

Changing the Picture

Youth, Gender and HIV/AIDS

BY CLAUDIA MITCHELL AND ANN SMITH

Les auteures assurent que pour faire avancer l'Afrique du Sud dans la prévention du VIH/sida, il faut mettre les jeunes filles et les femmes au centre de l'action, non seulement à cause de leur vulnérabilité mais parce qu'elles représentent la clé de l'épidémie. Il nous faut reconnaître le lien entre leur statut inférieur et leur impuissance dans leurs relations de couple et celui entre l'agressivité masculine et la hausse des cas du VIH/sida chez les femmes et les jeunes filles

The award-winning documentary, *Unwanted Images* which contains drawings of gender-based violence as seen through the eyes of school children in South Africa often shocks adult viewers (both in South Africa and elsewhere) and evokes many questions, including one of amazement—"Did children really draw these pictures?" (Mak). The viewers are not so much contesting the authenticity of authorship as expressing incredulity that it is within the imaginative experience of children to produce such images. Even the drawings, themselves, seem to be raising this question, as we see in Figure 1.1 where the image is a child covering her eyes. The drawings, however, merely reinforce the alarming statistics revealed in the recent Human Rights Watch Report, "Scared at School." This report, which drew on extensive interviews with teachers, school officials, and an analysis of newspaper and others news reports, revealed that girls and young women in South African schools are prime targets for sexual violence in the context of date rape, male teachers as predators, gang rape, and so on.¹ These images, in drawing

attention to the prominence of sex-based violence in the lives of ordinary school children in South Africa point to the moral imperative of addressing the inescapable connection between such violence and the high incidence of HIV and AIDS amongst girls and women. Given



Figure 1

that these are the images that many children are seeing, experiencing, and drawing, we need to explore what can be done to make use of this knowledge that they are growing up with—as part of new AIDS awareness campaigns.

For the visual ethnographer, images such as those used in the documentary give a face to the statistical data on the high incidence of gender-based violence and the high incidence of HIV and AIDS amongst young women. They help us to "picture AIDS," and indeed, while the drawings depict women and children of all ages being abused, here we focus in particular on young women. Recent statistics, for example, in the province of Gauteng, reveal that 29.2 per cent of young pregnant women are HIV positive² and that the young

women between the ages of 15 and 19 are the fastest growing age group for new infections (Policy Forum on HIV/AIDS). While there are still, to date, few studies that make a direct link between coercive sex and pregnancy (and coercive sex and HIV infections), Johannesburg-based journalist Charlene Smith's book, *Proud of Me: Speaking Out Against Sexual Violence and HIV*, which chronicles her own recent nightmare of trying to get antiretroviral drugs after being raped in her home, provides a rich analysis of the difficulty of "opening the eyes" of police, doctors, and other medical officials to the realities of the lives of girls and women.

More commonly, policy documents on youth and AIDS, for example, will often report that adolescents are obviously engaging in sexual activity as evidenced by high rates of teenage pregnancy, abortions, and STDs, but no mention is made of the fact that girls do not necessarily engage in sexual activity voluntarily, or of the links between the low status of women and their powerlessness within sexual relationships, or of the link between HIV and aggressive masculinity—as we see in the anecdote noted below:

Last week one guy was telling his friends that he was going to rape all the girls who denied him before when he was clean. Now he was going to give them this AIDS and show them something. (Deane and Maphumalo 11)

It is as though girls get themselves pregnant and infected with HIV/AIDS all on their own!

Prevention Campaigns in South Africa

We are not arguing in this paper that a connection between sex and AIDS needs to be established in the common repertoire of knowledge amongst South African youth; the connection between sex and AIDS in a purely biological sense seems to have been grasped. Clearly such information forms a significant component of the national Life Skills curriculum. What we are concerned with however, is the apparent failure to establish a connection between gender-based violence and the high incidence of AIDS—not only in terms of actual violence being perpetrated but also in terms of police and social support, or to take this factor into consideration in the kinds of campaigns that target youth in relation to HIV/AIDS prevention.

A Gender Analysis of HIV/AIDS Prevention Campaigns

In insisting that in South Africa the picture of HIV/AIDS infection be appropriately gendered if it is to change, we focus on one aspect of prevention programming, Communication and Awareness campaigns. Internationally, Communication and Awareness campaigns are considered as basic to establishing effective prevention strategies, something that we see in the various Entertainment Education programs within Health Promotion, involving, for example, the use of soap operas, music videos, promotional t-shirts, billboards, and so on to “sell” health (McKee). In South Africa campaigns and programs such as Love Life, Soul City, and DramAide all draw on Entertainment Education approaches and techniques to target youth and HIV/

Recent statistics reveal that 29.2 per cent of young pregnant women are HIV positive and that young women between the ages of 15 and 19 are the fastest growing age group for new infections.

AIDS prevention. In such campaigns, there is attention both to the medium (the soap opera, the music video, and so on), and of course the message itself. While it is not possible within this short space to offer an analysis all the of the major youth-targeted HIV/AIDS prevention campaigns in South Africa, nor do we wish to suggest that there are no HIV/AIDS prevention campaigns and learning materials that make reference to sexual violence (see for example *Soul City Life Skills* materials for Grade 9), we look briefly at one set of messages for the purpose of highlighting what we mean by the need for a gender analysis.

Consider, for example, the very popular ABC (Abstain, Be Faithful, Condomize) campaign which has been used in a number of African countries and which is easily one of the most popular campaigns to be found in one form or another in schools and clinics in South Africa: as a poster we have seen this in a

number of classrooms, as a suggested discussion topic it appears in the Grade 9 Life Skills program put out by Soul City and so on. Notwithstanding the fact that there are still many schools and community organizations in South Africa that cannot bring themselves to go beyond the “A for Abstinence” part, drawing on arguments of “innocence” and “the sanctity of childhood” to suggest that the only acceptable behaviour is abstinence, the ABC campaign fails in its ungendered naive simplicity to take into account the powerlessness of many girls and young women who face unwanted sexual advances.

The Abstinence “A” first of all suggests that young women necessarily have a choice about whether to abstain or not. While we know of no reliable data that would give a definitive reading on the absolute amount of consensual sex involving adolescent girls, what we do see is that the high rate of gender-based violence in schools, the incidence of gang rapes, the reports of male teachers who force girls to have sex, the issues of poverty and transactional sex in exchange for needs and wants that we describe elsewhere (Mitchell, Smith and Larkin) all point to the fact that girls, by and large, have no negotiating power when it comes to sex. At the same time, advertising campaigns within mainstream western youth culture (and these, such as Diesel advertisements, for example, are very much in evidence in urban environments in South Africa), tend to make very little, if any, room for the possibility of abstinence in the context of what counts as normal adolescence. A typical ad that targets young peo-

ple and that is meant to sell a product like jeans, for example, is meant to sell popularity, being in, and being sexy. As Deane and Maphumalo found in a recent study of adolescents, a number of girls have observed that they often take these messages as ones of compulsory sexual activity and this may not be what they would choose at all. We would simply add that the Abstinence message when read in the context of the plethora of these mainstream youth culture messages may well contribute a further layer of confusion to young girls in their sexual decision-making processes. Furthermore, being seen to be virginal might well increase their chances of being raped by youths who are determined “to show them something.”

Likewise, the Be Faithful “B” of the campaign suggests that girls have some say in controlling how many partners both they and their sexual partners, in turn, might have. As recent interviews with a group of young men working in a peer education HIV/AIDS prevention program suggests, it is far more likely that it is young men, rather than girls, who have as many as four or five sexual partners. Again, while there is little reliable data to suggest how many partners anyone—young men or young women have—we would conjecture that young women are likely to have less say about the implications of the faithfulness, or lack of it, of their partners, and are hardly in a position to “negotiate” this. At the same time, while we do acknowledge that the underlying intent of the Be Faithful part of the ABC campaign recognizes that the risk factor of infection is reduced when the number of partners is reduced, the “Be Faithful” statement could be very dangerous to young women who are caught up in violent relationships. Do we really want to suggest that young men and young women stay with the first sexual partner they have? How do we take account of a conflicting message that suggests to young people that this is a time when they

should be experimenting, getting to know themselves and who they are? And while we recognize that these are new times when it comes to issues of sexual freedom, and the other norms that women were rebelling against in the ’50s and ’60s, we should not lose sight of the overall gains for women and their self-esteem when

If they insist their male partners use a condom they run the risk of having this interpreted as “you don’t trust me.” If they carry condoms themselves, they may be treated as sluts

they do have freedom to choose (Ryan).

Finally, the “C” for Condomize brings with it a variety of issues that almost always place girls in a position of weakness. For example, if they insist that their male partners use a condom they run the risk of having this interpreted as “you don’t trust me.” They also run the risk of being beaten up. If they carry condoms themselves, they may be treated as sluts—“good girls don’t carry condoms.” As Holland, Ramazanoglu, Sharp, and Thompson observe:

Emphasis is needed not only on how relationships are negotiated, but also on problematizing the conventions and meanings of men’s power and women’s submission. Insistence on informed consent to sexual activity, and we would add, insistence on condom use particularly when the young woman herself carries the condom, challenges sexual be-

liefs and expectations by putting at risk women’s sexual reputations and men’s achievement of masculinity. (468)

Interestingly, there are still very few references made to the potential practicality of the female condom which would give young women some freedom, nor, as we have discovered little, demand, to date, to make female condoms widely accessible. While advocacy work regarding the “selling” and distribution of the female condom is currently taking place in South Africa with respect to sex workers, its relevance to campaigns involving schoolgirls has yet to be exploited. While other female-controlled barrier methods such as microbicides are currently being researched, the female condom is a barrier method that already exists and which, at least potentially could give young women greater personal control in sexual relationships. This needs to be exploited in awareness and prevention educational campaigns.

As we note elsewhere (Mitchell, Smith and Larkin), we need to seek alternative ABCs, alternatives that take account of the position of adolescent girls in South Africa, and the potential of campaigns to raise new awareness. In a school-based module directed towards South African educators, *Opening Our Eyes: Addressing Gender Based Violence in South African Schools—A Module for Educators*, (Mlamleli, Napo, Mabelane, Free, Goodman, Larkin, Mitchell, Mkhize, Robinson, and Smith), produced as part the Canada South Africa Education Management Programme (CSAEMP), an education initiative supported by the Canadian International Development Agency (CIDA), one of the activities in a workshop on Gender and AIDS is to take the popular version of the ABCs noted above and ask workshop participants to come up with other possibilities for what A, B, and C might represent. The example given in the workshop materials gives an ABC that is made up of the

following as an alternative reading on understanding HIV/AIDS prevention in the context of gender: “A” is for Aggressive Masculinity, “B” is for Biological Vulnerability, and “C” is for Coercive Sex.³ To see aggression, coercion, and female vulnerability as part of HIV/AIDS prevention strategies is to make use of such an alternative interpretation of this particular ABC in ways that spell hope for young people.

When a related “gendering of AIDS” activity was given to a group of young people in a preservice teacher education module on Media in the English Curriculum at the University of the Witwatersrand (Mitchell) these beginning teachers similarly came up with ideas that suggested that gender sensitization can work, and that it is possible to “sell” counter-images that do not presuppose that there is equality between young men and women in sexual relationships. Using the messages from the UNAIDS “Men Can Make a Difference” campaign, for example, one of the ideas that the workshop participants came up with was a poster depicting a gun with a condom over the end of it, along with the slogan “Protect the ones you love.” This group saw the connections between violence, aggressive masculinity, and possible preventative strategies based on the recognition of the power that men have over women in sexual situations. Another group developed a poster that shows a man who has had his wallet stolen. An insert shows the inside of the wallet, which contains amidst the bank cards, the edge of a condom package. The slogan reads “If you are going to be robbed, make sure the thieves steal something useful.” Again, men’s power is being recognized and harnessed.

While, arguably, it is challenging to come up with images that can “cut through” the complexity of representing masculinity in ways that might lead to behaviour change, such ads, in their use of violence-oriented images, speak to the ways marketing and health promotion can work to-

gether in relation to a particular target audience—in this case young men. What is needed, we offer, are campaigns that are complementary to the ideas found in the UNAIDS work on “Men Can Make A Difference” in that they need to target the interests (and vulnerability) of young women. For example, the female

**The female condom
could potentially
give young
women greater
personal control in
sexual relationships.
This needs to
be exploited in
prevention
educational
campaigns.**

condom could be an obvious part of “woman-focused” AIDS campaign. At present the female condom is often not even within the imagination or experience of most young women, even though it is clear in presentations of health workers in South Africa that the female condom is something that is already on the agenda, at least in relation to sex-workers.⁴ Another women-focused campaign, as Smith so eloquently argues, would be to make sure that rape victims are aware that they could (and should) have access to an immediate treatment of antiretroviral drugs. Neither the female condom nor antiretroviral drugs feature in popular AIDS prevention strategies at present.

The Way Forward

The discourse of those working to affect social change in South Africa necessarily includes “a way forward”; it is not enough to simply identify the issue or problem. In the case of

the picture of AIDS in South Africa, we have argued that there is a need for health workers, educators, and those working in media through Entertainment Education programs to ensure that images of AIDS prevention take account, in practical ways, of the particular vulnerability of girls and young women in relation to AIDS infections. They need, also, to take account of the relative powerlessness of young girls and women. While we see references to their vulnerability in policy documents, we need to point out that an acknowledgement of this vulnerability must surely give rise to Communication and Awareness campaigns that highlight gender and which therefore explicitly see girls and young women as part of a high risk group. We are interested in the fact that so many school-related policy documents, in making a distinction between learners who are *affected* by AIDS (orphans, child-headed households, poverty) and those who are *infected* with AIDS (generally those who are beyond school-age) may not be addressing fully the vulnerability of young women who are still in school. The most recent statistics on the “gendered face” of rates of infection show that the median peak age for infections for young women is at least five year earlier than it is for men. If these infection rates are accurate, then, it is young women who are in school *now* who are at a very high risk of infection. And if, as is likely, many of them have unwanted pregnancies, they are also at high risk for affecting (and infecting) their babies. In short, when it comes to HIV/AIDS prevention campaigns, working to heighten the awareness of everyone about gender and violence and its link to AIDS is crucial.

We have focused in particular on the significance of HIV/AIDS prevention communication strategies for two reasons. The first one relates to what we are beginning to see as a natural “fall-out” of a media-saturated world, a type of AIDS fatigue. By this we mean that many young peo-

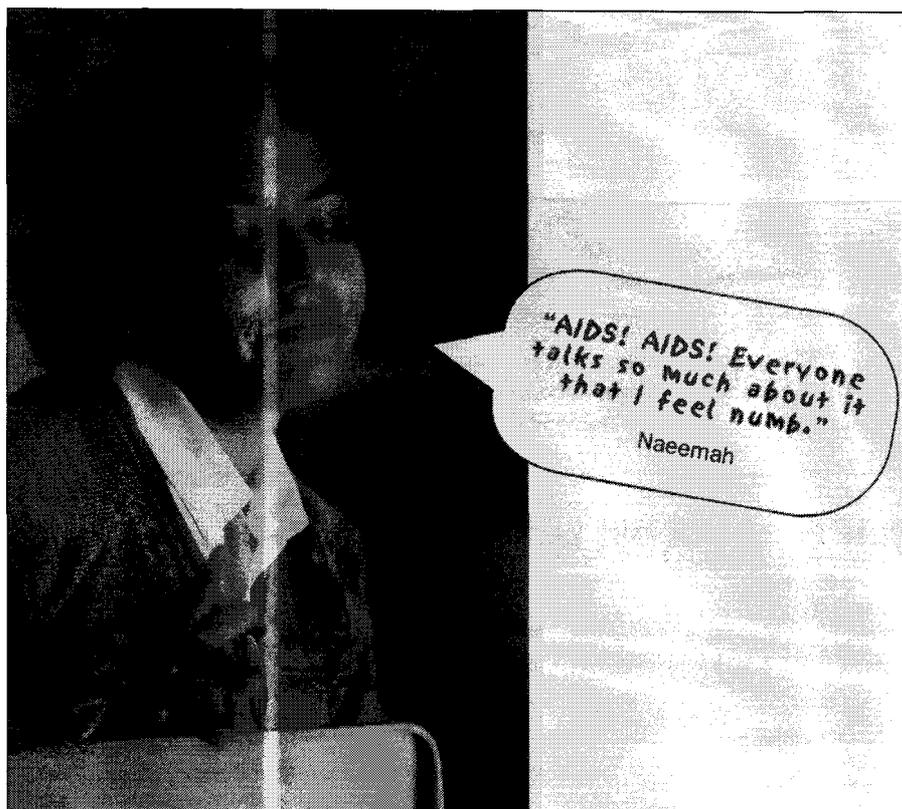


Figure 2

ple in South Africa, as we have discovered in our fieldwork in several secondary schools (Mitchell and Smith), and informally amongst young adults in the community are “sick of AIDS.” They are tired of hearing about AIDS. This is an *internalized* AIDS fatigue on the part of those most affected (at least potentially) by the epidemic, a factor, indeed, that the *Soul City* materials (Life Skills, Grade 9) actually build into their programming as we see in Figure 2.

At the same time, many young people either take the attitude that they are going to “get it anyway,” or that the campaigns have nothing to do with them: AIDS is about “blacks” or “gays” or “township youth,” or just “somebody else.” Both of these “dead end” attitudes may be a function of information overload, something that might be described as an “AIDS fatigue barrier.” In other words, any new information must first “penetrate” an area that is already full, and where the recipients already think that they know everything.

Our second reason for drawing

attention to communication strategies is in relation to an obvious concern for the type of messages that are being conveyed. We are concerned that at the same time that young people are expressing this “sick of AIDS” or “AIDS fatigue syndrome” within a “beyond awareness” framework, there has been a paucity of information in ad campaigns that draws attention, either implicitly or explicitly to the links between gender-based violence and the high incidence of HIV/AIDS infections amongst young women, and, we posit, without a focus on the significance of gender in HIV/AIDS prevention in South Africa, it is difficult to imagine how an awareness campaign can be effective. And yet, in highlighting the need for a gender analysis within AIDS prevention campaigns, we recognize that another type of fatigue—gender fatigue—may also be operating, and that added to the AIDS fatigue barrier is yet another barrier to be “penetrated.” Many people, at least within such sectors as health and education may be “sick of gen-

der” or what has often come to be called the “gender thing.”⁵ This is happening at the very time when it is crucial to have those working on gender and those working on HIV/AIDS operating in concert. The way forward in terms of HIV/AIDS prevention in South Africa is one that, of necessity, must ensure that girls and women are at the centre, not just in relation to their vulnerability but more importantly in relation to their key position in the epidemic. Only then can the picture of AIDS change.

We gratefully acknowledge the support of CIDA to the Canada South Africa Education Management Programme (CSAEMP), and the support of the Social Sciences and Humanities Research Council of Canada. We also thank Farah Malik for her assistance in producing this manuscript. Finally, we would like to acknowledge Kim Smith, Jane Short and Hylton Smith for their contributions to the ideas in this paper.

Claudia Mitchell teaches in the Faculty of Education, McGill University. She conducts research in youth, AIDS and gender, South African young adult literature, visual studies and teacher identity, and girls' popular culture.

Ann Smith is a lecturer in the Department of English in the School of Literature and Language Studies at the University of the Witwatersrand, South Africa. Her chief teaching and research focus is on Literary theory—in particular Feminism, Gender Studies, and Queer Theory—and the relation of Literary Theory to Pedagogy and Social Activism in the classroom.

¹See also “Conspiracy of Silence? Stamping out Abuse in African Schools.” *Insights Development Research*. August 21, 2001. www.id21.org.

²See latest statistics on HIV infections outlined in *Impending Catastrophe Revisited: An Update on the HIV/AIDS Epidemic in South Africa*. Parklands, South Africa: Love Life. June 2001.

³When a version of this “gendering of ABCs” activity was tested out with

a group a young people in Mpumalanga, they too were able to come up with new versions of ABC, which, revealed at least the beginnings of alternative readings that place gender on the agenda. (e.g., "African men Be Careful").

"We are grateful to Abigail Dreyer of the University of the Western Cape for providing references on the organization Sex Worker Education and Advocacy Task Force (SWEAT). "The gender thing" is an expression often heard within the civil service in South Africa as a criticism of the gender machinery in place. While the South African constitution guarantees gender equality, and there are various mechanisms in place to ensure this—the Gender Commission, the Office of the Status of Women and so on, with positions such as gender officers, gender commissioners, gender focal persons and the like in place, the actual operational features are often far from ideal. For example, within the various provincial departments of education, for example, few gender officers have actually been officially appointed. Rather, they do their "gender work" on top of their regular departmental duties, and the overall management structures may take little account of managing gender as a feature within the organization.

References

Deane, N. and N. Maphumalo. "It Will Not Happen to Us." *Mail and Guardian* 1-7 September, 2000: 10-11.

Holland, J., C. Ramazanoglu, S. Sharp, and R. Thompson. "Feminist Methodology and Young People's Sexuality." *Culture, Society and Sexuality: A Reader*. Eds. R. Parker and P. Aggleton. London: UCL Press, 1999

Human Rights Watch. "Scared at School: Sexual Violence Against Girls in South African Schools." Human Rights Watch, U.S.A. March, 2001. www.hrw.org/reports/2001/safrica

Mak, M. *Unwanted Images: Gender-Based Violence in the New South Africa. A Documentary Video*. C. Mitchell. Canada South Africa Education Management Program, 2001.

McKee, N. *Social Mobilization and Social Marketing in Developing Communities: Lessons for Communicators*. Penang: Southbound, 1993.

Mitchell, C. "HIV/AIDS in Health, Education and Participation: An Action Space for Youth Leaders in SADC Region." Prepared for the First Regional Youth Conference in the SADC region. Maputo, Mozambique. June 13-15, 2000.

Mitchell, C., A. Smith, and J. Larkin. *HIV/AIDS and Gender-Based Violence: Who Has The Power? A Challenge for School Management in South African Schools*. Montreal: Canada South Africa Education Management Programme, 2001. Online <http://www.cel.mcgill.ca/csaemp/>

Mitchell, C. and A. Smith. "Sick of AIDS: Towards Reconceptualizing the Meanings And Significance to Life of Literacy For South African Youth." Paper presented to CIRCL International Conference on "National and Cultural Identity in

Children's Literature and Media." University of Reading, April 5-8, 2001.

Mlamleli, Olly, Vernet Naop, Pontsho Mabelane, Valerie Free, Micheal Goodman, June Larkin, Claudia Mitchell, Hlengiwe Mkhize, Kerry Robinson and Ann Smith. *Opening Our Eyes: Addressing Gender Based Violence in South African Schools—A Module For Educators*. Pretoria: Gender Directorate, 2001.

"Policy Forum on HIV/AIDS." Gauteng Department of Education, October 12, 2001.

Ryan, A. "Feminism and Sexual Freedom in An Age of AIDS." *Sexualities* 4 (1) (Feb. 2001): 91-107.

Smith, C. *Proud of Me: Speaking Out Against Sexual Violence and HIV*. Sandton, S.A.: Penguin, 2001.

Soul City. *Soul City Life Skills, Grade 9 Workbook*. Johannesburg: Soul City, the Institute for Health and Development Communication, 2001.

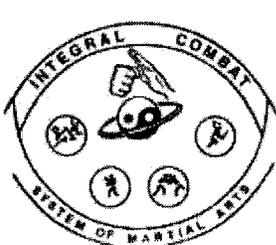
UNAIDS. "Men Can Make a Difference." *Care and Prevention*. UNAIDS March 2000. Available Online <http://www.unaids.org/publications/documents/index.html>

"Your MIND is your sharpest WEAPON!"

Learn to **defend yourself anywhere** - on the street, in a crowd, on an elevator, in a dark place, against knives, clubs, grabs and strikes!

ICS Academy of Martial Arts





*Scientific street-proven self defense that works **right now!***

416.233.1894 4229 Dundas St West
www.integralcombat.com Toronto Ontario

Free trial class with this advertisement!