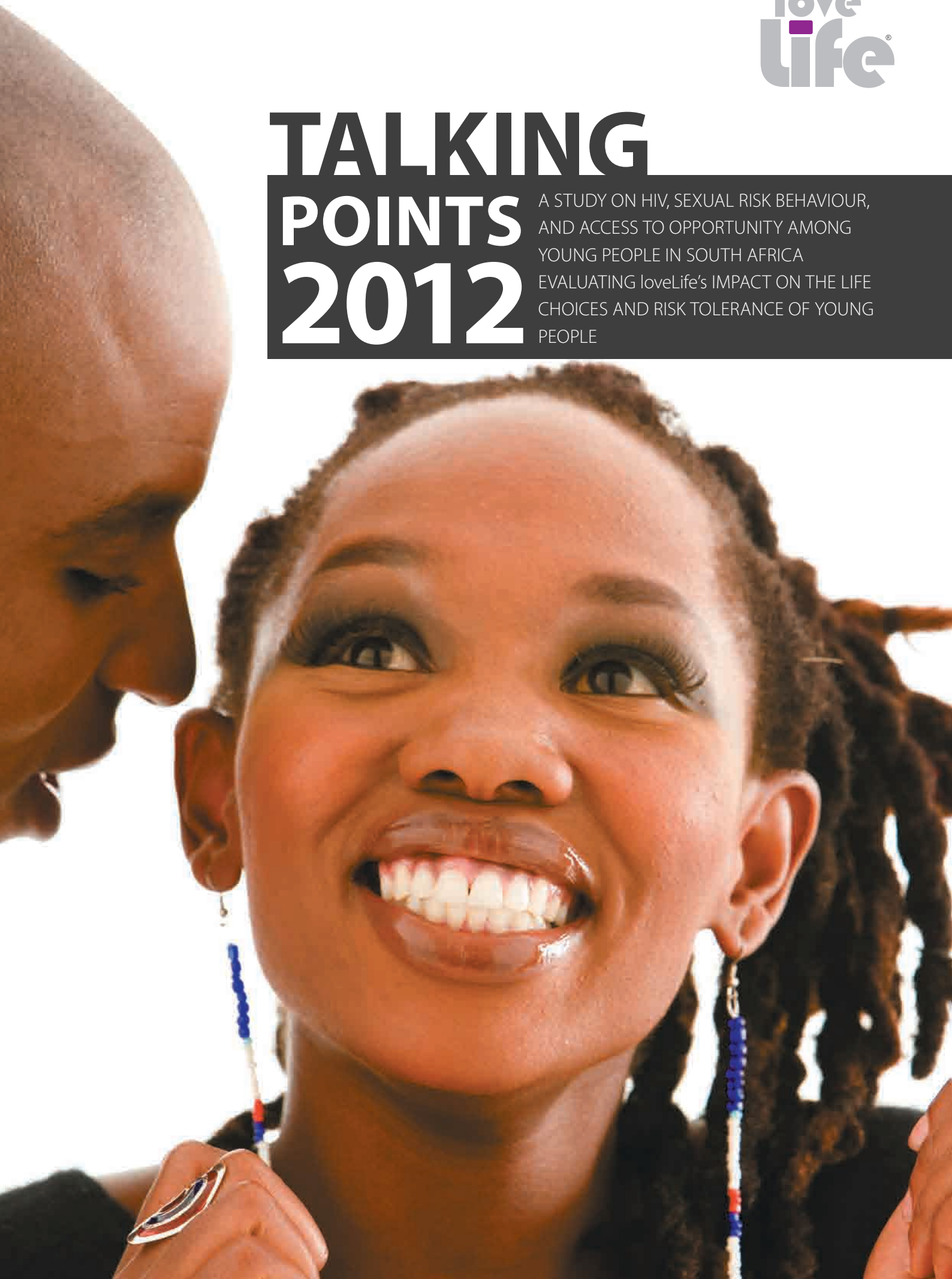




TALKING POINTS 2012

A STUDY ON HIV, SEXUAL RISK BEHAVIOUR,
AND ACCESS TO OPPORTUNITY AMONG
YOUNG PEOPLE IN SOUTH AFRICA
EVALUATING loveLife's IMPACT ON THE LIFE
CHOICES AND RISK TOLERANCE OF YOUNG
PEOPLE



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Introduction to loveLife

loveLife is South Africa's HIV-prevention programme for young people. Since its inception by leading private funders and the South African government in 1999, loveLife has harnessed youth leadership to promote healthy lifestyles and an HIV-free way of life among teenagers living in South Africa by linking HIV prevention with youth development. loveLife combines a nationwide multimedia campaign with programmatic face to face engagements, community-level outreach, systems strengthening and clinical and psychosocial services.

loveLife recognises that youth leadership is critical in transforming South African society, and has based its approach on addressing the individual, social and structural factors driving high risk tolerance and leading to a perception of scant opportunity among young people.

Every year loveLife recruits a national corps of over 1,200 full-time young leaders known as groundBREAKERS, who volunteer for a period of 12 months to drive HIV prevention within their communities. These young people, aged between 18 and 25, go through a series of training programmes to equip them with sexual

health counselling skills and techniques for effective outreach to other young people. Since the inception of the groundBREAKER programme in 2001 more than 10,000 groundBREAKERS have graduated from the programme.

groundBREAKERS are recruited from a pool of over 6,000 volunteers called mpintshis (vernacular for 'friend' or 'buddy') who groundBREAKERS recruit and mentor. Together, groundBREAKERS and mpintshis work in more than 8,000 schools across South Africa from almost 900 hubs, which include loveLife Y-Centres, youth-friendly clinics, social franchises and other loveLife outlets.

This document makes reference to loveLife's face to face programmes and multi-media products. loveLife's face to face programmes include modular programmes such as "lovingLife" which is implemented in schools, loveLife Games events, and the loveLife Call Centre. loveLife has six multi-media products, which include the Make your Move TV series, public service announcements, and nationwide radio shows. loveLife is also active on Facebook and twitter and has its own mobile application called MYMsta.

"loveLife
RECOGNISES
THAT YOUTH
LEADERSHIP
IS CRITICAL IN
TRANSFORMING
SOUTH AFRICAN
SOCIETY."

Background

This study was conducted to evaluate the impact of loveLife, South Africa’s national HIV prevention campaign for young people, on HIV and related risk behaviours. In addition, two concepts on which loveLife’s approach is built were explored: risk tolerance and access to opportunity, with a particular focus on young women. The talking point document presented here gives an overview of the main research findings and loveLife’s impact on the lives of young people in South Africa today. In this document the study will be referred to as

“loveLife 2011”. In 2003, loveLife conducted a national survey of HIV and sexual behaviour among young South Africans¹ The study, referred to as “loveLife 2003” throughout this document, also assessed the early impact of loveLife’s interventions on young people in South Africa.

The South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008² conducted by HSRC is also used for comparison and is referred to throughout as “HSRC 2008”.

Methods and Sample

The mixed-methods study incorporated qualitative and quantitative research methodologies and was conducted in four South African provinces. The two provinces with the highest HIV prevalence in the country (KwaZulu-Natal and Mpumalanga), were selected along with the most urban province (Gauteng) and one rural province (Eastern Cape) to represent the different dynamics of South Africa as much as possible. The quantitative team conducted a randomised household survey, while

the qualitative research involved in-depth interviews with young people who had participated in loveLife programmes. These young people then carried out social network interviews in their communities. A total of 3,123 young people, aged between 18 and 24 years took part in the quantitative survey, and 61 young people between 18 and 26 years were interviewed in the qualitative component. An additional 239 social network interviews were conducted by the qualitative research participants.

| | Qualitative | Quantitative |
|-----------------------------|--|---|
| Number | 61 | 3123 |
| Age range | 18-26 | 18-24 |
| Average age | 21.4 | 20.5 |
| Gender | 52.5% men 47.5% women | 54.6 % men 45.4 % women |
| Exposure to loveLife | Interviewees were groundBREAKERS, mpintshis or loveLife programme participants | 50% master sample enumerator areas and 50% loveLife sample enumerator areas |

Table 1: Characteristics of research participants

Limitations

All HIV and STI data presented in this document are self-reported, which leads to the potential for under- or over-reporting. Actual HIV prevalence rates are likely to be higher and the biases in self-reported sexual behaviour are difficult to determine. Even though loveLife 2011 looked at many of the same indicators as loveLife 2003, direct comparisons are at this point limited because

the 2003 study results have not yet been recalculated for the same age range as the 2011 study. Further analysis is on-going to address this gap. It also needs to be pointed out that the qualitative and quantitative components of loveLife 2011 did not involve the same participants, so survey responses and in-depth interviews cannot be directly compared.

¹Pettifor, A. E., Rees, H. V., Steffenson, A., Hlongwa-Madikizela, L., MacPhail, C., & Vermaak, K., et al. (2004). HIV and sexual behaviour among young South Africans: a national survey of 15-24 year olds. Johannesburg: Reproductive Health and HIV Research Unit, University of the Witwatersrand
²Zhisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-van-Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S & the SABSSM III Implementation Team (2009) South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers? Cape Town: HSRC Press

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ELEVEN TALKING POINTS ON HIV AND SEXUAL BEHAVIOUR AMONG YOUNG PEOPLE

1. Young people in South Africa accept high levels of risk as part of everyday life
2. More young people are getting tested for HIV, and are doing so more frequently
3. Young men report close to 100% condom use with their most recent casual partners, but condom use overall is inconsistent
4. One in five sexually active young men and women have had transactional sex
5. Whilst young people are beginning to recognise their risk of contracting HIV they do not always do so accurately
6. Intergenerational communication about HIV/AIDS has increased dramatically but the engagement of young people with their male guardians remains limited
7. Young people are accepting of people living with HIV, but stigma around HIV testing and disclosing one's status still exist
8. Almost three out of four first pregnancies are unintended
9. The majority of young people had not drunk alcohol in the past year, but more than half of those who did drink, drank excessively
10. Young people know what they want out of life, but not all believe they will have the opportunity to achieve their goals
11. A cluster of individual, social, and structural factors predict risky behaviour

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FIVE TALKING POINTS ON loveLife's IMPACT

1. Nearly all young people know about loveLife; one in three had participated in one or more of loveLife's programmes
2. loveLife programmes have a positive impact on young people's communication with community members, relatives, teachers and friends
3. Exposure to loveLife improved young people's sexual health
4. Participation in loveLife gave four out of five young people a sense of purpose in life
5. While almost all young people said all South Africans should participate in loveLife, three quarters felt loveLife needs to reinvent itself to remain relevant

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Eleven Talking Points on HIV and Sexual Behaviour Among Young People

1. Young people in South Africa accept high levels of risk as part of everyday life



RISK TAKING

“Taking a risk, it’s one of the important steps in life, but it depends how. Because life - according to my understanding - life it’s risky. If you don’t want to experience risk you will be poor for the rest of your life. Even being poor you are under risk exactly. Risk is part of life.”

23 year old male mpintshi

CALCULATED RISKS

“Actually, I will say that I take calculated risks. I wouldn’t go out for something that I never heard anything about... when I am about to take a risk in doing something I would first pre-determine my steps; what are the advantages and disadvantages? If I lose how much damage would it bring to me? And if I win, how much will it help others also, in terms of benefitting from whatever risks that I am taking. ...Yes, sometimes, I have taken negative risks. You will find that you didn’t know what to expect.”

20 year old male groundBREAKER

Risk is a part of daily life for young people growing up in South Africa, and the environments they live in undoubtedly impact their risk-taking perceptions and behaviour.

The qualitative data from the study indicates that many young people are aware of the consequences of certain risky activities, but that this knowledge does not always seem to change behaviour. While there are some young people who do not take risks or who reflect upon the risks they have taken, many others are not aware or feel unable to change their risk-taking behaviour. It is this latter group, generally ignored by most social and behaviour change communication models, that loveLife programmes work with.

The most commonly discussed risks were related to sexual risk taking and alcohol consumption, but young people also discussed violence in their communities, walking home late at night, having older partners and even being rude to elders as ‘risky’. There is no one definition of ‘risky behaviour’, and risks are often carefully calculated. Young people describe some risks such as taking a chance in applying for a job as ‘positive’ where as others such as having unprotected sex are viewed as ‘negative’.

loveLife’s risk reduction model correctly acknowledges the roles of broader structural factors, social norms and individual histories in young people’s abilities to reduce risk, but needs to consider young people’s conceptualisation, internalisation and multiple definitions of risk in more detail.

RISK AND CONFIDENCE

“I think if I take risks, it would make me more of a confident person or stronger person. ‘Cause I’d see other people who love to talk and the opportunity is very wide for them. If you are shy, there’s some things that pass you [by].”

23 year old female groundBREAKER

2. More young people are getting tested for HIV, and are doing so more frequently



The uptake and acceptance of HIV Counselling and Testing (HCT) is essential for HIV prevention efforts. Just over half of the 18-24 year old men and women in the quantitative sample (52.2%) have had an HIV test in their lifetime. Of these, 5.2% reported testing positive, 64.9% tested negative and 7.3% did not want to indicate their status. While it is likely that actual prevalence among those surveyed is higher, because figures are based on self-reported data, it should be noted that the figures show a much lower prevalence in women than in HSRC 2008.

| HIV Prevalence | Total | HIV positive female | HIV positive male |
|--------------------------------------|--------|---------------------|-------------------|
| loveLife 2003 (15-24) | 10.2 % | 15.5% | 4.8% |
| HSRC 2008 (18-24) | 10.5% | 17.4% | 3.3% |
| loveLife 2011 (15-24, self-reported) | 5.2% | 6.6% | 3.9% |

Table 2: HIV prevalence, surveyed and self-reported, of young people in South Africa

At 52.2% the percentage of young people who had tested for HIV has increased dramatically since loveLife 2003, when only one in five young people said they had tested. Of the 2 066 young people in loveLife 2011 who had tested for HIV, 73.8% had done so in the past year. However, women (69%) were still more likely to have tested for HIV than men (38%).

Of those who did not know their status, 52.1% of young people reported that they wanted to know, 27.6% did not want to know and 20.4% were not sure. More women (62.2%) than men (47.9%) wanted to know their status:

loveLife exposure increased young people's desire to test for HIV, and they were more likely to test for HIV more than once. Participation in loveLife increased the desire to know ones HIV status from 52.8% to 60% among young people with loveLife exposure.

It is interesting to observe that loveLife had much greater impact on men than women. When young people were asked about the time of their last HIV test there were no clear

difference between those with loveLife exposure and those without. Young people with loveLife exposure were more likely to have had tested in the last 1-3 years.

| | No loveLife exposure | loveLife exposure |
|---------------------------------|----------------------|-------------------|
| Frequency of HIV testing | | |
| Once | 52.45 | 51.1 |
| More than once | 47.6 | 49 |
| Desire to know status | | |
| | 52.8 | 60 |
| Time of last HIV test | | |
| less than a year ago | 75.5 | 69.3 |
| 1-2 years ago | 16.7 | 23.2 |
| 2-3 years ago | 4.9 | 5.8 |
| More than 3 years ago | 2.9 | 1.7 |

Table 3: HIV testing and loveLife exposure

3. Young men report close to 100% condom use with their most recent casual partners, but condom use overall is inconsistent



Young people were asked about the frequency of condom use with their main partners, casual partners and transactional partners: the results show inconsistent use between genders, and between different types of partner. Of those who had had sex, 94.2% of young people had ever used a condom – this was slightly higher among men (96.6%) than women (91.8%). When asked about condom use with their latest regular partner: 85.3% of men and 80.4% of women used a condom at last sex. Among those with non-regular or casual partners, this increased to 97.5% amongst men and 80.8% amongst women.

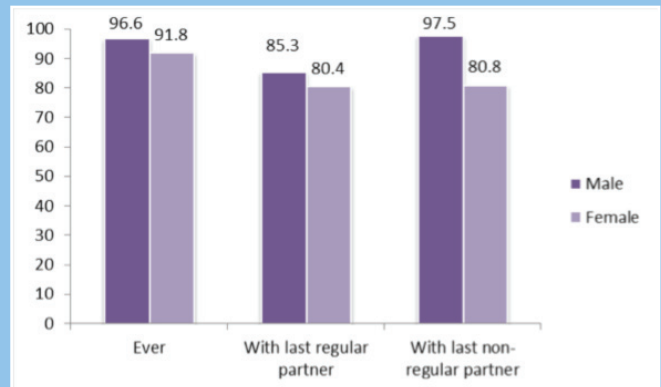


Figure 1: Condom use by gender

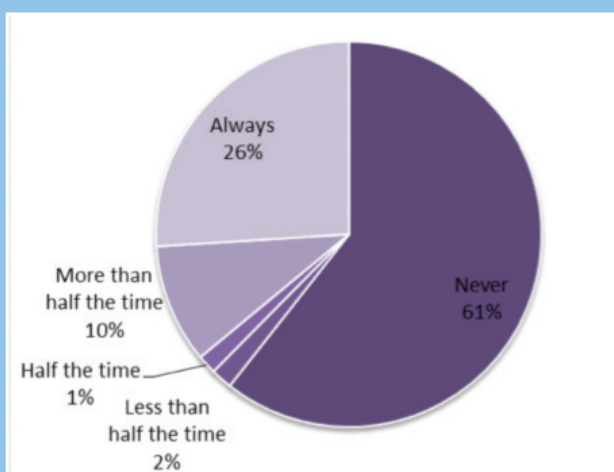


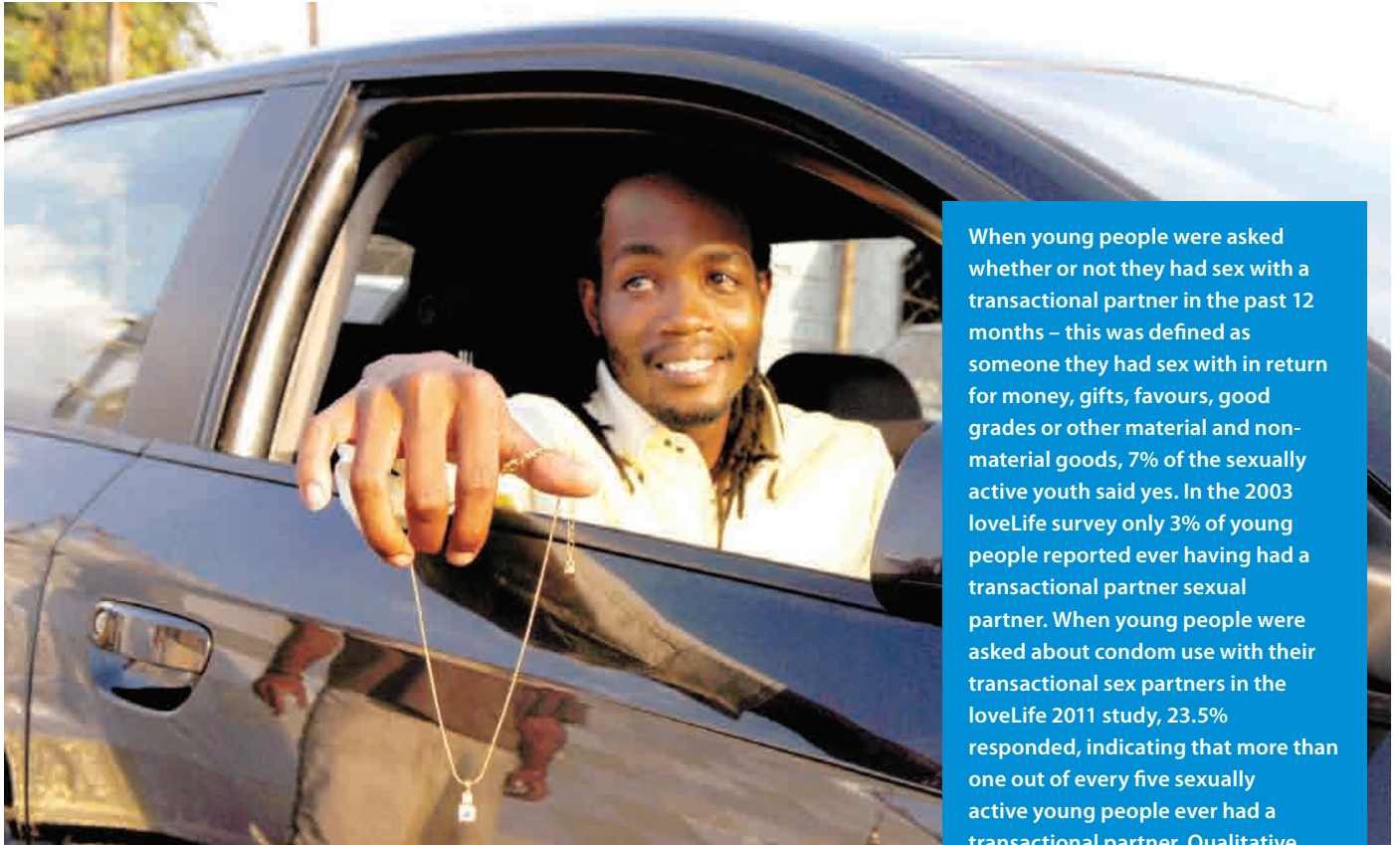
Figure 2: Condom use with transactional partners

Condom use with transactional partners is very low, with two thirds of young people (61%) reporting never using condoms when having transactional sex. More women (62%) than men (60%) report always using condoms with their transactional partners.

This inconsistency is of great concern to loveLife. Programmes need to be targeted directly at young people who have transactional relationships. Further analysis needs to be done to understand what the characteristics of these relationships are and which people engage in them.

More women (62%) than men (60%) report never using condoms with their transactional partners.

4. One in five sexually active young men and women in South Africa have had transactional sex



When young people were asked whether or not they had sex with a transactional partner in the past 12 months – this was defined as someone they had sex with in return for money, gifts, favours, good grades or other material and non-material goods, 7% of the sexually active youth said yes. In the 2003 loveLife survey only 3% of young people reported ever having had a transactional partner sexual partner. When young people were asked about condom use with their transactional sex partners in the loveLife 2011 study, 23.5% responded, indicating that more than one out of every five sexually active young people ever had a transactional partner. Qualitative interviews also revealed that in addition to young women having 'sugar daddies', young men are also having relationships with 'sugar mummies'.

POVERTY

"If you are poor you can come against that. You can become a prostitute. You can become anything that is wrong, just because you want to make your home like everybody else. You want to have a cell phone, you want to have the jeans of so and so and whatever stuff. Even if you are a girl, just because you go for guys that are having money so that you can have money. So being poor is a big problem just because every people want to have money, it depends on how they get the money."

22 year old male groundBREAKER

DATING OLDER PEOPLE

"Poverty has made a big challenge in our community because some other times people, young girls will date older people so that they can have something to eat at home, something to do."

23 year old male mpintshi

HE GIVES ME MONEY

"I don't know how to call that thing. I go to a party and then I get a boyfriend and I go with him and I come back the morning, he gives me money. I don't know if that's prostitution indirectly, but that's how they do it. They call them 'transactions'. You can have the one that is working, a married man, the guy who's working, you know, they have quite a number of them, because they know with a married man, they can't have many activities to do because he has a family to take care of."

21 year old female groundBREAKER

5. Whilst young people are beginning to recognise their risk of contracting HIV they do not always do so accurately

For young people to engage in healthy, safe sexual relationships they need to be aware of the context in which they are growing up. Part of this awareness entails an accurate perception of their risk of acquiring HIV.

One third of young people (35%) in the study did not see themselves as at risk of contracting HIV but were less likely to see themselves at no risk of contracting HIV when compared to loveLife 2003 and HSRC 2008. Whilst the number of young people that consider themselves to be at small risk has increased, the data around moderate and great risk remains inconclusive. We would hope to see more young people accurately assessing their risk of HIV acquisition as great, and as a result engaging in less risky sexual behaviour.

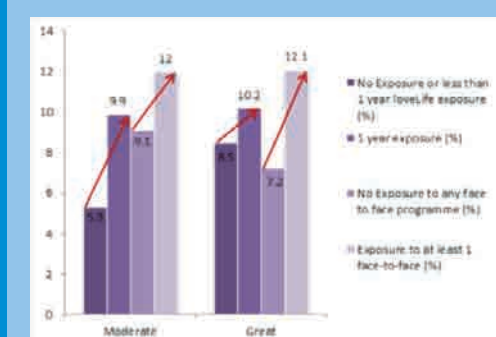


Figure 3: Self-reported risk perceptions

In both studies, young women were more likely to see themselves as being at risk of HIV infection compared to young men; in 2003, 18% of women and 11% of women saw themselves as being at great risk for HIV infection compared to 10% of women and 7.5% in 2011. This gendered difference in perceptions of HIV risk was also observed in the HSRC 2008 study, where more women than men perceived themselves to be at great risk of contracting HIV.

Exposure to at least one year of loveLife or exposure to loveLife face to face programmes had a positive impact on young people's perceptions of HIV risk. The results related to multi-media were limited in women and only showed an increase in accurate risk perception among men. Exposure to loveLife programmes predicted lower likelihood of young people perceiving themselves to be at no risk of contracting HIV, and a more accurate assessment of their risk

| What do you think your chances of getting HIV/AIDS are? | Exposure to loveLife programmes vs no exposure | | | |
|---|--|---|-----------------------------|---|
| | 1 year (%) | No Exposure or less than 1 year loveLife exposure (%) | At least 1 face-to-face (%) | No Exposure to any face to face programme (%) |
| No risk at all | 34 | 35.5 | 31 | 37.2 |
| Small | 43.5 | 44 | 43 | 43.3 |
| Moderate | 9.9 | 5.3 | 12 | 9.1 |
| Great | 10.2 | 8.5 | 12.1 | 7.2 |
| I already know that I am HIV positive | 2.5 | 2.8 | 2 | 3.2 |

Table 4: loveLife exposure and risk perception

6. Intergenerational communication about HIV/AIDS has increased dramatically, but the engagement of young people with their male guardians remains limited

loveLife works to improve communication between young people and their parents or guardians, as well as with their peers, partners, teachers and communities. The 2011 data show that intergenerational communication has greatly increased, with young men and women feeling more able to discuss HIV/AIDS with adults. In the last 12 months, 90% of young people had discussed condom use with their partners.

loveLife 2003 revealed that less than half of 15-24 year olds had spoken to their parents about HIV/AIDS. By loveLife 2011, 85% of young people had spoken to their mother or female guardian, and 34% to their father or male guardian. This

is very encouraging, although the low levels of communication with fathers/ male guardians is still cause for concern. In some cases this is due to the absence of fathers in young people's lives. In the quantitative study two thirds (68.6%) reported that their father was alive and of these only 66.3% lived with them.

Exposure to loveLife's programmes (multi-media and face to face) had a significant impact on these changes in patterns of communication. Overall communication with others about HIV/AIDS rose from 50.9% amongst those without loveLife exposure, to 63.1% amongst those who had been exposed to loveLife programmes.



MY FATHER?

"On my dad's side, ah, he's just a person... Just a father but then no[t] much a support or anything."

23 year old male groundBREAKER

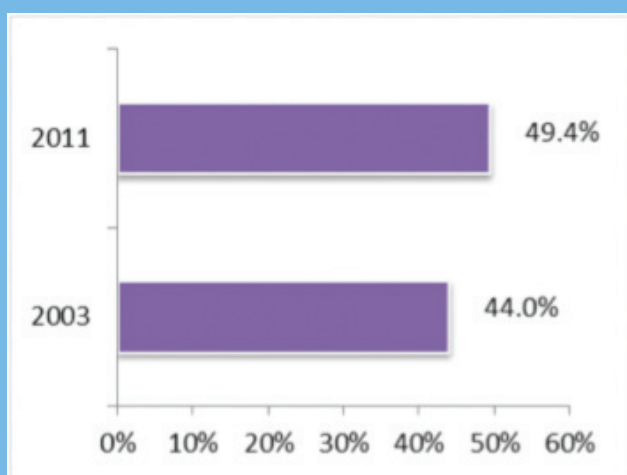


Figure 4: Young people's communication about HIV/AIDS with their parents/guardian (2003 and 2011)

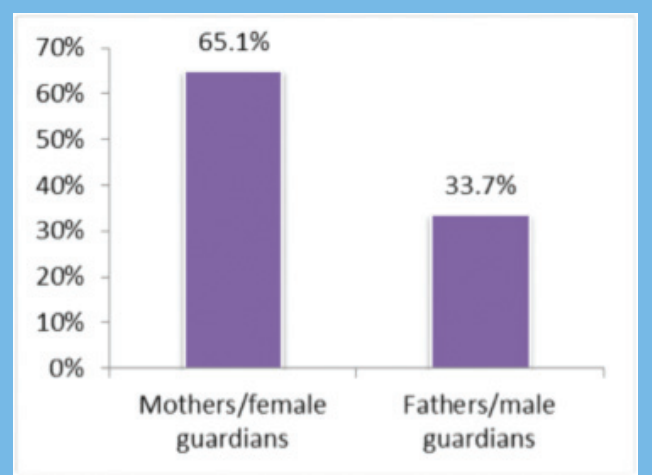


Figure 5: Young people's communication about HIV/AIDS with their parents/guardians by gender (2011)

7. Young people are accepting of people living with HIV, but stigma around HIV testing and disclosing one's status still exist



Katlego More passed away in 2006 due to AIDS-related complications. She wanted her story told to open eyes and minds, and to warn youth about the debilitating effects of HIV.

The study shows that young people are aware of people living with HIV in their communities and are accepting of them, but are still uncomfortable about discussing their HIV status. Young people stated that they would buy food from someone who they knew had HIV (95.9%), would care for a family member with AIDS (97.4%) and would remain friends with someone if they were HIV positive (97.9%). Qualitative interviews revealed that there is still a degree of fear surrounding HIV testing, being seen by people you know at a clinic, and having to disclose a positive result to friends and family. Not all of those who took part in the survey (7.3%) chose to reveal their HIV status, which also suggests some degree of discomfort and stigma remain around disclosure of one's own HIV status.

To assess young people's direct contact with people living with HIV in their communities, young people were asked if they knew anyone living with HIV, or anyone who had died from AIDS. Just over half of young people in the survey (52.8%) did not know anyone living with HIV, but the rest of the sample reported knowing at least one person.

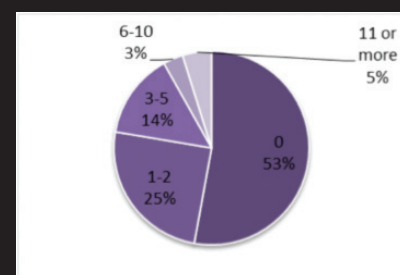


Figure 6: Young people's knowledge of people who have died of AIDS

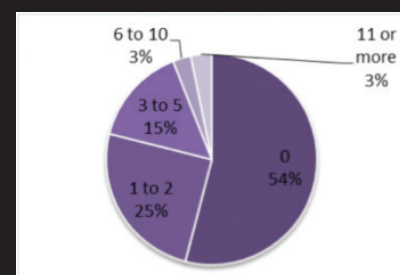


Figure 7: Young people's knowledge of people living with HIV

8. Almost three out of four first pregnancies are unintended

Pregnancy is an indicator that young people are having unprotected sex and is a strong predictor of HIV infection among young women. In this survey, women were asked about their own pregnancy histories, and men were asked if they had ever made their partner pregnant. Women are more likely to recall their own experiences of pregnancy, whereas men may not know if they have made

someone pregnant, meaning that some data may be under-reported.

Of the women in the survey, 42.7% had ever been pregnant and one fifth of men reported that they had ever made someone pregnant. When asked if they or their partners were currently pregnant, it was surprising that 8.1% of women and 27.3% of men reported that they were.



The majority of first pregnancies were unintended. Of those that had ever been pregnant, 79.7% of women and 64.1% of men reported that they did not intend to get pregnant, or get their partner pregnant, at that time. Termination rates remained low, with 6.8% of the sample reporting pregnancies aborting, or persuading someone to abort a pregnancy. When asked about reasons for falling pregnant for the first time 71.2% said that they did not understand the risks involved in what

they were doing, or did not understand how pregnancy happens. While overall levels of coercive sex were low, 3% of the women who had ever been pregnant had been forced to have sex.

Issues around pregnancy were also explored in the qualitative study. Qualitative interviews revealed that men did not see themselves as being responsible for preventing pregnancy, or for providing support if their partner did become pregnant unintentionally.

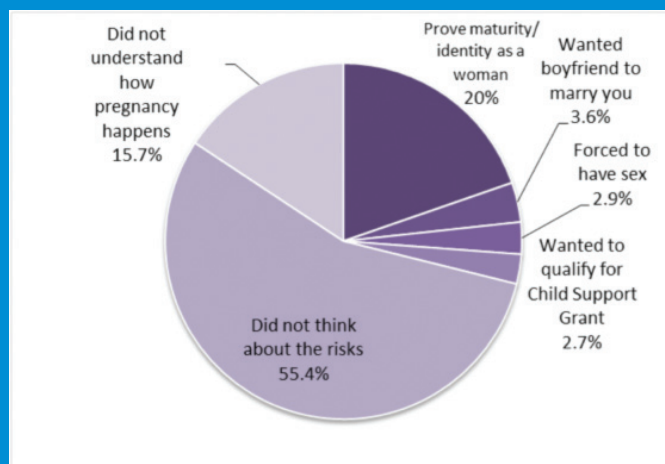


Figure 8: Reasons for falling pregnant

79.7% of women and 64.1% of men reported that they did not intend to get pregnant, or get their partner pregnant.

9. The majority of young people had not drunk alcohol in the past year, but those who did drink, drank excessively

Alcohol consumption was cited by young people and their communities as an issue of concern, and its links to risky sexual behaviour were also discussed in qualitative interviews.

The majority of youth (78% of females and 59% of males) had not drunk any alcohol in the past year, but those who had, did so excessively (classified as 5 or more drinks on one occasion). This is much lower than the 49.6% of learners of grade 8 to 11 that reported drinking in the 2008 Youth Risk Survey.³ In this study however, 54% of young people (59% of males and 49% of females) reported drinking heavily (5 or more drinks) while in the Youth Risk Survey only 28.5% of learners reported drinking heavily (34% of males and 24% of females).

In addition, 18.6% of males and 6.9% of females reported drinking before sex, and one tenth of the qualitative sample discussed taking sexual risks because they were 'too drunk to think straight' or did not have condoms with them. In the qualitative interviews alcohol consumption was discussed as a means of asserting agency and regaining a sense of power and control. Interviewees also observed that young women in their communities were drinking alcohol more often than they used to, when previously only men's drinking was of concern.

Statistical analysis also suggested that alcohol and drug use are linked to low self-esteem. In a multivariate prediction model, low levels of self-esteem were associated with ever having used drugs, drinking alcohol before sex in past 3 months, using cannabis before sex in the past 3 months and using drugs before sex in the past 3 months

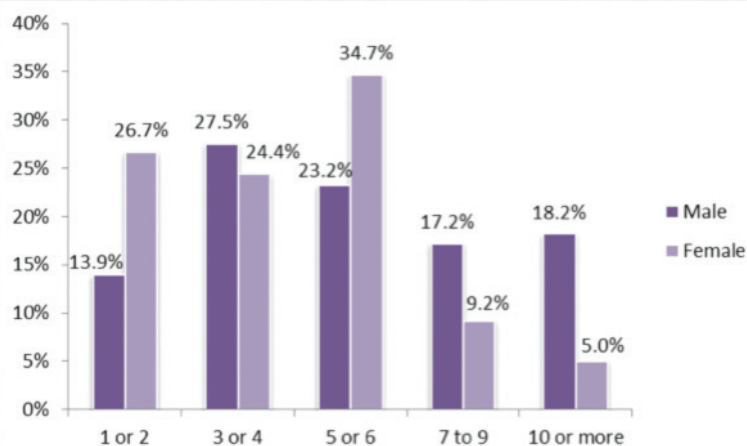


Figure 10: Number of alcoholic drinks consumed on a typical day when drinking

³Reddy SP, James S, Sewpaul R, Koopman F, Funani NI, Sifunda S, Josie J, Masuka P, Kambaran NS, Omardien RG. Umthente Uhlaba Usamila – The South African Youth Risk Behaviour Survey 2008. Cape Town: South African Medical Research Council, 2010

10. Young people know what they want out of life, but not all believe they will have the opportunity to achieve their goals

Whilst 97% of young people said that they know what they want out of life and more than half of the sample indicated that they are confident that they will achieve their goals, young people also pointed to the challenges in actually realising their aspirations.

They indicated that a lack of access to information (29.2%), negative peer pressure (26.6%) and poverty (23.2%) prevent them from accessing opportunities. In the qualitative interviews many young people recognised the daily challenges and structural pressures of their environments, but continued to blame themselves for being unable to transcend them and to achieve the goals they have set for themselves. They also stated that their future opportunities are limited.

loveLife helped young people take opportunities in the form of jobs, continuing education and volunteering, but almost 40% of young people did not feel that loveLife had assisted them in accessing opportunities.

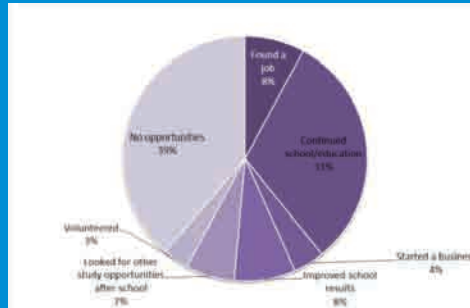


Figure 11: Access to opportunities created through loveLife



11. A cluster of individual, social, and structural factors predict risky behaviour

loveLife's theoretical approach focuses on addressing the individual, social and structural drivers of risk tolerance. The quantitative study found evidence for the theoretical approach, clearly pointing to individual, social and structural factors that predicted behaviours associated with HIV infection. Uni-variate and multi-variate analysis were used to gain deeper insights into these relationships. These factors represent loveLife's main focus points in its programmatic work, while others are generic biomedical indicators.

While there are many different individual factors impacting on predictors for HIV infection it is interesting to see that low perception of HIV risk is the most prominent theme, followed by a deficient sense of future and the circumcision status of men.

Network resources and communication are important social factors. Structurally, education and employment status were the most frequent predictors for HIV infection.

The qualitative interviews also emphasised the impact of structural factors on young people's lives and revealed the complex interplay between these and individual factors. It identified low self-esteem, lack of personal agency, limited resources and uncertainty around future opportunity as well as the high rate of unemployment as reasons for risky behaviour. Young people were able to point to structural challenges in their environment but were not aware of how these affected them. Subsequently they internalised their challenges as individual action or failure.



| Significant correlations in uni- and multi-variate analysis | | Ever diagnosed with an STI | Self-reported HIV positive status | Multiple sexual or multiple concurrent partners | Adolescent pregnancy | Inconsistent condom use with non-regular partner |
|---|---|----------------------------|-----------------------------------|---|----------------------|--|
| Individual factors | Ever tested for HIV | | | x (females) | | |
| | Deficient sense of future | | | x | x (males) | |
| | Uncertain identity | | | | | x |
| | Low perception of HIV risk | | | x (males) | x | x |
| | Low partner risk reduction self-efficacy | | | x | | |
| | Mobility (stayed away from home for more than a month in past year) | x | | | | |
| | Unintended pregnancy | | | | x (males) | |
| | Inconsistent condom use | x | | | | |
| | Ever used IUD | | | | x | |
| | Male circumcision | | x | x (males) | | |
| | Ever used dual method | | | | x | |
| | Ever used rhythm method | | | | x (males) | |
| | Ever used contraceptive pill | | | | x (males) | |
| | Hazardous/harmful alcohol use | | | | x (males) | |
| Ever used drugs | | | | x (females) | | |
| Social factors | Social network resources | | | x (high) (females) | x (low) | |
| | Coercion | | | | x | |
| | Peer pressure to have sex | | | x | | |
| | Talked with partner about condoms in past 2 months | | x | | | |
| Structural factors | Educational attainment (grade 8-11) | x | | | | |
| | Educational attainment (grade 12 and higher) | x | x | | | |
| | Inequality in relationships | | | | x | |
| | Difficulty in accessing condoms | | x | | | |
| | Unemployment | | | | x | |
| | Employment | | | | x (males) | x |

Table 4: Significant positive correlations in uni- and multi-variate analysis (AOR, CI 95%)

5

**Five Talking
Points on
loveLife's
Impact**

1. Nearly all young people know about loveLife; one in three had participated in one or more loveLife programmes

loveLife's reach has increased considerably since 2003. Today, 94.6% of young people know about loveLife: in 2003, this was 85% of young people. One third of young people (33.5%) had been exposed to at least one of loveLife's face-to-face programmes or resources. Of the young people that had been exposed to at least one face-to-face programme, 11.3% had been exposed to one and one in five (22.2%) had been exposed to more than one.

The majority of youths who had been exposed to loveLife programmes had participated in the loveLife Games (43%) and a further 31.5% indicated their participation in recreational sporting leagues facilitated by groundBREAKERS. "Motivation" was the modular programme with the highest attendance, at 38.3% of young people with loveLife exposure, followed by "Debating" (20.4%) and "loving Life" (18.5%). It is encouraging to see that one in three young people reported visiting a clinic with loveLife presence and one in five young people had a conversation about sex, sexuality or relationships with a loveLife groundBREAKER or mpintshi.

| Which of the following LoveLife resources/programs/activities have you been exposed to? () | Total | |
|--|--|-------------------|
| | % of the respondents exposed to loveLife | % of total sample |
| Games, festivals and recreational leagues | | |
| Participated in loveLife Games | 43 | 14.4 |
| Participated in loveLife "Sport and Recreation Leagues" programme | 31.5 | 10.1 |
| Attended/participated in a loveLife youth event or festival | 28.8 | 8.6 |
| Modular programmes | | |
| Participated in loveLife "Motivation" | 38.3 | 14.3 |
| Participated in loveLife "Debating" programme | 20.4 | 5.3 |
| Participated in loveLife "Loving Life" programme | 18.5 | 8.2 |
| Participated in loveLife "Guide to Action" | 15.4 | 8.1 |
| Participated in loveLife "Ultimate Dance" programme | 14 | 3.9 |
| Participated in loveLife "Centre Stage" programme | 9 | 3.5 |
| Participated in loveLife "Make My Move" programme | 8.3 | 3.3 |
| Participated in loveLife "Body-Ys" programme | 7.9 | 2.9 |
| Participated in loveLife "Cyber-Ys" programme | 4.7 | 1.3 |
| Dialogues | | |
| Participated in a loveLife Community Dialogue | 5.5 | 1.3 |
| Participated in a loveLife Born-Free Dialogue | 3.4 | 1.5 |
| Visited a loveLife site | | |
| Gone to a loveLife Clinic | 30.9 | 10.8 |
| Gone to a loveLife Y-Centre | 16.4 | 3.6 |
| Gone to a loveLife Outlet | 7.4 | 2.0 |
| Gone to a loveLife Franchise | 5.9 | 2.0 |
| Call Centre | | |
| Called the loveLife Call Centre on 0800 121 900 | 7 | 2.3 |
| Used loveLife's 'Plz Call Me' on 083 323 1023 | 3.8 | 2.2 |
| Website and social media | | |
| Used the loveLife Web site | 6.9 | 1.4 |
| Contacted loveLife on Facebook | 5.7 | 1.3 |
| Used MYMsta, loveLife's mobile social network | 4.7 | 1.7 |
| Interaction with loveLife implementers/ | | |
| Interacted with a loveLife goGogetter | 3.2 | 1.3 |
| Had a conversation about sex, sexuality or relationships with a loveLife groundBREAKER or mpintshi | 20.3 | 7.2 |
| Volunteered as a groundBREAKER or a mpintshi | | |
| Volunteered for loveLife as a groundBREAKER or mpintshi | 4.6 | 1.3 |

Table 5: Proportion of exposure to loveLife programmes/resources

2. loveLife programmes have a positive impact on young people’s communication with community members, relatives, teachers and friends

loveLife has had a dramatic effect on young people’s communication about HIV/AIDS with those around them. Those with exposure to loveLife were more likely to communicate with their friends, teachers, relatives, communities and health-care providers than those who had not been involved in loveLife’s programmes. This is extremely encouraging, and demonstrates the positive impact loveLife has had on intergenerational communication, as well as amongst young people themselves.

loveLife had the greatest impact on communication with community members/neighbours (26.2%), other relatives (16.8%) and mothers/female guardians (14.6%). It is also very encouraging to see that 90% of young people with loveLife exposure have now spoken to their teachers about HIV/AIDS

| Who have you ever talked to about HIV/AIDS? | No loveLife Exposure (%) | At least 1 year loveLife exposure (%) |
|---|--------------------------|---------------------------------------|
| Teachers | 76.5 | 90.3 |
| Friends | 83.8 | 88 |
| Health worker/Nurse/Doctor/Clinic | 69.4 | 76 |
| Brothers/Sisters | 70.3 | 80.8 |
| Mother or female guardian | 60.4 | 75 |
| Other relatives | 57.7 | 74.5 |
| Community members/neighbours | 28.4 | 54.6 |
| Father or male guardian | 30.8 | 39.9 |
| Religious leader | 22.5 | 34.8 |
| Initiation schools | 9.3 | 16.9 |
| Average degree of communication | 50.9 | 63.1 |

Table 6: loveLife exposure and communication



3. Exposure to loveLife improved young people's sexual health

loveLife impacted on young people's sexual behaviour, enabling them to live healthier lives. When young people were asked what difference loveLife had made to their lives, they said that loveLife made them more aware of the risks of unprotected sex (93%); enabled them to talk to their friends about sex, sexuality and relationships (79%); reduced their number of sexual partners (76%) and encouraged them to use condoms more regularly (74%).

Over 4 in 5 young people said that loveLife saved them from getting HIV (85.3%). Young people also said that loveLife improved their sex life (74.2), their health (87.7) and helped them engage in sports and exercise (62.2%).

Young people who had tested for HIV were less likely to report being HIV positive if they had been exposed to loveLife's media products. loveLife exposure was also significantly associated with contraceptive use (condoms and contraceptives used by a partner) among men, and with being circumcised (amongst men). Face to face programmes were significantly associated with young people's sense of future and decreased stigma towards people living with HIV.

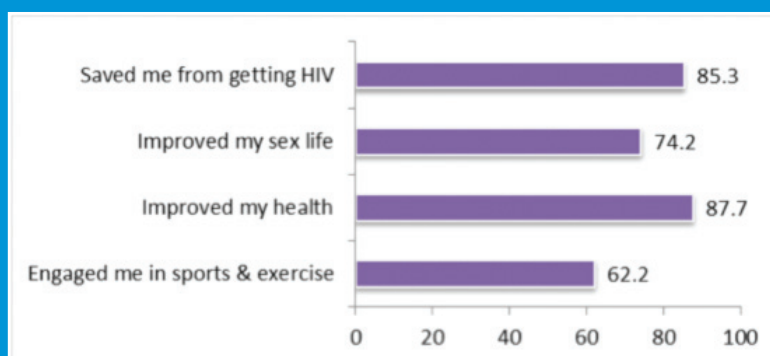


Figure 12: Perceptions of loveLife and its impact on young people

Over 4 in 5 young people said that loveLife saved them from getting HIV (85.3%). Young people also said that loveLife improved their sex life (74.2), their health (87.7) and helped them engage in sports and exercise (62.2%).

| | Outcome variable | | | Intermediate variables | | | |
|--|---|-------------------------------|---------------------------------|--------------------------|-----------------------|-------------------------|--|
| | Self-reported HIV status (protective against HIV) | Contraceptive use amongst men | Male Circumcision status of men | Having a sense of future | Increased self-esteem | Increased self-efficacy | De-creased stigma towards people living with HIV |
| Number of face to face programme exposures | | | | 1-2 | | | 5 or more |
| Number of multi-media product exposures | 2-6 | 2-9 | 8-10 | | 2-6 | 2-4 | |

Table 7: Uni-variate and multi-variate analysis of loveLife's multi-media and face to face impact on selected indicators

4. Participation in loveLife gave four out of five young people a sense of purpose in life

The study found that exposure to and direct engagement with loveLife's programmes raised young people's level of critical consciousness, gave them self-confidence and promoted healthy emotional development. More than three quarters of young people with loveLife exposure said that their involvement gave them a purpose in life, greater optimism and self awareness as well as making them better citizens and keeping them out of crime.

More than three quarters of young people with loveLife exposure said that their involvement gave them a purpose in life.

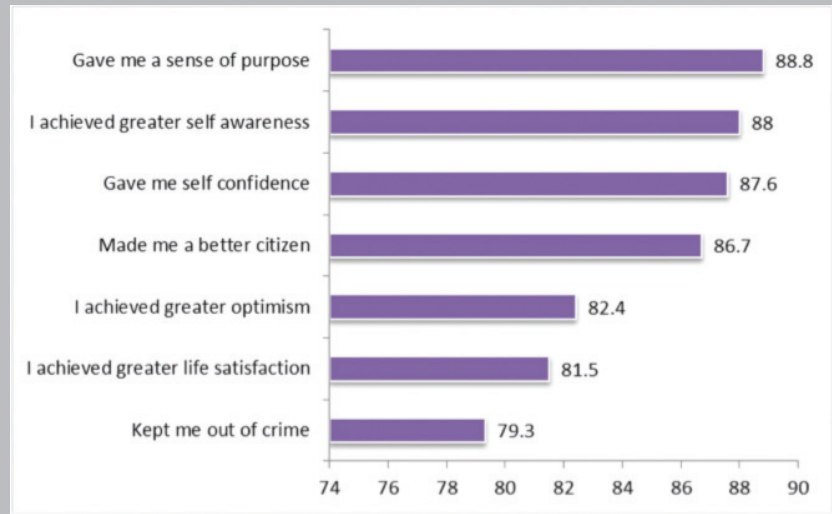


Figure 13: Perceptions of loveLife and its impact on young people

Young people also reported that loveLife provided them with a sense of belonging and motivated them to live a responsible life (90.2%), help those around them who are less fortunate (85.5%) and contribute to the greater

benefit of the country (83.1%). In the qualitative interviews, many described loveLife as providing them with a 'home'.



5. While almost all young people said all South Africans should participate in loveLife, three quarters felt loveLife needs to reinvent itself to remain relevant



loveLife enabled young people to think about making safer sex choices (31.5%), encouraged them to take charge of their lives (20%) and to talk about sex in a positive way (11%).

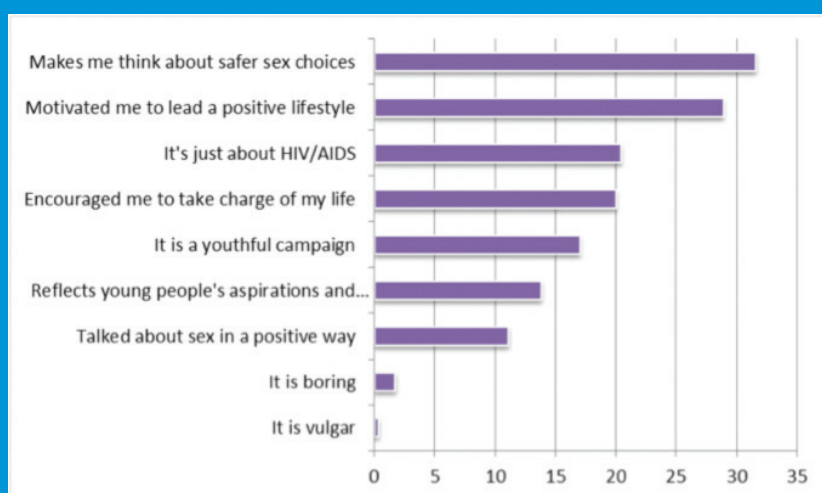


Figure 14: Attitudes towards loveLife

The majority of young people (89%) said that loveLife was a good thing for South Africa and 96% said that all South Africans should participate in loveLife. Three quarters of young people (72.6%) felt loveLife needs to reinvent itself to remain relevant to South Africa's youth. One in five young people felt that loveLife was only about HIV/AIDS. Four out of five young people still saw the need for loveLife's HIV prevention work even though ARVs to treat HIV are available.

When young people were asked about their attitudes towards loveLife their responses were generally positive. loveLife enabled young people to think about making safer sex choices (31.5%), encouraged them to take charge of their lives (20%) and to talk about sex in a positive way (11%).



**BUILDING COMPLETE
YOUNG LEADERS FOR
AN HIV FREE FUTURE**

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