at around the same time. Claiming to speak on behalf of youth more generally, he expressed annoyance at being viewed as a means of conveying information about AIDS, and a desire to view his position in the field of reproductive health as a step towards a good career:

AIDS tomorrow, AIDS everyday on TV, AIDS. Young people don't like boring stuff. And if you use those abbreviations – ABC, KBAP⁻⁴¹⁻ I find those boring things, they don't mean anything.

We need a social infrastructure. ... By that I mean communication skills and decision-making skills - things that we want. Leadership training, vocational training, civic rights and responsibility ... we want mental health and hygiene. This is what makes up life skills. What we need are life skills. Not empowering us to use a condom.

But again, youth are only at that level of ... peer educators and peer counselors. They are used, they are normally looked at as volunteers. How come we have to be the volunteers? I think you should have planned some kind of incentive. There's a developmental stage from being a programme officer to a director: you move to a higher level.⁴²

This impassioned plea for the accelerated advancement of untutored youth through the professional and management levels in NGOs probably begs as many questions as it answers. Vacant directorships in such organizations are, after all, not as easily come by as volunteer places. In this sense, one cannot see Holo's speech as necessarily pointing the way forward for policy-makers or practitioners. It does, though, encapsulate some of the paper's themes. Holo speaks as one who has been recruited as a teacher, but who sees himself as a learner. The narrowly-focused platitudes and doctrines of the anti-AIDS lobby are anathema to him, although he works in this world and owes his identity – if not his living – to the discourses which this lobby endorses. The life skills with which he would prefer to concern himself are not those he will be asked to teach, but those he would like, himself, to learn. While certain kinds of transformations could lead

communities out of the plight of deprivation and AIDS infection, the transformation he desires may be one which could lead him to a higher social status, or even out of such communities altogether, by offering a “better life”.

Plans to utilize existing community resources in a sustainable way are, then, in danger of misunderstanding local purposes, as a recent study on the fostering of “traditional medical practitioners” in Nepal masterfully demonstrates (Pigg 1997). While health development officers were nurturing local communities in an attempt to endorse what they assumed to be this pre-existing, community-based role, the so-called “practitioners” were making use of development initiatives to further their formal medical skills, and to distance themselves from the traditional sector altogether. Instead of harnessing community practitioners’ energies, developers were drawing the people themselves into their orbit. What started from developers’ point of view as “extending a hand downwards” into the local community became, from the point of view of those developed, a means to hoist themselves up and out of poverty, and away from the local setting altogether.

Neither health schemes in Nepal nor peer educator programs in Durban are the first development initiatives to have unintended aspects (Ferguson 1990). So much the better, one might think, if the consequences *are* those which the planners hoped for, even if the *causes* were less than fully planned. Given that the settings of peer education - and hence its outcomes - are so severely circumscribed by South African social contexts, one might ask whether it is really so important to plan from the basis of a precise understanding of educators’ motivation. Even if the real beneficiaries of such programs are the teachers rather than those taught, those on the lowest rungs of a pyramid-structured non-governmental organisation will eventually climb to higher ones and hence derive these benefits in turn. If the sense of fulfilment provided by educators’ activities is enough to minimise volunteer turnover, then surely, one might argue, the convergence between their intentions and those of their superiors is sufficient to ensure the effective continuation of such programs.

A full discussion of such questions would require a more detailed knowledge of local community settings than I was able to gain in the time available. Some broader speculations are nonetheless possible in the light of what is known, more generally, about South African society and politics in the post-1994 era: these will be made below in the course of my concluding remarks.

Conclusion

This paper has illustrated how a new insistence on the need to use existing community competence was spawned, against the backdrop of failed state attempts to harness the energies of the non-governmental sector within the sphere of formal schooling. According to the model of sustainability underpinning this new insistence, information on safer and healthier practices, rather than being taken “down to the people”, would be locally produced and distributed. Such a model presumes educators drawn from the ranks of the community will be the agents most appropriately deployed to develop and inculcate the life skills necessary to a holistically-pursued battle against AIDS infection.

It was the insistence that AIDS be seen “in context” which underpinned the demand for sustainable life skills teaching. But a shrewder sense of the constraints placed upon such initiatives by a social context more broadly conceptualised might, ironically, have led planners to place rather less faith upon the effectiveness of such forms of teaching. Besides the more obvious point, mentioned earlier, that poverty and gender inequality breed “peer pressure” rather than “peer education”, there are other aspects of the AIDS context which those designing such schemes have failed to acknowledge. These schemes, like other development initiatives, tend to presume – and to entrench - a depoliticized social reality (Ferguson 1990; Robertson 1984). A more precise and politically specific analysis of the national and local settings of the epidemic (and of anti-AIDS education schemes) would reveal how the pursuit of individualized career paths, such as those envisioned by peer educators in this paper, are linked to rising levels of unemployment and poverty in South African townships; political apathy among local youths; and a corresponding lack of “political will” in tackling AIDS at the level of the national state. In a resource-poor setting where the holding of any kind of office

represents a resource to be harnessed (and in a setting of political apathy where group strategies have been largely abandoned) it is hardly surprising that advancement should be pursued through individualized means rather than in ways which would lead to the upliftment of entire communities.

The promise of (semi) employment in non-governmental programs, and of further promotion within these, is compelling. And despite the mismatch between the motivations of educators at the bottom of the NGO hierarchy and the purposes pursued by program directors, there remains some chance that the kinds of senior positions achieved by the activists-turned-project officers and program managers mentioned earlier in the paper might eventually be achievable by the rank-and-file educators or coordinators discussed towards the end. Seen in the best possible light, the trajectory seen by educators as a means to transcend community identity might thus represent, not a betrayal of their appropriate role within such a community, but a means jointly to fulfil both individual aspirations to self-improvement and group aspirations for social welfare and public health. But seen less optimistically, such an individuation of community response merely intensifies the political vacuum in which South Africa's AIDS epidemic appears to be playing itself out.

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Endnotes

¹ Much of the population studies/fertility literature on southern Africa fails to take sufficient account of various kinds of AIDS intervention and the socio-political environment and institutional context in which they occur. See for example the papers presented at the 1999 workshop on Fertility in Southern Africa, held by the Journal of Southern African Studies, Centre for African Studies, University of London, and Wellcome Trust, published in the *Journal of Southern African Studies* 27(2), June 2001.

² See, for example, the compendium of strategies for combating AIDS issued by the Centre for Disease Control (<http://www.cdc.gov/hiv/pubs/hivcompendium/organize.htm>).

³ Some expressed their hopes to me that the new NASHI (National Adolescent Sexual Health Initiative, now better-known through its brand name Lovelife) would enable a broader evaluation exercise to take place, but at the time of research the evaluation part of this project aimed more at a general assessment of existing initiatives than at a detailed look at the techniques used, and the assumptions informing these, in specific cases (Varga et al 1999).

⁴ For my section of the study I also received grants from the LSE Staff Research Fund and the University of London Central Research Fund, which I gratefully acknowledge. Thanks too to Carol Kaufman for linking me to the project and for many useful discussions; those at Policy and Praxis who made me feel welcome; those I spoke to and interviewed in Durban for letting me interrupt their crowded schedules; David and Jenepher James and Norman and Lynette Pearson for invaluable help; Patrick Pearson and Catherine Campbell for useful comments and advice; those at the AIDS in Context Conference who read and commented on the paper, and participants in the Southern Africa seminar at AFRAS, University of Sussex, especially Saul Dubow, Richard Wilson and Deborah Simpson, for their ideas.

⁵ Mkhonzeni Gumede, DramAidE, 11th August, 1999. Research was conducted some time between two scandals: that concerning the misuse of state funds on the infamous musical Sarafina and that concerning the President Mbeki's ill-famed attempt to deny the HIV/AIDS link.

⁶ For earlier youth mobilisation see (Bonnin 2000, Delius 1996, Glaser 1998, Niehaus 2000); for later depoliticization see (Glaser 1998:322-3; Niehaus 2000:402-6).

⁷ Mdu Khumalo, Kwazulu-Natal Youth Council, Tuesday 17th August, 1999.

⁸ These, at the time of research, were receiving unprecedented attention because of the recent launching of the National Adolescent Sexual Health Initiative NASHI (now re-branded "Lovelife"), with its intention of providing an overview of existing programs and its broad-ranging proposals to base the establishment of numerous youth centres on a peer educator model (Varga et al 1999).

⁹ Debbie Mathews, AIDS foundation, 18th August 1999.

¹⁰ Mkhonzeni Gumede, DramAidE, 11th August, 1999.

¹¹ Bafana Msezane, 6th August, 1999; Suzanne Leclerc-Madlala, 12th August 1999; Tallis (1998); Collins (1999). These points were made about the situation in the Durban area particularly: in other areas of South Africa, such as Gauteng, there appears to have been greater success in pursuing an integrated approach (Carol Kaufmann, personal communication).

¹² Vicci Tallis, 18th August, 1999; Ntsiki Magwaza of NPPHCN, telephone discussion, 17th August, 1999. Some losers of bids had been left out in the cold as a result of the tendering process. This occurred in the case of the National Progressive Primary Health Care Network (NPPHCN), which had played a crucial role in establishing national AIDS programs in the days before government had taken any heed of the problem. Its funding and role were progressively eroded when, in 1989, the apartheid government made a move to set up national AIDS Training and Information Centres (ATICs) and when, after 1994, the new government took over all AIDS policy and programming and absorbed most donor funding.

¹³ Vanessa Watson, telephone discussion, 9th August 1999; Mdu Khumalo, Tuesday 17th August, 1999; Ntsiki Magwaza, telephone discussion, 17th August, 1999; Debbie Mathews, 18th August 1999; Molly Kemp, Kwazulu-Natal Education Dept. Psychological Services, 18th August, 1999; Vicci Tallis, 18th August, 1999; Lynn Dalrymple, personal communication.

¹⁴ Vanessa Watson, personal communication.

¹⁵ Dennis Bailey, PPASA, telephone discussion, 4th August, 1999, see also Niehaus (2000).

¹⁶ Belinda Mason, independent textbook publisher, 7th August, 1999; see also Taylor and Vinjevold (1999).

¹⁷ Dudu Luthuli, SFH, 13th August, 1999.

¹⁸ Vicci Tallis, 18th August, 1999.

- ¹⁹ The message, widely-used, was “it’s as simple as ABC – Abstain, Be faithful, Condomise”.
- ²⁰ Mkhonzeni Gumede, 11th August, 1999.
- ²¹ Dudu Luthuli, 13th August, 1999; for similar problems in another South African setting, see Terreblanche and Seedat (1999:27-8)
- ²² Mdu Khumalo 17th August, 1999.
- ²³ Dudu Luthuli, 13th August, 1999.
- ²⁴ Jonathan Stadler, personal communication.
- ²⁵ Holo, founder and project manager of an adolescent reproductive health-focused youth group in Zambia, speaking at Pathfinder Encounter Session “Exploring issues in the research and provision of adolescent reproductive health services”, 5th Reproductive Health Priorities Conference, Drakensberg, 17-20 August 1999; for similar pleas to broaden the life skills message, see Terreblanche and Seedat (1999:26).
- ²⁶ Dudu Luthuli, 13th August, 1999; Nqoba Wilbard Zindela, Scripture Union, 16th August, 1999; Lisa Renkin, YMCA, Amanzimtoti, 10th August, 1999: see also Delius and Glaser, this volume, Ntlati et al (2001).
- ²⁷ Mdu Khumalo, 17th August, 1999.
- ²⁸ Felicia, YMCA, Amanzimtoti, 13th August, 1999.
- ²⁹ Christine Varga, Reproductive Health Research Unit (RHRU), 20th August 1999.
- ³⁰ Lynn Dalrymple, DramAideE, 13th August, 1999.
- ³¹ For a discussion of the problems of voluntarism amongst “buddies” undertaking care of AIDS sufferers, see Stadler (2001); also see Lewis (1999) for a more general discussion of voluntarism in cross-cultural contexts.
- ³² Dudu Luthuli, 13th August, 1999.
- ³³ Nqoba Zindela, 16th August, 1999.
- ³⁴ Lisa Renkin, 10th August, 1999.
- ³⁵ Debbie Mathews, 18th August 1999.
- ³⁶ Mdu Khumalo, 17th August, 1999.
- ³⁷ Thami, YMCA, Amanzimtoti, 13th August, 1999.
- ³⁸ Lindiwe, YMCA, Amanzimtoti, 10th August, 1999.
- ³⁹ Felicia, 13th August, 1999.
- ⁴⁰ Vicci Tallis, 18th August, 1999. There have been some attempts to differentiate between youths and to target specific groups – for example, male football fans. See *Agenda* 39 (1998).
- ⁴¹ KBAP is a frequently-used abbreviation for four indices of change in sexual health - “Knowledge, Behaviour Attitudes and Practice”.
- ⁴² Holo, founder and project manager of an adolescent reproductive health-focused youth group in Zambia, speaking at Pathfinder Encounter Session “Exploring issues in the research and provision of adolescent reproductive health services”, 5th Reproductive Health Priorities Conference, Drakensberg Gardens, 17-20 August 1999.

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⁶ For earlier youth mobilisation see (Bonnin 2000, Delius 1996, Glaser 1998, Niehaus 2000); for later depoliticization see (Glaser 1998:322-3; Niehaus 2000:402-6).

⁷ Mdu Khumalo, Kwazulu-Natal Youth Council, Tuesday 17th August, 1999.

⁸ These, at the time of research, were receiving unprecedented attention because of the recent launching of the National Adolescent Sexual Health Initiative NASHI (now re-branded "Lovelife"), with its intention of providing an overview of existing programs and its broad-ranging proposals to base the establishment of numerous youth centres on a peer educator model (Varga et al 1999).

⁹ Debbie Mathews, AIDS foundation, 18th August 1999.

¹⁰ Mkhonzeni Gumede, DramAidE, 11th August, 1999.

¹¹ Bafana Msezane, 6th August, 1999; Suzanne Leclerc-Madlala, 12th August 1999; Tallis (1998); Collins (1999). These points were made about the situation in the Durban area particularly: in other areas of South Africa, such as Gauteng, there appears to have been greater success in pursuing an integrated approach (Carol Kaufmann, personal communication).

¹² Vicci Tallis, 18th August, 1999; Ntsiki Magwaza of NPPHCN, telephone discussion, 17th August, 1999. Some losers of bids had been left out in the cold as a result of the tendering process. This occurred in the case of the National Progressive Primary Health Care Network (NNPHCN), which had played a crucial role in establishing national AIDS programs in the days before government had taken any heed of the problem. Its funding and role were progressively eroded when, in 1989, the apartheid government made a move to set up national AIDS Training and Information Centres (ATICs) and when, after 1994, the new government took over all AIDS policy and programming and absorbed most donor funding.

¹³ Vanessa Watson, telephone discussion, 9th August 1999; Mdu Khumalo, Tuesday 17th August, 1999; Ntsiki Magwaza, telephone discussion, 17th August, 1999; Debbie Mathews, 18th August 1999; Molly Kemp, Kwazulu-Natal Education Dept. Psychological Services, 18th August, 1999; Vicci Tallis, 18th August, 1999; Lynn Dalrymple, personal communication.

¹⁴ Vanessa Watson, personal communication.

¹⁵ Dennis Bailey, PPASA, telephone discussion, 4th August, 1999, see also Niehaus (2000).

¹⁶ Belinda Mason, independent textbook publisher, 7th August, 1999; see also Taylor and Vinjevold (1999).

¹⁷ Dudu Luthuli, SFH, 13th August, 1999.

¹⁸ Vicci Tallis, 18th August, 1999.

¹⁹ The message, widely-used, was "it's as simple as ABC – Abstain, Be faithful, Condomise".

²⁰ Mkhonzeni Gumede, 11th August, 1999.

²¹ Dudu Luthuli, 13th August, 1999; for similar problems in another South African setting, see Terreblanche and Seedat (1999:27-8)

²² Mdu Khumalo 17th August, 1999.

²³ Dudu Luthuli, 13th August, 1999.

²⁴ Jonathan Stadler, personal communication.

²⁵ Holo, founder and project manager of an adolescent reproductive health-focused youth group in Zambia, speaking at Pathfinder Encounter Session "Exploring issues in the research and provision of adolescent reproductive health services", 5th Reproductive Health Priorities Conference, Drakensberg Gardens, 17-20 August 1999; for similar pleas to broaden the life skills message, see Terreblanche and Seedat (1999:26).

²⁶ Dudu Luthuli, 13th August, 1999; Nqoba Wilbard Zindela, Scripture Union, 16th August, 1999; Lisa Renkin, YMCA, Amanzimtoti, 10th August, 1999: see also Delius and Glaser, this volume, Ntlabati et al (2001).

²⁷ Mdu Khumalo, 17th August, 1999.

²⁸ Felicia, YMCA, Amanzimtoti, 13th August, 1999.

²⁹ Christine Varga, Reproductive Health Research Unit (RHRU), 20th August 1999.

³⁰ Lynn Dalrymple, DramAideE, 13th August, 1999.

³¹ For a discussion of the problems of voluntarism amongst “buddies” undertaking care of AIDS sufferers, see Stadler (2001); also see Lewis (1999) for a more general discussion of voluntarism in cross-cultural contexts.

³² Dudu Luthuli, 13th August, 1999.

³³ Nqoba Zindela, 16th August, 1999.

³⁴ Lisa Renkin, 10th August, 1999.

³⁵ Debbie Mathews, 18th August 1999.

³⁶ Mdu Khumalo, 17th August, 1999.

³⁷ Thami, YMCA, Amanzimtoti, 13th August, 1999.

³⁸ Lindiwe, YMCA, Amanzimtoti, 10th August, 1999.

³⁹ Felicia, 13th August, 1999.

⁴⁰ Vicci Tallis, 18th August, 1999. There have been some attempts to differentiate between youths and to target specific groups – for example, male football fans. See *Agenda* 39 (1998).

⁴¹ KBAP is a frequently-used abbreviation for four indices of change in sexual health - “Knowledge, Behaviour, Attitudes and Practice”.