

**“An assessment of students’ perceptions of the ABC
prevention strategy: Toward students’ participation in
HIV/AIDS message design at the University of KwaZulu-
Natal.”**

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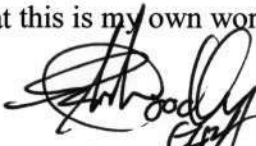
And finally, to Jesus Christ for renewed blessings and added strength to complete the tasks set before me each day.

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Abstract

In South Africa there are general studies that aim to understand HIV prevalence and specific surveys for target groups. However there is a gap in research that relates particularly to university students active participation in HIV/AIDS prevention messaging. This study explores the use of the Communication for Social Change (CFSC) theory with students at the University of KwaZulu-Natal, Durban. The study takes the form of a survey, using researcher administered questions with 400 students at the Westville and Howard College campus to understand their perceptions of the 'Abstinence, Be faithful and Condomise' prevention strategy. Two focus groups were conducted at both campuses to further analyse the survey findings, with a particular reference to the use of dialogue to actively engage students in discussions about HIV/AIDS prevention messages. The study traces the origin of CFSC through a review of the development communication theories (which include modernization theory, dependency theory, development support communication and another development). The survey revealed that students were not supportive of programmes with a top-down flow of communication. Students at both campuses welcomed the role that dialogue could play to encourage student participation in the design of a new HIV/AIDS prevention message. Some of the findings from the survey showed that 91% of students at both campuses motivated in favour of students as active participants in HIV/AIDS communication processes. The findings from the focus group also revealed that students did not find the ABC message effective, and strongly promoted a revision of this message which should include 'accountability' and 'responsibility' as part of the HIV/AIDS prevention strategy.

I acknowledge that this is my own work and duly referenced.



Eliza Moodley
9 April 2007

Preface

While undertaking this research I worked at HIVAN, The Centre for HIV/AIDS Networking as a Culture and Arts Consultant. My work includes the research, development and facilitation of participatory and developmental workshops for trainers, HIV positive children and young people. These workshops train and empower community representatives in participatory techniques such as role playing, art making, drama, storytelling, puppetry and music to educate and entertain their community on issues concerning HIV and AIDS. I have designed various educational programmes for infected children which create awareness of HIV/AIDS, build resilience and promote life skills development. The first book in this series called "Hi Virus," addresses in participatory way issues of diagnosis, disclosure, treatment literacy and adherence. I have extensive experience in writing funding proposals for workshops and publication of children's educational books and toolkits for caregivers.

Central to all my work in community development and empowerment is the use of the Communication for Social Change approach. In all instances, participants are always extensively consulted before the design and development of any workshop. The community plays a pivotal role in working with the HIVAN team to design educational programmes and the publication of all resource material. The approaches used have always empowered the community through education and entertainment but a vital component through this process was actively engaging community representative in all phases on development and implementation. This study aims to further explore the role of Communication for Social Change in communities but in particular how this can be implemented with tertiary students at the University of KwaZulu-Natal where I have studied, taught and worked.

Chapter One: Introduction

HIV/AIDS is one of the biggest challenges facing South African young people today. By 2005 approximately 5.54 million South Africans were estimated to be living with HIV, 18.8% of the adult population (15-49 years) and an estimated 12% of the general population are affected (HIV and AIDS Strategic Plan for 2007-2011: 7). Over 60% of HIV infections in South Africa occur before the age of 25. Hence South African youth are among the highest risk groups for HIV infection in the world (Leclerc-Madlala 2002: 21). The South African National Behaviour and Communication Survey in 2005 shows that HIV prevalence rates for youth in the age groups 20-24 were 23.9 % for females and 6% for males. Almost all young people, especially young women, are indirectly affected by HIV/AIDS with 15-16% of young people between the ages of 15-19 being infected with HIV. This locates South Africa as one of the most heavily affected countries in the world (UNAIDS 2006). The findings of this survey indicate that HIV prevalence is still increasing despite current preventative and educational programmes and interventions. New and innovative approaches need to communicate HIV/AIDS prevention messages to this age group to reduce infection rates.

Extensive resources and information are available on basic HIV/AIDS information, but there still remains a gap in research conducted with young people, particularly students at tertiary institutions. Campaigns and programmes are mainly directed at orphans and vulnerable children (OVC), women, disadvantaged communities and those infected and affected by HIV/AIDS. A dire need for effective programmes and campaigns exists for young people; however these campaigns must ensure that the message is applicable to its target group. Higher Education (HE) is a critical pillar for human development playing a fundamental role in developing leaders who will shape the country's future economy, communities and government (HESA 2006). This study is aimed at exploring students' perceptions of the Abstain, Be Faithful and Condomise (ABC) strategy with a view of understanding students' responses to the pandemic. In acquiring knowledge about students' perceptions of this strategy, focus will be directed at how the use of dialogue with students' can stimulate discussions and collective action based on their sexual practices.

This study will explore how students can share their ideas and perceptions about HIV/AIDS prevention strategies, and through active participation and dialogue, negotiate ways in which the HIV/AIDS messages can reach students more effectively. When students are actively involved in the development, design, implementation and monitoring of a project, the studies that underpin this thesis suggest that they will take ownership of the intervention, eliciting better adoption to messages among the receivers and makers (cf. Parker 1994). For example,

Research and ongoing evaluation undertaken by loveLife, Project Phakama, the South African Human Rights Commission and the Media Monitoring Project indicate that radio, TV, newspapers and magazines exert some degree of influence on social norms and on public perceptions on specific issues. However, the same findings suggest that communication strategies that focus on participation, the use of popular culture and examination, of the underlying causes for socio-economic inequality, unequal power, gender and race relations provide more opportunities for community and youth empowerment (Stadler and Hlongwa, 2002:374).

Communication for Social Change (CFSC) theory is one of the participatory theories, and will be used in this study to assess how students can actively engage in the horizontal flow of information, where there is an exchange of information through dialogue, towards collective action. Health promotion programmes are more effective when planners consider multiple levels of influence on health problems (NCI: 2005). CFSC will be used to explore the involvement of students in HIV/AIDS prevention messages and even campaigns within their campuses.

Background to Study

South African responses to HIV/AIDS among youth

The 2005 Human Science Research Council (HSRC) survey reveals that youth are one of the largest groups affected by the epidemic, but there is a largely marginalized group, the tertiary or college population of young adults who have not been recipients of systematic special programmes and interventions designed to address their sexual practices. Various campaigns are based on the transferal of knowledge and information to young people, to

make informed choices, but new knowledge does not always lead to behaviour change. The LoveLife 2003 poster campaign was found to be ineffective, as it used branding as instrument to change behaviour without taking account of significant variances in culture, religion, belief systems and socio-economic contexts in South Africa (Jordaan, 2006:111). While students may be knowledgeable about HIV/AIDS, this does not make them less vulnerable than other populations. Students need to experience a holistic approach with regard to educational interventions dealing with HIV/AIDS. This includes information about HIV/AIDS prevention but more importantly, their involvement and contribution to the prevention strategies. The combined efforts of many AIDS communication campaigns in South Africa showed positive impacts on HIV prevention behaviours, increased positive attitudes towards people living with HIV and AIDS, and increased community involvement in response to the epidemic, according to a new nationwide survey in the hard-hit country.¹

The South African Universities response to HIV/AIDS

The findings of the largest representative survey of youth released in early 2006 by the Reproductive Health Research Unit at the University of Witwatersrand illustrate the need for more youth prevention projects. The study found that one in every 10 young South Africans aged 15 to 24 is HIV-positive and that 77 percent are women. The study concludes that young people are immersed in a culture that does not accept women's sexual rights (IRIN). "What has been acutely recognized in the South African epidemic is that sex is closely interconnected with systems of power. Vulnerability to HIV infection is strongly linked to disempowerment" (Parker: 2006). Messages have been designed to promote abstinence, be faithful and condomise, however contextual factors need to be considered in HIV messaging. This thesis examines audience involvement through dialogue as one of the ways in which young people can actively contribute to increase the effectiveness of HIV/AIDS messages.

The South African Universities Vice Chancellors Association (SAUVCA) met in 2000 to discuss institutional responses to HIV/AIDS in the university sector. Their findings at the

¹ New South African Survey Demonstrates Positive Impact of Multiple Communication Campaigns Promoting HIV Prevention Behaviors: <http://www.hcpartnership.org/Press/press2006-11-06.php> (accessed on 20 September 2007)

time reflected an inadequate response by universities towards the epidemic and the need to take a stronger institutional form (SAUVCA; 2000). Dhianaraj Chetty estimated HIV infection in 2000 as 22% for university undergraduates, 11% for postgraduate university students and 25% for technikon undergraduates (Chetty, 2000: 9). The Association established that HIV/AIDS was not only a health but also development issue therefore affecting the social, economic and psychological wellbeing of the institution and its students. HIV/AIDS also affected human resource development as: The life-blood of universities is the crop of students they enroll every year. These 18-30 year olds are the most capable and promising members of societies. They represent the future corps of the highly skilled base of any economy. They are also the age group at the highest risk of contracting the HIV-virus (SAUVCA: 2000). The committee acknowledged that universities are instrumental in teaching, learning and generating new knowledge and should therefore be key players in shaping the attitudes and practices of future decision makers.

Some of the shortfalls found in mid-2000 regarding the institutional response to HIV/AIDS were that commonly these initiatives were driven by individuals or small groups with ad hoc activities and no institutional framework. There was also a lack of policy and programmes with further lack of capacity, resources and leadership. Seven years later, the current status of the institutional response to HIV/AIDS reflects that some institutions have made significant development, building partnerships and strategies to become vehicles of communication and change for students on various campuses.

South Africa's only survey of HIV prevalence among college students, conducted at the University of KwaZulu-Natal, Westville Campus (formerly University of Durban-Westville) by ABT Associates in 2000 revealed infection rates of 26 percent in women and 12 percent in men aged 20-24. Those findings are consistent with the latest numbers from UNAIDS, which reported that a quarter of South African women in their 20s carry the virus that causes AIDS. The majority of South Africans are under the age of 25 and this group accounts for over 60% of the new infections (Uys et al, 2001; Stremlau and Nkosi, 2001). A survey conducted at Rhodes University in 2001 showed that students had a considerable level of HIV/AIDS awareness. They were knowledgeable of ways to

minimize their own risk, and evidence of the ABC message had been internalized (Uys et al, 2001).

Cairns (2006) suggests the failure of HIV/AIDS programmes at the University of the Witwatersrand (Johannesburg) lies with the configurations of power within the university and the funding rationale that militates against institutions of higher education assuming the high cost of HIV/AIDS programmes. This implied that higher education relied on external funding to generate HIV/AIDS programmes. While institutions of higher education may well recognise the moral imperative of responding to HIV/AIDS for the benefit of society, current funding models do not support this. Four suggestions are put forward by Cairns et al (2006) to address this unfortunate political economy configuration; they involve changing funding formulas, securing direct funding from the private sector as the primary recipient of the human capital created, soliciting international donor funding, and direct ring-fenced funding offered by government.

The Vice-Chancellor's Association recognized that even though students are the ideal target to message responsibility, their actions and behaviour indicate high risk behaviour (SAUVCA: 2000:25). Institutional, social and cultural factors contribute to some of the risks inherent in sex, and alcohol and recreational drug use. Cohen (1999), for example, therefore concludes that intended messages on the need for young people to 'act responsibly' fall all-to-often on deaf ears because of countervailing social and cultural factors as well as institutional arrangements in which the messages is being propagated. As a result South African universities are now faced with the dilemma of not only implementing effective HIV/AIDS interventions but the challenge of designing programmes that make HIV/AIDS a part of their daily lives.

Cohen (1999) makes special reference to the complex factors that make up "institutional cultures" in education which can precipitate the spread of HIV/AIDS unless we deal with the change in the lives of students. He elaborates:

Defining the problem as one of making sex education part of the school and college curriculum misses the point entirely. Rather the issue is how to ensure that young persons are provided with the opportunity to act responsibly "tout court"

(in entirety), and not just in their sexual lives. It also means giving meaning to their lives – and not just in an educational context.

Research questions this study addresses

This study assesses students' understandings of the 'Abstain, Be faithful and Condomise' (ABC) prevention strategy as it is currently presented by media campaigns and the University of KwaZulu-Natal's HIV/AIDS programme (refer to chapter two, page 9-10). How do these understandings influence students' interpretation of HIV/AIDS messages? The study further explores ways in which students at UKZN could be involved in the development of prevention strategies for HIV/AIDS transmission, by assessing the effectiveness of active dialogue and collective action. Whilst this study is focused on the assessment of the ABC strategy with students, it will also draw on the findings of the project survey conducted by the team of researchers. Data from the questionnaire will seek to establish the kind of information that students already have concerning HIV/AIDS, including myths and misconceptions about the disease, and their attitude towards their vulnerability to HIV infection and the severity of the disease.

The key questions this study poses concerns students' perceptions towards the ABC prevention strategy. Does ABC reflect and/or influence their choices of sexual practices? How do university students interpret the notion of abstinence? Do students believe in being faithful as an HIV prevention strategy and the effectiveness of condoms to prevent HIV infection? Is student participation necessary in HIV/AIDS messages and programmes? This question focuses more on what are the students' perspectives concerning effective HIV prevention strategies, and do the students feel it necessary for them to be involved in HIV/AIDS prevention?

Structure of Dissertation

Chapter One outlines HIV prevalence with young people in South Africa nationally with a particular reference to its impact on students in South African universities. This section provides an overview of what this study explores, outlining broad and key questions to be addressed. It also provides an outline of the chapters for this dissertation.

Chapter Two is a review of the origin of the ABC message followed by a discussion about the controversy of the HIV/AIDS prevention message. It assesses programmes that encourage student involvement and alter reviews some of the health communication theories used in the design of HIV/AIDS messages.

Chapter Three reviews some of the underlying theories and approaches used for HIV/AIDS messages over the last 20 years. A review of other development theories would form the basis of this study before the CFSC theory is explored. The main variable of this theory will be examined for the purpose of this study.

Chapter Four focuses on the research methodology used for this survey. It will provide the motivation for the use of focus groups and questionnaires as data collection instruments, and also explores the types of analysis this survey will undertake.

Chapter Five reviews and analyses the findings of the survey, with an emphasis on how the findings address the overall research questions for this study, and contribute to the findings of the focus groups.

Chapter Six analyses the data transcribed from focus groups conducted at Howard College and Westville using the steps of CFSC for the data analysis.

Chapter Seven is the conclusion, it summarizes the project, identifies challenges, strengths and weaknesses of the project, identifies new and further research areas that may have surfaced through the research process.

Chapter Two: Literature Review

Communication for Social Change (CFSC) is a new and developing theory that has been used in some of the communication and development interventions in the last decade (Figuroa et al, 2002). This chapter reflects on some of the cases where CFSC was used; however the number of studies using this theory over the last decade is very limited.

This literature review commences with a discussion of the origin of the Abstain, Be Faithful and Condomise (ABC) message and some of the controversy around this prevention strategy. A review of some of the literature and case studies will show how these perceptions influence students' choices and adherence to the ABC message. In other words, from studies and research conducted, *is the ABC approach working* with young people? The chapter concludes with a brief review of some of the theories used in HIV/AIDS communication, with a view to understanding the relevance of Communication for Social Change for this study.

The origin of the ABC Message

Uganda was one of the first countries in Africa to identify the virus after it was recognized in the United States of America (Uganda AIDS Commission).² Uganda's approach to HIV/AIDS infections has been the most cited country in successful prevention. The country's success in reducing HIV/AIDS infections is attributed to its approach of promoting 'abstinence,' monogamy or 'be faithful' (used to reduce the number of sexual partners), and 'condom use' especially for those who were unmarried and could not abstain (Singh et al 2003; 6). These three behavior change elements promoted in Uganda is what forms the A (Abstain), B (Be Faithful) and/or C (use a condom) message today. Green (2004) observes:

The genius of Uganda's ABC program is that it focuses on what individuals themselves can do to change (or maintain) behaviour, and thereby avoid or reduce risk of infection. And it provides three types of behavioural options in a clear, unambiguous and yes, simple manner. The ABC message has gone out to the public

² <http://www.aidsuganda.org> (accessed on 1 November 2007)

via every imaginable channel, and has been appropriately tailored to different groups based on age, gender and risk categories (2004:05).

Estimates by the US Census Bureau and Joint Nations Programme on HIV/AIDS (UNAIDS), showed that national prevalence peaked at around 15% in 1991 and fell to 5% by 2001. While Uganda was commended for its success in reducing HIV prevalence, two conflicting debates emerged about that country's experience (UNAIDS; Singh, 2003). The first has to do with the relative contributions of the three behavior change approaches towards the success of reducing and sustaining HIV rates in Uganda. The second debate stems from the question of what caused these behaviour changes. The Alan Guttmacher Report on the '*ABC*' in Uganda: *The Roles of Abstinence, Monogamy and Condom Use in HIV Decline*, addresses the debate over the impact of behaviour change with each of the approaches by reviewing evidence from surveys conducted in Uganda in 1988, 1995 and 2000. The findings showed that:

Progress on the three components of the ABC approach contributed to bringing about and sustaining reduced exposure to HIV in Uganda. These results are consistent with current prevention efforts which highlight the importance of an integrated approach to combating the HIV epidemic worldwide. Development funds to combat HIV should focus on policies and programs designed to target all three prongs: 'A,' 'B' and 'C' (Singh et al 2003; 8).

The above survey concluded that all three components of the ABC message were effective and contributed towards reducing HIV exposure in Uganda and, like Green (2004), emphasized that the message must be translated to address different groups.

Controversy and debate around the ABC Message

The President's Emergency Fund for Aids Relief (PEPFAR) follows an ABC strategy through a 'population-specific' intervention that emphasizes:

- **A**bstinence for youth, including the delay of sexual debut and abstinence until marriage
- **B**eing tested for HIV and being faithful in marriage and monogamous relationships
- **C**orrect and consistent use of condoms for those who practice high-risk behaviours

(cf. Kanabus & Noble 2006).³

The “ABC” approach tailors behavioral messages to the local epidemic context: “A” behaviors include abstinence, or delay of sexual debut for young people; “B” includes faithfulness to one partner or reducing the number of sexual partners; “C” emphasizes correct and consistent condom use, where appropriate.⁴ The PEPFAR definition includes abstinence and delayed sexual debut as a first option, instead of the single-minded promotion of condoms with young people. Condom usage can only be promoted with young people if they are informed of the failure rates of condoms and only if it does not appear as an alternative to the message of abstinence. PEPFAR therefore funds initiatives primarily in support of ‘Abstinence’ and ‘Be Faithful’, with ‘Condom Usage’ only introduced in cases where ‘Abstinence’ cannot be achieved. PEPFAR adopts an approach that is target-specific and like Gilchrist (1990) outlines a message that must approach different stages of people’s lives as they engage in different levels of sexual interaction. A young person is more likely to abstain than a person who is in a relationship or married, a person married is more likely to be faithful than a person who engages in high risk sexual behaviour. A population-specific approach caters for the different sexual practices instead of a universal approach that is not applicable to the whole population. However, the essential component of this approach is that it must always allow for flexibility.

The United Nations for AIDS (UNAIDS) definition of ABC is:

- A bstinence or delaying first sex
- B eing safer by being faithful to one partner or by reducing the number of sexual partners
- C orrect and consistent use of condoms for sexually active young people, couples in which one partner is HIV positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at the risk of HIV exposure .⁵

³ The ABC’s of HIV Prevention: <http://www.avert.org> (accessed on 1 October 2007)

⁴ Prevention of Youth Programme: <http://www.pepsar.gov/press/89838.htm> (accessed on 9 December 2007)

⁵ The ABC’s of HIV prevention: <http://www.avert.org/abc-hiv.htm> (accessed on 20 October 2007)

The UNAIDS definition offers more flexibility and options for young people, allowing the ABC message to be a progressive approach depending on the sexual behaviour of young people at any particular time. The PEPFAR approach on the other hand is prescriptive yet population specific, offering each target audience a different option and prevention approach. UNAIDS assumes that one of the greatest challenges of the ABC approach is its focus on a very broad audience.⁶ However, the above definition provided by UNAIDS is a broad approach for a broad audience. The definition encourages condom use for young people who are sexually active, encouraging safer sexual practices. However the use of condoms is limited when it prescribes that anyone engaging in sexual activity with partners who may have been at the risk of HIV exposure should use condoms. Few people are aware of their status and ignore the need for precautionary measures. The definition should rather promote condom use in any high risk sexual behaviour and when there is lack of knowledge of one's partners previous sexual relationships.

The controversy with the above definitions was later addressed by Kanabus and Noble (2006) with particular reference to the PEPFAR definition where excludes promotion of condoms for young people by elevating the message of abstinence until marriage. Delaying sex for the first time can reduce the risk of transmission, however Kanabus and Noble question whether abstinence until marriage can effectively ensure safety when many people are unsure of the status of their partners. In addition, abstinence is not a realistic option for women who face rape or are in abusive relationships. Numerous AIDS organizations and experts are concerned that PEPFAR is not doing enough to make young people aware that condoms, if used correctly and consistently, are effective as HIV/AIDS prevention strategies. In summary, Kanabus & Noble (2006) state that the promotion of abstinence, fidelity and condom use are all essential for HIV prevention programmes. However, strong political commitment, frank and open discourse, community mobilization and involvement of local organizations and businesses are crucial to support prevention messages. Kanabus & Noble (2006) recognize the importance of a multisectoral approach to HIV/AIDS. Essential to these prevention programmes is the need for open discourse and involvement of local organizations and, in my case study, the need for

⁶ The ABC's of HIV prevention: <http://www.avert.org/abc-hiv.htm> (accessed on 20 October 2007)

student involvement and communication using dialogue. The controversy and debate around the ABC strategy demonstrates the need for the revision of the HIV/AIDS message to promote safer sexual practices among young people.

The major national strategies and the messages to adolescents was 'be abstinent', 'be monogamous', 'limit the number of partners', and 'use condoms.' Although the first message 'Be abstinent' is the safest lifestyle for youth, it is also not the most attractive Hein et al (1993: 219-220). 'Be monogamous' was confusing, because young people can have intercourse with one partner at a time for a period of time before with they find someone else, this is monogamous. 'Limit the number of partners' could mean a person has a much higher risk of getting HIV if his or her one partner is infected than if the person has many partners who are not infected.

Young learners from high schools across KwaZulu-Natal commented at a Life Skills workshop in September 2006, that the 'ABC' message did not specify if anal, oral or vaginal sex was dangerous and which should be abstained.⁷ For example, the ABC encouraged abstinence yet it did not make clear which sexual practices were to be abstained or which bore the highest risk. In a HIV/AIDS Management for Lay Counsellors workshop in November 2007, childcare workers briefed participants on how young people in the community was engaging in oral and anal sex to 'preserve their virginity' for marriage.⁸ Young people were hearing the ABC message, and to their knowledge practicing abstinence, yet engaging in more risky behaviour. The 'use of condoms' ignores the complexities of most females convincing their male partners to use condoms. These observations show that while the ABC strategy does not address young people's sexual practices, it also provides mixed and confusing messages. The message seemed simple yet, it relayed multiple and contradictory meanings – showing that within this context, the ABC message was not working.

⁷ The Centre for HIV/AIDS Networking (HIVAN and the World Council on Religion and Peace (WCRP) hosts workshops each term for one hundred young learners (14-18). The workshops give pupils an opportunity to be trained as leaders in their schools, teaching them life skills development, HIV/AIDS awareness and community involvement.

⁸ A provincial workshop for counselors and child care workers was held at the Southern Sun Hotel from 12-14 November 2007. During a discussion about HIV prevention and approaches, child care workers shared some of the challenges the face with young people in communities and the misconceptions and confusion caused by the current HIV/AIDS prevention approach.

Zikusooka (2006) found in his study in Uganda with young fishermen and truck drivers that majority of respondents felt the ABC message was too general, and messages were too confusing. They commented that messages through the media often seemed like they were competing against each other. The design and implementation of the ABC model followed a mixture of the top-down strategy (message is designed with national consultants) and the bottom-up approach (message comes from community and village level) In a similar manner, young people can engage and design messages in partnership with adults or national representatives, identifying problems and working towards solutions together. Pulerwitz et al (2006) found in a survey conducted in Kenya with adults and young people that the ABC approach sometimes related mixed messages, public health messages sometimes promoted one message and religious institutions promoted another. In addition, gender dynamics played a role in the adoption of the ABC strategy. Respondents also preferred interpersonal sources of information and interactive methods such as workshops to receive HIV/AIDS messages instead of using the radio as the main source of information.

Students' perceptions and responses to the ABC Message

Young people as a sexually active target audience

One-fifth of the global population is between the ages of 10-19, and in developing countries young people constitute at least 50% of the population. Young people are at risk, partly through their own behaviour and partly through the attitudes, expectations and limitations of the societies in which they grow up (Panos AIDS Briefing July 1996). In 1996, young people were identified as a group at risk due to their sexual practices. Ten years later, the 2005 Human Science Research Council (HSRC) survey reviewed behavioural determinants of HIV/AIDS, and found the overall median age of first sex was 17 for youth aged 15-24 in the study group. Research commissioned by the Nelson Mandela Children's Fund (NMCF) and conducted by Development Research Africa (DRA) focused on the sexual and reproductive behaviors of young people in the Goelama intervention areas and factors that may influence these behaviors (Horizons 2004). The survey was conducted with nearly 5000 youth from eight districts in three provinces in South Africa, Mpumalanga, Limpopo and KwaZulu-Natal. Forty five percent of youth

respondents 12-20 years old reported having sex. Some of the findings showed that males initiate sex at an earlier age than females and are more likely to report more than one simultaneous sexual partner. The findings of this study proved that young people are sexually active (45%) in KwaZulu-Natal, which was the location for this study. Students at the University of KwaZulu-Natal were therefore considered to form part of this young sexually active population.

Further results of the HSRC survey showed that 57.9% of youths 15-24 have already engaged in penetrative sex. Young males (27.2%) reported more multiple partners than older men. A large majority of respondents were youth aged 15-24 and had used a condom during the last sexual intercourse (72.8% among males and 55.7% among females). The survey found that single people were more likely to use a condom at last sexual encounter than those who were married or cohabiting (HSRC 2005: xxix-xxxii). About one third (31%) of the sexually experienced youth had had more than one sexual partner during the 12 month preceding the survey. Consistent condom use during every act of intercourse among sexually experienced youth was also relatively low (23%) (Horizons 2004: 4). Females reported lower condom use, which could be a result of pressurized sex, male domination or questions of trust.

The findings showed that young people in South Africa are not delaying sexual debut or practicing abstinence, limiting the number of sexual partners or ensuring the correct and consistent use of condoms. This questioned not only the factors that affect or encourage young peoples' sexual practices but the effectiveness of the ABC approach. A review of some of these statistics and the surveys conducted on young people's sexual practices showed that despite the increase in condom use, multiple partners was still common among young people. This indicated that the ABC prevention strategy did not reflect young peoples' behavioural patterns, and therefore was not able to always offer solutions to the complexities of their sexual interactions. The HSRC survey confirmed young people as being sexually active and at risk despite all the ABC messages targeted at them.

The Goelama research found that only 3% of youth had ever participated in an HIV awareness raising campaign or distributed educational materials (Horizons 2004: 8).

Many youth did not mention abstaining from sex and being faithful to one partner as ways of preventing HIV infection. Although consistent condom use was well known, it was not well practiced by sexually inexperienced youth. The study commissioned by the NMCF reiterates the importance of targeting young people in South Africa, and the dire need of effective messages. Understanding young peoples' sexual practices is crucial but can only be addressed when communication strategies and HIV/AIDS prevention messages reflect safer practices. As a result the study recommended that programmes should promote primary abstinence for sexually inexperienced youth, and secondary abstinence and consistent condom use among sexually active youth (2004: 9). This recommendation shows a need for revised messages to young people.

The above survey reflects that youth people have not been given the opportunity or encouraged to be active participants in the design of HIV/AIDS prevention strategies. This study investigates the outcome of young peoples' participation through dialogue in the design of HIV/AIDS prevention messages.

A growing number of surveys are pointing out that young people between the ages 15 and 25, especially young women, are particularly vulnerable to HIV infections, with levels of up to 60% in some groups these figures highlight young people as an obvious group for targeted interventions, insofar as the vast majority of young people under 15 are not HIV – positive (Campbell and MacPhail, 2003).

This research places emphasis on how young people can be designers of messages rather than receivers of messages.

A New HIV/AIDS Message

After reviewing some of the acronyms used regarding HIV/AIDS related issues, Fossard addressed the 'famous ABC' and concluded that during research conducted in Namibia and later Uganda, it became clear that young people did not understand these words. Some of the responses showed that some thought to 'abstain' meant 'do not drink alcohol,' 'be faithful' meant 'go to church regularly' and 'use a condom' – about which they knew little (De Fossard, 2004). Fossard suggested a new three-step platform to encourage responsibility.

Always:

1. Act Responsibly
2. Be prepared
3. Consider the consequences (Fossard 2004)

This recommendation is based on a life skills approach, and gets the individual to think about their actions, to instill a sense of responsibility in young people, and ensure that they are aware of the consequences of their actions. Once young people have a sense of responsibility and accountability, their choices of abstinence, being faithful, and using a condom can be influenced by their ability to make informed decisions instead of reflections on messages that carry no meaning and promote further confusion. Fossard's recommendations are not a preferred universal approach but it stimulates discussion and negotiation around a flexible message that can be designed by students through their involvement instead of one message design for everyone.

Gilchrist (1990) suggests that there should be at least three different types of intervention approaches with youth depending on the target population. The first approach is the universal approach which disseminates general information about AIDS and decision making to a wide audience. The second is a selective approach that is more intensive and emphasizes self esteem and communication skill-building by employing peer-led stress management programmes to be used with youth whose risk for AIDS is high. The third is a sustained and highly personalized indicated behaviour-change approach for adolescents who are already engaging in high risk activity, to be delivered through programmes with access to high-risk youth. Green (2004) commends the success of Uganda in the combination of the ABC strategy, rooted in a community based national response which reaches different population groups, with different interventions appropriate to their needs. Gilchrist (1990) and Green (2004) make a crucial point in addressing ABC when they suggest that interventions should be population specific. In other words, a prevention message should be designed to reflect the specific needs of the community.

The Role of Students in designing HIV/AIDS Messages

Reardon (1990:269) found in a survey with college students that 40% desired a communication encounter with their intimate partner about AIDS, and concluded that: "when college students find it difficult to talk about protection from AIDS with their

intimate partner, there should be little wonder why less educated youngsters have such difficulty.” The process of negotiation and condom discussion is a challenge that young people face today, with fears of stigma, discrimination, rejection and questions of trust, the condom is not easy to negotiate and use in relationships. How then does our HIV prevention approach address and cater for these complexities in condom use? This study will review how a process of discussion and collective dialogue can assist young people in refining the prevention strategy, and to make the correct choices and practice safer sexual practices.

The essence of youth involvement is a partnership between adults and young people. Klindera & Menderweld (2001) make reference to three attitudes that adults or organizations have towards youth, they see ‘youth as objects’, where adults know what’s best and they attempt to control situations in which youth are involved. ‘Youth as recipients’ is when adults dictate terms of involvement and do not allow for meaningful participation; and finally ‘youth’ as partners are those who respect young people and believe that they have a significant contribution to make. Young people are seen as people who have an equal voice. When prevention messages are designed that do not accommodate young people as partners, this complicates their adherence to HIV/AIDS messages.

Cohen (2003) questions how useful the ABC approach is for a range of broader reproductive health-related conditions, and outlined that the same people may need different messages at different stages of their life. Young people are going through various phases in their lives where different messages are needed, placing them in the best position to identify and understand the challenges and complexities they face. This in turn makes their participation and contribution in any design and development of HIV/AIDS prevention message a necessity. In a project conducted to understand young people’s sexuality and HIV transmission in South Africa, some of the findings showed that they were aware of the ABC approach. However, a range of factors undermined the likelihood of condom use. These included peer norms around sexuality and condom use, limited access of condoms, adult disapproval of youth sexuality and condoms, gender inequalities and economic constraints (Campbell and MacPhail, 2003). One of the

conflicting challenges young people face is when:

“Among young women, there was a great peer pressure to be seen to have one steady boyfriend, as opposed to young men who came under pressure to be seen to have multiple sexual encounters” (Campbell & MacPhail: 2003;124-125). The insistence of condom use by some young people could also imply lack of respect and trust in a relationship and also possibility of HIV infection.

Through the above study, Campbell et al (2003) found that young people were capable of reflecting critically on their own actions. This was particularly important for the success of peer educational approaches, which rely on the stimulation of debate and discussion for the testing of dominant norms and alternative ways of behaving. (Campbell et al: 2003:126). Debate and dialogue should be encouraged as this ensures that young peoples’ behaviour and norms can be tested and understood better to further support interventions.

Challenges of other health communication theories and models

Communication for Social Change has been fairly new in implementation, and therefore there are few case studies, which reflect its use. However, this chapter will look at the challenges of other health communication theories and models as seen in some case studies. This will illustrate why CFS may be an approach to consider for addressing HIV/AIDS messages. Airhihenbuwa (2000: 5) argues that the flaws in the application of commonly used “classical” models in health communication are a result of contextual differences in locations where these models are applied. He proposes that HIV/AIDS strategy should be grounded in sound theory where the resulting framework is flexible enough for application in different regional and cultural contexts. Airhihenbuwa (2000) agrees that: “designing a culturally relevant program and communicating messages in small groups are two critical factors reported to influence positively the outcome of 37 community-based HIV/AIDS prevention programs evaluated in the United States” (Janz et al., 1996). This important criterion places emphasis on messages that are sensitive to the culture and contextual factors, the size of the group being worked with and how these respondents can engage and contribute to the development of HIV/AIDS messages.

Zikusooka (2006) applies Behaviour Change Communication approaches (see below) to the ABC message design using the stages of change and the social cognitive theory. However, these approaches are based on individual behaviour and at times, does not accommodate some of the social factors that affect young people's behaviour. Some of the main theories used to guide health promotion programmes include the Health Belief Model, the Theory of Reasoned Action, Social Learning/Cognitive Theory, Diffusion of Innovation, and Social Marketing. However these theories are based on an assumption of individualism as opposed to collectivism. Zikusooka identifies this difference when he states that:

Social process theories are used, they occur in a 'social setting' and look at audience members as part and parcel, of a wider social system. The theories also advocate for the involvement and continuous participation of both communication planners and communication recipients on an equal footing in the design and delivery of communication interventions (2006;16).

While Zikusooka's study focused and used the stages of change and the social cognitive theory, his focus was on the message design, reception and impact, with a further focus on Behaviour Change Communication. My study focuses on student participation in the design of HIV/AIDS messages through dialogue where communication for social change is part of the process for collective action.

According to Cardey (2006), HIV/AIDS communication has been dominated by Behaviour Change Communication (BCC) which has come under increasing critique as being ineffective (Ford et al., 2003; Airhihenbuwa & Obregon, 2000; Airhihenbuwa et al., 2000; Melkote, 2000, UNAIDS, 1999b; Panos, 2003; UNFPA, 2002; Deane, 2002; Singhal, 2001). Cardey outlines in using a table, the difference between social and behaviour change communication. The table helps understand the various theoretical and conceptual foundations, assumptions and approaches, used to address HIV/AIDS messages.

	Behavior Change Communication	Advocacy Communication	Social Change Communication
Theoretical and Conceptual Foundation	<p>Social Cognitive Theory also known as Social Learning Theory (Bandura, 1977)</p> <p>Theory of Reasoned Action (Fischbein & Ajzen, 1975; Ajzen & Fishbein, 1980)</p> <p>Diffusion of Innovation (Rogers, 1983)</p> <p>Hierarchy of Effects</p> <p>Stages of Change (Glazer & Reimer, 1995)</p>	<p>Social activism (Freimuth, 1992)</p>	<p>Emerging perspectives, strongly influenced by participatory communication. Influenced by work of Freire (1970) and Bordenave (1977).</p> <p>More recently influenced by Communication for Social Change (Grey-Felder, 1999; Gumucio-Dagron, 2001; Panos, 2003)</p> <p>Case studies have been done by Singhal, 2001; Reardon, 2003.</p> <p>Human rights approach, see Ford et al., 2003</p>
Orientation and Assumptions	<p>Focus is on individual needs and behavior change.</p> <p>Linear progression from knowledge to attitudes to behavior to practice. Can use modeling (imitation of behavior of a role model) and self efficacy (one's perceived ability to adopt a recommended behavior).</p> <p>Assumes that exposure to information leads to knowledge, attitudes, trial and adoption of the desired behavior.</p> <p>Assumes that people are rational and make systematic use of information available to them. Assumes that people consider the implications of their actions before they decide whether or not engage in certain behaviors.</p> <p>Assumes that people are passive adopters of information, injecting new messages into society without critical interrogation</p>	<p>Focus on social and policy change</p> <p>Targets policy rather than individual change</p> <p>Groups engage in media advocacy to reframe public debate and create support for more effective policies</p> <p>Goal is to empower the public to participate more fully in defining socio-political decision-making environment</p>	<p>Focus on the relationship between individual and social change</p> <p>Emphasizes political coalition building and community action.</p> <p>Social mobilization is the process of bringing together intersectoral allies to raise awareness and demand for development programs, assist in delivery, and strengthen community participation for sustainability. Social change is more likely to be sustainable if the individuals and communities who are most affected own the process and content of communication. Communication should be empowering, horizontal, give voice to the marginalized or unheard members of the community, and based on local content and ownership. Outcomes should move beyond the individual towards social norms, policy, culture and context.</p> <p>Communication strategies change the social environment in which HIV/AIDS is spread, so that individuals have more choice in relation to preventing and coping with the disease. Emphasis should be on dialogue between outside agencies and communities.</p>

Sample Approaches and Organizational Programming	<p>Health Belief Model (Glanz et al., 1997; Conner & Norman, 1996; Rosenstock, 1974; Becker et al., 1978)</p> <p>AIDS Risk Reduction Model (ARRM) (Family Health International, 2003; Catania et al., 1990)</p> <p>Social Marketing (Kotler & Zaltman, 1971; Kotler & Roberto, 1989)</p> <p>Entertainment Education (Bandura, 1977)</p> <p>Health Promotion and Education (Terris, 1992)</p> <p>Used by i.e. UNAIDS, UNICEF, World Health Organization (WHO)</p>	<p>Media Advocacy (Freimuth, 1992; Melkote et al., 2000; Winnett, 1990)</p> <p>Used by i.a. UNAIDS, UNICEF, WHO, ACT UP</p>	<p>Social Mobilization (as coined by UNICEF) (Wallack, 1983; UNICEF, 1993)</p> <p>UNAIDS HIV/AIDS Communication Framework (UNAIDS, 1999; Airhihenbuwa & Obregon, 2000)</p> <p>Communication for Social Change (Grey-Felder, 1999; Gumucio-Dagron, 2001; Panos, 2003)</p> <p>Communication from a Human Rights Perspective (Ford et al., 2003; Obregon, 2003)</p> <p>Used by i.a. UNICEF East Africa</p>
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Figure One: Cardey, S (2006: 4-5) - Summary of approaches used in HIV/AIDS Communication

Behaviour Change Communication has been the popular and dominant framework for health issues particularly HIV/AIDS. However the pandemic over the years has showed that it is a social condition more than an individual problem. Communication strategies often attempt to fit implementation processes into the rules of a dominant theory or model in social psychology rather than allowing the field experience to shape its own framework (Airhihenbuwa 2000: 6). Social Change Communication (SCC) has been predominantly influenced by two bodies of thinking: Communication for Social Change (CFSC) and the UNAIDS Framework for HIV/AIDS Communication (Cardey 2006: 5). CFSC was selected to establish the success and limitations of using a social change approach instead of a behaviour change approach. Communication for Social Change has evolved from the development communication theories and will therefore be reviewed in the next chapter, as this is the conceptual framework used to form the basis of the data analysis.

Communication is not about designing a message from the sender to the receiver but also entails the construction of the message itself. Airhihenbwa (2000) examines Lievrouw (1994) comments:

While there is no doubt that the social-psychological theory “classics” are

relevant to health communication and that they have been valuable exploratory tools, they nonetheless leave certain premises undisturbed. Chief among these is the presumption that communication in health is mostly a matter of interaction between institution message 'sources' (eg: medical research, professionals, government, foundations) and individuals 'receivers' (eg: patients, their families, school children, employees) (p.94).

Not only are we faced with challenges of social, economic and cultural contexts, or the question of an individualistic or collective approach, but we also need to face the challenges of what we are messaging rather than how we message. Campaign planners need a greater understanding of their target audience which often belongs to a culture and a social class different from theirs (Airhihenbuwa, 2000:13).

In a South African case study (Campbell et al 2005) which looks at the impact of social environments on the effectiveness of youth HIV prevention, it was found that exclusion of youth in education and work, political representation, respect and recognition, and participation in community networks, meant that effective HIV prevention with youth was undermined. This was based on the assumption that sexual behaviour change is not facilitated only by knowledge about HIV/AIDS, but also by youth solidarity, empowerment, critical thinking and the presence of bonding and bridging social capital (2005; 477). Campbell's work is relevant as it sets out the fundamental components of all work with young people. The Communication for Social Change approach will be reviewed as a theoretical framework in the next chapter, with a focus on the need for youth involvement and participation through collective dialogue. In this sense, the communication for social change approach is crucial to focus on social communication instead of Behaviour Change Communication.

Despite the need for a move towards involving target participation, communication strategies still follow the trickle down theory, where information flows from senders to receivers without understanding the context in which those messages need to be created (Rogers, 1969). According to Andrew Moemeka (1997), many development projects in developing societies are still planned and executed without the participation of the target social system. Countries like Canada to Sri Lanka, and from South Africa to Afghanistan

have seen development projects fail after implementation because the target social system were not involved in the planning or implementation of these projects (1997; 381). He further makes reference to a government veterinarian in Benin Republic who was sent to help improve livestock, taking an approach of an aristocratic, ethnocentric, know-better-than thou, arrogant attitude resulted in the village rejecting his advice despite the fact that his advice was right.

Then he changed his approach. Instead of throwing information at the people, he learned to communicate with them, instead of talking at the people, he learned to talk with them, and instead of pushing solutions, he learned to listen to their views. Before long, the villagers began to implement the better practices that he suggested. These practices were the same ones that he unsuccessfully tried to 'ram down their throats' initially. (Moemeka, 1997: 381)

Rawjee (2002) conducted a study to evaluate HIV/AIDS awareness campaigns targeted at young adults at ML Sultan, a tertiary institution in KwaZulu-Natal. By examining the broad range of theories and models used in HIV/AIDS Prevention and conducting a study with students, Rawjee suggested that communication campaign theory can be enhanced by Paulo Freire's (1990) principles of participation and incorporating them in the form of audience participation (2002: 8). Some of the findings of this study showed that: "The majority (81%) of the class indicated that they care to know of the campaign because of their active participation. They responded by using words such as 'participation', 'helped', 'involved in', 'we ran the campaign', 'I was part of the campaign', 'I was present at the campaign' (2002:40). The study found that a high rate of awareness of the campaign was an act of student participation. Rawjee (2002) also commented that participation encouraged responsibility, which in turn supports and promotes empowerment.

Conclusion

The literature review in this chapter has attempted to address some of the issues this study tries to investigate. By looking at the statistics of young people's behavioural patterns and their involvement in campaigns and messages, it is easier to understand the level of impact on this audience in relation to HIV/AIDS. The focus on the success and failures identified of the ABC strategy enables one to look at possible alternatives to develop a revised

message that takes into consideration various contextual factors. Identifying the behaviour change communication and social communication theories that are used allows for a focus on new and better ways to address HIV/AIDS prevention messages. The next chapter will focus on the theoretical framework for this study.

Chapter Three: Conceptual Framework

Communication for Social Change in context for this study

Communication for Social Change (CFSC) is the theory which underpins this study to guide the research approach. In order to understand the essence of CFSC, a review of previous theories of development communication is necessary to understand the need for transition from the vertical (top-down) to the horizontal flow of communication. Various development and communication initiatives are operational in South Africa but very few reflect this horizontal flow of communication, where grassroots communities are involved in communication processes. Various paradigms of development are reviewed and implemented in developing countries; however most proved futile creating greater gaps in HIV/AIDS communication strategies. Social and economic development is often implemented through mass media and technological advancements, but they leave developing countries in a greater need for further development to accommodate these changes. CFSC, however, has the ability to enhance on current mass media interventions but more importantly draws on a horizontal flow of communication where the community or in this case, the students, can be active participants in the process of development instead of mere spectators or receivers of messages.

CFSC is based on a participatory approach to communication and HIV/AIDS strategies enabling the target audience to actively engage in the development of prevention messages and campaigns (Figuroa et al, 2002). This chapter will firstly examine development for communication theories and trace their purchase over the years to the mid-1990's when academics and media professionals developed CFSC. It is crucial to bear in mind that CFSC encompasses a range of theories and successful interventions. It is also important to mention at this point, that this study does not review the theories used in health communication as many studies have reviewed the Health Belief Model, Stages of Change, Diffusion of Innovations, social cognitive and social marketing theory. All these theories take a behavior change approach for communication while my study focuses on the progress of development communication theories towards communication for social change. This chapter demonstrates the importance of the communication approach, by reviewing how the communication process has evolved over time, thus it

does not focus on behaviour communication but social communication as explained in the previous chapter.

Communication for Development Theories

Servaes refers to development as one of the oldest ideas of the Western countries where growth was identified with the idea of development. Development means bridging the gaps by means of imitation processes between traditional and modern, retarded and advanced, or barbarian and civilized sectors and groups to the advantage of the latter (Servaes, 1999:19). Rogers (1969) understood development as a type of social change in which new ideas are introduced into a social system in order to produce higher per capita incomes and levels of living through more modern production methods and improved social organization. Development Communication over the decades has extended from the dominant paradigm to community partnerships advocating for participatory approaches such as communicating for social change. The four distinct paradigms of development communication this chapter reviews are the modernization theory, dependency theory, development support communication and 'another development' (Tomaselli, 2001; Servaes, 1995; 1999). However, before these paradigms of development are reviewed to understand the development of the Communication for Social Change rubric, this chapter will examine development communication in the context of HIV/AIDS over the last 20 years.

Theorizing HIV/AIDS in Development Communication over last 20 years

A fundamental entry point to understanding the use of development theories over time is to briefly look at communication of HIV/AIDS messages over the last 20 years, with a special focus on the success and failures with communication strategies and messaging. "Missing the message," is a report compiled by PANOS and outlines four countries' success stories of HIV/AIDS Communication. Ideally the best indicator of success with communication strategies in a country or community is the visibility of a decrease in transmission rates. This is further shown through adherence to messages of prevention, treatment, care and support when the HIV infection rate decreases, people adhere to treatment and individuals (and communities) assist in the care and support of those already infected, then communication strategies are effective.

In the paper “Missing the Message, 20 years of learning from HIV/AIDS,” Scalway (2003) proposes that:

Approaches should move from putting out messages to fostering an environment where the voices of those most affected by the pandemic can be heard. This shift from message to voice marks a fundamental and radical shift in the response to AIDS. Whilst HIV/AIDS information and key health messages remain crucial, it is important to look beyond these messages – no matter how empowering and context-sensitive they might be – and help to develop environment where vibrant and internally derived dialogue can flourish (2003:2).

While HIV/AIDS information and messages are crucial, it’s the environment in which these messages are created that must be conducive for development and sustainability (Scalway 2003). To Scalway this environment meant a platform where dialogue and giving voice to people was created, and used to promote HIV/AIDS approaches. The report concluded that the most effective response to HIV/AIDS is those which emerge from within societies; and they tend to be long-term, complex and difficult to evaluate. Funders and developed countries generally implement their models and provide funding for fixed projects with fixed timelines but this is detrimental to the success of these initiatives as it rejects the potential outcome of community engagement and collective action over a long term period. By reference to ‘community engagement’, I mean community dialogue, a concept, which will be explored in greater detail in the latter part of this chapter.

The report also found that major success stories in AIDS reflected important lessons for future responses addressing a common thread through all of them were: ownership, participation and a politicized civil society (2003:5). Ownership and participation in the context of this study refers to students taking ownership through participation in the processes of educating others on HIV/AIDS prevention. In this sense, its only students’ participation in the design and messaging of good communication strategy that can allow for practices that are safe. Scalway further writes:

It is much less evident that the principal strategies that have been used to bring about such behaviour change – formulating and communicating messages to persuade people to be abstinent, faithful or use a condom – have been successful. Changes in behaviour have happened when information is passed between people, rather than been directed at them. Uganda is a country that models the success of prevention programmes as the political powers promoted broad community-owned responses, where sex and sexuality could be discussed openly and taboos around discussion of condom use could be broken down (2003: 23).

Scalway argues that the ABC approach offers less evidence of success, as behaviour can only be changed when information is shared between people rather than directed at them. The Ugandan experience has demonstrated that success where societies have healthy communication environments, and when people talk within and between communities. Even more crucial is the support of the government in establishing and promoting community-owned responses. The review of HIV/AIDS communication processes over the last 20 years shows that the 'Message is missed' when emphasis lacks community participation and involvement. The next section will study how development communication theories have led to the origin of communication for social change.

Development Communication Theories in HIV/AIDS Programmes

Modernization

This dominant paradigm is mainly concerned with high growth rates such as capital-intensive industrialization, high technology, private ownership of production, free trade and the principles of laissez-faire (Melkote:1991). Communication is seen as a fundamental component of development and crucial to modernization. The American presidential election campaigns showed the communication process as a message going from the sender to the receiver (Servaes, 1999:23). Personal influence acquired high status in these campaigns, showing that mass communication is less likely than personal influence to have a direct effect on social behaviour. Mass media is seen as a fundamental tool for advocating for development and the transferal of Western ideas to developing countries, but personal influence was understood to be a very dominant component for the success in social behaviour. In the context of this study, personal influence could be

seen as the early forms of setting a platform for communication, discussion and public engagement.

Technology and mass media was used as a vehicle to drive the development process, but personal influence and interaction were the drivers in moving the cart forward. First World countries and communication professionals understood the effectiveness in a 'mixed' approach to development and growth, a move away from pure technological advancements and mass media to a communicative, dialogue approach. Jacobson and Kolluri observe that:

The so called demise of modernization led to the emergence of many paradigms that, over the years, constituted the field of development studies in the West and the Third World. Participation, as a post modernization approach, is one of them. Although participation has not assumed the status of a full fledged theory, it has been successful in expressing a different philosophical approach to the problem of the so-called underdevelopment. Participatory communication is emblematic of this new approach in that it has been realized that dialogic communication is an important part of development (1999: 276).

The modernization paradigm has given birth to the post modernization approach - participatory communication - that is rooted in dialogue, ownership and empowerment. CFSC is now a result of this evolving process drawing on aspects of a post-modernization paradigm, it forms the basis of a participatory approach.

Dependency

The dependency paradigm locates the mobilization of the people as a fundamental aspect to form a nation-state, which will later command economic development. Nyerere (1978) describes development in terms of people, where the people make up the state, are given the freedom to be educated and take on leadership positions with the freedom to make decisions, it is only this process that can ignite development in a country. The power therefore lies in the state to encourage freedom of the market and assisting the population through the process of industrialization and capital accumulation. Dependency theory, however, courts authoritarianism where all power is vested in the state despite its claims of collective decision-making (Sunkel, 1969; Santos, 1971). Also evident is the active

involvement of people, despite questions of power and control at this level. Dependency theory bears traits of community involvement and participation without the ownership and control by the people. In this sense, community involvement, participation and collective decision-making is acknowledged as fundamental components of development and the state, despite its tendency towards authoritarianism (Sunkel, 1969; Santos, 1971). The dependency paradigm therefore was well placed to contribute to elements of the CFSC theory.

The theory makes reference to profound ideas that if people make up the State as set out by Nyerere (1978), then they should be given the freedom and capacity to advance this further. Dependency theory bears characteristics of the community model for participation and collective action and dialogue as seen in communicating for social change. It is therefore evident that participatory communication and community involvement did not arise in the 1980's as a completely new and innovative approach to solve the development concerns of the world. It has been a 'growing baby,' maturing over time.

Development Support Communication

Development Support Communication (DSC) is a process whereby the donor/partner aids the process of development through mediums of finance and expertise. Melkote emphasizes that although professionals may have a part to play in terms of designing intervention, the key players are the people handling their problems in local settings (2000:42-43). DSC calls for the review of issues of power and control of people at grassroots levels, it calls for the revision of the levels of power maintained by experts and that which can be awarded to the communities. The dependency paradigm maintained control through the state, but DSC addresses a process where communities addressing their problems are crucial with aid from donors and funders as opposed to control and power from donors. Melkote suggests:

As long as societies distribute needs and power unequally within their populations, it is unethical for communications and human service professionals to help solve minor and/or immediate problems while ignoring the systemic

barriers erected by societies that permit or perpetuate inequalities among citizens (2000: 46).

Some academics now advocate for a focus or a move away from effective “development” (as articulated by the Dominant Paradigm and helping professions) to assisting in the process of “empowerment”. Empowerment of the beneficiaries is fundamental as this is development in itself. In order to achieve effective individual and social change, and in this case with students at campus, power must rest with them. It is only through promoting and maintaining various levels of empowerment through active participation that development can be achieved.

Another Development

Participatory Communication/Another development is a theory that acknowledges illiteracy and language barriers, and proposes that the process of learning could be different, with a focus on face to face communication De Beer (1998). Participatory communication was not only viewed as an answer to economic development, but was crucial to facilitating learning betterment. Paulo Freire according to McLaren and Leonard (1993) is a firm believer of a learner-centered approach to learning, and calls for individual participation of the learners in the learning process in order to empower them through the development of critical thinking. His pedagogy centers around critical consciousness stimulated through the process of learning. His idea of critical thinking can be developed by democratic participation and therefore active participation is the heart of many areas of development further advocating for human rights through channels such as freedom of expression (Freire, 1969). Communication for development as a broad approach has evolved over time with various factors being criticized and later revised by academics. CFSC, as a result, has emerged from these critiques over the decades and is premised on the work of Paulo Freire and participatory communication.

Participatory Communication is defined as “ the opening of dialogue, source and receiver interacting continuously, thinking constructively about the situation, identifying developmental needs and problems, deciding what is needed to improve the situation, and acting upon it” (Nair and White,1993:51). Participatory Communication is a community

involvement process, it's a move away from top-down, one-way flow of communication from the sender to the receiver to interactive dialogue, a communication process that facilitates discussion. Feedback is a fundamental aspect of this model, as the people involved have the ability to discuss, negotiate and make collective decisions.

The principle of participation is highlighted by Thompson and Kinne (1990). This requires people who are affected to define the problem, and identify steps to resolving that problem. The principle of ownership is closely related to participation, as ownership allows people to take responsibility and control over the process of change. In light of this explanation, Thompson and Kinne comment that these two principles follow the same premise: "Change is more likely to be successful and permanent when the people it affects are involved in initiating and promoting it" (1990:46).

By reviewing the four development theories that have been used over the past decades, it becomes evident that the communication process has evolved over time. The modernization paradigm has its strengths in developing Third World countries through technological advancements, but the top-down flow of communication did not aid the process of development to its full potential (Melkote, 1991; Servaes, 1999; Rogers, 1969). This was because it lacked an in depth knowledge of the true challenges facing the people in these developing countries. The dependency paradigm in a similar manner did not aid in alleviating the challenges of the social and economic development and whilst encouraged people to participate, power and control was still in the hands of the state. In this light, a dependency approach would hinder the success of any HIV/AIDS strategy (Nyerere, 1978). DSC on the other hand, focuses on community empowerment, participation and ownership, but the question of ownership and control is always contested in light of donors/funders (Rogers, 1999). Another development had a profound communication process in place, assisting people to actively engage in dialogue without necessary being part of the solution, and has had key attributes to the development of CFSC. CFSC ensures that dialogue and collective action work together through active participation for development and social change. Summarizing the contrasts and contributions of these theories, Figueroa et al comment:

The call for a model of development communication based on dialogue versus monologue, horizontal versus vertical information sharing, equitable participation, local ownership, empowerment, and social versus individual change continues to be heard and if anything, has grown stronger with the rapid decentralization of authority and increased access to new communication technology that occurred during the 1990's (Figueroa et.al, 2002:3).

The above theories have demonstrated how CFSC originated in the late 1990's. This theory forms the basis for this study and will be used to analyse the data findings in the later chapters. However, before this is done, it is important to place the reflection of these theories into greater context by reviewing why Behaviour Change Communication was not used, but Social change communication instead. By this, I provide the motivation, once again, for using development communication towards social change rather than behaviour change theories in this study. Behaviour Change Communication and Social communication has already been reviewed in the previous chapter, but is briefly mentioned here to place the theory in context.

Behaviour Change Communication vs. Social Communication

Behaviour Change Communication (BCC) has been used as the core prevention strategy for HIV/AIDS. BCC is results oriented, science based, project oriented, client centered, cost effective, based on a belief that urgency of the epidemic necessitates a high degree of focus on behaviour, tries to encourage people to make informed choices (Deane, 2002). Behavior change does not happen in isolation but within a framework of various factors such as the individual, the community and society. HIV/AIDS communication strategies therefore need to take these factors into consideration for a complex or multisectorial approach. Critics have called for a move towards a social change communication approach, arguing that communication responses to HIV/AIDS must take into account the context in which the pandemic is embedded (Cardey, 2006). Social Change communication (Deane, 2002:1) see(s) people and communities as agents of their own change, emphasizes community empowerment, creates an environment of change, is process oriented, provides a voice for communities and opportunities for dialogue and is based on a belief that behaviour change is dependent on social change and is a long term process.

Melkote (2000) states that social change is a complex, disordered, unstructured, and quite often uncontrollable process. Empowerment is a process that is well suited to deal with social change in general and with inequitable structures in particular. It provides individuals and communities with the necessary skills, and countervailing power to deal effectively with social change in a world that distributes needs, resources, and power unequally. In other words, whilst social change is fundamental in a community through dialogue for collective action, empowerment of the people is crucial to ensure effective development. All programmes and campaigns implemented with young people need to reconsider the levels of empowerment given to the people before interventions are implemented in communities. "Empowerment privileges multiple voices and perspectives truly facilitates equal sharing of knowledge and solution alternatives among the "beneficiaries" and "benefactors" (Melkote, 2000; 47). This study has therefore used CFSC as a foundation as it focuses on empowering students through the creation of opportunities for participation in community dialogue and collective action. The next section will focus on the CFSC theory in more detail.

Origin of Communication for Social Change

Background to the development of Communication for Social Change

Development plans in the 1960's comprised of five year plans to dovetail development activities and help bring about orderly economic progress. This was at the macro level where problems were identified and solutions offered at the higher levels of government. Information and other inputs were then channeled down to local communities (Melkote, 2006:112). The United Nations called this period, the First Development Decade where emphasis was on technological transfer from the North to the South, and people in the Third World had to discard their traditional ways and adopt the technologies of the First World countries. At a micro level, Rogers (1969) assumed that modernization could not occur unless peasants were individually and collectively persuaded to change their traditional ways of life (Melkote, 2006:113). The Diffusion of Innovations theory therefore evolved as the local framework to guide communication planning for modernization (Rogers 1969; Melkote, 2006; Glanz et al, 2002). "In sum, the diffusion of

innovations research established the importance of communication in the modernization process at the local level” (Melkote, 2006: 114).

Rogers’s contribution of the diffusion of innovation theory to strengthen the dominant paradigm was crucial; however Melkote later acknowledges that Rogers was the first to admit there were problems with the theories in development and communication. Rogers (1976) then defined the ‘new development’ as a widely participatory process of social change in society, bringing about social and material advancement for the majority of the people through their gaining greater control over their environment. Rogers’ (1976) contribution to development was crucial as he outlines alternative approaches to development, some of which include, equal distribution of information and development, active participation of people at grassroots and independence of local communities. The role of the mass media was then seen as a catalyst in change rather than serving as the prime mover (Melkote, 2006:116). The new concept of development stems from the work of Rogers (1969, 1976) and his diffusion of innovation theory where people are active participants with the media as a catalyst, and the work of Freire (1970), which are fundamental attributes to the development of the CFSC.

CFSC emerges from decades of theory and practice across a variety of domains involved in communication, such as social marketing, communication for development and community organizing. It gained additional visibility in 1997, when the Rockefeller Foundation launched a series of international meetings and publications to explore ways that communication could play a more integral role in development (Reardon, 2003: 2) The guiding philosophy of CFSC can be traced to the work of Freire (1970), the Brazilian educator who conceived of communication as dialogue and participation for the purpose of creating cultural identity, trust, commitment, ownership and empowerment (Figuroa et al, 2002). Through an Adult Education Project of the Movement of Popular Culture, Freire set up:

A new Institution of popular culture, a “culture circle”, since among us, a school was a traditionally passive concept. Instead of a teacher, we had a coordinator; Instead of lectures, dialogue; instead of pupils, group participants; instead of

alienating syllabi, compact programs that were “broken down” and codified into learning units (Freire, 1974:42).

These culture circles attempted to clarify situations through critical discussion or debate and to seek action as a result of that clarification. In addition, the topics for discussion are offered by the group themselves (Nyirenda 1997).

Freire was instrumental in identifying the transition from a traditional passive concept to a participatory approach, where dialogue should not involve one person acting on another, but rather people working with each other:

Founding itself upon love, humility, and faith, dialogue becomes a horizontal relationship of which mutual trust between the dialoguers is the logical consequence. It would be a contradiction on terms if dialogue – loving, humble, and full of faith – did not produce this climate of mutual trust, which leads the dialoguers into ever closer partnership in the naming of the world. (Freire, 2001:91).

He further referred to dialogue as a part of making a difference in the world, and this process was important as it can enhance community and building social capital.⁹

Central to Freire’s influence on CFSC theory was his emphasis on conscientization – developing consciousness, but consciousness that is understood to have the power to transform reality (Taylor, 1993:52). Conscientization leads people themselves to take action so as to change their social realities (Nyirenda, 1997). Critical and continuous dialogue was therefore a means of conscientization. Freire (1970) adds that without dialogue there is no communication, and without communication there is no true education. In like manner, the communication for social change theory encourages a process of dialogue through which people actively engage in identifying their problems and finding effective solutions. Freire emphasizes that:

I engage in dialogue not necessarily because I like the other person, I engage in dialogue because I recognize the social and not merely the individualistic character of the process of knowing. In this sense, dialogue presents itself as an indispensable component of the process of both learning and knowing (1995: 379).

⁹ Prepared by Mark Smith: <http://www.infed.org/thinkers/et-freire.htm> (accessed on 26 October 2005)

Figueroa et al (2002:3) further observe that:

Emphasis began to shift from audience members as individual objects to audiences as social groups, and from the action of sources on receivers to the relationships among participants (Schramm, 1973), to mutual understanding (Kincaid, 1979, 1988), and to convergence within communication networks (Rogers and Kincaid, 1981; Kincaid 1993; Rogers, 1995).

There is now a focus on audience as social groups, two way flow of communication, mutual understanding and establishing communication networks which all contribute to the variables of CFSC.

Origin of Communication for Social Change

The Communication for Social Change Network was established in 1997 by the Rockefeller Foundation, which gave its initial support to broaden the debate, develop a working definition of the theory and model, and determine the best ways to advocate for and support the education of communication in this new paradigm. The Consortium traces the history of communication for social change concepts, provide visibility to authors in developing countries and demonstrate participatory development and dialogue through the process of selection of texts. CFSC was defined by the Consortium as a process of public and private dialogue through which people define who they are, what they want, what they need and how they can act collectively to meet those needs and improve their lives (CFSC Consortium May 2004). CFSC supports processes of community-based decision-making and collective action to make communities more effective and build more empowering communication environments.

Alfonso Gumucio Dagon, Managing Director of the CFSC Consortium, states that whatever we plan for the future in terms of social change should associate in one strategy the objective of social change, the knowledge of new technologies and the process of communication. The new communicator should be the centre-piece of the communication strategies for social change in the next century (CFSC Consortium May 2004). Dagon further outlines that the new communicator should *use technology as a tool* to support the communication process, it must understand that communication for social change *deals with culture and cultural identity*, and finally that the *process is more important than the*

product. These three principles highlight the dynamics of communication for social change, which is the new communicator. Whilst the Consortium has recently tried to document and highlight the origin and development of CFSC, it still draws on components from various development communication theories which contributes to Dragons association as a ‘new communicator.’ This was seen in the modernization, dependency and Development support communication theories. CFSC therefore is a hybrid communication approach of various aspects of other development communication theories.

The CFSC Approach

The main variables in CFSC

CFSC is informed by principles of self-determination, equity, social justice and participation, premised on communication encouraging dialogue, sharing of information and mutual understanding, and social change focusing on community dialogue and collective action. “The model describes community dialogue and action as a sequential process or series of steps that can take place within the community, some of them simultaneously, and which leads to the solution of a common problem” (Figueroa, et al 2002). The CFSC model is a move away from the linear flow of communication and places emphasis on a cyclical process, which promotes information sharing (Figueroa, et al 2002:2).

CFSC in the first instance addresses the significance of dialogue, where the ‘dialogue’ can act as the channel for communication. Students at campuses should actively engage in a two-way flow of communication through dialogue and away from a sender-receiver form of communication. CFSC then addresses the need for collective action, where students can work together on prevention messages and programmes. These prevention messages and programmes must be designed and implemented in a participatory way to ensure that it actively engages all role-players in the process. One way of doing this is to use participatory techniques that are specific and applicable for the target group for collective action. This study with students entails identifying if the message of the ABC prevention strategy is relevant to student sexual practices before they implement a programme to message their ‘preferred’ practices. By ‘preferred’ I mean that the ABC

strategy is imposed on students and used extensively nationally and globally without understanding social, cultural and economical contexts that affect student choices and behavioural practices. A prevention message designed by students through dialogue and active participation would ensure that these contextual factors are first taken into consideration. In addition, the process of dialogue ensures that students are given an opportunity to voice their opinions. So whilst the study aims to identify the possibility of changes to the ABC strategy in light of the above mentioned factors, the core purpose of this study is to demonstrate the effectiveness of collective dialogue in HIV/AIDS communication strategies.

Characteristics of CFSC

Cardey (2006) reviews how CFSC has been generally characterized:

- A focus on individual and social change: “change is defined as the people themselves define it” (UNFPA, 2002:44)
- Attempts to integrate different approaches in communication for development
- Emphasis on political building and community action
- Social mobilization is the process of bringing together inter-sectoral allies to raise awareness and demand for development programs, assist in delivery, and strengthen community participation for sustainability
- Social change is more likely to be sustainable if the individual and communities who are most affected own the process and content of communication
- Communication should be empowering, horizontal, give voice to the marginalized or unheard members of the community, and based on local content and ownership
- Outcomes should move beyond the individual towards social norms, policy, culture and context.
- Emphasis is on long term social change
- Communication strategies change the social environment in which HIV/AIDS is spread, so that individuals have more choice in relation to preventing and coping with the disease
- Emphasis should be on dialogue between outside agencies and communities: “politically and economically marginalized people define who they are, what they want and need, and how to attain what they need to better their lives” (UNFPA,

2002:44; Gray-Felder, 1999; UNFPA, 2002; Reardon, 2003; Waisbord, 2001; Servaes and Malikhao, 2004; Singhal, 2001).

The CFSC model does not look at implementing change on a linear level but instead takes a multilevel approach where individuals act in their own capacity yet function and contribute in accordance with a larger social system and structure. The process is cyclical as there is a crisis, an innovation or some form of stimulus that acts as a catalyst to start community dialogue, which then leads to community action. In addition, the CFSC process is equally as important as the outcomes (Figueroa et al 2002: i). As a result, the process is people driven. Experts only act as facilitators in the process and never dictate the levels of participations or take power and ownership of the collective action.

Key principles of CFSC

Some of the key principles associated with CFSC that my study focuses on are:

- Sustainability of social change is more likely if individuals and communities most affected **own the process and content of communication**
- Communication for social change should be empowering, horizontal (versus top-down), **give a voice** to the previous unheard members of the community, and be biased towards **local content and ownership**.
- Communities should be the **agents of their own change**
- Emphasis should shift from persuasion and the transmission of information from outside technical experts to **dialogue, debate and negotiation on issues** that resonate with members of the community (Figueroa, et al 2002: ii).

In addition, CFSC should integrate different approaches from communication for development. By this I mean that whilst we are trying to involve and empower the community, make people agents of change, promote dialogue and discussion, an integrated and multisectoral approach is necessary. Drawing on the successes of other communication strategies and theories can do this and theories to ensure that communication for social change can still address issues that it may fail to cover. These principles form the foundation for achieving community dialogue for collective action with students at Universities. However, this study will only focus on mobilizing students for community dialogue.

Four main components of CFSC applied in this study

Figueroa et al (2002: 3-4) reviews the CFSC model and identifies four key aspects. CFSC firstly looks at the need to share and exchange information instead of transmitting information between people. As a result, with reference to HIV/AIDS, messages can be created and shared instead of being lost in transmission. Whilst interventions are participatory, the messages are still produced, but not collectively created or shared in their design. Second, the model allows for the role of perception and interpretation of participants, therefore creating understanding through the continuous dialogue. Third, the horizontal flow of communication allows for social outcomes like mutual understanding and collective action and also bears room for individual outcomes such as interpretation, believing and perceiving. The final aspect of this model that they identified was the cyclical process: “As participants take turns creating information to share with one another and then interpreting and reinterpreting its meaning until a sufficient degree of mutual understanding and agreement has been reached for collective action to take place” (2002:4).

CFSC – The Process

Whilst development can take place through various levels of change such as externally generated change, individual behaviour change, and social influence, community dialogue and collective action as the process of change forms the basis for CFSC. This model starts the process with a catalyst, internal or external to the group which aids the process of horizontal communication through dialogue. There are six catalysts identified by CFSC (refer to figure one below), an internal stimulus, a change agent, an innovation, policies, availability of technology and mass media. While using a catalyst to lead to dialogue, it is important to understand the role of a catalyst, it merely serves as a tool to initiate a discussion. This means that it should not be directly involved in the outcomes or the decisions made thereof. The media often come under scrutiny, but it is important to understand that the media can play a role as a catalyst for public debate and dialogue therefore stimulating community engagement:

It is often argued that mass media campaigns are not effective in directly changing individual sexual behaviour, and this is sometimes true. However, the media is

critical in stimulating public debate and dialogue, and in challenging the kind of long-established social norms that prevent more widespread changes in behavior (Scalway, 2003:13).

Once a catalyst has been used to start the process of dialogue, the model places emphasis on the 10-step process to creating an environment for Community Dialogue. This entails *recognition of a problem*, this can be a result of a catalyst which draws attention to a problem at hand. *Identification and involvement of leaders and stakeholders* ensures that the problem is brought to the attention of the relevant stakeholders before it progresses or develops further. *Clarification of Perceptions*, this enables the process of using dialogue to ensure that there are no misconceptions and incorrect interpretation of the problem at hand. *Expression of Individual and Shared Needs*, when using the model of CFSC, it is crucial to ensure that all young people are given an equal opportunity to participate and contribute in the discussion and decision making through dialogue.

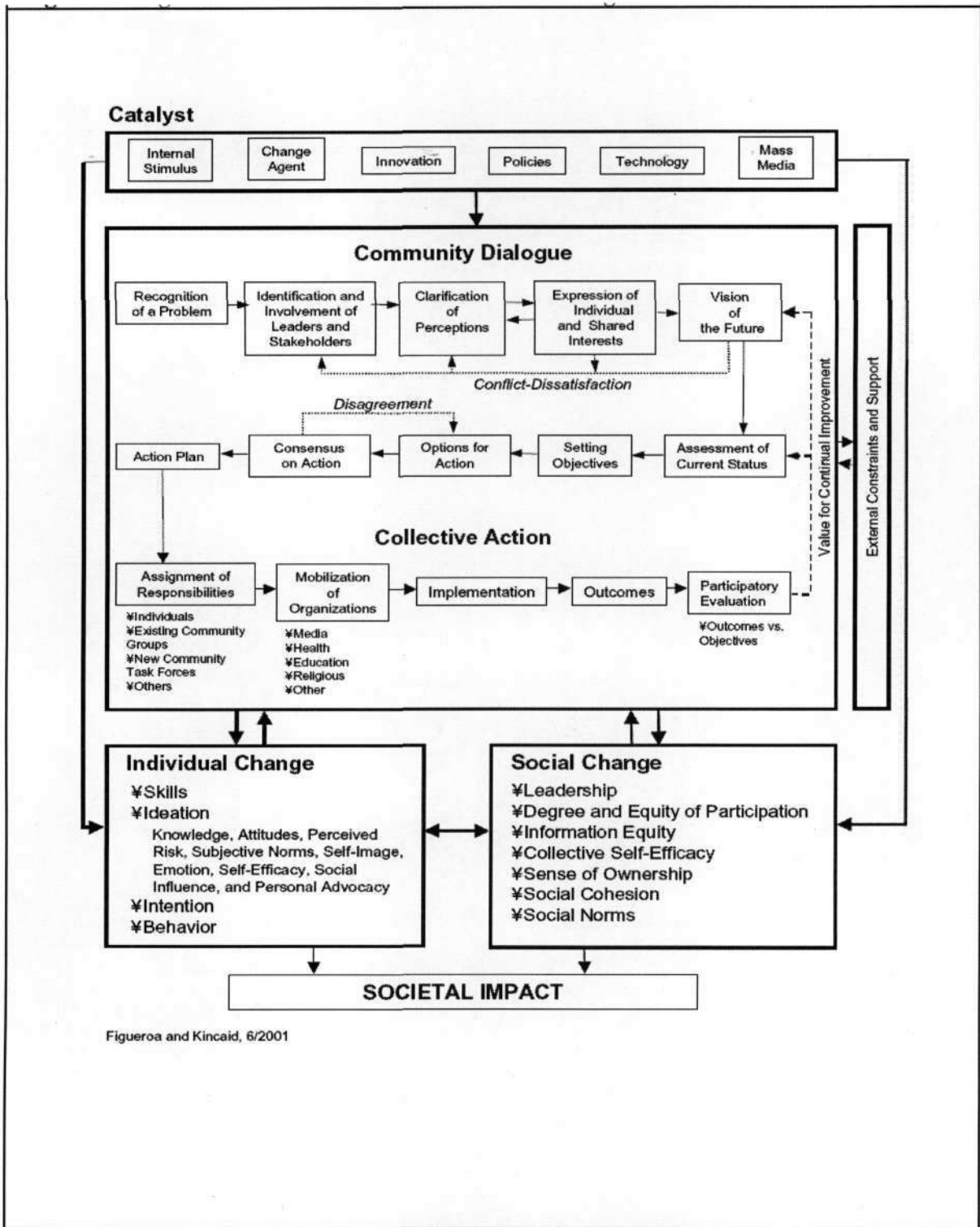


Figure Two: Figueroa and Kincaid 2001

The fifth step of community dialogue is the *vision of the future*. The common vision expresses all of the changes that will occur and the benefits that everyone expects to receive (Figueroa et al, 2002:9).” The *assessment of current status* allows for setting clear goals to be achieved and how this can be done given the size of the current problem. Based on this assessment, the group is now able to work towards the next step which is *setting objectives*. *Options for action*, assesses the different approaches to ensure that the objectives set can be achieved. The ninth step is *consensus on Action* – without getting the group to feel and identify that the proposed action is their initiative and allowing them to feel a sense of empowerment, the process of dialogue is defeated. The final step is the *action plan*, which allows for each person to know the deadlines for moving towards an effective solution of their problem.

The second phase of CFSC looks at the five steps towards collective action. *Assignment of responsibilities, mobilization of organizations, the implementation phase, outcomes* which are the actual results obtained from the action plan or the implementation of a programme and the final step for collective action is the *participatory evaluation* step where Figueroa et al (2002:10) states: “The comparison of the outcomes to the shared vision and original objectives is an important self-evaluation process.” The second phase of CFSC theory will not be explored in this study. Focus groups have been conducted to demonstrate the collective dialogue approach and the outcome of this dialogue will be explored later to illustrate the steps mentioned above.

Main variables this research investigates

CFSC is selected as a theory to use with students as there is a focus on dialogue before collective action. So whilst the dialogue achieves active participation through the horizontal flow of communication and promotes mutual understanding, young people at tertiary institutions are not given this opportunity to discuss and engage in dialogue about the messages and HIV/AIDS related information. My study will focus only on phase one of the model, identifying some of the catalysts that can be used to start dialogue with students about their perceptions of the ABC strategy and the how students can be involved in HIV/AIDS messaging. The main variables of community dialogue within the model of CFSC will be explored with brief recommendations on how collective actions

can be achieved at tertiary institutions. This study will however not entail an in-depth study into the phases of collective action.

Given that young people bear different opinions and interpretations of the HIV/AIDS and sexual practices, CFSC enhances the need for dialogue which overcomes divisions and mindsets that need to change. Figueroa, et al (2002) make reference to Rapoport (1967), as derived from Carl Rogers' client-centered therapy (1951), that effective dialogue occurs: (1) when participants with differing viewpoints listen to each other, (2) when each one accepts the conditions under which their viewpoint can be valid and (3) when they can identify the overlap or similarity of both view points. However, a factor that can be ignored when referring to dialogue as a process for actively engaging young people to speak about HIV/AIDS related issues is when the level of conflict overrides the level of agreement. This means that the instead of a convergence of ideas and a move towards collective action, the group can segregate if disagreements arise through the dialogue that cannot be resolved. In addition to dialogue, power and conflict can also contribute as factors that can overcome differences and opposition in a group. This approach however needs to be reviewed closely as the model would not want to try to actively engage young people in HIV/AIDS related issues yet restrict their level of participation and involvement in programmes and message design on account of lack of social cohesion with the group.

Negotiation, is an option that is proposed by Figueroa et.al (2002), which in my view is a better and more feasible application of a participatory approach. Should the process of collective dialogue increase social cohesion with young people then negotiations with mutual agreement for collective action is ideal. However, leaders are crucial when using the CFSC model as they guide the process of dialogue for collective actions. The Peer Educator programme implemented on most campuses can be an example of this approach.¹⁰ These mentors or leaders direct and redirect the conversation to converge at all points and when divergence does occur during the dialogue, the peer educator can facilitate the process of converging through dialogue and discussion to a point for mutual

¹⁰<http://www.ukzn.ac.za/heard/research/ResearchReports/2005/Environment%20Report/Appendix%203&4.pdf> (accessed 11 December 2007)

understanding and collective action once again. This was also done in the focus groups conducted, where students were allowed to share information, views and ideas, the facilitator played the role of facilitating convergence in the dialogue.

This study will therefore test the ten steps towards actively engaging students in collective dialogue, as well as identify some of the barriers or challenges to achieving effective communication, and how this can be addressed. When looking at the first step, *Recognition of a problem*, the question to be addressed through dialogue in this instance is do students find the ABC prevention strategy a call for concern in its implementation and relevance of its message and approach. *Identification and involvement of leaders and stakeholders* would assess if students find the need to draw on external expertise and the role some of them should play. *Clarification of Perceptions*, through the process of dialogue, students would clarify the misconceptions of the ABC strategy and its effectiveness for students. *Expression of Individual and Shared Needs*, will address if all students express their views and needs, and is there a process of mutual reflection and understanding.

The fifth step of community dialogue is the *vision of the future*, where students can identify where they see themselves in the future and how they can plan to strategically get there. The *assessment of current status* allows students to identify how goals can be achieved given the size of the current problem. Based on this assessment, the group is now able to work towards the next step of *setting objectives*. *Options for action*, assesses the different approaches to ensure that the objectives set can be achieved. The ninth step is *consensus on Action* – without getting the group to feel and identify that the proposed action is their initiative and allowing them to feel a sense of empowerment, the process of dialogue is defeated. The final step is the *action plan* which allows for each person to know the deadlines for moving towards an effective solution of their problem.

This thesis is not limited to students' active participation in 'intervention' but also places emphasis on the "construction" of the message or HIV/AIDS prevention strategy. In other words, what are students' views on the Abstinence, Be Faithful and Condomise (ABC) prevention strategy, and how would they reconstruct this HIV/AIDS message if

given the opportunity. It is crucial to make explicit that peer education programmes are good interventions for young people on campus but this study will review how interventions can be more effective through student involvement in the prevention strategy/message conceptualization and design before the implementation of HIV/AIDS programmes. This study is therefore trying to assess if students find it necessary to be involved in the formation of messages that are a true reflection of their behavioral patterns.

Critiques of CFSC

'Talking Cures,' a publication by Christopher Reardon (2003) provides a case study of how CFSC was applied in Decatur, an industrial city in the US. The residents of Decatur endured labour strikes, tornadoes, racial incidents and health issues. Reardon (2003) draws attention on how in 1998, 40 focus group meetings were held to allow 2000 residents to share their views on quality of life issues and the health care system. This in turn revealed five priority issues where discussion groups were set up, and these conversations later changed into collective action. The study further goes on to describe how issues of racial tension were solved through forums and dialogue with adults, in addition Decatur also addressed health issues when questions were raised about the high incidence of pediatric asthma. Community dialogue played a role when there was a focus on the issue through public debate and discussion (Reardon, 2003:6). In addition the study found that its not advisable to jump from problem to solution, the process has to be taken in stages, as it is for this reason that community dialogue is crucial. This case study was an excellent reflection of the implication of CFSC as a communication method, but it failed to provide a detailed breakdown of how the steps of each phase of the community dialogue was achieved.

Conclusion

The study reported on in the next chapter analyses the steps of communication for social change as outlined by Figueroa, et al (2002). While this study is restricted to reviewing the steps of the first stage of communication for social change (collective dialogue), recommendations will be made based on the findings of the survey towards collective action. This study will assess if students find the ABC strategy relevant and effective following which, students involvement and participation through dialogue would be reviewed in terms of the above ten steps.

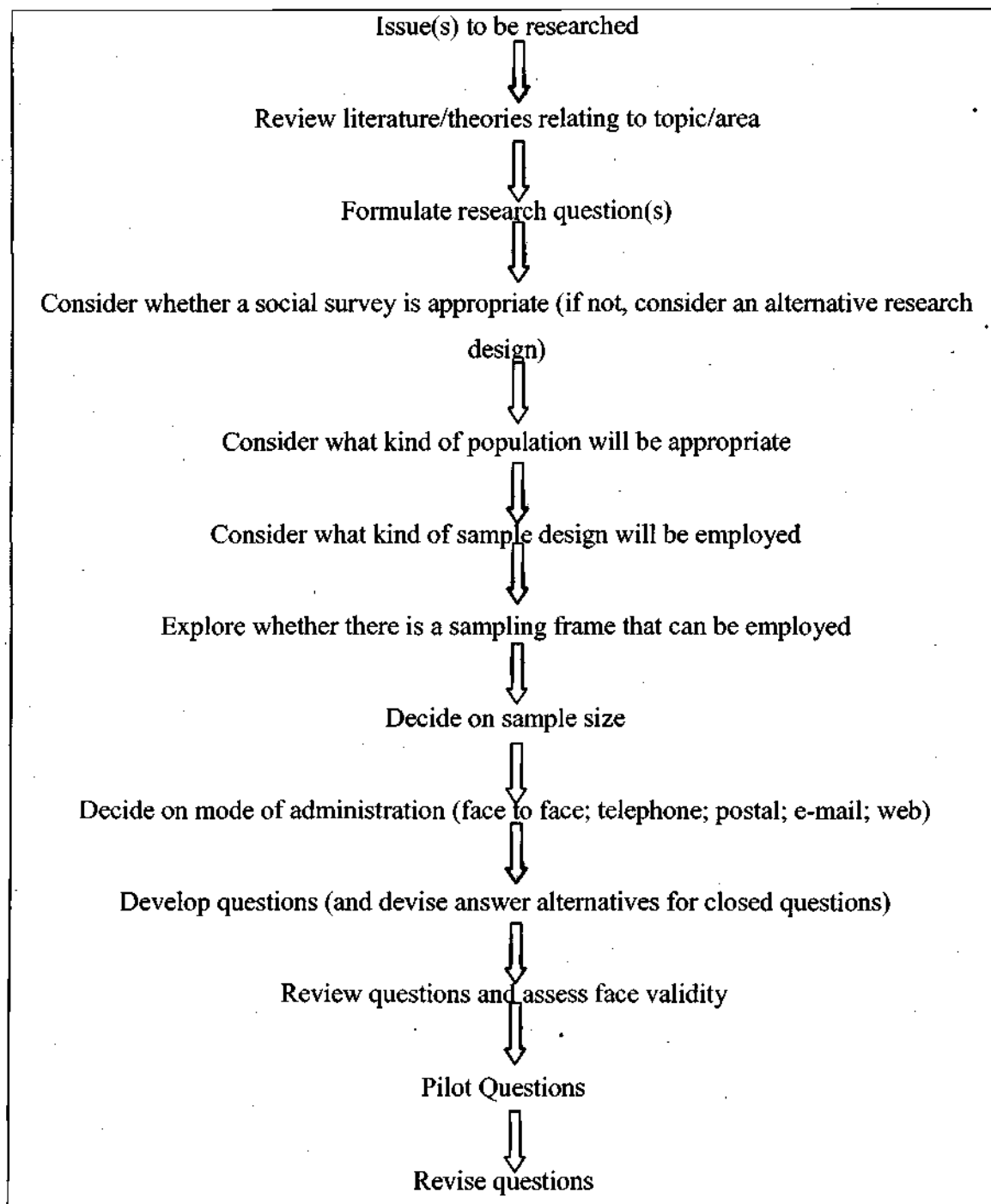
Chapter Four: Research Methodology

This research was part of a composite study involving three PhD and one MA student conducted in conjunction with Johns Hopkins Health and Education in South Africa (JHHESA), with funding from United States Agency for International Development (USAID). The study focuses on: “Understanding responses to the ABC strategy in the Higher Education sector in South Africa: towards an advocacy framework to influence policy and practice for the prevention of infection with HIV among KwaZulu-Natal university students.” Various research areas of each student were combined and formed the composite study. A questionnaire was designed as a combination of each focus area to derive quantitative data. My study focused on students’ perceptions about the ABC prevention strategy and how students can actively engage through dialogue in the design and development of HIV/AIDS prevention messages. In this study the population was identified as students at three universities in KwaZulu-Natal province: University of KwaZulu-Natal, University of Zululand and Durban University of Technology. The University of KwaZulu-Natal has five campuses: Pietermaritzburg, Edgewood, Medical School, Westville and Howard College. This chapter provides a brief account of the research design for this survey, the pilot study conducted, sampling strategies, method of data collection and methods of data analysis.

Research Design

This study took the form of a survey, “a method of collecting information, from a sample of the population of interest, usually by personal interviews (face-to-face or telephone), postal or other self-completion questionnaire methods, or diaries” (Bowling, 1997: 173-174). A survey was chosen as the research strategy since Yin (2003) explains that the most important condition for identifying different research strategies is to identify the type of research question. The ‘what’ question is likely to favour survey strategies or the analysis of archival records, while the ‘how’ and ‘why’ questions are more explanatory and likely to lead to the use of case studies, histories and experiments. However, case studies may be carried out to follow up and to put flesh on the bones of a survey (Bell, 1987: 7). Surveys are cost effective and provide rapid data over a short period of time.

The flowchart below, adapted from Bryman (2004) demonstrates the steps in the process of conducting this survey. Once the research question was identified, the literature reviewed and the sample frame defined, the questionnaires were developed and ready for testing. The findings of the pilot study were a crucial step in the development of the survey.



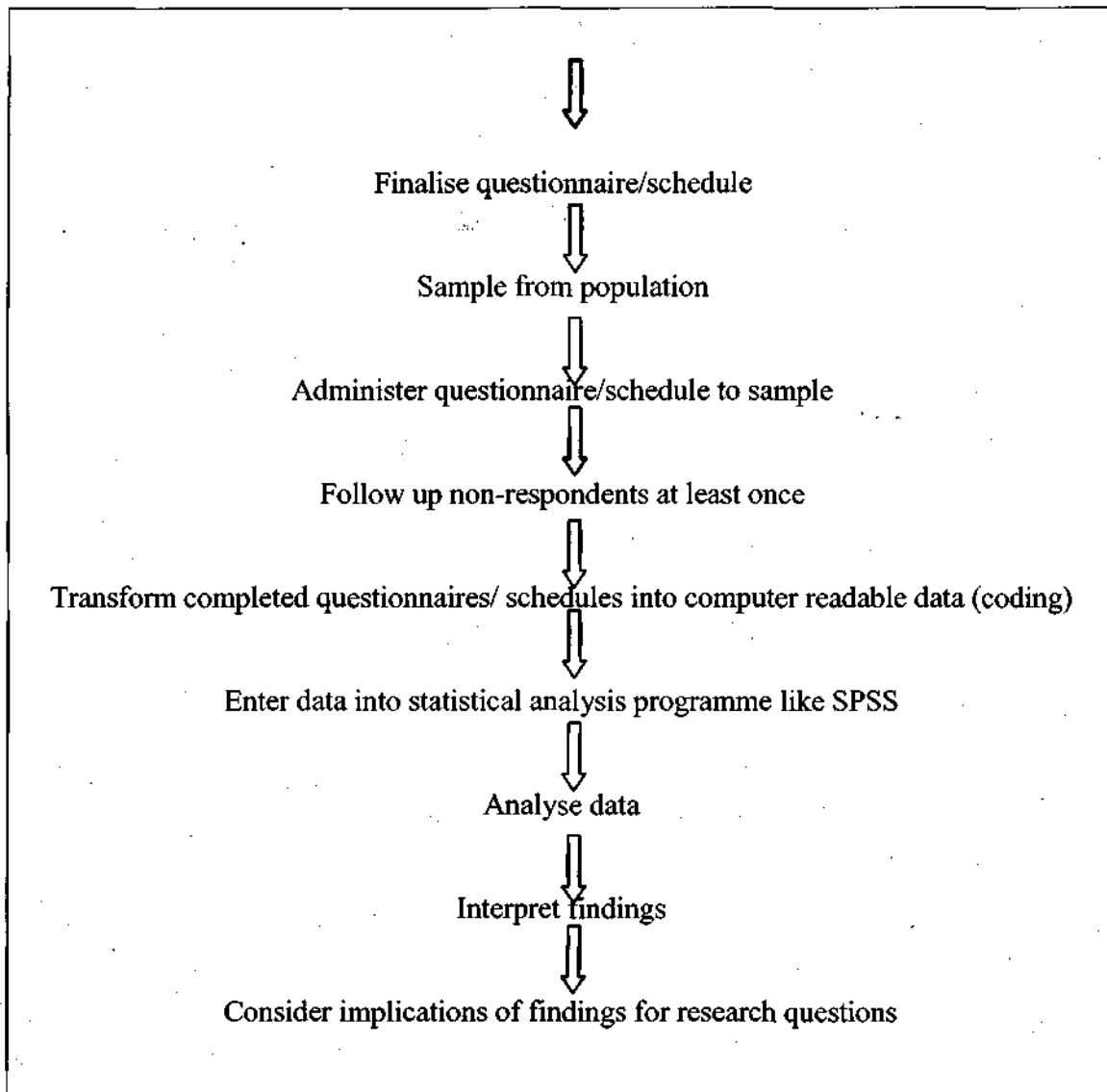


Figure Three: Adapted from Bryman, 2004: 85, Steps in conducting a social survey

Qualitative and Quantitative Research

This study produced quantitative and qualitative data using researcher administered questionnaires and focus groups respectively. Quantitative research emphasizes quantification in the collection and analysis of data, while qualitative emphasizes words (Bryman 2004). Quantitative approaches apply numerical methods while qualitative methods favor explanations. “Quantitative research is appropriate in situations where there is pre-existing knowledge, permitting the use of standardized data collection methods (e.g. the survey questionnaire), aimed to document prevalence or test hypotheses” (Bowling, 1997:173). Questionnaires were used as a quantitative research

mechanism to derive frequencies and percentages of students' perceptions of the ABC strategy and the involvement using dialogue to communicate HIV/AIDS messages. This research instrument and quantitative research was used to provide an overview of students' perceptions across the two campuses.

Qualitative research was conducted using focus groups to generate rich data to address the research questions; qualitative research also provides a descriptive record of how students engage using dialogue in focus groups. The two major features about well collected qualitative data are the focus on naturally occurring and ordinary events in natural settings which demonstrates 'real life'. This type of data further has richness and provides a thick description (Miles and Huberman 1994).

Pilot Study

The two important procedures at the outset of constructing a questionnaire is planning and piloting. A pilot study should address questions such as: does the question measure what it intends to measure? Are the words and instructions comprehensible? Are appropriate responses available for respondents? (Bowling, 1997:243) Pilot testing is important to establish the content validity of an instrument and improve questions, format, and scales (Creswell, 2003:158). Piloting the questionnaires not only ensures that the survey operates well, but that the research instrument itself functions well. (Bryman, 2004:159). Through the process of the pilot study the questionnaires were monitored by researchers to ensure it was the best instrument for the research questions. Pre-testing the questionnaire before the survey was crucial to ensure that all errors, omissions and discrepancies were rectified before the cross-campus survey.

The pretest does not need to involve large numbers of respondents; 30-50 respondents are often enough if they are sampled (purposively) in a way that ensures that the expected heterogeneity of the study sample is reflected in the pretest sample. This means making sure that the pretest includes the same types of respondents who will be included in the study sample: old and young, urban and rural, less educated and more educated, males and females, and so on (Fisher et al, 2002: 75).

The team of four students (three PhD and one MA) drafted a questionnaire to cover four research areas of the ABC strategy. The questionnaire included predominantly closed-ended questions and few opened-ended questionnaires. One hundred questionnaires were piloted or pretested with students at the UKZN Howard College campus. Testing the validity of the questionnaires and the relevance of the research instruments was crucial and the main purpose of the pilot study. Four research assistants were trained in November 2006 to administer the questionnaires, with students who were available and willing to be part of the survey. Convenient sampling was used for the pilot study based on the availability and enthusiasm of students.

One hundred questionnaires were administered at Howard College, the data were captured on the SPSS system and analysed using frequencies and percentages. This process ensured that responses of students were directly addressing the research questions, and allowed for the revision of questions where necessary. Some of the feedback from the questionnaires showed that not all students were familiar with the ABC strategy. The strategy had to be defined and abbreviations avoided. Some questions were too long, and students were not taking the time or effort to answer the questions towards the end. The questionnaire was restructured to be more detailed but short. Students found the open-ended questions in the pilot study too long, and were not enthusiastic to give detailed responses. Some questions were also ambitious and these were revised and removed. Based on the findings, the questionnaire was revised and the sample frame for the survey defined. The findings of the pilot study would not be analysed for the purpose of this study, as a detailed analysis of the survey is provided in later chapters.

Main Research

Sampling Frame and Techniques

The sample population for this study was the total population of students in Howard College and Westville campus. Peil (1995) states that a population is all the cases or individuals that fit into a certain specification, each individual in the population are called an element. A sample frame was identified from this population using various sampling techniques. A sample frame is a list of the population from which the sampling units are

drawn (Fisher et al., 2002). A sample of 1400 students was selected for the questionnaires. However, my research drew on the information from 400 questionnaires - 200 students from each of the Howard College and Westville campuses were selected, using a multi-stage sampling technique. Sampling is the selection of a part to represent the whole (Peil, 1995: 23). This sample size was chosen as given the nature of the study, time and cost were two factors taken into consideration. Four hundred students were an appropriate number to solicit quantitative data to form the basis of this study.

A sample size appropriate to the needs of a researcher depends on two concepts: precision and confidence level. Precision is the amount of sampling error that can be tolerated by the researcher. Confidence is the level of certainty that the true value of the variable being studied is captured within the standard error, or sampling error. A standard error is simply the difference between the true value of the variable in the population and the estimated value of the variable obtained from the sample (Fisher et al, 2002: 69).

Sampling errors shows the amount a sample estimate can differ from a true value of that variable in the population (Bowling, 1997: 158). The larger the sample area the less sample error (Bryan, 2004). Precision and confidence of the sample were managed and minimized the sampling error as questionnaires were administered to ensure that the only answers that were not given were those that students chose not to answer. A sample of 400 questionnaires was adequate to obtain the general responses of students to contribute to the findings of the qualitative research.

A sample can be thought of as a model of a larger population (Fisher, 2002:62). There are two types of sampling, probability sampling is where each element (student) has an equal chance of being included, whilst non-probability is cheaper and convenient as elements are chosen in a non-random fashion (Peil, 1995). Probability sampling is further categorized into simple random, stratified random and cluster sampling. Multistage sampling which combined both probability and non-probability techniques was used in this study. Probability sampling was used to select students for the questionnaires as it provided generalized findings of the student population giving all students an equal opportunity to be part of the study. Non probability sampling used in the focus groups

ensured that students who were keen to be part of the study were given an opportunity to share their knowledge, attitude and experiences.

The first sampling technique used was random sampling where four faculties were randomly selected. Stratified random sampling uses the knowledge of the population to increase the representatives of a sample of a given size, or to get an equivalent amount of information for a smaller group (Peil, 1995: 32). Stratified random sampling further increases the precision of the sample by guarding against the chance of under-or over-representation of certain groups in the population (Bowling, 1997: 170). Through the process of stratification in each of the four faculties, one level of study was selected to form the sample frame. This could have meant that the 1st year students were from the human science faculty, the 2nd years from the law faculty and so forth. In simple random sampling, each element of the larger population is assigned a unique number, and a table of random numbers or a lottery technique is used to select elements one at a time, until the desired sample size is reached. (Fisher et al, 2002:65). To ensure that a simple random sample is not unrepresentative of the population, students in each faculty were stratified according to their year of study, which produced four categories first to third year and post graduate students (Honours, MA, PhD).

This technique ensured an even representation across the levels of study and students. One programme with more than 50 students within each Faculty was purposively selected. It was from the selected programmes that 50 students were selected according to the willingness to participate. Convenience sampling is a process of selecting from whatever happens to be available at any given time or place (Fisher et al 2002). Convenience sampling also permits the selection of subjects for reasons of convenience and is usually used for exploring complex issues (Bowling 1997).

The use of probability sampling ensured that a non biased sample was obtained. A non bias sample is one that does represent the population from which the sample was selected. The three sources of bias can be identified if a non-probability or non-random sampling method is used, if the sample frame is inadequate and if some sample members refuse to participate or cannot be contacted (Bryman, 2004). In this study, an adequate

sample was selected, along with qualitative research (focus groups) to confirm or challenge the initial findings.

Data Collection: Questionnaires

The approach used for data collection depends on the study objectives, the study design, and the availability of time, money, and personnel. In deciding on the best way to collect data, it is important to consider whether the study intends to produce quantitative, numerical findings or to produce qualitative, descriptive information (Fisher et al, 2002:73). Quantitative data were collected through a survey using researcher administered questionnaires, and qualitative data through focus group discussions. These were two separate studies, where the survey provided baseline information that informed the development of subsequent focus groups. The focus groups set out to explore the potential for students becoming involved in a participatory approach using the CFSC theory. The use of a survey and focus groups were useful as questionnaires gathered information and the focus groups examined how participation can play a role in HIV/AIDS communication.

Questionnaires were designed by the ABC team to draw data that fed into all four research areas and the overall objective of the project. One of the most effective ways to collect quantitative data on people is to use a standard questionnaire that is administered by a trained interviewer (Fisher et al, 2002:74). Standard questionnaires were used to ensure that all respondents were asked the same questions in the same sequence.

The strength of structured questionnaires is the ability to collect unambiguous and easy to count answers, leading to quantitative data for analysis. Because the method leads to greater ease of data collection and analysis, it is relatively economical and large samples of people can be included (Bowling, 1997: 228).

Closed-ended questionnaires were designed and administered to the sample group to access data on perceptions of the ABC strategy and to explore the possibility of reconstructing this message with student input. The questionnaire was initially used to form part of a survey conducted by the Centre for Development, Research and Evaluation (CADRE), and was adapted and modified by the researchers at UKZN. Closed-ended

questions present a set of fixed alternatives from which the respondent can choose an appropriate answer (Bryman 2004). The questionnaires were structured to address the research questions, to investigate students' ideas of effective messaging and the use of dialogue to engage students in communication strategies for prevention. Some of the advantages of using closed-ended questionnaires are that they generate easy to process answers, clarify the meaning of questions to respondents, easy for respondents to complete and also reduce the possibility of variability in the recording of answers in structured interviewing (Bryman 2004). However, closed questions also pose disadvantages as this restricts the options available to respondents, and does not compensate for the misinterpretation of questions.

The survey was relevant as it highlighted the some of the concerns and perceptions of students around the effectiveness of the ABC message. This survey provided the preliminary findings which was the rationale for conducting focus groups where students were given an opportunity to engage in open discussions about the research questions. Focus groups ensured that students could express their concerns beyond the scope of the survey, as the close-ended questionnaires did not allow them to explore these concerns.

The disadvantage of structured questionnaires is that pre-coded responses may not accommodate all possible responses and as a result may force the respondent to choose an inappropriate pre-coded answer, which does not represent their views (Bowling, 1997: 229). While the questionnaires was restricted in the type of questions asked, the study did not only rely on the data derived from the questionnaires but revised the same questions to form the guide for the focus group discussion. Once all questionnaires were completed, they were captured on the SPSS system and used frequency percentages and cross tabs to restrict findings of the omnibus questionnaires to Howard College and Westville campuses only.

Focus Groups

Focus group discussions were used to draw qualitative data, which is more descriptive and exploratory. Focus groups are unstructured interviews with small groups of people who interact with each other and the group leader in a Freirean manner. They have the

advantage of making use of group dynamics to stimulate discussion, gain insights and generate ideas in order to pursue a topic in greater depth (Bowling, 1997: 352). Quantitative methods are important for obtaining data for making predictions and statements, whilst qualitative methods are used to obtain data on processes, on how and why a program works. Fisher et al. state that:

A way of reducing the amount of time and number of personnel required for conducting and analyzing in-depth interviews is to bring respondents together in discussion groups that focus on a particular topic. The use of focus groups is to focus on a particular topic and focus group discussions has the advantage of being economical yet still yields detailed qualitative information from a relatively large number of respondents. It is often an excellent technique to use for examining group or community consensus about a particular issue (2002, 78-79).

The interview (or facilitator) follows nearly the same procedure as in unstructured interviews, using a general discussion guide and eliciting details through probes (Fisher et al 2002).

Participants are usually sampled purposively to reflect population variations that are particularly relevant to the research topic (Fisher et al, 2002: 79). Convenience sampling was used for the focus groups, as all students are affected directly or indirectly by HIV/AIDS, and will at some point be required to make a decision or act in terms of the ABC prevention approach. It was for this reason that students who were willing and keen to be part of the focus group was used, instead of soliciting students who were not keen participants.

Based on the data received from the survey, two groups of students were selected to form focus groups in each of the two campuses. Convenience sampling ensured that all participants were voluntary participants in the focus groups, whilst some were selected through leadership and peer educator programmes, not all respondents were available or willing to participate. Respondents were selected based on their availability and enthusiasm to be a part of the study, to guarantee active discussion and feedback on various topics for discussion.

Discussion groups were conducted to understand more about students' perceptions of the ABC strategy and how they could be involved through dialogue in the revision of HIV/AIDS messages. The purpose of the focus groups was to get more descriptive information from the survey, and to unpack further key issues and questions that will be raised through analyzing the findings of the questionnaires. The focus group was a separate study to the survey and was set in place to follow up on students responses to the questionnaire, allowing them to share in a group their ideas and views of student participation, the role of dialogue and the effectiveness of the ABC strategy. The data obtained was analyzed and categorized, using thematic analysis and following the steps of the Integrated Model for Communication for Social Change.

Survey

The survey was conducted from April to May 2007. A workshop was held in April to train twenty research assistants to conduct researcher-administered questionnaires. The research assistants were then allowed to choose their preferred campus (Howard College, Westville, Edgewood Campus, Pietermaritzburg and Medical School), and the level of study. Each campus was assigned four research assistants, each administering fifty questionnaires to one level of study as stratified. This resulted in two hundred questionnaires administered on each of the five campuses over a three week period. Each questionnaire was researcher administered with a brief outline of the purpose of the survey, followed by the gaining informed consent from each student. Consent forms were signed and placed in unlabelled envelopes before questionnaires were administered. Students were reassured that they could withdraw participation or not answer questions that found inappropriate. Each questionnaire took thirty minutes to administer.

The student population was stratified according to their faculty and level of study and research assistants obtained listings of students in a department with over 50 students. The fifty students were then purposively selected and appointments were made to secure a time to administer the questionnaire. This at times meant that students failed to keep to appointments and research assistants continuously approached various students within the allocated programmes until the fifty questionnaires were complete. It is for this reason that random sampling was chosen as the preferred sampling technique with the students

as: “there is almost no opportunity for human bias to manifest itself, and the process is not dependent on students availability” (Bryman, 2004:91).

Ethics in Research

Informed consent prior to the administration of questionnaires and focus groups was crucial as:

Beyond any official permission which is required (and which may halt the study if it is not forthcoming), all participants in the research should also have an opportunity to give or withhold their consent. This should be based on some understanding of what will be expected of them and any risks that they are taking (Peil, 1995: 17).

Students were informed about the level of confidentiality, that all data would be used for research only, and that at no stage will their identity be disclosed. They were also informed that all information will remain confidential with no association to the participants. “Confidentiality is a major factor here. Those who have cooperated in the research should not suffer any ill effects for it, and this is best guaranteed if nothing in the report can be traced to specific individuals or communities” (Peil, 1995: 19). Anonymity was crucial for all students who participated in the survey and focus group discussions.

Peil further states:

In order to give informed consent, participants need to be told something about the project. They have a right to know (a) who is sponsoring the study, (b) what area is being investigated, (c) how much of their time it will take, (d) whether the results will remain confidential so that their answers cannot be traced back to them and (e) how the results will be used” (1995; 18).

The above five steps mentioned were covered by all research assistants, ensuring that students were well informed that the survey was funded by the Johns Hopkins Health and Education in South Africa, the area of investigation was the ABC strategy, respondents were informed that the questionnaires will take 30 minutes, their identity will always remain confidential and the results will be analysed to aid the process of policy development for HIV/AIDS interventions at the Universities in KwaZulu-Natal.

Data Analysis

Once all the data were captured and cleaned, the quantitative and qualitative data was analysed in two chapters. The quantitative data were analysed using descriptive statistics.

Descriptive statistics are concerned with the interpretation and summarization of *frequency distributions* (the number of cases in the categories of a variable) and *percentage distributions* (the percentages of cases in the categories of a variable) (Rose & Sullivan 1993:70). The data obtained from the questionnaire produced quantitative data, and was analyzed using a SPSS computer programme. Four hundred questionnaires were analysed using frequencies and percentages. This was done to standardize the data, and often referred to as univariate percentage distribution, and relative frequency distribution. As a result each frequency was converted into a percentage by dividing it by the total number of cases in the table and multiplying this by 100 (Rose & Sullivan 1993). The aim of the data analysis was to define the concepts and findings in such a way that they could be understood, observed or categorized accurately by other researchers who are observing the same setting.

The data obtained through focus groups was transcribed and analyzed using thematic analysis. "Thematic analysis is a method for identifying, analyzing and reporting patterns (themes) within data. It minimally organizes and describes your data set in rich detail" (Braun, Clarke 2006:79). However content analysis is an approach that analyses documents and texts that seek to quantify content in terms of predetermined categories and in a systematic and replicable manner (Bryman, 2004). Braun and Clarke (2006) further elaborate how qualitative methods fall into two camps, the first are those that stem from a theoretical or epistemological position, such as conversation analysis, grounded theory, discourse analysis and narrative analysis. The second method is independent of theory and this is where thematic analysis fits in. For the purpose of this study, the qualitative data is analysed in terms of the steps of the Communication for Social Change model, to demonstrate the importance of community dialogue and how this was visible through the use of focus group discussions. The contents of the discussion were then analysed using thematic analysis to answer the research questions.

Thematic analysis is based on a rich thematic description of the data to ensure that all important themes have been identified. Braun and Clarke (2006) point out that this is a useful method when investigating an under-researched area, or working with participants whose views on the topic is not known. In addition an inductive approach would be taken

which is a process of coding data without trying to fit it into pre-existing coding frame. A semantic thematic analysis would be conducted, involving a process of description of the data, followed by interpretation, which attempts to theorize the patterns identified. An alternate approach is latent thematic analysis, which entails development of themes and interpretation, where the analysis produced is not only descriptive but also theorized.

The six steps used in this thematic analysis were adapted from Braun and Clarke (2006) and is demonstrated in the table below. These steps entailed the familiarization of the data. Immersion in the data is a crucial aspect at this stage as: immersion usually involves 'repeated readings of the data, and reading the data in an active way, searching for patterns and meanings (Braun and Clarke 2006, 87). All data was transcribed and read a few times before initial coding began. The next step required the generation of initial codes. "Coding is a method of conceptualizing research data and classifying them into meaningful and relevant categories for the participant to study (unit(s) of analysis)" (Bowling 1997 296). The data from the two focus group discussions was coded according to the various patterns identified, resulting in a range of codes from both focus group transcripts. Bowling (1997) further explains that deductive coding is when previous knowledge was used to construct response categories before the instrument was administered to respondents, this was done with the questionnaires, where the coding was already pre-defined. Inductive coding was used in focus groups when the study is exploratory and little knowledge informs the development of the codes.

The third step of the data analysis process was searching for theme, this meant the continuous analysis of the identified codes to form emerging themes. Themes were identified from these codes, some directly relevant to the research questions while others provided background knowledge to the questions at hand. Reviewing and refining these themes was the fourth step in the process. This was the most challenging phase as reviewing and refining the themes determined the layout of the thematic analysis. The next step requires the defining and naming of themes, each theme here needs to capture the essence of the data findings. Defining the themes in some cases meant that some themes were a direct answer and relevant to the study. The final step is producing the

report with findings, ensuring that the analysis goes beyond description of the data and makes an argument that relates to the research question.

Phase	Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Figure Four: Adapted from Braun and Clarke (2006, 87)

Conclusion

The survey conducted informed the focus group discussion and the findings from both studies are analysed in the following chapters. The survey was conducted to generate percentages of student sexual practices and general perceptions of the ABC message. The focus group data shows how these findings are analysed with reference to the Communication for Social Change theory assesses how dialogue can be used in the process of student participation. The analysis explores how the CFSC process can promote participation, but the data collection for the survey was not a participatory process.

Chapter Five: Quantitative Data Analysis

This study uses quantitative and qualitative methods and the data received is reviewed as two separate chapters. Both sets of findings are analysed using CFSC and focus particularly student involvement through the use of dialogue to address HIV/AIDS prevention messages. Quantitative data collected from the survey provide the initial findings to inform the design of the qualitative data instruments through focus groups. Students were stratified according to their level of study to provide four distinct groups within the randomly selected Faculties. Two hundred questionnaires were administered at each of the two campuses; however students did not respond to all questions. The missing value ranged from 0.5% to 1.5% and therefore does not affect the credibility of this study. The tables used to illustrate the quantitative data findings in this chapter reflect varied percentage responses from participants for each question but is an account of more or less 99% of all respondents who participated in the survey. Table One below shows that 400 questionnaires were administered, but only 397 responded to the question of 'year of study.' Tables in this chapter are developed from data collected through some of the questions included in the survey which are relevant to this study.

Students were given the freedom to withdraw and not answer questions at any time, all percentages are calculated using the available responses. The first question in the survey focused on the breakdown of students, as they were stratified according to the level of study within each faculty. The table below shows there was an almost even number of students from each level participating in this study, 25% of each level of study formed part of this survey. The sample was stratified to reflect the various levels of study to include students from 18 years of age and older.

Respondents Year of Study						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
First Year	49	24.9%	50	25%	99	24.9%
Second Year	49	24.9%	50	25%	99	24.9%
Third Year	50	25.4%	50	25%	100	25.4%
Postgraduate	49	24.9%	50	25%	99	24.9%
Total	197	100%	200	100%	397	100%

Table 1

Students were selected from four different levels of study to ensure that respondents between the ages of 18-24 were part of the survey. The questionnaire required a breakdown of respondents into the different race groups, to establish the diversity of the sample population. These findings were briefly analysed to provide an overview of diverse cultural backgrounds which could also contribute to some of the young people's sexual practices. The next table shows that a total of 55% of the sample group was black, 1.3% coloured, 33% Indian and 11% white. The black students formed the majority of the sample, and coloureds, the least. The purpose of this study was not to give an exact representation of the racial breakdown in the country. Instead, the study allowed the data to reflect a close representation of the racial breakdown at both universities.

Respondents Race Group						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Black	120	61.5%	97	48.7%	217	55.1%
Coloured	3	1.5%	2	1.0%	5	1.3%
Indian	41	21.1%	88	44.2%	129	32.7%
White	31	15.9%	12	6.0%	43	10.9%
Total	195	100%	199	100%	394	100%

Table 2

The survey shows that black Africans constitute the highest number of students attending these Universities. The race group table demonstrates the racial breakdown within the Howard College and Westville campuses which are similar to the racial breakdown of the country where the largest population is black Africans. However, the 2001 Census showed that 8.9% of the South African population were coloured, and 2.5% of Indian origin (Lehohla 2005), but this study had a greater number of Indian students, as there is

a greater representation of Indians at the University of KwaZulu-Natal. The Howard College has a greater representation of black Africans than the Westville campus which has more Indian South African students. The survey also showed that 87% of the students were single, 38% of the students lived off campus with their parents and 30% of the students lived in campus residences. The question can also arise about how reference is made to the concept: 'single'. Some students may consider themselves 'single' in a relationship but not married. Some students identified themselves as 'single' because they were not married but in relationships and engaging in sexual practices. Some may use the terminology 'single' to suggest they are not dating anyone. These are important factors to consider when working with statistics and figures to establish the real number of sexually active students, and how we define 'single' can lead to a misrepresentation of the nature of sexual relationships.

In understanding the racial breakdown, the levels of study, marital status and the nature of residence, these findings suggest some of the general student demographics at the university. The data provides a sense of some of the contextual factors that influence students sexual practices and the decisions they make. These contextual factors will not be explored in detail in this study, but are mentioned here to provide a better foundation and background of some influences on behaviour change. The survey confirmed the HSRC survey findings in 2005 that the overall median age of first sexual debut was 17, indicating university students to be a sexually active group, either during high school or early years of tertiary studies.

Students' knowledge of HIV/AIDS and the effectiveness of the ABC strategy

Some questions asked about student's knowledge about HIV/AIDS. The main focus of the questions was directed at the effectiveness of the ABC approach, student involvement in HIV/AIDS programmes and whether discussions and dialogue took place about HIV/AIDS at the University.

Fifty nine percent of students responded that the ABC strategy was effective of which 61% had heard about the "abstinence" message on campus, and 23% very rarely heard "abstain until married." 'Be faithful' to one partner was often heard by 44% of students

and rarely (12%) heard others. Abstinence was a message that most students heard frequently. From the 59% of students who felt the ABC strategy was effective, only 61% heard about abstinence and 44% about 'be faithful.' Students heard the message, but were possibly not familiar with its intended meaning, and based on its visibility of the HIV/AIDS message on campus students, they assumed it was effective. The findings indicate that students equated 'hearing' about a single component of the ABC message as a measure of the 'effectiveness' of the strategy. This questions the effectiveness of the ABC message, is effectiveness based on the knowledge of HIV/AIDS information or a practice of 'safe' sexual practices.

The question of abstinence indicates in Table Three below that 31% agreed that 'abstinence' is a realistic option, and 28% strongly agreed in favour of abstinence. A total of 37% disagreed (and strongly disagreed) that this was a viable option. These findings show that overall, 59% agreed that abstinence could be achieved and maintained while 37% disagreed. The findings found that 44% agreed that 'being faithful' to one partner was a realistic prevention option, and 54% agreed that using a condom was also a realistic prevention option. This suggested that all students who participated, irrespective of how they interpreted the overall ABC message, more students found the use of condoms as a more realistic option than abstinence.

Abstinence is a realistic HIV prevention option among students						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Strongly Agree	35	18.0%	74	37.6%	109	27.8%
Agree	61	31.4%	59	29.9%	120	30.65%
Disagree	61	31.4%	37	18.8%	98	25.1%
Strongly disagree	28	14.4%	20	10.2%	48	12.3%
Don't Know	9	4.6%	7	3.6%	16	4.1%
Total	194	100%	197	100%	391	100%

Table 3

The ABC Prevention approach when separated into its various components demonstrated that student levels of support and agreement on each element of the A-B-C message varied. While abstinence was seen as a realistic option (28%), the use of condoms (54%) exceeded abstinence by 26% of the student sample. More students from the sample

favoured condoms and suggested condom usage as a more realistic approach. “Be faithful” ranked as the lowest realistic option, students preferred to either abstain or use a condom. It was later found in the focus group discussion that students were in favour of casual sex or having multiple partners, there was no need to ‘be faithful’ as long as condoms were used. Young male educators at a training workshop commented that it is impossible to ‘be faithful.’ It is the role of the man to fulfill women’s needs as long as he uses a condom.¹¹ The ABC message was therefore identified as problematic since the ‘Be Faithful’ component was not widely encouraged by students. The consequences of this lack of adherence to the ‘Be Faithful’ component of the message surfaced in a community workshop in Mtunzini,¹² where a young women shares her story about her husband who worked in the city and returned home each time demanding sex despite her knowledge of his unfaithfulness. How does the ABC message cater for the complexities of sexual practices?

Fifty four percent of students very often heard the message to ‘use a condom during sexual intercourse,’ and 35% often heard this message (see Table 4 below A small percentage of 3.5% of students have never heard the condom message on campus, and while the number may be minimal, 3.5% of a university population of approximately 39 045 students¹³, will give an estimate population of 1367 students who have never heard about the condom usage. If 1367 students had to act out of ignorance and lack of knowledge with regard to sexual relationships, this will leave the University with a further growing pandemic.

¹¹You, Me and HIV Workshops are conducted nationally with educators from Grade 8-11 covering issues of HIV/AIDS awareness, prevention, treatment, care and support. In a discussion about the ABC prevention strategy at a workshop in Vryheid in 2006 male educators argued that “Be Faithful” was not an issue, as long as a condom was used.

¹² A home based care workshop was conducted by Bren Brophy and me for HIVAN, the Centre for HIV/AIDS Networking in November 2006. Young workshop shared with facilitators the challenges they face with the ABC message, and the complexities of their partners faithfulness in relationships and marriage.

¹³ Amelia Naidoo, Centre for Civil Society, 5 October 2006
<http://www.ukzn.ac.za/ccs/default.asp?2,27,3,1049> (3 December 2007)

How often respondent hear "use condom during sexual intercourse" being emphasized while on campus						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Very often	93	47.7%	121	60.5%	214	54.1%
Often	81	41.5%	56	28.0%	137	34.75%
rarely	14	7.2%	12	6.0%	26	6.6%
Very Rarely	6	3.1%	5	2.5%	11	2.8%
Never heard	1	.5%	6	3.0%	7	3.5%
Total	195	100%	200	100%	395	100%

Table 4

Seventy three percent of the students understood ABC messages to be clear and concise but almost half of these students (43.7%) argued that the ABC approach left out important information as shown in the Table 5. The findings show a greater number of students at Westville campus (49.5%) agreed that this message left out important information. Students were not experiencing difficulty in understanding the ABC message (from those who have heard this message), yet a significantly large number found that important information was left out.

ABC approach leaves out other important information						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Agree	74	40%	98	49.5%	172	43.7%
Disagree	81	41.5%	69	34.8%	150	38.15%
Don't Know	40	20.5%	31	15.7%	71	18.1%
Total	195	100%	198	100%	393	100%

Table 5

Preliminary findings of this survey justify the importance of student involvement in the message design. Students commented that important information was left out, and the only way to incorporate this information to create an effective strategy is through the inclusion of student's ideas and contribution in the message design. While 59% of the students find the ABC message effective, not all students were exposed to this message on campus. This could indicate that a significantly large population of students may not find the ABC message convincing. However, the issue that really needs to be addressed is the 43.7% of students at both campuses who felt the ABC message still left out important

information in the strategy. The focus groups were set up to further explore some of the information which students considered important and necessary to be included in the strategy. This type of qualitative descriptive data could not be extracted from the survey which generated quantitative data. The best way to address gaps in information and messaging is through the participation of the target audience to assist in identifying the problem and working together towards solutions (Figueroa et al, 2002). This research was two-fold. The first key question addresses the effectiveness of the ABC strategy with students, not only from previous research and statistics but also with findings from students through the survey. The second question addresses student's involvement in the message design and will in the next chapter examine whether students can engage through collective dialogue and discussion to resolve and clarify issues of concern such as the ABC message. This finding justifies the first question for this survey. Do students really find the ABC approach relevant and effective?

Student Involvement

When students were asked if effective HIV/AIDS messages should be specific to the diverse student population, 70% agreed. This shows that most students were in favour of target specific message design. The overall ABC approach was effective with 59% of the students agreeing. But some students suggested that the ABC message was not able to address the diverse student population and the various cultures and beliefs (refer to chapter 6, page 81-82).

Effective HIV/AIDS messages should be specific to the diverse student population						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Agree	127	65.1%	148	74.4%	275	69.7%
Disagree	39	20.0%	25	12.6%	64	16.3%
Don't Know	29	14.9%	26	13%	55	14%
Total	195	100%	199	100%	394	100%

Table 6

Students were undecided on whether HIV/AIDS campaigns were really adequate and serving the purpose intended. Across two campuses, 49% thought campaigns were adequate while 50% disagreed. While 65% of students identified HIV/AIDS messages as

well researched and designed, only 49% commented on HIV/AIDS campaigns as adequate, 50% thought they were not adequate. Students realize HIV/AIDS is well researched and designed however the survey also shows it is not applicable to the diverse population, HIV/AIDS messages come across as a genre message, well researched and designed but not adequate to address the specific needs of young people.

Whether respondent thinks HIV/AIDS campaigns in their campus are adequate						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	95	49.2%	99	50.0%	194	49.6%
No or Not applicable	98	50.8%	99	50.0%	197	50.4%
Total	193	100%	199	100%	391	100%

Table 7

The above table shows at both campuses, there is a balance of those who agree the campaigns were effective, and those who disagree. This could be a result of the standardized HIV/AIDS Programmes that UKZN campuses are rolling out. While these campaigns address students in general, the campaigns need to assess how they can include the participation of students in its design and implementation. The earlier findings observe that students feel the ABC message lacks important information, if the campaigns are based on these prevention strategies; they too lack information and the motivation to encourage safer sexual practices.

The analysis thus far raises the question whether student involvement in the research and design would make a difference to the current ABC message. Students did feel that there was a representation of young people in the design and implementation. However, 90% really saw the need to have student participation. When students were asked about their involvement in HIV/AIDS prevention messages, 92% at Howard College agreed that it was necessary, and 87% at Westville campus. This shows students encourage their participation and involvement.

Whether respondent thinks students should be involved in HIV/AIDS prevention messaging						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	182	92.9%	173	87.4%	355	90.15%
No or Not applicable	14	7.1%	25	12.6%	39	9.85%
Total	196	100%	198	100%	394	100%

Table 8

The next step of student involvement was to assess the type of involvement in HIV/AIDS messages. Students may only find the need to be involved in the implementation of a campaign or prevention message, but when asked, 98% of students found it necessary to be part of the research, design and implementation of HIV/AIDS messages. Here again, an equal number of students at Howard College and Westville campus supported the idea of students participation in all stages of developing the HIV/AIDS prevention message. The focus groups in the next chapter, place more emphasis on this involvement of students through dialogue where they actively engage in research, design and implementation, but it all starts with the process of dialogue , the process of communication.

Students need to be part of research, design and implementation of programmes						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	181	98.4%	171	98.3%	352	98.35%
No or Not applicable	3	1.6%	3	1.7%	6	1.65%
Total	184	100%	174	100%	358	100%

Table 9

The survey thus far showed that students were in a position to recognize and identify their role in HIV/AIDS messages, and recognised that their contributions are crucial and necessary. However, some students did find the ABC strategy effective as many students

were not familiar with, or heard of this prevention message. Ninety one percent of students understand their sexual practices and are best placed to design messages that will reflect these practices. This implied that students who engaged in, for example: casual sex, multiple partners, encouraged abstinence or condom usage, were well positioned to construct a message to reflect their safer sexual practices. Even though students recognized the ABC message as an appropriate one and in most cases evidenced a positive understanding of the message, there was still a need for their reflection and engagement in the process of design and implementation of prevention messages. The table below shows more students at Westville than Howard College Campus understood the nature of their sexual practices and are best placed to construct their own messages.

Students understand their sexual practices and are best placed to construct their own messages						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	167	89.8%	161	92.5%	328	91.15%
No or Not applicable	19	10.2%	13	7.5%	32	8.85%
Total	186	100%	174	100%	360	100%

Table 10

In support of the above findings, students are also more responsive to messages that they create. The study observes that 96% of students supported the creation of messages. This was an important finding which demonstrates that students were not only interested in participation through the research and design but also would be more responsive if the messages were created by them. The next chapter provides the analysis and findings of the focus groups where students engaged in dialogue to identify what they consider a revised ABC message. The idea was to get students to discuss and share ideas on how they would address these messages and prevention strategies. The survey showed that 45% of students talked to their friends about abstinence, and 60% talked to their friends about being faithful to their sexual partners. Students on campus were engaging more in discussions about 'Be faithful' as this was not a realistic option for many students.

Students are more responsive to messages created by them						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	173	93.0%	172	99.4%	345	96.2%
No or Not applicable	13	7.0%	1	.6%	14	3.8%
Total	186	100%	173	100%	359	100%

Table 11

The focus group data revealed that dialogue could be an important aspect in HIV/AIDS communication either between two people or in a community or society. Dialogue promotes a two way flow of communication ensuring that students are not only receivers of messages but senders as well. Students should be given the opportunity to freely discuss HIV/AIDS issues on campus and with peers.

Dialogue which provides a safe space for building relations, can facilitate, among conflicting parties with fundamental disagreements, the development or deepening of human connection, and enhance mutual understanding and trust through learning about each other’s viewpoints (UNAIDS, 2007: 56).

The focus group discussion demonstrates how students engage in dialogue to share their ideas and possible solutions. When students were asked if they had discussions on HIV/AIDS with peer educators, 35% of students did engage with peer educators on HIV/AIDS related topics, but 64% did not have discussions.

Whether respondent has discussed HIV/AIDS with peer educators within campus						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	74	38.1%	67	33.7%	141	35.9%
No or Not applicable	120	61.9%	132	66.3%	252	64.1%
Total	194	100%	199	100%	393	100%

Table 12

The lack of interaction and discussions with peer educators were evident at both campuses, when the individual valid percentages were reviewed, 62% at Howard College and 66% at Westville Campus did not discuss HIV/AIDS with peer educators. Active dialogue and discussions were not evident at the campuses, and the role of peer educators were not seen as an opportunity to engage and interact on HIV/AIDS issues. Perhaps students were not aware of the services offered at the Campus Support Unit or the role of the peer educator, alternatively students may feel uncomfortable to address HIV/AIDS with other students. The findings show that 63% of students found peer educators were not helpful as a source for obtaining HIV/AIDS information. This could imply that students are interested in discussion about HIV/AIDS, but not assisted to receive this information, raising the question about whether students were given an opportunity to engage in dialogue.

The survey demonstrates that 39% of students disagreed that students frequently talk about HIV/AIDS in ordinary conversation while a further 28% agreed that this was a topic for discussion in ordinary conversation.

Dialogue is the process of coming together to build mutual understanding and trust across differences and to create positive outcomes through conversation. Whereas in many settings the term “dialogue” implies various forms of conversations, the derivation of “dialogue” – from “dia” meaning “through”, and “logos” translating as “meaning” – suggests a synergistic fit with the concept of social integration (UNAIDS, 2007:3).

Some form of discussion was taking place around HIV but students were not directly discussing prevention approaches. The qualitative research instrument was structured to gain more clarity on these issues discussed by students.

When questioned about HIV/AIDS workshops and programmes, 71.3% of the students had never attended a workshop on HIV/AIDS on campus, a further 81% had never attended an HIV/AIDS rally. Seventy six percent had not attended any HIV/AIDS meetings within campus. The table below shows an overwhelming number of students

(70.35%) who have not attended a workshop, training or lecture on decision making/negotiation skills/ interpersonal skills relating to HIV prevention.

Whether respondent has attended workshop, training or lecture on decision making skills/negotiation skills/interpersonal skills relating to HIV prevention						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	48	24.6%	49	34.7%	97	29.65%
No or Not applicable	147	75.4%	150	65.3%	297	70.35%
Total	195	100%	199	100%	394	100%

Table 13

The high percentage of students who have not attended workshops, HIV/AIDS meetings or training on life-skills indicate that either these programmes are not available to students or students are not interested in HIV/AIDS related campus-based activities and programmes. Only 29.65% had attended such training. The outcome of the survey assisted in drafting an outline of key issues to address in the focus groups with students at a later stage. The survey therefore played a role in exposing genuine concerns.

Table 14 shows 75% had not been involved or volunteered to help at an organization, while 24.5% had been involved. Student participation was very low, not only were their involvement limited but they were not represented in any of the design and development of HIV/AIDS strategy.

The building of mutual understanding and joint action involves communication and, indeed, increasingly frequent, regular and peaceful dialogic conversations – beyond debate, discussion or negotiation. Dialogue is a process that involves reflection, respect and a joining of efforts to understand and take joint action (UNAIDS, 2007; 61-62).

The findings demonstrate that students were not contributing in any of the HIV/AIDS programmes and initiatives.

Whether respondent has volunteered or helped at an HIV/AIDS organization or groups in his/her community						
	Howard College		Westville		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Yes	66	34.0%	24	14.1%	90	24.05%
No or Not applicable	128	66.0%	170	85.9%	298	75.95%
Total	194	100%	199	100%	388	100%

Table 14

Conclusion

The quantitative data findings in this chapter provided percentages for various student responses about the ABC message and student involvement. The percentages were analysed within the general scope of the key research questions. In the next chapter, the qualitative data transcribed for focus group discussions is analysed using the steps of the dialogue process for communication for social change. The percentages in this chapter are relevant to the qualitative analysis of the focus groups to follow as it explores these statistics further. The focus group is also an opportunity for students to share their views about the ABC prevention strategy as they were not given an opportunity to do this through close-ended questionnaires.

Chapter Six: Qualitative Data Analysis

My work at HIVAN, the Centre for HIV/AIDS Networking since 2004 entails the use of CFSC, applying the process of dialogue and participatory approaches to address issues of HIV and AIDS. Extensive research is continuously undertaken on different ways of educating children and young people, some of which include the use of arts to promote advocacy and community engagement. Feedback from workshops conducted regularly with young school learners and young people from diverse communities demonstrate the significance of dialogue and face to face interaction for effective community interventions. A participatory approach has been central to all work conducted at HIVAN, using the communication for social change model to actively engage children and young people in communication processes, empowering them to identify and work together to find solutions about pressing situations. The workshops empower young people to have a voice using 'circle time' (focus groups) as an opportunity to share and reflect on their experience to address HIV/AIDS issues, life skills development and wellbeing.

Through dialogue and discussion, the role of young people in community development became more evident. Their perceptions of prevention messages and the involvement of young people at grassroots levels in communication processes sparked further research in this area. Ongoing community empowerment through dialogue and participation has motivated for this study on how students can communicate for social change. The study with tertiary students is an attempt to understand what young people from a different community (the university) understand about the ABC message. This analysis will review the findings of the survey and focus group discussions conducted with students at two of the University of KwaZulu-Natal campuses. It will also include reflections of my work with young people at communities and workshops conducted.

The previous chapter was an analysis of the quantitative data findings from the survey conducted at Howard College and Westville campuses and provide the preliminary data towards the development of the focus group discussion guide. The focus groups were used as a platform to allow students to engage in dialogue to address and share their

knowledge and concerns about the ABC message. Two focus groups were conducted at Howard College and Westville Campus. These focus groups were conducted to examine the findings of the survey. The questionnaire and focus group discussion guide posed similar questions, but the survey aimed at soliciting percentages and frequencies about students' perception of the ABC message. The focus groups further explored these responses by encouraging students to share their experience and views about the ABC message.

The Howard College focus group had nine students and the discussion allowed students to speak about the various topics and reflect on their personal experiences. The group did not meet each other prior to the focus group discussion but were able to engage on a very interactive level. The Westville focus group was more challenging as most students were writing the mid year examinations, and securing participants was very difficult. At this focus group, only five respondents attended and the group was not very interactive and engaging. There was tremendous difficulty to get the group to discuss the topics despite the explanations and assistance from the moderator and later the observer. The Westville focus group was rescheduled for another day when student's examinations were over. A new group of respondents were identified and the focus group conducted for the second time produced detailed and quality feedback with the nine respondents.

The 10-step process of community dialogue, (identified by Figueroa et al 2002 as part of the model for CFSC) is used to assess and analyse the data from the focus groups. Communication for Social Change (CFSC) is an iterative model, not a linear one, its power lies in the fact that the outcome of any given phase feeds back into the process (Reardon, 2003:3). This indicates that while one of the aims of this study was to demonstrate the role of student involvement through participation in dialogue and discussion, the problems are not solved collectively at any given stage. Student participation is part of a cyclic process where the outcomes of each phase feeds into the next phase of the process.

Some of the communication for development theories like the modernization theory does not allow for this cyclic process and follows the process of a top to bottom flow of

information. If the modernization theory was used for prevention strategies, students will be receivers of the message rather than participants in the process. At a workshop in March 2006 young people were discussing the Millennium development goals and observed that leaders make public address messages to large audiences without listening or encouraging feedback from young people.¹⁴ High school learners were able to identify the vertical flow of communication (Servaes, 1999). The results of the survey analysed in the previous chapter shows how questionnaires can be used as a catalyst for students to express their concerns. Focus group discussions were used to provide a more interactive and two way flow of communication.

The data analysis below reviews the steps towards achieving community dialogue. It further explores the use of focus groups as a platform for open discussion. Discussions about implementing steps for 'collective action' (phase two of CFSC) briefly took place in the focus groups and was only reviewed to understand the importance for future communication initiatives. The content of the data received from the focus groups is analysed later in this chapter using thematic analysis. This type of data analysis demonstrates the effectiveness of community dialogue through focus groups. It also suggests that through a process of dialogue students can identify some of the challenges they face and ways to work through them. The thematic analysis amplifies some of these findings in addition to analyzing the steps of community dialogue used in CFSC.

A catalyst to initiate the focus group discussion

A crucial component of starting any CFSC process is the use of a catalyst. There are six types of catalysts which lead to dialogue with people (Figuroa et al, 2002), for the purpose of this study the internal stimulus was the possible catalyst. Continuous public debate about the effectiveness of the ABC message causes professionals from all sectors to review its effectiveness. Local companies often spend considerable sums of money on HIV prevalence studies and assessing their workers' knowledge about the disease. However it is unclear whether these programmes are persuading people to change their behaviour in order to minimize their risk of contracting HIV/AIDS, says Diane Ritson,

¹⁴ World Council for Religion and Peace (WCRP) and HIVAN, The Centre for HIV/AIDS Networking hosts quarterly workshops for high school learners (12-18years) to teach life skills and empower learners to become leaders in their community.

Managing Director of People Management (*Business Day*, 1 July 2004).¹⁵ The increase of HIV infection with young people (18-24) also acts as a catalyst, initiating a discussion and dialogue about the problem (HSRC 2005).

What most people probably mean when calling for more dialogue is that they want more understanding of the side of the issue they favour. They want better listening from the other person and more acceptance of their own arguments. At the very least, they hope that dialogue can calm things down, reduce the threat, and provide a cooling-off period from verbal or physical hostilities (Anderson et al. 1994: 1).

The catalyst does not have to be a huge contributing factor like mass media or the initiative of NGO's and the government, instead the catalyst must have the ability to create attention and discussion around a problem at hand. Internal stimulus is a stimulation of the community to talk to one another about a problem, in this case a health issue (Figueroa et al, 2002). The focus group discussion acted as the catalyst for this survey. The facilitator introduced the overall study with its various research questions. Students were briefed on the key research areas with emphasis that the outcome of this study conducted by four students was to inform policy development at the Universities in KZN. Student participation was encouraged and they were identified as contributing factors to any development with HIV/AIDS programmes on campus. The focus group was conducted using the discussion guide (refer to Appendix 4) but students controlled the process of dialogue.

Is the ABC Strategy effective?

Recognition of a problem is the first step in the CFSC process. Through discussions students identify the controversy and the contradictions of the ABC strategy. Students were briefed on the topic for discussion and were asked for their views on the ABC strategy. Students were not given detailed information about the controversy surrounding the effectiveness of the ABC strategy but an opportunity to share their observations and experiences. This approach was crucial to avoid the one-way flow of communication

¹⁵ www.businessday.co.za (20 November 2007)

where the facilitators had already established that the ABC was not effective and merely related this information to students.

In both focus groups a total of 18 out of 19 students agreed that the ABC prevention approach was not effective for various reasons. When students were asked in the survey about the effectiveness of the ABC strategy, 59% confirmed that this message was effective (refer to chapter 5, page 66). However this was questioned when students perceptions varied on which component of the ABC message was a realistic option.¹⁶ The findings of the focus group emphasized the significance of dialogue and student participation. When students were allowed to discuss their views, understanding their responses about the ABC message become clearer. Reasons for the failure of the ABC approach was identified and will be examined later but the one respondent who believed it was effective, shared that the strategy accommodated for all types of sexual practices.

Respondent: I think it's for everyone. Yes, for those who don't like to use condoms should not be pushed. Yah, like those who are religious who want to abstain, who are virgins? Yes I think it is good for them. So you cannot tell them that to use condoms.

The above respondent argued in favour of the ABC approach as it provided various choices and did not force students to use condoms if they preferred to abstain. The discussion shows that students were able to identify and recognize the current problem with the ABC approach through continuous dialogue. Students did not agree on many levels but the purpose of this dialogue and active engagement allows students to clarify their misconceptions, share thoughts and ideas, and identify ways to move forward. Through ongoing dialogue, young people in a Durban street shelter in KwaZulu-Natal understood the basics about prevention which only included the use of condoms as a preventive strategy, they were not familiar with the concept of 'abstain' and 'be faithful.'¹⁷ While students at universities found this message effective, there is a large

¹⁶ The question of abstinence indicates that 31% agreed it is a realistic option, and 28% strongly agreed in favour of abstinence. A total of 37% disagreed (and strongly disagreed) that this was a viable option. The findings found that 44% agreed that 'being faithful' to one partner was a realistic prevention option, and 54% agreed that using a condom was also a realistic prevention option.

¹⁷ A workshop conducted by Bren Brophy and me with young people affected by HIV/AIDS in February and March 2007 demonstrated that they were not familiar with the ABC message and the options they had for HIV prevention.

population of young people who have not heard about these options. The survey conducted at the two campuses showed that from the 59% of students who felt the ABC strategy was effective, only 61% heard about abstinence and 44% about 'be faithful' (Refer to chapter 5, page 66-67). Another respondent suggested that the HIV/AIDS statistics for the University of KwaZulu-Natal must be reviewed to identify if the HIV-infection rates are decreasing. If the statistics do not reflect this decrease, it implies that the ABC approach cannot be effective.

Respondent: Let me add another point to that. We should get the statistics of all the students who are HIV positive at UKZN. Because the question is if it was effective on my belief the rest of HIV should decrease but it's increasing. If you compare the statistics from this year to the past, the statistics never decreased. That means it wasn't good.

The focus groups demonstrate that students can provide valuable input to assess the current situation when given the opportunity to engage in dialogue about the ABC strategy. Students have the ability to recognize and identify a problem but this step also emphasizes the success of the focus groups which were used as a platform to create dialogue on campus, extracting key ideas and views from the students, who are the target audience for this study. The advantages of working in small groups to create dialogue and reflection include; groups have greater resources of knowledge and information, can employ a greater number of creative problem-solving methods, they foster improved learning and comprehension of ideas, the respondents are participants in the problem-solving process, and group respondents can gain a better understanding of themselves as they interact with others (Beebe and Materson 1986).

Student involvement through dialogue

The second step in the process of community dialogue is *identification and involvement of leaders and stakeholders*. This is a relevant step in this process as this study is premised on the importance of student involvement in the discussions and design of a HIV/AIDS communication message or approach. The first part of this step requires *the identification of leaders and stakeholders*. This study allowed for three PhD students and one MA student to be leaders in each area of study working with students to understand their perceptions of various HIV/AIDS related issues. Through a process of sequential

networking (going from house to house) or small group meetings, the leader(s) identifies other opinion leaders and resource persons who can help in the process for solving the problem (Figueroa et al, 2002: 8).

For the purpose of this study, the MA student worked with various research assistants to identify if students find the ABC approach effective and how their involvement can play a role in the outcome of communication strategies. The team leaders (research students) identified student concerns in relation to HIV/AIDS, but they were not part of the process of finding solutions or resolving the problems identified. CFSC in this instance draws on some aspects of the communication for development theories. Development Support Communication (DSC) shows the importance of drawing on leaders and people who can facilitate a process of discussion, but the power and control of the project remains with the community or group. Parker comments:

By far the commonest methodology is that which places health professionals and/or media professionals in dominant decision making roles in the process. Whilst there is a developed awareness of the necessity to incorporate perspectives of the intended audiences, this process has been scientised (and expertised) in such a way that it continues to alienate intended audiences. There is also a tendency to assume that media products on their own, are able to engender behavioural change at the level of the individual (Parker 1994: 27).

The team leaders were catalysts in the process acting as internal stimulus who initiated discussion and dialogue around the various issues creating a platform for discussion and only facilitating the dialogue.

The second part of this step entailed the *involvement of stakeholders or students*. This is encouraged through the process of dialogue using focus groups. Dialogue is often evident through an exchange of views, and perhaps the negotiation of a mutually satisfactory compromise. And community is usually used to refer to a group that has some characteristic in common, that believes or lives, presumably at least, the same way (Cissna and Anderson, 1997:26). When students are given an opportunity to voice their opinion and share in all the processes of change that affect them, they become more receptive to the messages and its processes.

Earlier discussion of group cohesiveness indicated that active participation is not essential for members to experience satisfaction with their group; only the freedom to participate is necessary for group satisfaction. But if group decision-making is to be effective, nearly all members must actively participate in the interaction process. And the interaction process inherently involves verbal and oral participation (Fisher, 1981:272).

Student involvement in the focus groups was entirely voluntary, students had to attend the University of KwaZulu-Natal to be a participant in the discussion. When students were asked about some of the stakeholders they would include, students at both focus groups encourage all stakeholders such as lecturers, health care workers, staff and students to be involved in the process, but student involvement was emphasized as most important.

Respondent 1: Maybe these should include students, lecturers, and other workers. But especially students must be involved.

Respondent 2: This includes female and male students from each year, lecturers and all staff.

Through this dialogue, students identify the importance of student involvement in group discussions as it gave them a voice and visibility. Small group discussions was a good entry point for further dialogue at residence. Young learners at Life Skills workshops discussed how working in small groups with pupils from other diverse backgrounds encouraged participation and leadership in community projects and addressing HIV/AIDS issues.¹⁸ Student involvement at residence was discussed extensively, and was established as a contributing factor towards empowering students at residence to get involved.

Respondent: Start by residences engaging in small group discussions. Smaller groups that are already formed (like international students)

The third step in the community dialogue process is *clarification of perceptions*. It is possible that different perceptions of the problem exist among different members of the

¹⁸ World Council for Religion and Peace and HIVAN, The Centre for HIV/AIDS Networking hosts quarterly workshops for high school learners (12-18years) to teach life skills and empower learners to become leaders in their community.

community (Figueroa, 2002: 8). The focus group encouraged the clarification of perceptions around the ABC approach. Students at both focus groups shared ideas of how they define the ABC message, and discussed general student's perceptions. This step is a crucial component to achieving community dialogue within the CFSC process as it allows each person to clarify and share observations and suggestions about the issue:

Respondent: My point of view is that students get the message on campus but when back home, it's not the same message because home is another reality. I think that using condoms may be for some students on campus. Maybe there is need for us to check with the pregnant students on campus and establish if they are residing on campus or off campus. This may help to understand if students condomise or not.

Students used the opportunity of attending the focus group to share and clarify important perceptions and misconceptions with other students. Through discussion and dialogue they addressed the question of how students are still pregnant if the 'Condomise' component of the ABC approach is effective. Students questioned if these pregnant students stay at residence as there was a tendency that students who live at residence have more freedom to engage in relationships, making pregnancy more common. Many students during the discussion shared their views that residing on campus does contribute to student sexual practices as they have the freedom and space to act out of their own free will.

Respondent: "Freedom! Male students can go to female student's res (room) anytime and vice versa."

A UKZN graduate disclosed his status to a group of 40 educators in a workshop in Sandton¹⁹ where he shared how living at residence influenced his sexual practices. He briefed educators in how the transition from a rural lifestyle to the freedom of the city and residence at Howard College encouraged alcohol abuse which later led to unprotected sex with multiple partners.

The next step of this community dialogue process is *expression of individual and shared interests*, and was seen in some of the above student comments. The focus group allowed a diverse group of students to openly express their individual interests. "Group members need to be able to respond immediately, both verbally and non verbally, to the discussion

¹⁹ You, Me and HIV workshops are held throughout the country to train educators from Grade 8-11 on HIV awareness, prevention and life skills development.

at hand. To feel a sense of “groupness,” they need to interact with one another on a personal, face-to-face basis” (Beebe & Masterson, 1986:5). Initially this took some time in both focus groups, as students were not familiar with each other. While a space for dialogue was created, they needed to have a catalyst once again to start the process. The questions posed by the facilitator played this role and initiated discussions about student’s ideas and interests around the ABC approach. This sparked positive feedback from students, the Westville group took longer to engage in the dialogue but once students started to participate, they provided a wealth of information and ideas around the topic. Most students argued that culture was not considered in HIV/AIDS messages and this was one of the contributing factors to the failure of the ABC approach. Students further commented that the ABC approach targets individual choices when not all sexual encounters are individual decisions.

Respondent: because if you talk to some of the students about the prevention strategy ABC, you will find that with some... their culture does not recognise the ABC.

Concerns about culture emerged in all discussions with students, acknowledging the impact and setbacks of culture when looking at the ABC approach. Students agreed that target specific messages for every ethnic group was impossible, but there was a need for a communication approach that did reflect in some way the cultural diversity of South Africans. Home base caregivers in Mtubatuba argued that the HIV/AIDS message were not specific to the challenges they face in communities with diverse ethnic groups where the ABC approach is not always useful in light of cultural factors (polygamous marriages, etc).²⁰

The next step of this process engaged students in a discussion about the *vision of the future*. Students were asked to think beyond the current situation and identify possible ways of changing or revising the ABC approach, if they found this necessary. What would this new message be in light of the current situation where the message does not address the needs or reflect the current sexual practices of students? The outcome from the dialogue among students at both campuses emphasized the need for HIV/AIDS to be

²⁰ Home-based care workshops funded by South African Breweries was held in December 2006 in Mtubatuba. Bren Brophy and I trained caregivers in body mapping techniques.

a reality among University students. Students were not exposed to the real effects of HIV/AIDS because some have never seen a person dying from AIDS.

Respondent: I also think we should see the people who are dying of AIDS. We hear that students are dying of AIDS but we don't know who these students are.

Students suggested community tours should be arranged by the University and carried out during the Orientation at the beginning of each year. In this way students can make informed decisions and choices in life where HIV/AIDS is seen as a reality.

The *vision for the future* also entailed revising the ABC approach to accommodate students' behavioural practices. Most students commented that while A and B were good options, it was based mostly on individual choice, C on the other hand should definitely remain, but only if the female condom is made easily and freely available.

Respondent: I should just add that if you keep the C, they should also make available: the female condom. Because at least not all the females who doesn't like to use the female condoms. For those of whom like to, they should make them available as available as male condoms are

Students discussed the significance of the female condom and how it could resume the balance of power in a relationship. They also considered it a safety measure in the event of rape. This did not mean that female students should walk around always using a condom and expecting rape, but suggested if females went to parties and were drinking, it was in their best interest to guard themselves. Young women at a 'Train the Trainer' workshop in March 2006 argued that female condoms 'gave women power' without giving them 'access to that power' by not making these condoms freely available.²¹ At forum conducted in March 2007, young learners referred to the female condom as 'plastic checkers bags' and were not supportive of female condoms.²² Central to this discussion was the inclusion of life skills in this message. Students argued that the communication approach should not be about ABC but instead about negotiation, responsibility and accountability.

²¹ The Cultural Art Programme of HIVAN, the Centre for HIV/AIDS Networking hosted a three day body mapping workshop for 20 community workers, art teachers, home base caregivers and facilitators. They were trained by Bren Brophy and I in participatory art making techniques.

²² WCRP and HIVAN workshop conducted with young learners on Millennium development goals covering health issues such as HIV/AIDS.

Respondent: B and A- I think they depend mostly on individual choice. The only thing for me, which will be huge which my position is: make sure that people are fair and whatever they do... it's your responsibility.

The Howard College focus group strongly favoured responsibility and accountability, and commented that this was not seen in all communication approaches and initiatives. HIV/AIDS was an issue that was saturated in the media, at Universities, social clubs and through HIV/AIDS campaigns. Students really needed life skills, the ability to make their own decisions, and the ability to develop responsibility and accountability for their own actions. Students motivated that this approach will make them more alert and cautious instead of messages that did not reach or promote behaviour change. Students continued to motivate:

Female respondent: at least we are alert. There are 15 and 14 year olds that get pregnant

Male respondent: I am talking about teaching people they are lucky to be alive. I don't care about anyone going out there and sleeping, as long as they know that they are responsible for that they do.

Students suggested that high school pupils be told and educated about the dangers and the risks of HIV, making them aware of the common (sexual) practices of students. Pupils entering the University will be knowledgeable on how to protect themselves and also educated about what happens at students' residence. In this way, they are taught responsibility and accountability for their own informed actions. The Westville group placed greater emphasis on the risk of student resident life found the university as a potentially dangerous place for unprotected sex, and possibly HIV/AIDS transmission. The final contribution from students towards a *vision for the future* entailed the importance of communication and dialogue. Students argued their participation and involvement in communication strategies were crucial and necessary as it reflected their common beliefs and perceptions. One respondent commented:

Respondent: to me it is open heart communication between 2 people. This is the face to face strategy.

This demonstrates that students encourage and welcome an opportunity to share their thoughts, concerns and ideas. Conducting focus groups was used as a research method and also as a step of CFSC to promote community dialogue for collective action. It was used to understand student's perceptions about being involved in communication and

dialogue to address development and social issues. The two focus groups conducted reiterated the significance of this process and also emphasized the consequences of not giving students this opportunity.

Effectiveness of the ABC strategy

The sixth step in the CFSC process is an *assessment of the current status*. Unless a clear measure of the problem is established it will be difficult to set goals for action, and then determine if any progress is being made later (Figueroa, 2002:9). This requires reviewing the ABC approach and how it is currently presented and some of the challenges that arise with the message. While some of these issues have already been discussed in the previous steps, students did provide constructive and informative dialogue on the effectiveness of the ABC approach as it is currently presented. Students find the ABC approach contradictory as it promotes sex and indirectly conveys that it is not necessary to abstain as long as you can use a condom. By speaking “abstinence,” the message was actually promoting sex. This observation was also made by lay counselors at a workshop in November 2007, their clients often believed they were introduced to ‘sex’ through the message of ‘abstinence.’²³

Students argued that the current status of HIV/AIDS messages is ineffective with reference to the “Be Faithful” aspect. The ‘Be Faithful’ component also came under tremendous scrutiny during the survey (refer to chapter 5, page 66-67). A Zimbabwean student in the Howard College focus group commented that the message promoted patriarchal domination as there is always the emphasis on the use of condoms when only the male condom is freely available. In addition, if “Be faithful” is promoted and applied to both males and females, why are only women undergoing virginity testing, when the men are allowed to be in polygamous marriages.

Respondent: No, I would not think so cause of this strategy of being faithful. Who are taught to be faithful? Women or men? That is a system of patriarchal domination. Some are taught to be faithful. I am from Congo, I don't know about Durban but what I see (is virginity testing). Is he getting tested also about his virginity? So where does the strategy come from.

²³ HIV/AIDS Management for Lay counselors workshop at the Southern Sun Hotel: 11-13 November 2007

Students also drew attention to concerns regarding condoms, since the number of condoms distributed does not reflect the number of condoms being used. The negotiation of the condom was also very important to students as they often found themselves in situations where the condom was not negotiated. Students preferred the Durex condoms, some students however sold Durex condoms that were distributed freely, as they are very expensive in pharmacies and in more demand than “Manto’s free condoms.”²⁴

Dialogue developed around the type of condoms distributed and also contributed to the discussion about why the government hands out free condoms. Discussion from workshops at Howard College and Westville emphasized that students were not enthusiastic to use free condoms distributed by the government as they questioned the quality of these condoms. Students commented that the general perception of free condoms was the governments attempt to infect the population. This was also the general perception with a workshop conducted by HIVAN in March 2007 with street children. These young people believed that free condoms were the governments attempt to clean them off the streets by infecting them with condoms which contained the virus.²⁵ Concerns about damaged condoms, stapled to pamphlets were also raised. The *Informer* reported in November 2007 that thousands of defective government-issue condoms that were recalled were recently found in the Inanda area in KwaZulu-Natal. Local residents raised concern after children were found playing with the waste, which had been scheduled to be destroyed.²⁶ Some students raised concern about condoms which have exceeded their expiry date and are still distributed.

Respondent 1: But they are picking up Durex Condoms. They don't want to use that Manto ones. (Laughter) They don't want the choice condoms. They want the durex condoms.

Respondent 2: Even the durex condoms I don't think they like it. I don't think that most students use the condoms. With the durex condoms, I am speaking from what I have seen, most of the students are selling those

²⁴ Discussion from workshops at Howard College and Westville showed that students referred to the free condoms distributed by the government as ‘Mantos’s free condoms. The Health Minister was associated as the distributor of free condoms.

²⁵ HIVAN conducts HIV awareness workshops with street children, through collective dialogue street children discussed their concerns about condom distribution but the government.

²⁶ *Informer* newspaper, a practical guide to HIV and AIDS reported on “Faulty condoms discovered dumped” Volume 5, edition 10, 2007. page 12

condoms because if you go to the pharmacists here around Durban you will find... that they are using those condoms....

Students argued that the availability of condoms were in actual fact condoning sexual practices. Availability was argued to encourage students who not previously thought of having a sexual relationship to consider this possibility. Students questioned the nature of relationships. The discussion traced the difficulties that students face in relationships, questioning if students could have a relationship without sex. The discussion around the ABC approach showed that while communication strategists, government, donors and NGO's provided solutions to HIV/AIDS, the message received by students and various target audiences was a 'mixed messages.'

Respondent 1: I don't know but every time you find that more students complain that they find condoms everywhere in fact almost like advertising for people to have condom sex with condoms everywhere

Respondent 2: Yah. You know you find them in the toilets, you find condoms wherever you go, and you find them everywhere. I don't know. For most students I feel that people are saying it's not necessary to abstain as long as you use a condom.

The current situation with the use of condoms also poses various misconceptions and myths. Students supported the need to address the myths surrounding the use of condoms in various communities and with street children.

Respondent: The second point is if you are out doing interviews with the street kids, those teenagers around the streets, if you interview them or if you allow them to use condoms while they have got sexual diseases with them... they say: hey you come to tell me to use a condom yet the condom is coming already with infected with HIV.

The question of the condom raised concerns about why condoms are free when its sold in most places. Students commented on their experience as volunteers where street children believe there is something wrong with these condoms. In addition, why are people given free condoms instead of free food?

Respondent: If I may recall one more point, the other person that I interviewed that is his brother told me: We are being given free condoms instead of being given free food and (he does not trust free things). And then he asked me how come the condoms are being sold for R25 and we are getting those things for free...

While students share their ideas and concerns about the current status of the HIV/AIDS pandemic, they also made reference to some of the reasons why students engaged in

sexual relationships. These included stress, money matters, alcohol, a need for a sense of belonging, loneliness, fear and the benefits of sugar daddies. Students identified loneliness and money matters as the key contributing factors in sexual relationships. Freedom from home also contributed to sexual relationships especially at residence. Some of these factors are known to communication strategists but when students identify these concerns in the context of their everyday lives, it calls for a greater emphasis in the role of student involvement in HIV/AIDS messages (Figueroa et al 2002).

Most students at the Westville focus groups argued that sex is not always a rational act, and sometimes people don't have condoms available at the time when they are needed, making it difficult to find rational solutions to an irrational problem.

Respondent: The more people have sex the more likely they will either run out of condoms or they will want to have sex when condoms are not available and in some moments it usually happens people have to decide between having sex or going to look for condoms and the finally result is that they will decide to have sex.

The next step in the community dialogue process is *setting objectives*, some of these steps do overlap but through the process of actively engaging in dialogue in the focus group discussion students were able to identify other pressing objectives. Students understood that the ABC approach needs to be revised and the most important way was to make schools aware of the decisions they will have to make around sex at a current or later stage in their lives.

Respondent: I think it should be taken back to high schools and even primary schools because I mean that's where it starts. When you come here you already know what I am already going to do.

The importance of working with young people at schools show a need for new approaches and new ways of addressing HIV/AIDS. Students were in favour of promoting responsibility and accountability as good communication strategies. They also supported the idea that young people at schools should be taught this at an early age before addressing greater challenges at University.

The step of *setting objectives* demonstrates how students recognise the role of the government in investing more in education and communication strategies. This is

explored in further detail later in this chapter when I review some of the key findings and outcomes of these focus groups. Overall the respondents showed concern about the life expectancy of people. Central to all discussions at both focus groups was the dire need for government involvement in education and effective communication.

Respondent: I wish the government would invest more in the education and also to try to add another form of communication. It's very sad to see the life expectancy of our country is very low. And I also believed that.

Options for action allowed students to review through dialogue and discussion the best ways to approach a new HIV/AIDS message. Students argued that in some cases, posters, billboards and pamphlets did relay the necessary message but this was not always effective. The media was an important way to carry messages to educate young people about HIV/AIDS but all these mediums represent sex as an individual choice, which is not always the case. Parents and schools were also instrumental and could be mobilized to help young people to understand the consequences of their actions. The Westville focus group also saw the University Open Day as an opportunity to educate young people at high schools about the risk of HIV before they entered University. Students at university could also benefit from a dedicated HIV/AIDS module. This was discussed in both focus groups, identifying the importance of incorporating this as a full credit one semester module across all degrees. The modules and courses could further be enhanced by offering students the opportunity for fieldwork and community services in HIV/AIDS organizations, hospitals and clinics. As a result, this will make HIV/AIDS a reality to most students, something still lacking in most of the prevention approaches.

Students recognized the importance of mobilizing social clubs on campus. HIV/AIDS messages can be created and promoted at sport gatherings, through speech contests and all forms of academic related competitions.

Respondent: Create sporting gatherings, speech contests and other academic related competitions. Very little sporting activities, no clubs, poor sporting activities and too much of alcohol-related entertainment are a danger to most undergraduate students.

The last three steps of the process for community dialogue were not entirely covered during the focus group discussion. While some discussion took place about 'options for action,' 'consensus for action' and the 'action plan,' they were not intended to form part

of this discussion. However, under 'consensus for action' students did briefly discuss some of the people they would approach to be part of discussions and social change in the future. If a sufficient consensus cannot be reached, then the objectives and/or the courses of action may have to be discussed all over again. If not handled successfully, the whole community dialogue process may break down for good, and the problem may persist or worsen while nothing is done (Figueroa 2002: 9). The opinion of communication strategists, academics, university staff and parents can contribute to the development of positive HIV/AIDS messages. The 'action plan' is the process where students identify what can be done in the future based on numerous discussions and interventions. The overall process of engaging students in dialogue using focus groups demonstrated that students had valuable ideas and opinions for collective action and to resolve some of the ABC communication dilemmas. The next part of this chapter reviews some of the themes or patterns of thoughts and ideas that emerged through the discussion about the ABC approach.

Emerging Themes

The next part of this chapter analyses some of the outcomes from the dialogue that was initiated using focus groups at the two campuses. Thematic analysis is a process used to analyse data findings. This study applied the first eight detailed steps of the community dialogue process to understand CFSC. The data in this chapter followed two processes, first it was analysed in terms of the model for community dialogue, and while processes for collective actions formed part of the model, this phase exceeds the scope of this study.

The thematic analysis forms the second part of this chapter as it analyses some of the important themes and topics for discussion that emerged from the focus group. These themes were not included in the steps of community dialogue even though some of the comments were relevant. Data was analysed separately to demonstrate the importance of dialogue, as well as to review some of the positive feedback received.

Focus groups are process that use direction and greater formality in a dialogue, so as to avoid confusion and dissension. In focus groups, a facilitator leads the participants through a guided series of questions, and probes for more detailed responses. In the case of focus groups, there is more control over the emerging

perspectives but less spontaneity and richness in the quality of discussion (UNAIDS, 2007:94).

There were eight major themes identified from the focus discussion.

The role of the government

The first theme surrounded *the role of the Government in HIV/AIDS*. Students criticized the government for encouraging pregnancy through child grants. Women who were desperate for financial support would in some case have a child in order to collect the child grant. This placed them in a vulnerable position as unprotected sex is a high risk sexual practice. Stories abounded of mothers in Limpopo fraudulently claiming child grants for more than 10 children, and a high pregnancy rate was linked to the grant (Pretoria News on May 09, 2007). This encouraged sexual practices and young poverty stricken women to have children out of wedlock, ignoring the possibility of HIV/AIDS infection, in light of a minimal grant of R860. Women becoming pregnant for child grants was extensively debated at the South African AIDS Conference in 2005, where many delegates argued that pregnancy was becoming ‘a license to child grant.’²⁷ Unlike Norway, which provides a child benefit grant to anyone who has children under the age of 18 living with them permanently, the South African government only allows child grants to low income workers with a designated salary or to children who are living with foster parents or caregivers. The Norwegian government however awards this right to every child from the month after the birth/adoption up to and including the month before the child reaches 18. Parents lose the right to child benefit if the child enters into marriage or partnership.²⁸

The government has conducted studies which show that this is not the case in South Africa. Social Development Minister Zola Skweyiya confirmed that the provision of social assistance by the state does not promote teenage pregnancies and other alleged perverse incentives, according to preliminary findings of research conducted by the

²⁷ At the SA AIDS Conference in 2005 delegates from the community and researchers were convinced that the child grant is the cause of so called ‘unplanned pregnancies.’

²⁸ <http://www.regjeringen.no/en/dep/bld/Documents/Guidelines-and-brochures/2000/The-rights-of-parents-of-small-children-in-Norway/8-2.html?id=444433> (22 November 2007)

department of social development. University of Stellenbosch and the Human Sciences Research Council continued this research to prove beyond reasonable ground that young girls do not necessarily get pregnant in order to get grants.²⁹ However, the role of the government is questioned: Do they ensure the direct wellbeing of young people and eradicate the possible contributing factors to increasing infection rate?

Respondent: Yes, it could be the issue of child grants. Most people are benefiting from these child grants so it looks like they are also encouraging sex, because there wont be any problems as to the welfare of the new born as the grant is going to be available. Also if you look at the legislation, it is protecting the girl child in a way promoting them to have sex as they wish.

The government also promoted sex for girls through legalizing contraceptives from the age of 12 and young girls were authorized to have abortions without parental consent. The latest Children Amendment Bill that was passed early in 2007, permits school girls to take maternity leave if they were pregnant. The government was seen as a catalyst to sexual practices. The government did not directly encourage young girls to engage in sexual practices but they failed to set proper measures to avoid the consequences and implications of this Bill.

Respondent 1: If you remember well, now even school girls are allowed maternity leave, what impact do you think such weak legislation has on girls, is it not promoting sex?

Respondent 2: It is the role of the family to shape the child but however if you look at it, the family is no longer responsible. The government has since taken over due to its child rights legislation.

Students emphasized in the focus groups that while the family is best placed to teach responsibility and accountability to their children, the government has indirectly taken that power away by legalizing and supporting children in early sexual practices and the consequences of unprotected sex. While these legislations do hold ground in cases of rape and sexual abuse, these limitations need to be identified. The dependency paradigm is still evident in this sense as the state acts as the source of power and control, tabling Acts that contradict the needs of citizens. The top-down flow of communication (modernization paradigm) demonstrated that people do not have an opportunity to share

²⁹ Teens fall pregnant to get grant – Skweyiya, By Moshoeshoe Monare in Pretoria News May 09 2007. (http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=vn20070509022022285C618643)

their opinion and concerns about the Bill, and are recipients of the Bill rather than the source of new policies. CFSC is a process of dialogue and collective action. In this way, the discussion by students about the role of the government in tabling the Children's Amendment Act of 2007 should be accepted as a genuine concern and calls for dialogue between the government and its citizens, to work together towards a common goal.

The Howard College focus group discussed the role of the government in the success of the Uganda ABC approach. In Uganda the HIV/AIDS infection rate decreased due to discrimination of the young people. Loans were not given to students who were HIV positive and this instilled fear in young people as they could not share in a normal life and have the benefits of a university education and a career on account of their status. While most students commented that the Uganda approach was discriminatory, it was these extreme measures and consequences set in place that allowed for the successful decrease in the rate of HIV infections

Respondent: One of the things that made Uganda succeed in decreasing their AIDS statistics is discrimination with AIDS people. Uganda does not give HIV positive people loans because they believe that they can't get back their money. But here (SA) it's not that. In Uganda, if they know that you are HIV positive they keep you out of university. That's what I think helped Uganda more.

Pregnancy indicates failure of the condom

Another theme which emerged during the focus group discussions were students equating the number of *pregnancies on campus as an indicator of the failure to use condoms*. Unplanned pregnancies showed the lack of adherence to abstaining or using a condom. Students assessed the effectiveness of the ABC approach in light of the number of visible pregnancies they found on campus. In this instance, if condom usage or abstinence was truly effective, why were student pregnancies so common among students?

Respondent: But the conception of effectiveness is to be questioned because we still see a lot of people with unplanned pregnancies. Even with abstinence, there are questions because again we still see a lot of girls with planned pregnancies especially on campus and these alone tell us something.

Students through continuous discussion in the focus group came to the conclusion that they can not really say if the ABC approach is effective in the context of HIV, because

HIV cannot be seen, but the visibility of pregnancy shows that it is not effective to a certain degree.

Respondent: I can't say much about HIV status of people because it's something, which can not be seen. However, unplanned pregnancies and their rate entails that people are still sleeping around without condoms and they are not abstaining.

Student involvement and contribution to these discussions were very stimulating and provided profound insight on how students view the current status of the ABC approach. Essential factors need to be considered before any action or planning and development took place. A female student contributed to the discussion about pregnancies indicating the failure of the condom, and disagreed that it is entirely true because we do not know if the pregnant students seen were possibly married or already in long term legitimate relationships.

This process of dialogue therefore allows students to clarify misconceptions and share their views and perceptions on most matters regarding HIV/AIDS. It also demonstrated the significance and power of allowing this interaction and how it places all interventions and future strategies within a context that is well researched and reflects the contributions of the target audience that the message is intended for (Figueroa et al, 2002; UNAIDS 2007). Students also commented that from discussions on campus and sharing of views with students at residence, friends and colleagues, most students in actual fact placed more effort and emphasis on taking measures not to fall pregnant, instead of HIV prevention. "Students also tended to be more worried about falling pregnant than becoming infected with HIV" (Marcus 2001:8-9). Students in this sense found it more necessary to get contraceptives instead of condoms. These interesting and informant discussions and debates were only made possible through the process of active dialogue. Dialogue implies more than a simple back-and forth of messages in interaction; it points to a particular process and quality of communication in which participants "meet" allows for changing and being changed (Cissna and Anderson, 1997:10). A catalyst had to spark off HIV/AIDS discussions with students and the focus group had to be of direct importance to them. In this way, students became active participations in the process and demonstrated how crucial their involvement was in these processes.

Effects of long term relationships

Another pattern that developed throughout the discussion was the *effects of long term relationships* in regard to the ABC approach and how it addresses issues of trust. Condoms in some cases were used in the initial stages of a relationship but as it developed into a long term relationship, students did not find the need to use condoms. Students were concerned about the level of trust a long term relationship imposed as it meant that being in a long term relationship automatically equated to faithfulness by the other partner which could not be proven. Students found themselves in a dilemma if they suggested the use of a condom in long term relationships as it either implied that they were unfaithful or suspected their partner of unfaithfulness.

Respondent: Whilst on the same issue of condoms, I think students do condomise but for a certain time should they get into a relationship for 1 and 2 months after that they feel that no we are steady trust the person and they may as well stop the condom. All laugh.

Respondent: The second thing is trustfulness. ...You may be willing or wishing to apply the ABC but regarding the way you trust your partner, you can't use it (condom). Like mina, I am ready to use a condom, I am Thulile's boyfriend but she says to me: Don't you trust me to not use a condom. There are trust issues. Let us drop it out and go on without it.

Students also addressed the difficulty in applying the ABC approach in terms of the 'be faithful' component, as you are not always sure of your partner's faithfulness when you have been dating for a long time. The issue of testing, in long term relationships, also needed to be addressed. The previous chapter shows how students relied more on the use of condoms instead of being faithful in their relationships. HIV testing was not encouraged as it implied unfaithfulness by one of the partners. The 'be faithful' concept therefore did not help to protect the next partner as testing is not encouraged in the long term relationships and marriages. This encourages the use of condoms as a measure of safety but is highly problematic in long term relationships. In a similar manner, students commented that street children also face the same dilemma of using condoms, as it raised questions of trust in their relationships.

Students concluded that it was easier to engage in sexual practices without the condom as it did not raise issues of trust in a relationship. The focus group played an important role as it allowed students to interact, debate, reflect and decide on how best various issues of

concern could be addressed. Students were given the opportunity to understand that they did share common interests and challenges and also understood that through this process of dialogue, they were actually addressing crucial misconceptions and dilemma's regarding HIV/AIDS.

Respondent: With the one be faithful as well. You need someone who will get checked, both of you go get checked. But now in a relationship lets say for 5 dates, you are not going to say every time lets go get checked. We assume that we don't need testing

Early marriage as a solution

Through the focus group discussion *early marriage was identified as a solution* to HIV/AIDS. Students argued that if young people made the decision to get married earlier once they were settled in an established relationship, the risk of unprotected sex, multiple sex partners, and sex before married would be prevented. However others commented that young men couldn't take care of wives if they are not in an economical stable position. They emphasized that marriage should not be a solution that will cause further setbacks within the marriage. Other students questioned if young men are cannot afford to get married, why do they have children at such a young age?

Respondent: Maybe we can go further than abstinence and look at early marriage as a solution to HIV-maybe if people get early marriages they would not run around a lot.

Students at the Westville focus group did see the possibility of young people in villages marrying at a young age. They further commented that young people according to their history and culture were having children in villages around 18-20 years of age. Most young people would still marry at 18 but due to economic and societal development and the extension of school going age, marriage was delayed. This discussion provided a platform for engaging in dialogue and the sharing of opinion, some students argued that this solution still did not solve the problem as marriage may only address the issue of abstinence in some cases, but still does not resolve the question of faithfulness in a marriage and the use of condoms where necessary.

The various themes that emerged from the dialogue demonstrated the importance of a two-way flow of communication. It further expanded on the mindsets and views of students that have not been consulted in developing HIV/AIDS messages and campaigns.

Using the CFSC model for developing community dialogue demonstrated how constructive feedback was obtained from students, further emphasizing factors and solutions that don't come to the fore front when dealing with HIV/AIDS.

Change of sexual behaviour

Students also addressed ways in which *sexual behaviour can be changed*. This was categorized into another theme that arose through discussion as it always surfaced at various levels. Students argued the two major ways of promoting behaviour change was through making HIV/AIDS a reality to students through visits to communities where people are living with HIV/AIDS each day, and also encouraging students to get themselves tested.

Respondent: A lot can be done to change one's behavior, e.g. voluntary testing and also getting to see people affected may have some impact on the students and help change their behaviors.

Students acknowledged that having HIV does not mean that the person will die, and most people live up to ten years. The reality is that everyone dies at some point, some even sooner without having the virus. Nevertheless students still found HIV/AIDS testing as an essential way for people to be made aware of the dangers of high risk sexual practices. With the question of testing also comes the concern of stigma and discrimination. Students found that any suggestion or discussion about testing was not well received by students.

Respondent: I have mentioned to a lot of people that I have been tested and people look at me and say: are you crazy, I would rather be thin like a rake than go to the bed, I will deny it. People feel shameful. People are so embarrassed to be tested.

Respondent: It is not easy for someone to open up about their status to their partners due to the fear that they would be dumped and discriminated.

Students introduced Uganda as an example once again, and students strongly favoured the intervention of the government in encouraging HIV/AIDS testing. They identified the sad reality of well-educated people also being positive implying that an intervention beyond knowledge was crucial and a practical approach necessary. Students argued that voluntary counselling and testing (VCT) is a problem of the government and by law everyone should be forced to undergo an HIV test. This ensured that people are not ignorant of their status.

Respondent 1: Summary: VCT is a problem of the government who should be forcing people to know their status.

Respondent 2: The problem is this thing of the HIV test. I do think government has to find a way of forcing everyone to get tested. I don't know because people are not getting tested and they are not even using condoms.

Some students debated that forced HIV testing contravenes their human rights and is discriminatory. There was therefore a dilemma about students who voluntarily tested and were stigmatized and those who were forced by the government to get tested which was a violation of their human rights. The focus group discussions allowed students to explore all possibilities and solutions for addressing the pandemic. Students debated some of these solutions but it allowed for the sharing of knowledge and ideas about HIV/AIDS prevention.

The University was also identified as a contributing factor to HIV as activities on campus involved alcohol related entertainment, which in some cases was funded by the University. Students understood the effects of alcohol and how this contributed to their sexual practices. At the same time, they felt that the University was not taking precautionary measures to reduce the opportunity of sexual interactions which can result in HIV/AIDS transmission. The University's (Westville) support in funding what some students refer to be 'de-stressing' parties before an examination was actually alleged by students an indirect contributing factor in HIV transmission.

Respondent 1: Instead of sponsoring parties the university should sponsor more religions

Respondent 2: If you look at it this way, after a party, students are drunk and they go to their room's drunk, what then happens? The constitution must be changed.

When Dr Trevor Wills, Dean of Students at the University of KwaZulu-Natal was asked to shed light on these de-stressing parties, he commented:

The University does not supply alcohol to students, nor is there any policy promoting or supporting so-called "de-stressing" parties on campus. Our policy is that no large social functions at which alcohol is served are approved in the three weeks prior to an exam session (such functions have to be approved by a Social Functions Monitoring Committee on each campus). As an example, the SRC Inauguration celebration which had to be held this year within the month prior to

exams, was an alcohol-free event at the insistence of my office (30 November 2007).

Students shared their experiences of what really happened at parties when students were drunk. They viewed the de-stressing parties sponsored by the University as further contributing to unsafe sexual practices.

Respondent: Yes because it is sponsoring these so called de-stressing parties, each semester each residence is given some money to throw a party and these parties are usually done some two weeks or so before the exams

Dr Wills further added:

House Committees in residences are given a budget each year (coming from the residents' own contributions) and they may well be using some of these funds at the end of semesters to support these parties, that by-pass the normal functions approval process. We are trying to reduce the abuse of alcohol because we are only too aware of the repercussions. One of the things we are doing is reintroducing the payment of meal allowances on monthly instead of quarterly basis, because we are aware that suddenly having access to quite large sums of money has led to drinking binges when meal payouts hit student bank accounts - also leaving them short of money for food which further aggravates the HIV issue (30 November 2007).

Students were therefore receiving incorrect information about the alcohol supplied at parties before examinations. This could mean that students were attending parties on campus which could be hosted by other social groups on campus in the name of the University. However, alcohol stills remains a contributing factor to unprotected sex, and students need to understand the implication of high risk sexual practices.

Students suggested that the university should sponsor religious groups instead of parties, as it was these groups that can relay positive information to students about responsibility and accountability. The contribution of religion to HIV/AIDS prevention would be discussed as the next theme in this data analysis.

Religion can play a role in HIV/AIDS prevention was the final theme identified from the focus group discussion. One student made reference to the case in Zimbabwe where attending church at Solusi University was compulsory. This allowed students to seek guidance from the church on important decisions and to be shaped into responsible people.

Respondent: At Solusi University in Zimbabwe, it was compulsory to go to church every day of the week and twice a day on Friday and Saturday. Generally some students would come with many problems and delinquent behaviour, but the church changed many of their lives. It transformed and molded them to becoming responsible people and morally uprightness. So may be there is need for the introduction of a mandatory HIV/AIDS module for every student enrolled in order to make an impact on the dangers associated with the disease. Also church-related functions can be organized for HIV/AIDS campaigns

Students discussed that the churches taught responsibility and moral uprightiness, and can be used as vehicle in the promotion of positive prevention messages and sexual practices. Students emphasized the need for more HIV/AIDS modules and campaigns and also more visibility and participation of church related functions. This was not restricted to churches only but any religious movement that promoted positive messages to students.

Respondent: Another important thing is religion; it plays an important role in HIV issues. Some religions are more successful for example Muslims have low HIV rates. They are more on the moral even some Christians are also concerned by the morale and HIV rates are quite low. Religion is about morality the more strictly the morale the more chances or less the incidence of HIV issues. The more loose the morale the more the problems of HIV issues and some unwanted behaviors.

Students also discussed the limitations of the SA constitution as modules and church services cannot be made compulsory if it contravenes individual rights.

Respondent: Constitutional issues are difficult; since this is a government institution will that not contravene some individual rights? I mean making a compulsory module in HIV/AIDS and/or forcing students to go church everyday.

Open heart to communication

Central to all the discussions that took place at the two focus groups was the need for an *open heart to Communication (face to face strategy)*. Students identified the need for constructive dialogue and suggested that a good way to start this process was to establish small group discussions in residence. The discussions can at any time include students,

lecturers and health care workers of campus to contribute to the discussion through sharing ideas and clarifying perceptions and misconceptions as done in these focus groups. Students had the opportunity to experience the success of actively engaging in dialogue on issues that were relevant to them.

Communication for Social Change: Student Participation through Dialogue

The data from the focus group was analysed, using the CFSC theory, and reviewed with steps that promote dialogue with students. The data showed that students engaged in dialogue with further debate and discussion about the different ways to make HIV prevention strategies effective. Students demonstrated the ability to recognize the problems and controversy with the ABC message, identify and involve leaders and key stakeholders which included lecturers, parents and university support staff, and clarify different perceptions which was crucial with a diverse group. *Clarification of perceptions* ensures that students overcome their various opinions about prevention strategies and facts that influence young people's sexual practices. *Expression of shared interests* and discussion about the *vision of the future* also created an opportunity for students to reflect on their current approach to HIV/AIDS and look at how they can become active participants in the future.

In order to identify the vision of the future, students showed the ability to *assess the current status* of the situation, reflecting on their personal experience with others in relation to HIV/AIDS. CFSC approach provided a platform for students to think about their objectives for the future, is based on communication through dialogue and promotes social change through collective action. When students took the step to collectively review the plan of action for the future, set objectives and goals and think about the way forward, these are steps for achieving collective action. The collective actions steps have not been followed for the purpose of this study but dialogue was the process used to engage students during the focus groups discussions. Central to this continuous dialogue with students was their willingness to participate in this discussion. Students were therefore able to contribute to the discussion about the effectiveness and revision of the ABC message through participation, and this took the form of dialogue. "Participation involves "enabling people to realize their rights to participate in, and

access information relating to, the decision-making processes that affect their lives” (UNAIDS, 2007:13).

Participation can play the role of creating awareness, where students can learn and share knowledge and perceptions with other students, in this case the ABC strategy. Participation allows for building of social relations, developing working relationships with other students looking beyond their personal views and to listen and acknowledge the opinions, ideas and mindsets of others (Figueroa et al, 2002, UNAIDS 2007). This promoted discussion in the group to address the effectiveness of the ABC message. It also allowed students to build and develop trust within the group.

Participation in the process of discussion also develops quality outcomes. Students from various racial and religious backgrounds require a greater wealth of knowledge to address the current problem. “Participation breeds a sense of ownership and commitment o the process and its outcomes, which become collectively held and subsequently more sustainable, increasing the likelihood of implementation and lasting change” (UNAIDS, 2007; 14). However participation and dialogue must be geared towards some form of change. Failure to see these visible results would only empower students to participate but not see any constructive outcome from the process. “ If participation takes place but remains without impact: People will become tired not of participation and dialogue, but rather of investing their time and energy and not seeing change. Therefore, consideration of the question of what will be different as a result of the participation and dialogue has to be the guiding principle in the design of change processes; otherwise, the impact will remain elusive (UNAIDS, 2007:14).

The thematic analysis demonstrated that through dialogue with other students, they were able to debate and negotiate different prevention messages for HIV/AIDS. Students were able to identify the role of the government in HIV/AIDS. This helps policymakers consider to shift their attention from the government for solutions, and focus on the target audience who are infected and affected by the pandemic, and who have a better sense to identify setbacks and solutions. In a modernization paradigm, the voice of the people are not heard, and the government does not have an opportunity to understand

how students and the population at large feel about the child grants and the new Children's Act 2007 that has been released. The child grant also creates a sense of dependency on the government instead of empowering people to become responsible citizens. If child grants are seen as a source of survival, then the government functions with the dependency paradigm where development is governed by the State.

Other themes that emerged from the focus groups were pregnancy which was seen as an indicator of failure to use a condom. The process of participation and dialogue demonstrated that students were more concerned with precautionary measures to avoid pregnancy than prevention of HIV transmission. If the ABC strategy was designed through the modernization paradigm, it cannot accommodate other actors such as unplanned pregnancy and incorrect messages. Students would not be given the opportunity to share their thoughts and ideas on the issue. The modernization and dependency theory does not allow for feedback from students regarding the effects of long term relationships and the controversy around the success of the 'be faithful' component. All communication and use of communication channels would promote a one way flow of communication. The use of the focus groups to facilitate discussion creates an environment for students and other young people to voice their opinion, and share their knowledge and ideas for change. The process of dialogue ensures that students assess if compliance with the ABC message was an achievable strategy. Other communication for development strategies did not grant students this opportunity.

The CFSC approach provides significant solutions to the design of the prevention message. Students were able to share possible solutions such as early marriage and the role of religion to avoid HIV transmission. The process of participation through dialogue encouraged students to address ways in which sexual behaviour can be changed. The modernization paradigm in this instance would provide procedures for communication to enable students to change their behaviour practices without encouraging their participation. The university was also identified by students as a contributing factor to HIV through sponsoring de-stressing parties before examinations. These findings are not possible without allowing students to actively engage and communicate through dialogue to share their ideas and knowledge on issues that affect them.

Central to the discussion with students at both campuses was the student's identification that an "open heart to communication" was crucial for the success of any intervention, with particular emphasis on a face to face strategy. These comments show that students appreciate and acknowledge the opportunity of having a voice, of knowing that their opinion and knowledge was heard and shared. It also showed that students found themselves central to the solution of HIV prevention. The continuous dialogue and participation of students allowed them to be actively involved in the processes of message design and revisions. It gave students an opportunity to be empowered and feel a sense of control of the processes and their involvement in the pandemic. Dialogue was confirmed by students as a fundamental and crucial step in the community process, as demonstrated through the steps of community dialogue in communication for social change.

Communication for Social Change: A new wave for Development Communication

Participation through dialogue was explored in this study as a move away from top-down approaches in communication. Some of the communication for development theories explored in earlier chapters showed that previous communication strategies have been mainly streamlined through the vertical flow of communication. These development theories did not allow for participation or feedback from participants. If a modernization or dependency paradigm was used to address the effectiveness of the ABC strategy, students would be merely receivers of the HIV/AIDS messages and not given the opportunity to taken ownership in this development process. The current prevention strategy does have roots in the modernization and dependency theories, the development support communication theory is also evident in the ABC message.

The modernization paradigm was used in the development of the ABC message as it was a top-down communication approach, based on the success of the Uganda experience in reducing the spread of HIV/AIDS. This implied that the approach is extensively used by various HIV/AIDS campaigns in South Africa without actually testing its effectiveness with the different target audiences. The development support communication approach is evident in some instances in South Africa, when interventions are externally funded and

as a result funders still maintain some level of control and ownership of the project. The participatory approach to communication empowers students to take part in all the stages of discussion, design and development of the ABC message.

The modernization paradigm used mass media and technology to assist third world countries in development process. The modernization paradigm is evident in many HIV/AIDS Programme and campaigns in South Africa, where there is a one way flow of communication and prevention messages. People in grassroots communities are not involved in any processes of decision making, ownership or sharing of ideas.

CFSC was used to analyse the communication process and how students could be involved through a horizontal flow of communication. The thematic analysis conducted showed how important themes emerged through this dialogue about students' perceptions of the ABC strategy and factors that contribute adherence and revision of the message. "A dialogic approach values the art of communication and planning as constituting a process of "thinking together" among a diverse group of people" (UNAIDS, 2007:4). The themes identified were also possible solutions to consider when University's are designing their HIV/AIDS programmes and more especially the message they relay to students. These themes could not emerge if a didactic flow of communication through modernization or dependency paradigms were followed.. When programmes and HIV/AIDS messages are already pre-designed by the professionals and rippled down to students, the modernization paradigm becomes apparent, a and students are not enthusiastic to participate to acknowledge these messages.

Conclusion

Whilst there is a continuous call for the pandemic to be approached as a blend of social, behavioural and bio-medical issues, the communication strategies and interventions all need to be approached as a mix of the mass media and community responses, a balance between the top-down and the bottom-up approach.

Bridging social capital is particularly important for a challenge such as HIV/AIDS because the problem of HIV/AIDS, with its complex mix of biomedical, behavioural and social roots, is too complex for any one constituency to deal with,

particularly the poorest and most marginalized communities which are the most vulnerable to the epidemic (Campbell et al 2005: 476)

Instead of focusing on mass media only there needs to be a balance between 'top-down' approaches and 'bottom-up' approaches. While the channel used to relay these messages are important, the priority needs to be the contents of HIV/AIDS message.

The focus groups conducted did not bring about social change or direct collective action at the time, but it did create an opportunity and a safe environment for students to think about the effectiveness of the ABC message. Most students have not thought about their involvement and participation in these processes prior to the focus group as they were never given the opportunity. The dialogue is the first step towards collective action in the CFSC process. The purpose of this research was to demonstrate the importance of participation using dialogue not for behaviour change but in the social change processes. This study tries to demonstrate some of the factors that influence sexual practices such as peer pressure and sex which is not always an individual or rational decision. While students may have the knowledge and attitude towards changing their sexual practices, it may not impact their practices based on other contextual factors. When students are taught to communicate for social change, focusing on their participation and the use of dialogue, contextual factors can be addressed before behavioural patterns are changed.

Chapter Seven: Conclusion

This study has explored students' perceptions of the ABC message and how their active participation through dialogue promotes a community response to HIV/AIDS. The Communication for Social Change theory examined how students can use some of the steps in the process of dialogue such as recognizing problems, identifying key stakeholders, assessing the current situation and, more importantly, clarifying perceptions towards collective action. The challenge with community dialogue is to find the right momentum. If collective action is propagated too soon, people may doubt one's sincerity as a listener (Reardon, 2003:8). In this light, the focus of this study was restricted to community dialogue only, and how this could be initiated. It also examined some of the responses towards collective action. The key to success with community dialogue is to keep people talking, even when they move into the phases of collective action (Reardon, 2003). The focus group ensured that students were sharing their knowledge and experience with others.

The data from the survey and the focus groups illustrate the importance of clarifying perceptions. While 59% of students who were part of the survey found the ABC message effective, this was not the case with respondents in the focus group. When students were given the opportunity to discuss their views about the ABC strategy, they broke down the strategy into various components (A-B-C) and concluded that this prevention message was not effective. The process of dialogue allowed students to explore some of their concerns about this prevention message and some contributing factors to HIV/AIDS.

loveLife's David Harrison on SAfm, mentioned during the "After Eight debates" with Jeremy Maggs on World AIDS Day 2006, that only 30% of South Africans know their status. South Africans are not aware or living in denial of the seriousness of the epidemic and how it impacts their lives. Young people have one of the highest infection rates, yet most are unaware of their status. This implies that the lack of young people knowing their status can be detrimental to the effectiveness of any HIV/AIDS programmes or campaigns implemented. Can we promote safer sexual practices and HIV prevention to an audience that does not recognize the problem they faced with? Young adults need to

know their status before focusing purely on prevention and behavioral change strategies. These are all complimentary issues that need to be reviewed when approaching issues surrounding prevention messaging and its effectiveness.

Three crucial recommendations emerged from these focus groups. The first suggested that all future HIV/AIDS campaigns reflect the need for responsibility and accountability of students sexual practices. Despite some of the social-economic influences on HIV/AIDS, responsibility and accountability by individuals was a good starting point towards HIV prevention. The greatest challenge of the AIDS era may be maintaining a sense of personal control of one's involvement in some of life's most meaningful experiences, namely love, sexuality, and the nurturing of committed interpersonal relationships (Brenders and Garrett, 1993:113). Any future initiatives with students need to balance their role of involvement with a position that is willing to be responsible and accountable for decisions around love, sexuality and committed relationships. Recommendations made by UNAIDS (2007: 113) were based on the need to improve the understanding of dialogue, through research, building support networks and making knowledge available to everybody. Dialogue can also be promoted as a catalytic mechanism through awareness raising, education and training. Enabling environments also need to be created to provide the resources for dialogic processes.

The second recommendation is based on the need to address the challenge that faces young people today: do students need so many options? The focus group discussion demonstrated that some students were in favour of a similar approach as that taken by Uganda and Zimbabwe to control the spread of HIV infections. This draws attention to the need for target specific messages, where messages must be 'community' specific. Abstinence should not be taught as an option but as a requirement. In cases where young people fail to abstain, the use of condoms is crucial as well as faithfulness in the relationship. The strong sense of responsibility and accountability is pivotal in these approaches. 'Be faithful' should be used in the context of marriage or relationships while condom usage for high risk sexual practices. Students favoured an ABC message which is target specific.

The final recommendation that emerged from the findings acknowledged that social change can only be effectively facilitated when the community and partners determine the levels of participation and ownership between the development support communication professionals and the community. Only when these communication professionals hand over all levels of participation to the community, effective ownership is awarded, it's only in the communities understanding of the level of ownership that active dialogue for collective action can take place. In otherwords, social change becomes a process, its only when the relationship between the professionals and community is mutually adhered to, that active participation can take place, its then through this empowerment that the community feels free to engage in dialogue. Its only through this face to face interaction that collective action takes place and this is communicating for social change.

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Appendix 1

Research Workshop for ABC Cross Campus Survey 2007

Date: 23 April 2007

Time: 12h00

Venue: E142

Programme:

12h00 – 12h15: Introduction by team and Icebreaker

12h15 – 12h45: Presentation on ABC study and questions (Eliza)

12h45 – 13h15: Questionnaires (Abraham)

13h15 – 13h45: Expectations (John)

13h45 – 14h15: Break (fill in appointment forms)

14h15- 14h45: Ethical Clearance and consent Forms (Irene)

14h45- 15h00: Deadlines, sampling and way forward (Abraham)

Appendix 2

Informed Consent Form

(To be read out by researcher before the beginning of the interview/Focus Group Discussion/Questionnaire. One copy of the form to be left with the respondent; one copy to be signed by the respondent and kept by the researcher.)

We are doing research on a project entitled **Understanding responses to the ABC strategy in the Higher Education Sector in South Africa; towards an advocacy framework to influence policy and practice for the prevention of infection with HIV among university students**. The aim of this project is to understand how HIV/AIDS information is communicated to students at this university and students' reception of the HIV/AIDS messages. We are managing this research as a team of four students: Abraham Mulwo (Student No: 205527655), John-Eudes Lengwe Kunda (Student No:) Irene Pule (Student No: 206521574) and Eliza Moodley (Student No: 200268424). This project is supervised by Professor Keyan Tomaselli and Professor Lynn Dalrymple at the School of Culture, Communication and Media Studies, University of KwaZulu-Natal. Should you have any questions our contact details are:

Culture, Communication and Media Studies,
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Thank you for agreeing to take part in the project. Before we start I would like to emphasize that:

- your participation is entirely voluntary;
- you are free to refuse to answer any question;
- you are free to withdraw at any time.

The information you provide in the questionnaire/Interview/Focus Group Discussion (researcher to tick where necessary) will be kept strictly confidential and will be available only to members of the research team. Excerpts from the Interview/Focus group discussions may be made part of the final research report but your identity will not be

reflected in the report.

If you give consent to participate in the study, please sign this form to show that you have read the contents

I..... (Full names) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time should I so desire.

Signature of the Participant.....Date.....

Appendix 3 Questionnaire for students

Understanding responses to the ABC strategy in the Higher Education Sector in South Africa: towards an advocacy framework to influence policy and practice for the prevention of infection with HIV among university students

A.	CAMPUS	1	Howard
		2	Medical School
		3	Pietermaritzburg
		4	Westville
		5	Edgewood
		6	University of Zululand
		7	Durban University of Technology

1. Demographic data

1.1	Sex of respondent [code by observation]	Male 1	Female 2
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1.2	What is your race group?	Black 1	Coloured 1	Indian 3	White 4	Other (specify) 5
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1.3	What is your age? [in completed years]	
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1.4	What is your marital status? [ONLY ONE response possible]	1	Married [living with husband/wife]
		2	Married [<u>not</u> living with husband/wife]
		3	Not married [living with boyfriend/girlfriend]
		4	Single
		5	Widow / widower / divorced / separated
		6	Other [specify]

1.5	What category of student are you? [ONLY ONE response possible]	1	Full-time student at COLLEGE / TECHNIKON / UNIVERSITY
		2	Part time student
		3	Other [specify]

1.6	Which year of study are you? [ONLY ONE response possible]	1	First year
		2	Second Year
		3	Third year
		4	Post-graduate

1.7	Where do you reside while on session? [ONLY ONE response possible]	1	On-campus residence
		2	Rental house/room off-campus
		3	Off-Campus with my parents
		4	Off-Campus with my relatives/friends

2. Relation to HIV/AIDS

2.1	In the course of this academic year which of the following apply to you? [READ OUT ALL]	Yes	No or not applicable
a.	I have attended a workshop on HIV/AIDS within campus	1	2
b.	I have attended a rally on HIV/AIDS within campus	1	2
c.	I have attended a meeting on HIV/AIDS within campus	1	2
d.	I have discussed HIV/AIDS with peer educators within campus	1	2
e.	I have attended classes about HIV/AIDS at campus	1	2
f.	I have attended workshop, training or lecture on Decision making Skills/Negotiation skills/Interpersonal skills relating to HIV prevention?	1	2
g.	I have heard HIV/AIDS spoken about at a place of worship (church, mosque, etc.)	1	2
h.	Someone I know has told me that he/she is HIV positive	1	2
i.	I have helped or volunteered at an HIV/AIDS organisation or groups in my community	1	2
j.	I personally know someone who has died of AIDS	1	2
k.	I have helped care for a person sick with AIDS	1	2
l.	I personally know children who have lost a parent to HIV/AIDS	1	2
m.	I have worn a red ribbon while on campus	1	2
n.	I have worn a t-shirt, cap or other item with an HIV/AIDS message while on campus	1	2
o.	I have received information about HIV/AIDS from a nurse or doctor	1	2
p.	I have received information about HIV/AIDS from a traditional healer	1	2
q.	I have received information about HIV/AIDS from an organisation within campus	1	2

2.2a	Have you attended any funerals in the course of this academic year?	Yes 1	No 2 [SKIP to 3.1]
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2.2b.	How many of these funerals were for a person you know, or think has died of AIDS?	None / Don't know 1	1 2	2 3	3 4	4 5	5 6	6 7	More than five
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3. Media Exposure

3.1	In the course of this academic year, from which of the following sources have you found personally useful in obtaining information about HIV/AIDS [READ OUT ALL]	Yes	No
a.	Campus HIV/AIDS support unit	1	2
b.	Student organizations	1	2

c.	Religious groups on campus	1	2
d.	Class lectures	1	2
e.	Peer Educators	1	2
f.	Guest speakers	1	2
g.	Friends	1	2
h.	Blood donor groups	1	2
i.	Voluntary Counselling and Testing Centres	1	2
j.	Music, theatre or puppetry groups	1	2
k.	Other (please specify)	1	2

3.2	While on Campus, which of the following media of information have you personally found useful for getting HIV/AIDS information? [READ OUT ALL]	Not seen or heard	USEFUL for HIV/AIDS information	NOT USEFUL for HIV/AIDS information
a.	Posters	1	2	3
b.	Billboards	1	2	3
c.	Banners			
d.	Leaflets and information booklets	1	2	3
e.	Internet	1	2	3
f.	Plays or drama	1	2	3
g.	Television news	1	2	3
h.	Television dramas, talk shows, and other programmes	1	2	3
i.	Television advertisements	1	2	3
j.	Radio news	1	2	3
k.	Radio dramas, talk shows, and other programmes	1	2	3
l.	Radio advertisements	1	2	3
m.	Articles in newspapers	1	2	3
n.	Articles in magazines	1	2	3
o.	Murals	1	2	3

3.3	How often do you hear/read the following information about HIV/AIDS being emphasised while on campus? [READ OUT ALL]	Very often	Often	Rarely	Very rarely	I have never heard
a.	Abstain until marriage	1	2	3	4	5
b.	Be faithful to one partner	1	2	3	4	5
c.	Use condom during sexual intercourse	1	2	3	4	5
d.	Go for Voluntary Counselling and Testing	1	2	3	4	5
e.	Care for the HIV positive	1	2	3	4	5
f.	Stop sexual violence against females	1	2	3	4	5
g.	Human rights and HIV/AIDS	1	2	3	4	5
h.	HIV/AIDS prevalence	1	2	3	4	5

i.	Modes of HIV transmission	1	2	3	4	5
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3.4	Of the following channels of communication: posters, billboards, leaflets and information booklets, what draws you to the message?	absolutely	sometimes	Never
a.	Visual images	1	2	3
b.	Words	1	2	3

3.5	HIV/AIDS messages can appear in words only or images only OR they can be mixed. However,	agree	disagree	don't know
a.	Use of both images and words result(s) in mixed messages	1	2	3
b.	Images make the message clearer	1	2	3
c.	Images make the message even more ambiguous	1	2	3
d.	Words alone, are sufficient	1	2	3

3.6	Do you agree with the following statements?	agree	disagree	don't know
a.	The ABC (Abstain, Be faithful, Condomise) approach in messages leaves out other useful information.	1	2	3
b.	The ABC messages are clear and precise	1	2	3
c.	The C (Condomise and consistent use) is biased towards females only.	1	2	3
d.	HIV/AIDS campaigns are biased towards the black student population	1	2	3
e.	Some HIV/AIDS messages, especially those advocating condom use, are more promotional than informative	1	2	3
f.	Effective HIV/AIDS messages should be specific to the diverse student population	1	2	3

4. Student's Involvement in HIV/AIDS Messaging

4.1	Do you think the HIV/AIDS campaigns in your campus are adequate?	Yes 1	No 2
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4.2	Do you think the HIV/AIDS campaigns:	Yes	No
a.	Relates messages that people understand	1	2
b.	Are well designed and researched	1	2
c.	Have messages that are applicable to the youth it	1	2

	targets		
d.	Involve the audience it targets in the design and implementation of campaigns	1	2
e.	Are educational and entertaining	1	2

4.3	Do you think students should be involved in HIV/AIDS prevention messaging?	Yes 1	No 2 [skip to 4.5]
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4.4	Why do you think student involvement is necessary?	Yes	No
a.	Students need to be part of the research, design and implementation of programmes.	1	2
b.	Students understand their sexual practices and are best placed to construct their own messages	1	2
c.	Students are more responsive when it's a message created by them.	1	2

4.5	Do you think the ABC (Abstain, be faithful and condomise prevention strategy is effective?	Yes 1	No 2
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5. Knowledge, attitudes and perceptions

5.1	Are the following statements true or false? [READ OUT ALL]	True	False	Don't know
a.	HIV causes AIDS	1	2	3
b.	You can reduce the risk of HIV transmission by using condoms	1	2	3
c.	HIV can be spread through anal sex between a woman and a man	1	2	3
d.	HIV can be spread through anal sex between men	1	2	3
e.	HIV is spread through the air	1	2	3
f.	Traditional healers can cure AIDS	1	2	3
g.	You can reduce the risk of HIV infection by having fewer sexual partners	1	2	3
h.	You can be infected with HIV by touching a person with HIV/AIDS	1	2	3
i.	A mother can pass HIV on to her baby during pregnancy and childbirth	1	2	3
j.	AIDS is caused by witchcraft	1	2	3
k.	A person with HIV can look healthy	1	2	3
l.	You can reduce the risk of HIV by being faithful to your sexual partner	1	2	3
m.	A woman can transmit HIV to her baby through breastfeeding	1	2	3
n.	A person who has been raped can receive drugs from a clinic or hospital to reduce the risk of becoming infected with HIV	1	2	3

o.	Sexually transmitted infections increase the risk of HIV infection	1	2	3
p.	HIV can be transmitted by sharing a meal with someone who is infected with HIV	1	2	3

5.2	If a friend told you they had a sexually transmitted infection, what would you advise them to do? [DO NOT READ OUT. MULTIPLE RESPONSES possible]	Yes	No
	Go to a pharmacy	1	2
	Treat it himself/herself	1	2
	Go to a private doctor	1	2
	Go to a hospital or clinic	1	2
	Go to a traditional healer	1	2
	Go to a herbalist	1	2
	Stop having sex	1	2
	Don't know	1	2
	I Don't know what a sexually transmitted infection is [SKIP TO 4.5]	1	2
	Other [specify]	1	2

5.3	What are the signs and symptoms of sexually transmitted infections? [DO NOT READ OUT. MULTIPLE RESPONSES possible]	Yes	No
	I don't know	1	2
	Itching in the genital area	1	2
	Pain during sex	1	2
	Sores on the genitals	1	2
	Swelling in the groin	1	2
	Pain in the abdomen	1	2
	Burning sensation when urinating	1	2
	Unusual discharge	1	2
	Other [specify]	1	2

5.4	What should you do to prevent sexually transmitted infections? [DO NOT READ OUT. MULTIPLE RESPONSES possible]	Yes	No
	Only have sex with someone who doesn't have an STI	1	2
	Use condoms	1	2
	Only have sex with one partner	1	2
	Not have sex	1	2
	Take a shower immediately after sex	1	2
	Don't know	1	2
	Other [specify]	1	2

5.5	Is there a treatment for HIV/AIDS	Yes 1	No 2 [SKIP TO 6.1]
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5.6	If yes, what is that treatment [DO NOT READ OUT, MULTIPLE RESPONSES possible]	Yes	No
	Antiretroviral drugs (ARVs)	1	2
	Traditional medicine [skip to 4.13]	1	2
	Homeopathic treatment [skip to 4.13]	1	2
	Don't know [skip to 4.13]	1	2
	Other [specify] [skip to 4.13]	1	2

5.7	How long should people on antiretroviral drugs stay on treatment [DO NOT READ OUT. ONE RESPONSE ONLY]	
	For the rest of their lives	1
	As long as they want	2
	Until they feel better	3
	Don't know	4
	Other [specify]	5

6. Behaviours and practices

I am now going to ask you some questions related to sex. As I have mentioned before, your answers are confidential.

6.1	Have you ever had sex before? [Sex is defined as the penis entering the vagina or anus with a person of the opposite or same sex]	Yes 1	No 2 [SKIP to 6.9]
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6.2	How old were you when you first had sex? [If respondent is unsure, they can estimate approximate age]	
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6.3	Would you say that you are able to say no to sex if you don't want it?	Yes 1	No 2
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6.4	Have you had sex in the past 12 months?	Yes 1	No 2 [SKIP to 6.9]
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6.5	In the past 12 months have you been physically forced to have sex against your will?	Yes 1	No 2
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6.6	How many sexual partners have you had in the past 12 months?	1	2	3	4	5	6	More than 7
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6.7	Do you have more than one sexual partner at the moment?	Yes 1	No 2 [Skip to 6.9]
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6.8	How many sexual partners do you have at the moment? [SKIP TO 5.10 after this question]]	1	2	3	More than three 4
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6.9	Do you seek to have more than one sexual partner in the next 12 months?	Yes 1	No 2
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6.10	When it comes many sexual partners, which of the following applies to you? [READ OUT ALL. Multiple Responses possible]		
a.	I don't see anything wrong in having multiple sexual partners	1	2
b.	I intend to reduce the number of my sexual partners in the next six months	1	2
d.	I have decided to be with only one sexual partner	1	2
e.	I have always had one sexual partner	1	2
f.	I encourage others to have only one sexual partner	1	2

6.11	What are the reasons that you have not had sex in the past 12 months? [PROMPT IF NECESSARY. MULTIPLE RESPONSES POSSIBLE]	Yes	No
a.	I have not found a partner	1	2
b.	I am not interested in sex	1	2
c.	I want to wait until I am married	1	2
d.	I am not interested in having a sexual relationship	1	2
e.	I have chosen to abstain from sex	1	2
f.	I am worried about the risks of HIV infection	1	2
g.	I am worried about the risks of an unwanted pregnancy	1	2
h.	I am worried about the risks of sexually transmitted diseases	1	2
i.	I am worried about partner violence	1	2
j.	Other [Specify]:	1	2

6.12	What are your reasons for getting into a relationship with sexual partner(s)	Yes	No
a.	Relationship leading to marriage	1	2
b.	Relationship for fun/companionship only	1	2
d.	For financial/material benefits	1	2
e.	Everyone else has a partner	1	2

6.13	When it comes to choosing a sexual partner, which of the following applies to you? [READ OUT ALL. Multiple Responses possible]	Yes	No
a.	My parents advise me on whether or not I should have (accept) a sexual partner	1	2
b.	My friends advise me on whether or not I should have (accept) a sexual partner	1	2
d.	My brothers/sisters advise me on whether or not I should have (accept) a sexual partner	1	2
e.	My relatives advise me or whether or not I should have (accept) a sexual partner	1	2
F	I make personal (independent) decisions on whether or not to have (accept) a sexual partner	1	2

6.14	How much older or younger than you was your MOST RECENT sexual partner? [If respondent is unsure, they can estimate. ONLY ONE response possible]	
	Same age as me	1
	1-2 years younger than me	2
	3-5 years younger	3
	6-10 years younger	4
	More than 10 years younger	5
	1-2 years older	6
	3-5 years older	7
	6-10 years older	8
	More than 10 years older	9

6.15	With your MOST RECENT partner, did you do anything to prevent HIV infection?	Yes 1	No 2 [SKIP to 6.18]
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6.16	What did you do to reduce the risk to yourself or your partner of HIV infection? [DO NOT PROMPT. MULTIPLE RESPONSES POSSIBLE]	Yes	No
	Nothing	1	2
	My partner and I are faithful to each other	1	2
	I am faithful to my partner	1	2
	My partner and I know our HIV status	1	2
	We stop before ejaculation (withdrawal)	1	2
	We have thigh sex	1	2
	We have anal sex	1	2
	We have oral sex	1	2
	We use contraceptives (pill, IUD/loop, injection, etc.)	1	2
	We use male condoms	1	2
	We use the natural method / safe period	1	2
	Other [specify]:	1	2

6.17	Have you ever used a condom before?	Yes 1	No 2 [SKIP to 6.23]
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6.18	Did you use a condom the last time you had sex?	Yes 1	No 2
6.19	Did you use a condom the last time you had sex with a person you are married to or living with?	Not applicable 1	Yes 2 No 3
6.20	Did you use a condom the last time you had sex with a person you are NOT married to or living with?	Not applicable 1	Yes 2 No 3
6.21	Do you ALWAYS use condoms when you have sex with a person you are NOT married to or living with?	Yes 1	No 2
6.22	When it comes to using condoms, which applies to you? [READ OUT ALL. ONLY ONE response possible]		
	I always use condoms		1
	I use condoms most of the time		2
	I use condoms sometimes		3
	I seldom or never use condoms		4
6.23	MALES ONLY. Are you confident that you are using condoms correctly?	Not Applicable 1	Yes 2 Unsure 3 No 4
6.24	Have you ever had sex in exchange for money or things of value to you?	Yes 1	No 2
6.25	Do you know of a place within campus where you can be tested for HIV?	Yes 1	No 2
6.26	What are the benefits of getting an HIV test? [DO NOT READ OUT. Multiple responses possible]		Yes No
	To know your HIV status		1 2
	To access antiretroviral therapy		1 2
	To protect your partner from HIV		1 2
	To decide whether to have children		1 2
	Other [Specify]		1 2
6.27	Have you ever been tested for HIV?	Yes 1	No 2 SKIP To 6.31
6.28	When was your last HIV test? READ OUT. ONLY ONE RESPONSE POSSIBLE		Yes No
	In the last 12 months		1 2

	More than 1 year ago, but less than 2 years ago	1	2
	More than 2 years ago	1	2

6.29	Have you ever gone for an HIV test with your partner? [Note, partner is girlfriend/boyfriend/husband/wife]	Yes 1	No 2
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6.30	What were your reasons for having your most recent HIV test? [DO NOT PROMPT. MULTIPLE RESPONSES POSSIBLE]	Yes	No
	I wanted to know my HIV status	1	2
	I engaged in risky sexual behaviour	1	2
	My partner asked me to go for testing	1	2
	I wanted to start a new sexual relationship	1	2
	I applied for an insurance policy or loan	1	2
	I wanted to show example to others	1	2
	I wanted to donate blood	1	2
	I applied to travel outside the country	1	2
	My employer requested it	1	2
	I was feeling sick	1	2
	I was pregnant	1	2
	Other [specify]:	1	2

6.31	What are your reasons for not going for an HIV test? [DO NOT PROMPT. MULTIPLE RESPONSES POSSIBLE]	Yes	No
	I do not know where to get tested	1	2
	I do not think that I have HIV	1	2
	I am not at risk for HIV	1	2
	I trust my partner	1	2
	I was afraid to find out that I might be HIV positive	1	2
	I am not ready to have an HIV test	1	2
	I was concerned about CONFIDENTIALITY	1	2
	I was concerned about STIGMA, DISCRIMINATION or REJECTION	1	2
	I was concerned about LOSING MY JOB	1	2
	I am concerned about the STANDARD OF SERVICE	1	2
	I haven't got around to it	1	2
	Other [specify]:	1	2

6.32	Do you talk to fellow students about going for VCT?	Yes 1	No 2
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7. Social Norms

7.1	How much do you agree with the following statements about the community where you live? [READ OUT ALL]	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / not applicable
a.	Students in my campus do not take HIV/AIDS seriously	1	2	3	4	5
b.	Students in my campus are joining together to help people with HIV/AIDS	1	2	3	4	5
c.	The number of students in my campus openly saying that they are living with HIV/AIDS is increasing	1	2	3	4	5
d.	When students in my campus say they have HIV/AIDS, other students do NOT support them	1	2	3	4	5
e.	There are enough organisations in my campus helping with HIV/AIDS	1	2	3	4	5
f.	Male condoms are easily accessible	1	2	3	4	5
g.	Female condoms are easily accessible	1	2	3	4	5
h.	I trust most people in my campus	1	2	3	4	5
i.	Students in my campus frequently talk about HIV/AIDS in their ordinary conversations	1	2	3	4	5
j.	Students in my campus frequently discuss abstinence, being faithful and use of condoms in their ordinary conversations	1	2	3	4	5

7.2	When it comes to sexual relationships among students in your campus, to what extent do you agree with the following statements? [READ OUT ALL]	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
a.	Abstinence is a realistic HIV preventive option among students	1	2	3	4	5
b.	Being Faithful to one uninfected partner is a realistic HIV preventive option among students	1	2	3	4	5
c.	Using Condom is a realistic HIV preventive option among students	1	2	3	4	5
d.	Condom use is associated with infidelity	1	2	3	4	5
e.	Condom use is associated with having STI	1	2	3	4	5
f.	Insistence on condom use could break up a relationship	1	2	3	4	5
g.	Males have powers to decide whether to abstain from sex or use a condom during sexual intercourse	1	2	3	4	5

h.	Females have powers to decide whether to abstain from sex or use condom during sexual intercourse	1	2	3	4	5
i.	It is ok for a man to have more than one sexual partners	1	2	3	4	5
j.	It is ok for a woman to have more than one sexual partners	1	2	3	4	5

8 TALKING ABOUT SEX, HIV/AIDS/VCT

8.1	In your ordinary conversions, Does the following apply to you	Yes	No
a.	I often talk about sex with my friends.	1	2
b.	I often talk about HIV/AIDS with my friends.	1	2
c.	I often talk about HIV/AIDS with my Parents.	1	2
d.	I often talk about VCT with my parents	1	2
e.	I often talk about issues related to HIV/AIDS at home	1	2
f.	I often talk with friends about abstinence	1	2
g.	I often talk with friends about being faithful to sexual partners.	1	2
h.	I often joke about sex with friends	1	2
i.	It is easier to joke about sexual issues with friends than to seriously talk about them	1	2

Appendix 4

Focus Group Discussion

Overall Research Topic

Understanding responses to the ABC strategy in the Higher Education Sector in South Africa; towards an advocacy framework to influence policy and practice for the prevention of infection with HIV among university students

Eliza Moodley: MA Research Topic

“An assessment of students’ perceptions of the ABC prevention strategy: Toward students’ participation in HIV/AIDS message design and campaigns at the University of KwaZulu-Natal.”

Warm-up and explanation

A. Introduction (by the moderator)

“You are all welcome to this focus group discussion. We are happy that you are able to spare some time to share your thoughts and views on some of the topics we will be discussing. Let’s begin by introducing ourselves.”

- The moderator should introduce himself/herself first and then each member of the research team should do the same.
- The moderator should ask each focus group discussion (FGD) participant to introduce themselves, using a nickname, and emphasize that this is the only name that should be used for the purpose of the discussion, and that participants should not use anyone’s actual or real name in the discussion group.
- Participants should not refer to individuals outside of the discussion group—the point of the discussion is to talk about students perceptions of the ABC prevention strategy and to assess if there is a need for students to be active participants in the message design and campaigns on campus.
- The moderator should ask participants to mention their favorite hobbies as an icebreaker (5–8 minutes).

B. Purpose of the discussion (by the moderator)

All the issues that we will be discussing are of importance for understanding HIV/AIDS especially the ABC prevention strategy and student participation in these issues. We are interested in the ideas, comments and suggestions from each one of you. Please remember that there is no preferred answer. Your views are very important. This research is mainly to have more information that will enable improvement in the quality of health of young people. All information will be treated as confidential. (3 minutes).

C. Explain the ground rules for discussion (by the moderator)

We would like you to have a friendly discussion amongst yourselves about these issues. There is no right or wrong answer. Everyone should feel free to air his/her views and opinions. We would like to have one speaker at a time and there should be no side discussions during the session. Anyone can contribute to the discussion at any time. You should all feel free to agree or disagree in a friendly manner. We also need your permission to tape this discussion, if anyone is uncomfortable with this recording please let us know now. We will spend between one – one and half hours in total and some refreshments will be served midway through the discussion. I will let you know at least 10 minutes before we end the discussion (3 minutes).

1. Do you think students understand the HIV/AIDS preventive strategy:

- Abstinence
 - Being faithful
 - Condomise
-
- What are your perceptions as a student of the effectiveness of this strategy?
 - Are students adhering to the message related in this strategy?
 - What are some of the reasons that this strategy is working/not working?
 - What are some of the factors that influence their sexual practices?
 - What are the main reasons that make students get involved in sexual relationships? (you need to rephrase these two to show the difference. They seem to be asking for similar information.

2. Do you think most of the students who engage in relationships are: This is most likely going to be answered in some sections of question 1. counter-check.

- Abstaining from sex
- Faithful to one partner
- Using condom
- Going for VCT before engaging in sexual relationships
- What influences the decision of students who are involved in relationships to:
 - Abstain from sex
 - Be faithful to one partner
 - Use condom
 - Go for VCT before engaging in sexual relationships
- Do you think condoms are available for students in this campus?
 - Male condoms
 - Female condoms

3. Now that we have looked at the factors that contribute to students' sexual behaviour and we understand what their perceptions are towards the ABC preventive strategy, do you think:

- Students should now be involved in the design of HIV/AIDS messages and prevention strategies?

- What are some of the ways you would engage students to design a prevention message that they will adhere to?
- If students had to revise ABC strategy, what are some of the changes they are mostly likely to make to accommodate their students' sexual practices?

4. Now that we know what the HIV/AIDS message would say and how the prevention strategy would be revised or reconstructed, the second phase would be the implementation of this strategy.

- Do you think it is necessary for students to design and implement these campaigns or should this be left to the Campus Support unit or HIV/AIDS Programme?
- Do the students feel it necessary to be involved in HIV/AIDS prevention?
- If students have to take over campaigns and events on HIV/AIDS on campus, how would you do this/?
 - What channel of communication would you use?
 - What level of participation would you require from students?
 - How would you manage the process?
 - How would you assess if the campaign or programme is successful?
 - Should you find the students are not keen on the new prevention strategy or the programme and campaigns implemented, how would you rectify this?

Thank You for Participating in This Discussion

Appendix 5

Transcript of Howard College focus group

Date: 29 May 2007

Venue: English Department, Room E138, MTB

Time: 12:45pm-1:45pm

Attendance: 9 students

- 6male and 3 female

- 3 recruited from leadership course Thulile (female), Siyanda and Jean
- Siyanda (also a peer educator) brought 3 friends
- Theos was from School of Gender Studies
- 2 females namely TK and friend were hanging out in the corridor outside the venue and I asked them to please join

Facilitator: Eliza Moodley

Observer: Kim Pillay

E: Basically my research is focused on the assessment on students' perceptions of the ABC prevention strategy. We are all familiar with the ABC prevention strategy right. That is the abstinence, be faithful and condomise strategy. My research focuses on understanding what are students reflections towards that strategy in terms of: do you actually find it effective or not and if students had to be involved in designing that message, what would that prevention message be and how would you go about messaging or campaigning that message. Right so the very first question we could address is: do you think that students understand what the abstinence, be faithful, condomise strategy is? And what do you think are their general responses toward the strategy, do they think it is effective? What is basically their understanding of the prevention strategy? Are there any ideas that come to mind?

Respondent: I don't think they understand it.

E: you don't think they understand it, ok why do you say that?

R: because if you talk to some of the students about the prevention strategy ABC, you will find that with some... their culture does not recognise the ABC.

E: So they have contrary beliefs to the strategy? And what do you think are those beliefs?

Theos: Some customs that the very culture that you were raised in that tells you how to survive. It takes you into a different, like if I use this, will she be happy as well but understanding that I am responsible for my own life...you actually end up not thinking about the ladies.

The second thing is trustfulness. ...You may be willing or wishing to apply the ABC but regarding the way you trust your partner, you cant use it (condom). Like mina, I am ready to use a condom, I am Thulile's boyfriend but she says to me: Don't you trust me to not use a condom. There are trust issues. Let us drop it out and go on without it.

E: Ok, so the question of a condom, the question is trust. Is that what you are saying?

Theos: Yes

E: So you are actually saying that you wanted to practice safe sex by using a condom, you cant like bring up the question: Why don't you trust me so you automatically create the problem of being unfaithful in the relationship. If I am getting you right.

Theos: yes off course

E: Ok thank you for that.

Theos: (There are myths around condom use with street children. The second point is if you are out doing interviews with the street kids, those teenagers around the streets, if you interview them or if you allow them to use condoms while they have got sexual diseases with them... they say: hey you come to tell me to use a condom yet the condom is coming already with infected with HIV.

E: So with the street children it is twofold firstly they feel that the condom could be infected with HIV/AIDS so they can be infected and the second part is the question of trust that...

Theos: If I may recall one more point, the other person that I interviewed that is his brother told me: We are being given free condoms instead of being given free food and (he does not trust free things). And then he asked me how come the condoms are being sold for R25 and we are getting that things for free...

E: Ok, very interesting comments there. Thank you for that. Anyone else has anything else to comment, so basically in terms of the ABC strategy your biggest concerns are the

condomise aspect of it. So in light of that you don't think that the ABC strategy is effective.

Theos: No, I would not think so cause of this strategy of being faithful. Who are taught to be faithful? Women or men. That is a system of patriarchal domination. Some are taught to be faithful. I am from Congo, I don't know about Durban but what I see (is virginity testing). Is he getting tested also about his virginity? So where does the strategy come from.

E: Any other comments?

TK: I think it is effective but I am not sure.

E: Ok, but why do you think it is effective?

TK: I don't know but every time you find that more students complain that they find condoms everywhere in fact almost like advertising for people to have condom sex with condoms everywhere

E: So its advertising condoms

TK: Yah. You know you find them in the toilets, you find condoms wherever you go, and you find them everywhere. I don't know. For most students I feel that people are saying its not necessary to abstain as long as you use a condom.

E: I hear you saying that in terms of the ABC strategy by actually saying abstain they are indirectly promoting it (sex).

TK: It comes out that way

E: Yeah it does

T: With the one Be faithful as well. You need someone who will get checked, both of you go get checked. But now in a relationship lets say for 5 dates, you are not going to say every time lets go get checked.

E: So long term relationships we take it for granted that people are faithful.

T: Yes, we assume that we don't need testing.

E: Anyone else has any comments

Siya: Mina I think this ABC is effective.

E: Its effective, Ok. Why?

Siya: Because this campaign by the AIDS Wise which was on campus who asked students to pledge and most of them pledge for B and C. And they gave out condoms about 1000 Durex condoms. So I think most of them are using the condoms, even by

students who are here. (Students like the durex condoms as opposed to the Manto Condoms).

E: Students who, are you a peer educator?

Siya: Yah, I am a peer educator.

E: So students come to peer educators for condoms.

TK: Sorry, Do you remember that day when they talked about the condom for the finger. Did you actually hear the reaction about the finger condom. Even for the female condom. And the anal whatever condom. They were so against it. I dot know.

Siya: But I think they like the durex condom and they bought another one.

...

Respondent: So students are aware of the fact that they have to buy condoms for their fingers.

Respondent: I hope so.

E: So you think that the strategy is effective because the students are being gives condoms from the campus unit?

Siya: But they are picking up Durex Condoms. They don't want to use that Manto ones. (Laughter) They don't want the choice condoms. They want the durex condoms.

Rich: Even the durex condoms I don't think they like it. I don't think that most students use the condoms. With the durex condoms, I am speaking from what I have seen, most of the students are selling those condoms because if you go to the pharmacists here around Durban you will find... that they are using those condoms....

...

E: Does the fact a student who picks up a condom from the campus support unit equate to the fact that they are using it? Cause there's always that fine line between counting the number of people that pick up condoms and saying that these are the number of people that condomise. It comes back to what Theos said when it comes to that negotiation, when you are actually placed in that position, it comes to negotiation of whether you are actually going to use the condom because the question of faithfulness and trust or you are not going to use the condom. So can we actually say that a number of the condoms that are picked up is actually is actually not really used?

All Respondent: No

E: That's also questionable, yah. So in terms of the ABC strategy, what would you say, would you say it is effective in terms that people are picking up condoms to condomise but obviously then comes in the element of being faithful, then comes the aspect of negotiating whether you actually use that condom. Am I right?

Theos: Let me add another point to that. We should get the statistics of all the students who are HIV positive at UKZN. Because the question is if it was effective on my belief the rest of HIV should decrease but its increasing.

E: So you are talking about just UKZN?

Theos: Just UKZN....If you compare the statistics from this year to the past, the statistics never decreased. That means it wasn't good.

E: Yes, that's right. ...What do you think are some of the decisions that lead to why students get involved in relationships or engage in sexual behaviour? What are some of the factors that lead to why they get involved in sexual relationships?

Respondent male: Stress relief.

E: Money matters, alcohol

Respondent female: Some people get lonely. Some people come from far. And their girlfriends are over there...

...

E: Freedom from home

Theos: Too please partners

Respondent: Sense of belonging

Respondent: And fear

E: sense of belonging and fear.

Respondent: Sugar daddies

E: So how do you draw the link between fear and dating sugar daddies?

Respondent: well if you are an 18 year old and in first year and find an old man who wants to have sex with you, you cant just go and have sex in his car

E: So the fear of sugar daddies. Ok. Do you think that condoms are available for students on campus as male and female condoms, readily available?

Fem Respondent: I have only seen the female ones in a shop

Siya: Male condoms are everywhere

E: Female no?

E: So now we get to the factors that contribute to student sexual behaviour and we understand what their perceptions towards the ABC strategy. Do you think that students should be involved in the design of the prevention strategy? The abstinence, be faithful and condomise strategy as we all know was something that was developed in Uganda. As a result PEPFAR and USAID are providing extensive funding based on elements of the ABC prevention strategy throughout the country. Now there's a lot of critics where academics could have a problem with this as they found that it is not culturally sensitive, its not contextually sensitive, it does not take into social, economic and cultural factors. Do you think that students should be involved in the design of the prevention strategy and what are some of the ideas or what are some of the ways that you will revise the ABC strategy? If you were asked, if you were called in by the Dept of health and education and you were told to put together a communication strategy to prevent HIV/AIDS. What would be the strategy or the communication strategy or method that you could handle? Just shed some light on what you would keep in the ABC strategy, what would you change? If you would keep any component of it? If you would keep the abstain, be faith, condomise?

Zweli: I would keep the C

E: Just C?

Zweli: Yeah

E: B and A?

Zweli: B and A- I think they depend mostly on individual choice. The only thing for me which will be huge which my position is: make sure that people are fair and whatever they do... its your responsibility.

E: Ok, enforcing responsibility and accountability.

Zweli: Yeah, if the government can do that, then great.

E: Ok, that's a good point. Ok anything you would like to add to that?

Theos: I should just add that if you keep the C, they should also make available: the female condom. Because at least not all the females who doesn't like to use the female condoms. For those of whom like to, they should make them available as available as male condoms are

E: I think the pharmacy will definitely have them but I think in terms of free distribution of female condoms. So is the fact that possibly the lack of free female condoms

distribution could equate you to automatically giving more power to the man as opposed to the woman?

Respondent: You can now go to the shop and buy female condoms.....I think some girls think that have to use female condoms and I don't know why?

Male respondent: The male usually carries the condom. So what is wrong?

E: In the event that you don't have a condom you need to make sure

Theos:A woman can protect herself with a female condom

E: In terms of rape?

Respondent: Yah

E: How? Can rape not be negotiated?

Respondent: you know a female condom, you can use it up to 8 hours?

E: So you could be walking around with a condom...(laughter)

Respondent: I think it is right, like those people who go partying...

Theos:But if she has on a condom, I don't have mine, she will use the condom.

E: So going back to revising the ABC strategy we want to know what changes will most likely to accommodate the students. We understand student's sexual practices. Going back to Zweli brought up an important point: responsibility and accountability. What else do you think should be included and you also emphasised the C is something that should remain. If you had to leave the strategy what clauses or what conditions would you actually add to that to put forward your new method?

Jean: to me it is open heart communication between 2 people. This is the face to face strategy.

Zweli: I think it should be taken back to high schools and even primary schools because I mean that's where it starts. When you come here you already know what I am already going to do.

Theos: One of the things that made Uganda succeed in decreasing their AIDS statistics is discrimination with AIDS people. Uganda does not give HIV positive people loans because they believe that they cant get back their money. But here (SA) its not that...

E: So why do you think the ABC strategy is effective in Uganda yet. How do they actually expect it to be effective if they faced with such strict conditions compared to what we face?

Theos: If they know that you are HIV positive they keep you out of university. That's what I think helped Uganda more.

E: Ok, just by a show of hands, how many of you think the ABC strategy should be changed or revised? Not changed but revised. No one. You don't think it should be revised. Ok 8 think it should be revised. So why do you say no Siya?

Siya: I think it's for everyone.

E: You think it accommodates everyone?

Siya: Yes, for those who don't like to use condoms should not be pushed. Yeah, like those who are religious who want to abstain, who are virgins. Yes I think it is good for them. So you cannot tell them that to use condoms.

E: So the rest of you would revise the condomise and abstain and there needs to be accommodation for responsibility and accountability. Anything else?

Respondent: (summary:) (I think students think it is more important not to fall pregnant than getting AIDS. So they would go to the hospital to get contraceptives rather than get condoms and worry about AIDS.)

E: Ok the last question... The second phase would be the implementation of the strategy. Ok we heard HIV/AIDS thoughts on prevention, we know about treatment, we know about care. What about a creative ways that you think you could start messaging HIV/AIDS and prevention? Particularly on campus that would actually draw the attention....To get the message to students. There's billboards, there's pamphlets, the peer educators programme...

Theos: ...Create a kind of module as a general programme for all students

E: We actually speak to students about HIV/AIDS. They don't want to hear it. They are tired of hearing it. They know about how they can get infected they know about transmission. They know how to stay HIV negative. They are saturated with all this information. So the question is what are some of your ideas on new approaches of addressing HIV/AIDS on campus.

Respondent: ...

E: SO you think it's an individual decision. It's an individual choice

Respondent: I think include entertainment in the messaging. The student will take that seriously.

.....

Respondent: ..Some students will say: what do you think I don't know about AIDS?

Respondent: It about individual choice

E: yah, It goes back to individual choice

Respondent: I also think we should see the people who are dying of AIDS. We hear that students are dying of AIDS but we don't know who these students are.

E: Its should become a reality?

Respondent: Yah

.....

E: But it all goes back to the question of we are all saturated with the knowledge of HIV/AIDS. People are well educated and know how to prevent themselves from getting infected yet they are infected. Its good to get that information and knowledge about it in terms of how effective it is impact is always the question. The whole problem of making HIV a reality to students because you know there's that whole concept about living positively? So they all try to empower knowledge on the HIV positive who are living positively. So people try to be empowered by things positive about being HIV positive that you can live healthily yet you are not being exposed to the side of the life threatening part of the disease where people are ... all the time so maybe we should bring about the concept of fear?

Respondent: I think so

Zweli: And people will be afraid.....

Respondent: The fact that you have HIV doesn't mean you will die. You can live up to ten years with it. At the end even if you don't have HIV you will die.

Respondent: I have mentioned to a lot of people that I have been tested and people look at me and say: are you crazy, I would rather be thin like a rake than go to the bed, I will deny it. People feel shameful. People are so embarrassed to be tested.

Siya: Summary: VCT is a problem of the government who should be forcing people to know their status.

Respondent female: at least we are alert. There are 15 and 14 year olds that get pregnant

Respondent male: I am talking about teaching people they are lucky to be alive. I don't care about anyone going out there and sleeping, as long as they know that they are responsible for that they do.

Respondent female: I don't know. Its not in their heads that it is dangerous... You are not allow them to express themselves. You say I know this is wrong and I know this is right. That's what people from this varsity will say.

Male: The problem is this thing of the HIV test. I do think government has to find a way of forcing everyone to get tested. I don't know because people are not getting tested ad they are not even using condoms. There can have a policy where all child get tested. I am not exactly supporting it.

Male Respondent: That's against human rights.

Respondent: I know...

Theos: long comment

E: one last question before we wrap up. Very briefly. If you were to get the students involved in putting together a course or module using entertaining or educating, Do you it is important to have students actively involved and active participate in the development this project. Do you think there should be a designated group working on the implementation of this project and have students just attend.

Respondent: I think yes they should

E: So they should be involved in the design and implementation of the project. What should be the percentage of student's participation?

Theos:But each student can get involved

E: Any final comments

Theos: I wish the government will invest more in the education and also to try to add another form of communication. Its very sad to see the life expectancy of our country is very low. And I also believed that.

E: ...ok, Any other comment. Ok thanks so much

Appendix 6

Transcript for Westville Focus Group

Date: 30 May 2007

Venue: Economics Postgraduate Room

Time: 2:15pm – 2:55pm

Attendants: 5 students

Facilitator: Eliza Moodley

Observer: Kim Pillay

Students were on study leave and writing exams at the time, and securing respondents were difficult. Students who initially agreed to be part of the focus group did not attend and as a result any student who was willing to participate was invited to the focus group. These students while attending the focus group were not engaging in the discussion. A second focus group was set up at Westville where students actively engaged in the process of dialogue and discussion.

E: Hey, Why are you so quiet? Are you comfortable with being part of the focus group? You are ok? Ok. The first question I have: do you think that students understand the HIV/AIDS prevention strategy? And we all know that the HIV/AIDS prevention strategy is abstain, be faithful and use a condom. So the first question is, do you think the strategy is effective in general? Lets narrow it down for students>

R: a bit of both worlds

E: Ok, so you think it is effective in some cases and not. So in which cases do you think its effective?

R: You see some people come to this university and they did not get the opportunity I think to gather such discoveries so they end up exploring a few things and they learn and pick up a few things from TV or radio. That is where they learn from.

E: TV or Radio. Mass media

R: Otherwise, getting from somebody like having such meetings...

E: So it does not happen on campus?

R: I don't know but I have not heard of any.

E: Ok, so no messages on campus. When was the first time that you heard of the abstain, be faithful, condomise strategy? Have you heard of the ABC strategy.

R: Yes

E: Was it on campus?

R: Before I got my first child.

E: So do you think the ABC strategy is effective Theo? Ok, if we had to look at the abstain, do you think students are most likely to abstain on campus? Give me your thoughts it can be anything. It does not have to be a right or wrong answer.

R: I would like to comment on the A. I think that one: Abstinence is not easy. For both genders.

R: I don't think that condomise is effective because you see most of the female students become pregnant so they are not condomising.

E: Ok, pregnancy rate is high. Do you think that those who are using condoms are using condoms because they are trying to prevent pregnancy or they are trying to prevent HIV/AIDS?

R: Both

E: So you think that condoms are not being used because females are still getting pregnant. Pregnancy is a lot on campus. And you think Abstinence is difficult because you think it is naturally difficult for a male or a female to abstain? SO including abstinence in the message is not really a reflection of what students practice. What do you think about the be faithful component in the message.

R: On campus. I don't think so. You see you come from different places so its like you find that people have serious relationships and then they come here and they are like wasting time just to keep time, having somebody whom you spend time with. Otherwise you are having somebody whom you are really concerned about before coming here. Otherwise you see people are getting lonely now and again so.

E: So loneliness contributes to it.

R: So is it ok for students to come from different countries and different provinces that may have partners back home but find it difficult to be faithful because of loneliness?

R: Yes

E: So overall do you think the ABC strategy is working?

R: it is partly working

E: Partly working.

R: Maybe having more caucus groups discussing such things.

R: To have more caucus groups to spread information, it needs time so it is difficult for those who don't have time.

E: what are some of the factors that influence sexual relationships on campus?

R: Peer pressure

R: ...Strong love relationships

R: infatuation

R: Reduce stress

E: Do you think students engage in sexual relationships for money? The sugar daddy concept?

R: the females

E: I am not talking about you personally, I am talking about your views of students in general. In terms of male condoms, do you think that male condoms are readily available on this campus. If you needed a male condom or your friend needed a male condom do you think its easy to get them?

E: Yes, it easy. And female condoms?

R: I don't know because I think we have to be done away with them

E: Why

R: The first thing about them, I am not sure if I have the correct information about them. In order for you to use them you would have to insert them somewhere and wait for I don't know some 2 hours before you put in.

E: Ok, so given the spur of the moment its impossible to use the female condom cos you have to wait for that time or period. What do you think about the female having the power to use the female condom. In terms of negotiation do you think that you can still negotiate with you partner if she chooses to use a female condom because then comes questions of faithfulness, and trust and loyalty.

R: People know that condom is compulsory

E: even if you are in a committed relationship, you have an understanding with your partner that you have to use a condom? We have 2 more sections to go through. Ok we

looked at factors that contribute to students sexual practices like money, pleasure, stress, peer pressure. And we also understand the different perceptions of the ABC strategy. Its basically twofold. There are some parts that you agree with and some parts that you think are not effective. My question to you now is do you think that students should be involved in the design of the HIV/AIDS messages. Because they have different sexual practices that may not be in accordance with the ABC like you said abstinence is difficult. You said condomise is difficult because you are still finding high pregnancy rates. So given that the message differs from the practices of the students, do you think it is important to involve students in designing the message. And if so, why and how?

R: Do you mean those posters that are advertising in the media.

E: Here there are 2 questions that I am aiming at here, the one is the designing the message, and the second part of my question is, identifying how to get that message across. That will be the media, or the posters or the concerts or whatever. So the question I am asking you now do you think its important to get students to design the message before we use different channels to relay it. (Repeat questions)

R: It is much better because the students know how these thing happen. Because these message will be translated to those other students as well or the other youth so they should come here and say this is not right or this is much better to do this. And you ask me why and I will tell you of my experience.

E: So the messages should reflect students practices and experiences. SO if you think they should be involved in the design what do you think should be the level of participation you think they should have?

R: 70%

E: Who should have the 30%? (Repeated questions)

R: Professionals and experts in the field.

E: If you were to put out a message on campus how would you relay that message. What is an effective way of attracting students? There is always a concern that with HIV/AIDS, people don't want to hear about it anymore. We have exhausted all methods of getting people to understand treatment, care and support. But you as students what are some of the things that would catch your attention on campus if I was to try and get HIV/AIDS info across to you.

R: Constant exposure of HIV positive people.

R: a 50 50 participation.....

E: Repeat Question

R: Poetry

E: Do you like things that are entertaining. Does that actually draw people on campus

R: Yes

E: What are some of the ways in which you can get students together to design a prevention message?

R: Emails

R: Presentations

E: DO you have a peer educator programme on campus.

R:yes

E: do you think they are effective

R: Yes, they do try to invite students. Like they were talking about the effectiveness of female condoms.

E: I think we have covered everything

R: I think competitions works with students and prizes.

R: there is a knowledge by the students but no change of practice.

E: Thank you.

Appendix 7

Transcript for Westville Focus Group (Repeat)

Date: Tuesday 12 June 2007

Venue: Economics Postgraduate seminar room (Westville Campus)

Time: 12-30 to 1:20pm

Facilitator: Eliza Moodley; Sylvester B. Maphosa (Observer and transcribing)

Introduction

The focus group was made up of seven post-graduate student participants – 2 female and 5 male. It was a challenge in setting up the group because it was a time for examinations for some, and the semester had come to end and so most students were preparing to travel for vacation. The discussion lasted about 45 minutes. The participants had their name-tags placed on and so interacted using their first names. However, on this report they are labeled A, B, C, D, E, F, and G. A light meal of queen cakes and fruit juice was served during the discussion.

Discussion

Eliza

Do you think the students understand the HIV prevention strategies? Abstinence, Be faithful and Condomise. Do they condomise as it stands at present? Do students actually understand abstinence?

Speaker A: If you look at the topic /subject, yes they do understand quite well, the ABC strategy because the university has a strong campaign on that and we can see posters everywhere and condoms are available everywhere, in toilets, residences etc. Students understand quite well HIV and the ABC approach. I think really, really in terms of the ABC campaign students understand.

Eliza: In terms of effectiveness and how you perceive effectiveness, do you think that students felt that the ABC strategy is effective?

B: Yes, we can say that they understand it. Really, being in an educational institution for about 16 years+ you would have been bombarded with all types of messages from media, parents and youth definitely they understand that. But the conception of effectiveness is to be questioned because we still see a lot of people with unplanned pregnancies. Even with abstinence, there are questions because again we still see a lot of girls with planned pregnancies especially on campus and these alone tell us something. I can't say much about HIV status of people because it's something which can not be seen. However, unplanned pregnancies and their rate entails that people are still sleeping around without condoms and they are not abstaining.

Eliza: Do you think abstinence as a strategy is effective? We say that students should abstain, but what do you think is the most common sexual practice amongst students?

C: Condomising.

Eliza: Students are engaging in sex but condomising as a predominant component of the strategy.

A: I think we might say we do not know because it's contradictory to what we just said that we still see a lot of girls pregnant. My point of view is that students get the message on campus but when back home, it's not the same message because home is another reality. I think that using condoms may be for some students on campus. Maybe there is need for us to check with the pregnant students on campus and establish if they are residing on campus or off campus. This may help to understand if students condomise or not.

All laugh.

D: Whilst on the same issue of condoms, I think students do condomise but for a certain time should they get into a relationship for 1 and 2 months after that they feel that no we are steady trust the person and they may as well stop the condom. *All laugh.*

Comment from Eliza

So what you are saying is initially in relationship they use condoms but once it is a lasting relationship condoms fall out because of the level of faithfulness and trust. When people are in a trusting or long term relationship they do not continue using condoms.

D: The more people have sex the more likely they will either run out of condoms or they will want to have sex when condoms are not available and in some moments it usually happens people have to decide between having sex or going to look for condoms and the finally result is that they will decide to have sex.

E: On the issue of pregnancy, again we can just really say the students' perception or how they perceive the ABC strategy is not legitimate. There is need to establish whether pregnant students are married or not

Eliza: good point, they could actual is a result of wedlock

E: Thank you very much, most of them are new comers first year, second year and they are still fresh. Their ages are 18-20.and are not really sure of sexual issues.

D: Maybe we can go further than abstinence and look at early marriage as a solution to HIV-maybe if people get early marriages they would not run around a lot.

Eliza: What do you mean by early marriage? Is it on the part of the boy or the girl?

D: You can not marry alone.

A: Who must be a bit younger, that's my question? A boy of 22years can not even sustain himself and a wife economically, what more of a marriage? Unless if we are referring to the village.

E: But they are having children at that age and according to history and culture, people would marry around 18-20.Culturally, most people would still marry at 18+ but due to economic development and societal development and the extension of school going age it has delayed marrying age. So probably get married should be related to our capability to bear kids and our economic power.

Eliza: What do you think are some of reasons that students get into sexual relationships?

G: Freedom! Male students can go to female student's *res* (room) anytime and vice versa

Eliza: Is that allowed?

D: Yes, it could be the issue of child grants. Most people are benefiting from these child grants so it looks like they are also encouraging sex, because there wont be any problems as to the welfare of the new born as the grant is going to be available. Also if you look at the legislation, it is protecting the gal child in a way promoting them to have sex as they wish. If you remember well, now even school girls are allowed maternity leave, what impact do you think such weak legislation has on girls, is it not promoting sex?

G: It is the role of the family to shape the child but however if you look at it, the family is no longer responsible. The government has since taken over due to its child rights legislation.

Eliza: On people who are positive, do they open up their status?

C: People who know that they are positive sleep with those who could be negative without divulging their status so it's intentional just to spread HIV. It is not easy for someone to open up about their status to their partners due to the fear that they would be dumped and discriminated.

A: A lot can be done to change one's behavior, e.g. voluntary testing and also getting to see people affected may have some impact on the students and help change their behaviors.

Eliza: Also people can be taught on how to live positively, people with HIV should be encouraged to speak out. Howard College Professor is HIV positive

E: Even educated people are positive, like doctors, professors.

Eliza: HIV people can make it a reality and dialogue is important.

E: University Open day - high school pupils should be told and educated about the dangers and the risks of HIV. So that when they come they are aware that University can be dangerous so that they know that they have to watch their behaviors when they finally are enrolled at the institution. In fact, any university is potentially dangerous.

Eliza: Do you think it's important for students to be involved in HIV campaigns?

F: Yes it very important.

Eliza: What would you do during an HIV/AIDS campaign?

B: Create sporting gatherings, speech contests and other academic related competitions. Very little sporting activities, no clubs, poor sporting activities and too much of alcohol-related entertainment are a danger to most undergraduate students.

F: At Solusi University in Zimbabwe, it was compulsory to go to church every day of the week and twice a day on Friday and Saturday. Generally some students would come with many problems and delinquent behaviour, but the church changed many of their lives. It transformed and molded them to becoming responsible people and morally uprightness. So may be there is need fro the introduction of a mandatory HIV/AIDS module for every

student enrolled in order to make an impact on the dangers associated with the disease. Also church-related functions can be organized for HIV/AIDS campaigns.

Speaker G: Constitutional issues are difficult; since this is a government institution will that not contravene some individual rights? I mean making a compulsory module in HIV/AIDS and/or forcing students to go church everyday.

H: Another important thing is religion; it plays an important role in HIV issues. Some religions are more successful for example Muslims have low HIV rates. They are more on the moral even some Christians are also concerned by the morale and HIV rates are quite low. Religion is about morality the more strictly the morale the more chances or less the incidence of HIV issues. The more loose the morale the more the problems of HIV issues and some unwanted behaviors.

Eliza: Do you think that student groups should start playing an active role in mobilizing religious support groups on campus?

D: I believe so because there are varied groups and denominations. Instead of sponsoring parties the university should sponsor more religions

G: If you look at it this way, after a party, students are drunk and they go to their rooms drunk, what then happens? The constitution must be changed.

Eliza: So you are saying that the University is promoting HIV

G: Yes because it is sponsoring these so called de-stressing parties, each semester each residence is given some money to throw a party and these parties are usually done some two weeks or so before the exams.

Eliza: If I were to ask you to get students together for a constructive dialogue like this one we have just had, are students prepared to do such things –How do you feel to bring about change in the University? What would be the best way to about it, in fact how would you go about it best to get students about it?

A: Start by residences-engaging in small group discussions. Smaller groups that are already formed (like international students)

Eliza: What would you say about HIV programmes on campus? What types of stakeholders would you include?

B: Maybe these should include students, lecturers, and other workers. But especially students must be involved.

A: Female and male students from each year and department, lecturers, and all ancillary staff.

Eliza: As a closing comment do you think that culture, religion through circumcision reduces HIV prevalence?

E: Yes it does, even (STI) is said to be reduced to but this applies only to people who practice it (circumcision)

Eliza: What can you say about HIV and other issues?

B: It is best to be protective all the time. Condoms prevent both AIDS and STIs so why not condomise.

Closing remarks by Eliza.

Signing of ethical forms.