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Project: Khanya – 2018/2019

Health Promotion and HIV-Prevention among Youth and Adolescents

Project Cycle: July 2018 – May 2019

Project Composition:

- ✘ Persona-Doll storytelling workshops: Social drivers of HIV – experiences and problem-solving by local teenagers and youth;
- ✘ Introduction to strength-based thinking and social cohesion;
- ✘ Health Testing Services (HIV counselling and testing, TB and STI screening, eyesight screening).

Partners in 2018/2019:

- ✘ Mary Waters High School (Gr.8 – Gr.10)
- ✘ Nathaniel Nyaluza Secondary School (Gr. 8- Gr. 10)
- ✘ Department of Education

With special Thanks to our Funders:

- ✘ Emthonjeni Trust
- ✘ Scottish Episcopal Church Mission Association (SECMA)
- ✘ Scottish Episcopal Church Global Partnerships Committee
- ✘ National Lotteries Commission



The Title: Khanya

Khanya can be the name for a boy or a girl and means in isiXhosa: "Be bright". It is used to describe something positive, such as *bright future, shining like a diamond, or being brave*.

Background

The Makana Municipal District is home to 120 000 residents, of whom up to 80% are unemployed. The overwhelming majority of them are adolescents. Unemployment, inequality and poverty have been defined as the triple challenge in our area. Poverty is traumatising and has led to symptoms of social and physical ill-health replicating its cycle over many generations. For example, there is a critical drop-out trend to be found among youth over the age of 14 with 60 % leaving school before reaching grade 12 (DG Murray Trust/Hartnack 2017). In 2016, there was estimated that one-third of teenage girls (aged between 15 and 19) was pregnant in South Africa (SANAC, 2016). The Sarah Baartman District, which Makhanda is part of, has the earliest sexual debut of girls (from the age of 12 years). Gender-based violence and intergenerational intimate relationships between girls and young women with older men for gifts and money have become a precarious reality. Both have been considered to be driving factors of HIV transmission among young women and girls. "HIV prevalence among young women in South Africa is nearly four times greater than that of men their age. Young women between the ages of 15 and 24 made up 37% of new infections in South Africa in 2016" (www.avert.org). In 2016, it was reported that 2000 teenage girls and young women are infected with HIV every week (SANAC, 2016). To learn about the HIV positive status in one's teenage years can cause severe emotional damage and depression. Adolescents seem to emotionally empty out and HIV appears to pre-occupy the teenager's perception of self. The limited research that exists in Southern Africa suggests that only 20% of adolescents maintain optimal adherence to antiretroviral treatment.

Rationale: Strength-based interventions for health impact

We have found that to focus on HIV testing and counselling alone does little to improve HIV-prevention and health outcomes. The National Strategic HIV Plan 2017-2022 suggests holistic approaches to intervene in new infection cycles through curbing gender-based violence and strengthening the social (keeping girls at school, prevention of teenage pregnancies) and economic position of young girls and women. Our activities are attempting to intervene with epidemic drivers such as intergenerational transactional and multiple intimate relationships. And, we share the idea of more holistic interventions but believe that they need to start with assertiveness and consciousness building. We know that the underlying root causes for these drivers are economic distress at home, the quest for love and belonging, as well as peer-dynamics.

Over the last couple of years, we have built a more inclusive outreach, called 'Khanya', which has a strong emphasis on mindfulness, assertiveness, and grit (perseverance and passion for long-term goals). It forms an innovative model for HIV prevention because it links strength-based workshops with health testing services. With 'strength-based' we refer to a specific way to community engagement which is called 'Asset-based Citizen-driven Development' (ABCD). It emphasizes and uncovers individual strengths (assets), links them with opportunities and builds change from there. Its consciousness building and appreciative (appreciative inquiry) processes have proven to foster positive and pro-active approaches to circumstances, sense of control (locus of control), confidence, social support, flexibility and adaptability and unlock people-driven action. Assets are found to be catalysts for civic movements, have emancipatory value by providing us with the capacity to act. They form resources for livelihood and coping with life-setbacks. Also, they give a sense of identity and meaningful engagement with the world. In ABCD, we foster the growth of a multitude of assets which are human (e.g. motivation, self-confidence, talents, knowledge, skills), social (working through or building social networks), natural (e.g. growing own food), material (e.g. gardening tools, mobile phone, house, cooking appliances), economic (salary, savings, investment).

We have been a strong advocate for ABCD in the field of youth development as it fosters personal growth and

therefore health-outcomes. An essential part of personal growth is resilience. And, important ingredients of resilience are confidence in personal strengths and capabilities, emotional intelligence, awareness about social support networks, perspectives, the capability to make realistic plans as well as taking the necessary steps to follow through with them.

Khanya Aims

Ultimately, Khanya intends to contribute to healthy life-choices among youth. This, we propose to see through:

- ✘ Increased school affiliation;
- ✘ Increased autonomy and responsibility;
- ✘ Increased peer-support (versus gossip and social exclusion);
- ✘ Rates of teenage pregnancy drops at local schools;
- ✘ Decrease in HIV-infection rates among youth and adolescents.

Partners and Activities 2018/2019:

We have worked with learners from Grade 8 to 10 from Mary Waters High School and Nathaniel Nyaluza High School. Our teams managed to engage 910 teenagers with the following activities:

Persona-Doll storytelling workshops (80-90 minutes): The story was about early pregnancy and intergenerational and transactional relationships. The working process was: Analysing reasons for/ identifying consequences of and elaborating on alternative ways. Also, they included discussions about where to find meaningful social support:

- ✘ Interactive story-telling and problem-solving: to stimulate empathy with the main character and to comprehend a situation and its' consequences. Also, it sensitised for the importance of peer-support, and made students elaborating on 'healthy' alternatives. These exercises were done through group work;
- ✘ HIV: We 'scanned' what youth knows about HIV and other STIs to fix distorted ideas (myths). In addition, the youth was encouraged to participate in our Health Testing Service.

ABCD introductions and training are about reminding individuals in their capacities to be independent and the 'first creator' of life plans. Also, we share practical tools to identify aspirations and for planning.

Introduction to strength-based thinking and social cohesion (80-90 minutes):

- ✘ Is the glass half-full or half-empty? – appreciative inquiry as an approach to (daily) life;
- ✘ Different types of assets which are available to us in our daily lives;
- ✘ What makes you proud? / Who inspires you – using stories of success as a motivator and learning tool for how to start a good process toward change and aspirations;
- ✘ Main characteristics of the strength-based approach (This also involved topics, such as leadership and peer-support/ social cohesion).

Health Testing Services: This involved HIV counselling and testing, TB and STI screening, eyesight screening and retina scanning.

- ✘ We upgraded our HIV counselling and testing procedure for youth accordingly to better chances that HIV-positive youth is emotionally and medically taken care of. Here, we were assisted by Pieter Bredenkamp who is a Psychology Master student at Rhodes University Psychology Clinic.
- ✘ 106 learners from both schools attended the health testing which was mainly done at our Eye Clinic at Joza Youth Hub as well during community outreaches by our teams nearby the schools;
- ✘ We made posters where we advocated for approaching us for help. They addressed youth who feels at risk of having HIV or needs advice. The posters were distributed at both schools and included the WhatsApp number of our counselling team and office addresses in town and in Joza. They were hung-up in classrooms and in school bathrooms.



Reflection

Both of our teams reported that the learners were extremely responsive and engaged during the workshops sessions. Some of the students asked our team to *please* come back and continue with the stories. We found it significant to watch the process where the students unpacked and started to comprehend the root causes behind health-compromising approaches and practice but also realised the cycle where dependency from an early age – especially for girls is created. In addition, the teenagers were very eager to share what they know about the HIV-virus so that our team could clarify questions and misconceptions which were raised. The introductions to strength-based thinking were concluded with the question “What are you taking home from this, today and how are you feeling?” Our young participants emphasized how good it was to think about and share what makes them proud. Further, they appreciated to learn about the different types of assets which are normally overseen, some found it was an ‘eye-opener’ to realise how much we tend to measure the value of our lives by availability of money and – because most homes struggle economically, then think less about a future and aspirations anymore. Further comments were that they feel ‘refreshed’, ‘excited’, ‘happy’ and ‘feeling alive’.

We had a report from the former principal of Nyaluza High School saying that since we started working with them in 2016, the teenage pregnancy at their school has dropped. We are aware that, in addition to *Khanya*, there might have been also a few interventions by others such as Department of Health or teachers which also contributed to improved health-outcomes among teenage girls. But it indicates that we also left a foot-print. We would like to approach our partner schools to share statistics about school participation, incidences of pregnancy and information about further interventions with us, annually.

All of the learners who participated in HIV testing and counselling were HIV-negative. There was a total of 1,015 teenagers and adolescents (aged between 13 and 25) undergoing HIV tests with us between April 2018 and May 2019, and among them there were 633 young women and girls. We have seen a decrease in new infections among all youth and adolescents (aged between 14 and 25) from 1.4% at the end of the second term last year to 0.4% by the end of May this year. However, one has to take into consideration that some young people who have been at risk still might not engage with health testing out of worry or fear to know their status. Also, HIV-testing outcomes vary in different areas. For example, in 2017, when our team facilitated testing and counselling in one of our rural areas they, unfortunately, found 10% of school learners to be HIV-positive. Here, we urgently need to elaborate on ways to make sufficient HIV-positive follow-up counselling available because for us it has been very difficult to access remote areas regularly enough. Generally, the trend of new infections seems to decrease which confirms the overall population trend in South Africa. There was estimated that the number of National annual new infections declined from 360,000 in 2012 to 270,000 in 2016 (NACOSA, 2017). South Africa has made enormous progress in the battle against HIV. Current results are encouraging and motivate to continue in order to reach the ultimate aim where HIV is not an epidemic anymore in this country. As *Avert* says: “In the longer term, the government needs to explore other strategies in order to sustain and expand its progress” (www.avert.org).

Generally – despite the good outcomes and trends we also identified a few areas of growth and improvement: The posters which we distributed at schools meant to encourage the ‘rather quite’ individuals among students who *actually* fear that they have been at risk. The idea about the posters came much later than the workshops and the response rate has been low. This might be an indicator that we should introduce the posters to the school classes right at the end of the workshops and then hang them up on the same day. Also, we still need to look at possibilities to offer life-coaching to HIV-positive tested youth to support that the individuality/ the self of the young person does not reduce to ‘just being HIV’ (see background). In addition, we recently were introduced to digital media about HIV and it’s structural/ social drivers. They are for young people and produced by *Avert*. We think that they are very valuable for story- and knowledge sharing among this age group. We will use some of their short-clips at our Youth Dialogue this year. This event will be the opening for the next *Khanya* cycle 2019-2020.

We think that we have good capacity to grow bigger our role in advocating for “sexual and reproductive health rights” among young people. We are considering making it an element of the *Khanya* outreach this year.

The introductions to strength-based thinking have been successful. But for this year, we will facilitate them with much more focus on reflection of *own* strengths. For this purpose, we will use the tool the 'Circle of Courage' which is made of four shields. They are belonging, mastery (knowledge and skills), independence and generosity.

Last year, we piloted the 4-days ABCD training course with learners from Grade 8 to Grade 10 and found that this should become an element of Khanya outreach too. The course will deepen and re-emphasise strength-based thinking, the value of solidarity and teamwork (social cohesion and peer-support). Besides, it provides practical tools for project planning and budgeting which will support developing the sense for perseverance and passion for individual long-term goals and realistic planning too. Last year, our young participants came up project-ideas to improve the learning environment at schools. However, projects need to be followed-up in order for the learners to receive some guidance. Here, we have already connected with Rhodes University Community Engagement Department who suggested collaborating with the Faculty of Education to receive voluntary assistance by their students.

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