



Prevention, not treatment, remains the Holy Grail for winning the war against HIV and AIDS

Five million South Africans are infected with HIV. The question of whether, what and how best to provide treatment and support for those living with AIDS has come to monopolise attention, dominate debate and consume the greater part of the national effort to deal with the pandemic. This is understandable, given the critical events and controversies that have intervened in this regard. Treatment is an indispensable component of the war against the virus, and contributes to reducing the rate of transmission.

There are 40 million South Africans who are free of HIV infection, but one hears little noise or agitation about keeping it that way. Prevention was a 'sexy' topic while there were heated debates about causation, abstinence, condom use and so forth. Now it has become boring for the media, and the treatment bandwagon appears steadily to be drowning out prevention as a campaign issue.

The opportunities for youth-focused prevention efforts

Every day 7 000 young people worldwide become infected with HIV, and overall young people constitute 50 - 60% of those who become infected after infancy.¹ For this reason, UN agencies and other bodies concerned with HIV prevention underline the importance of focusing prevention strategies on youth. In a personal communication, David Harrison of loveLife points out that 'the huge opportunity rests in the fact that virtually all 13- and 14-year-olds are HIV negative (as we speak). If new generations of young people could stay that way, the future course of the epidemic can be determined within 5 to 10 years.'

Furthermore 'In South Africa, only one in 30 (3.2%) 15-year-olds is HIV positive. If they and those following them were to grow up largely uninfected, the rate of infection could be halved by 2010 and the overall prevalence would decline steadily over the next 15 years. Coupled with an effective antiretroviral treatment programme, there are very real prospects for substantially changing the course of the epidemic.'

However, it is clear that to be effective, the youth campaign has to be creative and innovative. The old approach of scare tactics and cathedral-style sermons will no longer do. Harrison and his colleagues have faced criticism for loveLife's approach of billboards, slogans, youth clinics with 'chill rooms', school sports, youth leadership programmes and positive self-image initiatives. But they are trying to reach out in a manner that speaks to the youth, and there is evidence that they are having an impact in getting South Africans to talk more openly about sex and providing thousands of schoolchildren with effective knowledge of HIV, and further that the infection rate is lower among those who have been exposed to their programmes.²

Prevention not conditional upon poverty alleviation

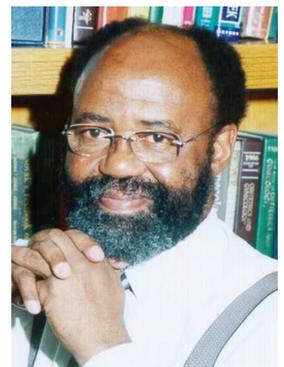
Poverty and unsanitary conditions in slum environments constitute fertile ground for debilitating illness, sexually transmitted diseases and facilitated transmission of the virus. HIV-positive youth are significantly less likely to have completed high school and to have a job, and are more likely to have grown up in environments with no opportunities for social diversion. Children raised in 'sexually charged' environments where they regularly witness adult sex in communal one-room shacks are themselves apt to indulge in early sexual experimentation.

Poverty alleviation is not a *sine qua non* for an effective campaign. There are ample examples of poverty-stricken communities around the world with little or no HIV prevalence. According to Harrison, what we need to do is tackle deeply entrenched norms in South African society – the subordinate status of women and girls, the toleration of sexual coercion, and the avoidance of family discussion about sex and sexuality.

Early sexual debut is not unique to South Africa. Except where strictly regulated by tradition or religion, early sexual experience has become the norm in most countries. In the UK and the USA most youth have experienced sex by the time of graduation from high school. In Australia 'the majority of young people in Years [grades] 10 and 12 are sexually active and this has increased over the last decade' and 'most Australian teenagers do not practise safe sex'.³

What is unique about South Africa is the prevalence of sexual coercion and sexual violence, power inequalities between boys and girls, and multiple-partner sexual relationships. We should invest money and effort in getting rid of these practices and in the context of a revitalised prevention campaign get our youth to think like Mattla, the 14-year-old American boy in Deborah Tolman's study, who says 'I used to like girls that would just, like, do stuff and everything, like making out ... but now I like to have a *relationship* with girls.'⁴

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1. Force for Change: World AIDS Campaign with Young People. www.scouting.org.za/resources/aids/youthcampaign/html (accessed 12 November 2005).
2. Is loveLife making them love life? www.mg.co.za/insight_comment_and_analysis 24 August 2005 (accessed 12 November 2005).
3. Healy J, ed. Teenage Sexuality. 2005. ISBN 1 920801. www.spinneypress.com.au/221_book_desc.html (accessed 12 November 2005).
4. Kott A. Findings: Teenage sexuality. www.fordfound.org/publications/ff_report_detail_cfm?report_in... (accessed 12 November 2005).