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Endless Hope or a Hopeless End? Constructing Ownership and Evidence through the Development of an HIV Prevention Campaign for Young Women in South Africa

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A dissertation submitted in fulfillment of the requirements for the award of the degree of Master of Anthropology

Faculty of Humanities

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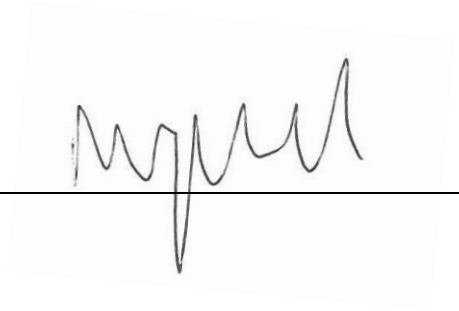
COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature:  Date: 13/06/2018

Abstract

The following dissertation explores the development of the national She Conquers HIV prevention campaign for adolescent girls and young women in South Africa. In 2016 when the research for the thesis was conducted almost two thousand young women between the ages of 15-24 years were reported to be infected with HIV every week in South Africa. This led the South African government to initiate the development of a national campaign to address the vulnerabilities of young women and significantly reduce the number of new infections. I examine the complex policy-development process for this campaign using insights from three worlds: the young womens world; the policy world and the NGO world. I use the grounding policy principles of "evidence", "ownership" and "hope" to guide my analysis. I explore the meanings and dynamics of each principle and compare this to its enactment. I suggest that the enactment of the core principles is constructed by policy makers in an attempt to build hope and mobilise funding from donors for the implementation of the campaign. I suggest that the mismatch in ideology and lived experience of these notions undermines the intention of engaging the young women in the development of the campaign and silences them. I argue that their silence perpetuates a feeling of hopelessness amongst young women, whilst simultaneously building hope amongst donors and development partners, and leading NGOs into despair.

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Prologue

On a sunny winter's day in June 2016, I attended the launch of a national HIV prevention campaign for girls and young women at the Royal Showground in Pietermaritzburg. At eight o'clock I entered the venue for the first time to check up on the preparations that had taken place overnight. The venue was decorated for an event of such stature. Four white marquees stood solid and proud at each corner of the manicured lawn. In the centre was a large square stage with a roof, a vinyl backdrop displaying various government logos. Silver staircases were positioned on either side. On the stage, to the left of a sturdy wooden lectern, were sixteen cushioned chairs, each bearing the national coat of arms. Valerie[1], the event planner for the day, was scouting the periphery of the venue. She was wearing a headset and was chatting on her walkie-talkie to the event team at the Showground. She was accompanied by Mongezi, a senior official from the Presidency, the same official I had agreed to meet up with upon my arrival. I recognised him immediately since he walks with a limp and a crutch. I joined Valerie and Mongezi in the discussions about barricading the venue. We identified the most practical areas to position stations for security passes and scanning. For my help, they gave me an 'access-all-areas' pass, meaning that I could enter into the political briefing room, the media room as well as the VIP dining room. After we had run through the event preparation checklist and made provision for anything that had not yet been completed, I hopped into a minibus taxi with other colleagues who were also on the event-planning team to join the pre-event march.

At eight forty-five, we were chauffeured up Chief Albert Luthuli Street to join in the procession which was scheduled to start at nine o'clock at Market Square and end an hour later at the Showground. The road had been closed off to the public in anticipation of the walk, but our security passes gave us direct access to the quickest route and to the starting point. After we had been hastily dropped off under the watchful eye of municipal policemen, we were led to the front of the crowd by the head of the KwaZulu-Natal Provincial AIDS Council. Sis' Tandeka, an official from the province of KwaZulu-Natal, who had been given the task of organising the procession, had managed to get the mayor, government officials from the national office and a group of local young women to jointly begin the walk down to the Showground. The disc jockeys from Ukhozi FM, a South African national radio station based in KwaZulu-Natal boasting eight million listeners, was broadcasting live from a mobile radio

[1] Some names and identifying credentials have been changed through this dissertation to protect the identity of those people who I engaged through my fieldwork

set in the open boot of a van. Two large speakers were attached to the roof of the van, from which crowd-pleasing songs were blasted. Ten Harley Davidsons were also dotted on the tar around the Ukhozi van and were revving their engines to the rhythm of the music as the crowd jeered. The spectacle was creating a lot of public interest and the community members nearby gravitated towards the crowd – bolstering the number to about 1,000.

As the procession began to move as scheduled at nine o'clock, the walkers raised placards demanding health rights, economic opportunities and an end to violence against women. The placards were being handed out to the walkers as they neared the starting line. They had not been written by individuals in the crowd but had been beautifully designed and printed by an organisation which had won the communications tender with the South African Department of Health. The walkers moved slowly and steadily past the starting line at a constant pace for the one-and-a-half kilometres.

At ten o'clock, according to schedule, the procession arrived at the Showground. The crowd were chanting, dancing and singing. As the back of the crowd caught up and the front moved through a bottleneck at the scanners, they grew louder. I could hear my own heart pounding in my ears over the hum of the festivities around me. The Harley riders thrived on the attention. One rider began doing "donuts" outside the pedestrian entrance to the showgrounds; the other riders then followed suit. People applauded and scrambled to get a better view. I took a few steps back, however, worried that one of the bikers might lose control. When I moved through the entrance back onto the field, I found the planning team and received an update on the day's proceedings.

At the time they had counted 900 people including NGO staff, academics, young women and officials. As the procession filed through the security checkpoints and collected the food parcels awaiting them, the grandstands and the marquees started filling up.

In a room accessible to only a few people who had 'all access' passes, the Minister of Health, Dr Aaron Motsoaledi, was briefing ministers, deputy ministers, premiers, mayors, members of the Zulu royal family and the Deputy President, Cyril Ramaphosa, on the event. After the forty-minute briefing, the delegation was escorted by their bodyguards onto the field and paraded through the grounds. They spent approximately four minutes inside each of the first three marquees.

The theme of the first marquee was economic empowerment, and inside this marquee a young woman told a story of how she had dropped out of school due to becoming a mother during her teenage years. After a few years she had resumed her education and completed her matric[2], after which she started her own company sewing clothes in her community. The theme of the second marquee was gender-based violence. The audience in the marquee listened in to a community dialogue about the plight of women in the local settlement. The theme of the third marquee was substance abuse. Cyril Ramaphosa spent his four minutes in this marquee playing an 'addictive' board game (as the local NGO who had developed it called it), on issues of substance use. Though there wasn't sufficient time to really grasp the game, there was more than enough time for the media and community members to take photographs. The theme of the fourth and largest tent was health and wellness. This tent was allocated twice the amount of time and facilitated by the delegation itself. Dr Aaron Motsoaledi and Cyril Ramaphosa took the podium inside this tent and spoke to the crowd about the importance of condom use. Dr Motsoaledi unveiled the government's new, scented condoms – called 'Max' because the condoms give Max-imum pleasure and make minimum noise. During the unveiling, he stated that grape was his favourite flavour. The deputy president stated that he preferred banana. Before leaving the marquee, the delegation was cheered on by the audience as they shook hands with many community members and young women.

The delegation followed the minister of health and the deputy president onto the stage. Facing the stage were 2,000 excited guests – most of them young women. Before the formal programme commenced, Linda Xulu, a confident master of ceremonies in her early 20s, instructed the crowd to sing the national anthem. Hands on hearts, the proud grandstand belted out Nkosi Sikelel' iAfrika in unison. The organising teams' faces beamed and we smiled broadly as we made eye contact with each other. With each passing second, I grew increasingly relieved that the programme had begun, that the preparations had all been completed in time, and that everything had gone according to plan. The audience participation in singing the anthem showed overwhelming solidarity and support for the event.

Linda's infectious energy had the crowd applauding the long list of speakers with a warm round of applause or a tsss tsss [picture the flipping of a hamburger patty with your one hand] and gave the event a youthful face. During her impromptu crowd engagement, Cyril Ramaphosa

[2] Matric refers to the final year of high school in South Africa

sent his special advisor – sitting next to me – an sms to say how impressed he was with the event and with Linda as the programme director. When she showed this to me I was delighted.

When the Premier of KwaZulu-Natal, Senzo Mchunu, got up to introduce the deputy president the Grounds were flung into silence. The speakers and screens went blank. Frantic, the Chief Executive of The South African National AIDS Council (where I work) telephoned me from his seat on the stage to enquire what had happened and how we would fix the situation. Although I had no idea what to do, I assured him that I was making a plan and would give him an update in a minute. The security personnel and protocol team became extra-vigilant as a sense of vulnerability overcame the stage. The sound engineers ran onto the field to check the cables and other electronic connections. When I looked over to them the organising team shrugged their shoulders. Taking advantage of the silence, a group of local schoolgirls broke into song and within seconds the whole grandstand had joined in. It took two minutes for the generator to be started. The sound of the engines and the re-appearance of the screens reversed all anxiety and fear. The rest of the day proceeded exactly as stated in the order of events in the folders of the VIPs and their protocol and security officers.

Aside from the brief breakdown, my experience of the launch of the campaign that sunny winter's day was the perfect example of a scenario playing out just as it was intended by the organisers. Each person took up their role in a well thought-out, meticulously planned and predetermined sequence of events. This experience drew my attention to the incessant disjuncture between representations and lives lived; and of hope in a hopeless situation.

Introduction

On World AIDS Day 2015, Deputy President Cyril Ramaphosa stated that South Africa was still facing many challenges. He specifically emphasised the high number of new HIV infections among young women and girls, with more than 2,000 girls and young women between the ages of 15 and 24 becoming infected with HIV each week. In response to these statistics, President Jacob Zuma, in his State of the Nation Address proclaimed the launch of a "highly-visible, nationwide social behaviour change communication (SBCC) campaign in 2016 to support HIV prevention in adolescent girls and young women (AGYW) over the next three years". The Minister of Health, Dr Aaron Motsoaledi, in turn then announced, during his department's budget vote, a "major programme… to deal with the young generation". He elaborated on this to say that the campaign would be launched in June – 'youth month' in South Africa – and that it would focus on girls and young women between the ages of 15 and 24 over a three-year period. The five objectives of the campaign, he said were: to decrease new HIV infections; to decrease teenage pregnancy; to decrease sexual and gender based violence; to keep girls in school until matric; and "to increase economic opportunities for young women to try and wean them away from sugar-daddies".

Young women between the ages of 15 and 24 years make up approximately 10% of the South African population. Although HIV prevalence has been shown to be declining in this vulnerable group, the pace of decline has been slower than anticipated. In 2005, 15.9% of girls and young women under the age of 20 years attending antenatal clinics in South Africa were HIV positive (Department of Health, 2005). Seven years later, in 2012, antenatal HIV prevalence in this age group had declined to 12.4% despite a target of a 50% decrease (Department of Health, 2012). In 2016, almost 2,000 new HIV infections among adolescent girls and young women weekly and 70,000 babies were born to adolescent girls and young women aged 18 years and younger – many of them unplanned (Johnson, 2016; Makhubu, 2016).

Organisations such as loveLife, Soul City, Centre for Communication Impact (formally JHHESA), the Centre for the AIDS Programme of Research in South Africa (CAPRISA) have been funded to implement HIV programmes for young women and girls over the past decade. The design of these programmes is often fragmented and directed by the objectives of the specific donor organisation. Government departments including Health, Social Development

and Education have also received funding from Treasury and international development partners for programmes directed at young women and girls. These include programmes to keep girls in school and provide accessible sexual and reproductive health and rights services.

Between December 2015 and May 2016, a series of meetings took place in which a number of key politicians, development partners and programme implementers committed to the She Conquers national HIV prevention campaign for adolescent girls and young women. During these meetings, we heard over and over again that each stakeholder would prioritise programmes and funding to address the plight of new HIV infections amongst young women. The same high level commitment was verbalised by senior government officials and the country directors of a number of large development partners including of the Global Fund to Fight AIDS, Tuberculosis and Malaria, The Joint United Nations Programme on HIV/AIDS (UNAIDS) and The US President's Emergency Plan for AIDS Relief (PEPFAR). Since 2015, a renewed focus for more funds to scale up these programmes has taken place. The Presidency of South Africa has recently written proposals to international development partners including the Global Fund, UNAIDS and PEPFAR pushing for a more targeted approach to young women and girls. Since then, efforts have clearly shifted to intensify and bolster the existing HIV-prevention response and nearly three billion rand (~230 million dollars) of donor funding has been committed to the country for programmes for adolescent girls and young women.

A review of the National Strategic Plan called for young women to participate in deciding policy and designing programmes and cited this lack of participation as the reason for continued gender inequality (Crone et al., 2011). Indeed gender inequality has been identified as a cause of the slower-than-anticipated progress in curbing new HIV infections amongst adolescent girls and young women in South Africa (Crone et al., 2011). The 2009 *AIDS Review* also advised that an understanding of the social circumstances of young women should inform policy, yet by 2015 this had yet to be acted on (McNeill and Niehaus, 2009). Today, despite these calls, renewed attention, influx of funding and great enthusiasm, very little reflection has been given to the engagement and involvement of young women in the policy and programmes that are intended for them.

In South Africa programmes and policies addressing the high rate of new HIV infections amongst young women and girls have, in the past, been based on the opinions of "experts". Responses to HIV have also often been designed around particular ideas about the lives of young women rather than being informed by directly involving young women in the process

of development. Historically, policy makers – albeit perhaps through good intentions and a naïve understanding of youth engagement – seem to have made the situation worse by failing to spend sufficient time trying to understand the context and the individuals' lived experiences before intervening (Steinberg, 2013). These same 'do-gooders' also appear to have made the situation worse by not spending enough – or any – time critically looking at the assumptions about and representations of targeted beneficiaries before policies are publicly launched or implemented (Steinberg, 2013).

Today, there is a new and genuine intention and political will to respond to HIV amongst adolescent girls and young women, and to get them to participate meaningfully in the development of the latest national campaign for young women.

According to the deputy director general of health,

> This [new] campaign and plan must be seen as a whole of government, and even whole of community response to HIV in South Africa. We need to empower young men and women to take ownership for the campaign if we are to make it a success.

The first briefing document developed for political principals described the She Conquers initiative as a coordinated campaign to intensify efforts to enable adolescent girls and young women to reach their potential and maximise their contribution to a democratic South Africa. The document stressed that adolescent girls and young women must be supported to drive the implementation of interventions and motivated to provide leadership around the strategy and direction of the Campaign.

Despite the political commitment, a wealth of knowledge on the context of HIV and AIDS amongst young women and girls, financial resources to support programmes as well as enthusiasm about including young people in policy design, there exists a lack of experience in involving young people in an authentic way. Through the development and launch of the She Conquers HIV prevention campaign for girls and young women, adolescent girls and young women were consulted, however the process by which this was done was pre-determined and constructed by policy makers. For the most part, their participation was a farce and there remains a sense of hopelessness on the matter.

This thesis is an ethnography of the development of a health policy, in particular the She Conquers campaign. Though research on policy in the public health arena has been a focus for many schools of thought globally [Bayer, 1991; Fleming & Wasserheit, 1999; Degenhardt et al., 2010], in South Africa, an ethnographic approach to understanding the process, power and involvement of different sectors of society in the development of one policy from its inception to launch, is an underexplored area and one to in which I am uniquely placed to do.

Outline of the thesis

The first chapter of the dissertation is a review of the anthropological and public health literature around the HIV epidemic. This chapter summarises the thematic trends and advances in the anthropological literature. I also provide an overview of the epidemiology of HIV and AIDS amongst girls and young women in South Africa to provide the context on which policy and decision-making is often based.

In chapter two I introduce my research sites and participants and discuss the methodology I used in this study. The first setting is an informal settlement in South Africa where my interlocutors lived. The second setting is the presidential boardroom in which many of the policy making decisions were made. I also introduce some of the research participants: the young women, the policy makers; and the policy implementers (NGO CEOs and executives). Lastly, I elaborate on the ethical principles underlining my research.

In chapter three, I discuss the notion of "evidence-based" as a key principal underlying the She Conquers campaign. I define what is meant by evidence and describe what is not recognised as evidence in the development of the national campaign. I suggest that girls and young women transform in the policy world to join in the discursive community and this opened up a space for them to construct different, and more powerful identities. I suggest that by joining the discursive community, young women give hope to programme implementers and policy makers who designed the national campaign. At the same time, I suggest that joining the discursive community obscured the realities experienced by the young women and diluted their contribution to an "evidence-based" response.

In chapter four, I discuss the notion of "ownership" and the complexities of what it means for a young woman in the policy space. I suggest that young women adapt their position on ownership in order to gain recognition and importance. I discuss first what ownership is, second how it was understood, and third how it was enacted through the development of the national

She Conquers campaign. I suggest a contradiction where the notion of youth-ownership was constructed by policy makers in the policy world. I reflect on the obscurity of ownership as a principle that underpins this campaign, a principle which is created and which loses credibility over time.

In Chapter 5, I discuss the dynamics of hope around the development of the She Conquers campaign. I describe how this notion presented differentially as hope, hopelessness or despair, depending on the stakeholder and associated enablers or barriers linked to the individual displaying dynamics of hope. I suggest that while civil society's perceptions of government's response to health and development perpetuated a sense of hopelessness towards She Conquers, the political commitment, together with constructed evidence and ownership evoked a sense of hope towards the campaign by development partners and donors. I further suggest that the NGO world has become complacent and accepting of their prescribed role in the campaign in order to pay their bills, even if it means they feel despair that are "wasting money" and implementing programmes they do not believe in.

Terminology

Throughout this dissertation I make reference to "policy makers", "young women" and "NGO executives". Though I realise that these terms homogenise groups with vast heterogeneity, I have consciously adopted the terminology and groupings used in the policy world - the core space where I conducted my fieldwork. In some cases, the decision to adopt this language presents as a contradiction in the findings because individuals displayed agency in response to their role in the campaign.

Chapter 1 – Literature Review

The aim of this chapter is to review the historical, epidemiological and anthropological literature on HIV and AIDS. I begin with a discussion of the historical context of HIV in South Africa. I then analyse the recent public health literature in South Africa relating to HIV and AIDS amongst girls and young women. This includes a description of the situation and a review of the literature on the causes and cycles of transmission that place young women at risk of HIV infection. I discuss how the study of HIV in the field of anthropology has evolved over time, drawing attention to the different themes and research interests as they have developed.

HIV and AIDS through the Ages

The first HIV infections in South Africa were documented in 1982 after the deaths of two people in December 1981 and January 1982. Over the next decade, HIV was not a priority for the apartheid government because it was not a disease that affected the white population as a whole. It was seen as a disease that affected a minority of white gay men, white blood-transfusion recipients and black mine-workers (Ras et al., 1983). During the same period, the black communities who were most affected by AIDS started accusing the apartheid government of using the disease as a means of black population control. This suspicion was rife in communities across the country and fuelled by statements of prominent people in the media across the globe. For example, in 1988, in *Sechaba* (a magazine publication which was seen as the voice of the ANC in exile) Comrade Mzala accused the United States government of engineering the virus in military laboratories to kill blacks (Nxumalo, 1988). President Thabo Mbeki went on to echo this sentiment during his term as the President (Fassin, 2007). Dr Maathai also used the platform provided to her when she won the Nobel Peace Prize in 2004 to state that HIV was a weapon of biological warfare from the West to eradicate Africans. She said 'AIDS is not a curse from God to Africans or the Black people. It is a tool to control them designed by some evil-minded scientists' (Florence, 2014).

The history of HIV and racial politics in South Africa is complex. The course of the spread of HIV was influenced by factors such as segregation, white political and economic domination, violence, forced labour and migration (Lurie, 2000; Karim and Karim, 2002; Ramjee and Gouws, 2002). During the transition to democracy in the early 1990s, HIV prevalence in the general population was below 1% (Johnson, 2016). While the African National Congress (ANC), which became the ruling party in democratic South Africa, focused on ensuring

equality and freedom for all South Africans in the midst of a complex political transition and widespread instability, the epidemic grew exponentially (Heywood, 2004). The impact and the full extent of the HIV epidemic was only realised in the late 1990s and 2000s, and when HIV antenatal prevalence had reached over 20% in 2002 (Johnson, 2016). This explosion in new infections coincided with a change in the ANCs stance on HIV from one of political determination in 1998 – where Mbeki highlighted the escalating HIV/AIDS pandemic as a 'pressing crisis' – to a period under the same leadership where the ANC seemed ambivalent towards HIV treatment.

Curbing HIV: Socio-behavioural change or biomedical technologies

The first attempt in South African history at halting the HIV epidemic started in 1990. Civil society, supported by the ANC, took the lead and created a national advisory group who developed the first national plan for HIV in the country. This plan was subsequently accepted by the new democratically elected ANC government of South Africa, in the first quarter of being in office in 1994 (Simelela & Venter, 2014). The first attempt at a national response post-apartheid used a strategy focusing on the provision of condoms accompanied by messaging around safe sex (Simelela & Venter, 2014). The approach was undermined by fear, stigma and certain social and cultural factors, which I discuss below in a review of the anthropology of HIV. Communication around the epidemic was also undermined by controversies including the government's spending of over 14 million rand on the "AIDS play" *Sarafina II* in 1996 while health care provision was grossly under-resourced (Lee, 1996).

Sarafina II was a sequel to the hit Broadway musical *Sarafina*, the story of a Sowetan school girl. In the sequel, Sarafina had grown up and become a social worker teaching about the dangers of having unsafe sex. The production was intended to tour South Africa and take HIV messages to the masses. Nine million rand was already spent before it opened on the first of December 1995. This lead to a lot of people questioning why had it cost so much? How had the cash-strapped department of health managed to fund the musical? Who had reviewed the accuracy of the content? What were the messages it was trying to put across? (Daly, 1996). After some investigation and a lot of public criticism, the production was closed down and an inquiry was initiated. Parliament's public accounts committee found that the contract had been awarded to Mbongeni Ngema without following proper tender procedure. It was later uncovered that Ngema was a friend of the then Minister of Health, Nkosazana Dlamini-Zuma. Parliament's public accounts committee found the two senior staff members in the national

department of health lacked serious financial discipline and control that amounted to negligence (Lee, 1996).

In 1997 another political scandal broke with regard to the government's response to HIV. In January, Mbeki held a cabinet meeting in which an assembly of "AIDS researchers" presented their research findings on a new AIDS drug – Virodene. The lack of opposition to their findings was interpreted by this group of researchers as endorsement and soon thereafter the group shared misleading information claiming a cure for HIV could be found in Virodene (Sidley, 1997). The South African Medicines Control Council (MCC) and other NGOs dismissed these claims that Virodene was a magic cure and criticised the contravention of good ethical practice by the AIDS researchers (McNeill, 2014). After conducting their own investigation, the MCC also refused any further study of the drug on human subjects. In response, Mbeki blamed the MCC for using its "powers to decide who shall live or die" to deny dying AIDS sufferers the possibility of "mercy treatment" to which they are morally entitled (Mbeki, 1998).

The flailing political leadership with regard to HIV in 1997 and 1998 was dealt a further blow in 1999. This second phase of the HIV response in South Africa was characterised by AIDS denialism within the government. In a debate within the national assembly in October 1999, President Mbeki questioned the safety of azidothymidine (AZT) for HIV treatment (Cameron, 2016). His scepticism and growing denialism was supported and defended by the then Minister of Health, Manto Tshabalala-Msimang. Mbeki stated that "a virus cannot cause a syndrome" and by implication that HIV could not cause AIDS (Karim & Karim, 2016) He emphasised the role of poor nutrition, which many black South Africans were exposed to, as a cause of AIDS (Grootes, 2016). Recalling her time as the leader of the HIV response, Dr Nono Simelela, stated:

> Manto would stump us because she had to sign off on things before they went to Cabinet and she would wait until the deadline for tabling issues had passed. The only way the treatment plan got to Cabinet was through Joel [head of policy unit in the National Department of Health at the time] who ensured the submission was included and discussed by the Executive. President Mbeki was out of the country when the plan was approved. (Simelela, 2016)

The above is just one account of the controversy surrounding HIV/AIDS policies during the late nineties and early 2000s. This era was also one of life-changing discoveries including that

of providing antiretrovirals (ARVs) to pregnant women and newborn babies to prevent mother-to-child transmission of HIV. Rather than making life-saving provision of AZT available to all pregnant mothers and newborn babies, Thabo Mbeki and Manto Tshabalala-Msimang opted to phase in the introduction of prevention of mother to child transmission of HIV (PMTCT). They claimed that they wanted to first assess and overcome operational challenges.

The Treatment Action Campaign (TAC) and other civil society organisations saw this decision as another stalling tactic by Mbeki's denialist government, despite having a treatment plan approved by Cabinet. So they took the government to the High Court in Pretoria to appeal the decision for a phased approach. The court ruled that "[a] countrywide PMTCT programme is an ineluctable obligation of the state" (TAC and Others v Minister of Health and Others 2002 (4) BCLR 356 (T); par 80). Manto Tshabalala-Msimang, appealed this ruling and it was taken directly to the constitutional court. She cited the appeal as necessary to "[clarify] a constitutional and jurisdictional matter which, if left vague, could throw executive policy making into disarray and create confusion about the principle of separation of powers, which is a cornerstone of our democracy" (Honermann & Heywood, 2012). This action saw both the Gauteng and KwaZulu-Natal premiers breaking ranks with the minister of health by instituting a rapid scale-up and implementing the PMTCT programme in their provinces. In April 2002, after Tshabalala-Msimang had lost her appeal, the cabinet released a statement which marked a turning point in the government's response to HIV/AIDS. The statement affirmed the government's stance that HIV causes AIDS and proclaimed the commitment to the national plan to fight HIV, STIs and TB (the National Strategic Plan for HIV 2002–2005) (Cabinet, 2002). The release of this statement marked the end of what activists, advocates, public health specialists, academics, journalists and even some key government officials described as "a tragedy in South Africa's public health history" (Simelela & Venter, 2014).

In 2002, Cabinet gave the department of health the task of rolling out PMTCT in all districts in the country, and developing a protocol for a holistic package of care for victims of sexual violence in public health facilities, including post-exposure prophylaxis (PEP) with anti-retrovirals. Later that year the South African government established a joint task-team from the South African treasury and the national department of health. The task team were told to put together a proposal for options to expand the ARV programme beyond PMTCT and PEP to also include those who were HIV positive. The proposal was presented to expand the ARV programme to children and adults to Cabinet in 2003 and soon thereafter Cabinet gave the go-

ahead for the development of an operational plan to implement the proposal. The operational plan was approved. On the first of April 2004, ART was initiated across all nine provinces for those infected with HIV. Within the first year at least one service point for comprehensive care and treatment for HIV and AIDS was established in each district (Simelela et al., 2015). There was a slow and steady scale-up of the programme from 2005 to 2008. In 2009, when Jacob Zuma and Dr Aaron Motsoaledi became president and minister of health respectively, they brought with them renewed energy to fight the epidemic.

There has been a lot of progress under the new leadership, with over four million people on treatment, mother-to-child transmission of HIV reduced to less than 2%, ART being offered to any person testing HIV positive regardless of CD4 count[3], pre-exposure prophylaxis (PrEP) being offered to high-risk individuals to prevent HIV infection, increased life-expectancy, and many new progressive guidelines and plans to tackle HIV – including the National Sex Worker HIV Plan (SANAC, 2016) and the National Strategic Plan on HIV STIs and TB, 2017–2022 (SANAC, 2017).

Although a lot of things have changed over a short period of time, major challenges still remain. The HIV and AIDS epidemic is currently sustained in the general population through heterosexual sex at a prevalence of over 12% (Johnson, 2016). Young women and girls in South Africa between the ages of 15 and 24 are the most vulnerable, with an estimated 1,744 new HIV infections taking place each and every week among this group (Johnson, 2016). This number constitutes 90% of new infections in that age group, which makes up approximately 10% of the South African population of 54 million (Simbayi et al., 2014; De Lannoy et al., 2015). An important distinguishing feature of HIV prevalence in the 15–24 age group is the difference in prevalence between males and females. In the early years of the epidemic, HIV was seen as a disease mostly affecting men. However, from 2005, when HIV prevalence among females aged 15–19 years was nearly three times higher than among males in the same age group, this perception changed. In 2012 the difference between male and female prevalence in the 15–24 age group was eight times higher (Simbayi et al., 2014).

Today, HIV prevalence is declining among young women, however the pace of decline has been slower than anticipated and the epidemic is still severely feminised (Department of

[3] A CD4 count is an indication of a person's immune system functionality; it is a measurement of the number of CD4 cells in a person's blood. Historically there had been CD4 count threshold for initiating a person on ARVs, rendering some HIV positive people ineligible for treatment.

Health, 2005; Department of Health, 2012). The reasons given for the slow decline are gender inequality in society and engagement in risky sexual behaviour, which are underpinned by the sustained economic vulnerability of young women and girls in South Africa.

Risks for young women

There are gender discrepancies in the living conditions and life circumstances of women and men that add to the story of girls and young women in South Africa being more vulnerable to being infected. According to Stats SA 2013, social norms and persistent stereotypes often shape inequitable access to opportunities, resources and power for young women and girls (Stats SA, 2013). Further, serious gender-related challenges persist, including unacceptable levels of gender-based violence (GBV). A 2011 study by the South African Medical Research Council (MRC) reported that almost one in three men had raped a woman in their life and one in ten had perpetrated violence against a partner in the previous 12 months (Jewkes et al., 2011).

While the causal links between GBV and HIV are difficult to disentangle, numerous studies show higher levels of experiences of GBV among women who are HIV positive (Campbell et al., 2008). A number of South African studies have also found that experience of GBV predisposes young women to pregnancy and riskier sexual behaviour, including multiple partners and the lack of condom use (Jewkes et al., 2006; Soomar et al., 2009). A qualitative study of the factors influencing the risk of sexual violence in South Africa found that traditional norms of masculinity, normalisation of interpersonal violence, poverty and commodification of sex underpinned rape-supportive attitudes. Furthermore, low self-esteem and self-efficacy, in combination with interpersonal anger and an unprotective adult environment were further factors that increased risk of violence (Petersen, 2005). Other key risks for girls and young women include intergenerational relationships, having numerous partners and having sexual debut before the age of 16 (Simbayi et al., 2014).

There is increased HIV exposure for young women in intergenerational or age-disparate relationships – defined as relationships with men five years older or more. Girls in intergenerational relationships are likely to find themselves in sexual relations with men who fall into a different pool of HIV prevalence (Simbayi et al., 2014). Research on age-disparate relationships emphasise contradictions between active formats of power to do with economic acquisition and disempowerment in relation to sexual decision-making (Leclerc-Madlala, 2004; Hunter 2006, Hawkins et al., 2009). Age-disparate sexual relationships, also known as

‘sugar daddy’ or ‘sugar mommy’ relationships, are often characterised as also including a transactional component, given that older persons often have greater access to economic resources (Kuate-Defo, 2004).

Transactional sex is a conscious process of seeking economic advantage to address subsistence needs as well as perceived needs in relation to elevating one’s economic and social status, or pursuing educational or economic advancement (Leclerc-Madlala, 2004). HIV vulnerability in relation to transactional sex by young women flows from notions that sexual partners who are male and who hold economic power, hold the power to determine when and how sex occurs, and whether or not sex is protected. Researchers in South Africa used case studies in three southern African countries to explore constructs around transactional sex. They found that transactional sex was strongly linked to globalised consumption, and found to be disempowering for young women (Stoebenau et al., 2011). According to Leclerc-Madlala, (2004), young women in South Africa are in the pursuit of modernity, which obliges those living in poverty to wear fashionable outfits, to have access to and use global technologies and to be up to date with and engaged in popular cultures (see also Selikow et al., 2002; Zembe et al., 2013). Transactional sex has also been characterised by partner violence, lack of condom use and infidelity, although this was less common amongst women who were disempowered in their relationships (Pettifor et al., 2012).

In terms of early sexual debut, which is also a key risky sexual behaviour for girls and young women, a study conducted in eight African countries found a prevalence of early debut (before 15 years) among 38% of boys and 16% of girls (Peltzer, 2010). In South Africa, the average age of sexual debut for women is 17 years (Johnson et al., 2013) and a higher HIV incidence has been found in young women who start having sex before the age of 16 (Wand and Ramjee, 2012). In South Africa, early debut is linked to having older partners (Pettifor et al., 2009), living in peri-urban areas (in comparison to rural areas), ever use of alcohol and knowing a person who is HIV positive; for young women, their mother’s death can be an additional factor. Going to school, by contrast, can make for later sexual debut (McGrath et al., 2009).

Having multiple partnerships is the third key risky behaviour, after intergenerational sex and early sexual debut, which is cited as leading to high HIV incidence in girls and young women. The HIV risk associated with having multiple sexual partners has not influenced sexual behaviour in young South Africans and in many situations, their relationship values are skewed towards many partners and partner concurrency (Wechsberg et al., 2010). In South Africa,

young women having multiple partners is related to their economic vulnerability, having sexual debut at a young age and living in a formal urban area (Onoya et al., 2014). A study among South African youth in 2007 found that 12% of young women had had multiple sexual partners in the past year, and 5% had had concurrent sexual partners in the past month. Although "non-main" partners were typically kept secret, the main partners who knew of infidelity accepted such arrangements. Maintaining secrecy around infidelity was explained as a sign of respect for one's main partner and an indicator of "faithfulness".

In an effort to prove that the risk factors mentioned above do in fact lead directly to increased transmission of the virus to younger women, huge emphasis was recently placed on mapping the transmission pathway of the virus between individuals in a community. Phylogenetic mapping of the HIV transmission pathway was conducted in Hlabisa, KwaZulu-Natal and provides the latest explanation of the high incidence and prevalence levels in young women and girls aged 15–24 in South Africa (de Oliviera et al., 2016). The genetic coding and mapping of the HI virus within a community showed that young women in sexual relationships with men, on average, eight years older than them, are at increased vulnerability for HIV infection and that transmission takes place between these two groups most frequently. The supplemental data showed that many of these relationships are transactional in nature and relate to structural and social conditions experienced by young women and girls in the community. The younger women, in their 20s, who have already been infected, continue to infect their sexual partners of a similar age. Men in their mid-20s who then have sexual relationships with younger women and girls continue to infect them, hence increasing the incidence levels of HIV in this age group and continuing the cycle of transmission. Though there are limitations on the generalisability of this data from one relatively small sample in one rural community, the findings are influencing discussion, policy and programming nationally.

The results above are paraphrased, embellished and regurgitated in speeches and addresses of key political stakeholders on a frequent basis. For example, the special adviser on health to the deputy president stated the following in a briefing to the deputy president:

> Adolescent girls and young women bear a disproportionate burden of HIV infection in South Africa. UNAIDS estimates that there are 2,000 new HIV infections amongst adolescent girls and young women every week in South Africa. Teenage pregnancy follows the same worrying trend [as HIV]. In the last year 70,000 babies were born to adolescent girls and young women aged 18 years

> and younger and many of them are unplanned. A third of young women who have dated have experienced violence from a boyfriend, and this age group has the highest rate of rape reported to the police. These problems compound and are compounded by high school drop-out rate and low education attainment. This then results in a large section of the population who are under-equipped for contributing to the national economy and thus many experience long term unemployment and poverty. (February 2016)

Discourse around HIV policy and programming is often framed by epidemiology and public health studies, resource availability and politics; but there is seldom integration and recognition of the research done in social sciences which may provide a different understanding of HIV in South Africa, and of the lives of girls and young women. In many cases, the results are only understood at a superficial level, with small confidence intervals denoting good evidence. HIV literature in the field of anthropology has evolved over time, and often mirrors themes in the epidemiological and political space. Though there is a rich literature, it does not necessarily find its way into discussions which influence policy and programming.

The Anthropology of HIV and AIDS

The HIV epidemic, like any disease epidemic, is shaped by culture, social relations and a political economy. HIV and AIDS strikes the most vulnerable communities, especially those experiencing poverty, inequality, unemployment and social unrest. Even where individuals in communities have been found to have high levels of knowledge about HIV transmission and high risk perceptions, they sometimes cannot avoid becoming infected (Schoepf, 2001). Public health descriptions and analyses of the HIV epidemic often fail to grasp and explain the complexity of the epidemic.

Anthropologists since the 1980s have contributed to the knowledge about HIV through their engagement and exploration of the familiar patterns of stigma, fear, witchcraft, meaning, risk and denial in the context of violence and politics. Anthropologists have paid increasing attention to the links between socio-cultural factors placing individuals at risk for HIV and the global political economy. Geographic focus through the years has moved to sub-Saharan Africa where the heterosexual epidemic has attained “catastrophic proportions” (Schoepf, 2001: 335). In many ways, being focused intensively on geographic locale anthropology has revealed many consistencies in the social production of disease; it has also unveiled particular cultural

influences of the epidemic. Key themes which have emerged through the anthropological literature include: structural violence, vulnerable populations, political economy, stigma and witchcraft and the construction of meaning. I will explore each of these five themes further below.

Structural violence and HIV

Research on the links between structural violence and HIV have claimed that structural violence triggered migration and movement; and that this in turn made people vulnerable to risky sexual behaviour and violence (Herdt, 1991; Heise et al., 1994). The first claim – that movement and migration made people vulnerable to HIV – was explored by Farmer (1992) and Porter (1994). Paul Farmer described how the construction of a large dam in Haiti led to the employment of local farmers off their farms away from home. He argued that the desertion of their land ultimately resulted in higher levels of poverty, more people on the move, and an explosion of the AIDS epidemic in the population (Farmer, 1992). A similar example of migration and vulnerability was given by Porter in 1994. He documented the migration of poor Ghanaian women to a dam construction project in Côte d'Ivoire, where the women only found work in prostitution and many of them became infected with HIV and were exposed to violence (Porter, 1994). The link to violence was researched by anthropologists including Bond and Vincent (1991) and Leclerc-Madlala (1997). They all recorded ongoing situations of violence being perpetrated on civilians – a structural violence which was strongly linked to HIV. The most extreme example of structural violence was the use of rape as a weapon of war, which Cloutier (1993) shows contributed to the transmission of HIV and affected people's lived experiences.

The feminisation of the epidemic also emerged as a structural focus for anthropologists who considered the specific vulnerabilities of women to HIV (cf. Schoepf, 1993; Kisekka, 1990; Bujra, 2000; Obbo, 2006). These researchers have documented the numerous experiences of women and struggles for agency in the face of HIV and AIDS. The consistent argument was that structural inequality frames the milieu of women's risk to HIV. In 1990, the World Health Organisation coined the term "vulnerability" to profess a social space to focus HIV discussions in the public health arena. This term was criticised by Seidel and Vidal (1997), who argued that the phrase undermined women's agency to choose and direct their sexual relations. Schoepf agreed with this critique and argued further that a homogenising term such as "vulnerability" blurred the underlying cause and denied the agency of the burdened (Schoepf, 2001). However,

many anthropologists also cautioned against exaggerating the agency of women and children (cf. Heise et al., 1994; Bujra, 2000; Luis and Roets, 2000). These anthropologists argued that life-and-death situations, such as mass rape as a weapon of war, people-trafficking, homelessness and sex slavery should not be overlooked when considering choice and agency.

People "vulnerable" to HIV

A social fault line within the HIV and AIDS epidemic has historically been drawn between people conventionally held in high esteem and associated with strong morals and "others". The "others" have included transport workers, miners, gay men, injecting drug users, farm workers, sex workers, job seekers and migrants. These populations have more recently been dubbed "key populations" by international development partners such as UNAIDS and have been the focus of much research on HIV historically (cf. Bolognone, 1986; Feldman, 1986; Hunt, 1989; Herdt, 1991).

Ethnographies across these groups focused on the perception of morality and transgression and the stigma attached to it (cf. Painter, 1999; Kammerer et al., 1995; Hammar, 1996; Lyttleton, 1996; Benoit, 2000). Thomas Painter, for example, noted that migrants were constructed as "social pollution" by communities in the Sahel in Northern Africa and were blamed for bringing in sickness (Painter, 1999). Similar attitudes were uncovered in China and Thailand towards ethnic minorities, in North America towards gay men and in Myanmar towards migrant sex workers returning home from Thailand.

Early in the HIV epidemic, gay men were the focus of many research interests, particularly in the United States (cf. Bolognone, 1986; Lang, 1986; Stall, 1986; Feldman, 1986). These social scientists found, firstly, that there was a profound difference between a layperson's understanding of AIDS and that of a professional; and even marked differences between straight and gay lay understandings of the disease (Bolognone, 1986). Secondly, they found that gay men infected with HIV were often overcome with feelings of guilt and shame. Gay men were commonly rejected by their families and friends. Even within the gay community there were overwhelming feelings of denial and indifference towards infected peers (Lang, 1986). The intense homophobia linked with men having sex with men in Africa and the stigma attached to sex workers on the continent has meant that ethnography in the African region is minimal and there is still a dearth of anthropological investigation into some high-risk individuals (Schoepf, 2001).

As the epidemic matured and spread geographically, many researchers turned their attention away from population groups and focused on the sexual behaviours which placed such populations at a high risk of contracting HIV. Suzanne Leclerc-Madlala, for example, explored high-transmission behaviours such as transactional sex and multiple sexual partnerships in KwaZulu-Natal, South Africa (Leclerc-Madlala 2004, 2008, 2009). She argued that for young women, transactional sex was often driven by the pursuit of material goods and images driven by media and globalisation, rather than being a means of subsistence. Hawkins et al. (2009) reported on similar findings in Maputo. They found that young women who engaged in transactional sexual relationships perceived themselves as powerful agents within the relationship. Hawkins and colleagues also found that young women perceived themselves to be empowered entrepreneurs who use sex to allow them to financially support their lifestyle ambitions. This is in contrast to the public health findings on transactional sex reviewed earlier in this chapter.

The discourse over the past 30 years has, however, expanded widely from a discourse which looked at a person and their risk of HIV as a closed system, independent of the world in which they lived (Schoepf, 2001) to one which focuses on social and cultural systems as precursors for behaviour. Social scientists have explored the influence of such systems on the HIV transmission dynamics within populations and unpacked the social and cultural factors that configure the risk profile of individuals (cf. Schoepf, 1993, Ankrah 1993, Treichler, 1999). Schoepf (1993) and Ankrah (1993) argued that an individual's level of knowledge is not enough to determine their sexual behaviour. Ankrah argued that understanding kinship systems is key to understanding the epidemic, whilst many other anthropologists (cf. Treichler, 1999; Hardon and Moyer, 2014; Kippax and Stephenson, 2012) argued that what originally seemed to be individual behaviours acted out in isolation of the socio-economic context were actually a combination of gender roles and relations imposed by social structures. Leclerc-Madlala argued that transactional sexual relationships in rural KZN were perceived to be normal and this norm created a context in which women would have multiple sexual partnerships. She explained that multiple sexual partnerships were common and had been brought about though cultural norms such as polygamy and patrilineal descent, and further shaped by the political and economic history of the region (Leclerc-Madlala, 2009).

The political economy of HIV

When the epidemic transformed into a medical emergency in the early 1990s, there was a much deeper exploration into the political economy of HIV and how it linked to social and cultural systems (cf. Bolton, 1991; Farmer 1996; Herdt, 1997). Anthropologists became increasingly concerned with the impact of broader social and structural factors – such as racism, political violence and poverty rooted in historic and economic processes – on the HIV epidemic. Paul Farmer spent many years in Haiti exploring how social factors and a political economy become embodied in an individual's experience of risk. He argued that macro-level forces and histories translated into suffering by virtue of an individual's agency being curbed by socio-economic forces beyond their control (Farmer, 1992, 1996). In South Africa, Patricia Henderson explored the feeling of isolation and othering of rural communities in South Africa from centres of power and the structures of governance. She found that despite a democratically elected government, there was still a feeling of past dissonance that continued in the present and made these communities particularly vulnerable (Henderson, 2005). Mark Hunter had similar findings and recommended that spatial and temporal constructs of race, class, gender and sexuality needed to be explored to direct a relevant response to HIV in a state of political and economic flux and transformation (Hunter, 2006).

Stigma, religion and witchcraft

Untimely death and illness in Africa are frequently blamed on invisible forces, often described as witchcraft (Ashforth, 2002; Niehaus, 2010; Steinberg, 2008). Witchcraft has been used to explain otherwise incomprehensible misfortunes, and this in turn has created and perpetuated the stigmatisation of people living with HIV. The literature concerning witchcraft, stigma, religion and HIV makes a number of claims. The first claim is that a belief in witchcraft has resulted in knowledgeable people not getting tested for HIV, not taking antiretroviral treatment and completely disengaging with HIV prevention and treatment programmes (Reid, 1998; Ashforth, 2002; Niehaus 2010). Notions of malice and witchcraft have severely hindered the public health response to the AIDS epidemic by perpetuating stigma in the community. In some cases, community members would rather not test for HIV, even if their actions mean not having access to treatment (Reid, 1998). Bjarke Oxlund explored the influence of religious beliefs in the Zionist Christian Church, in perpetuating the notion of HIV/AIDS being "misfortune brought about by breaches of moral rules and social taboos" amongst students (Oxlund, 2016: 73). Amongst Limpopo students, an HIV-positive diagnosis has been linked to the saying "dead

before living", reflecting the idea that they are succumbing to the diagnosis before realising their future opportunities. The notion was adapted from the finding of Niehaus in Mpumalanga where he coined "dead before dying" as a way of depicting the belief that having knowledge of their HIV positive status would only hasten the onset of AIDS and death (Niehaus, 2007). In many rural communities around the country, including Venda and around the Eastern Cape, the same finding has been documented (McNeill, 2009; Steinberg, 2008). These research findings claim to uncover the need for a deeper understanding of the silence around the disease and the stigma and witchcraft, perceptions and religious notions linked to HIV and AIDS and their implications for testing and treatment.

The third claim around stigma, witchcraft and HIV is a more positive one, in which stigma is explored in terms of its role in fuelling fierce HIV activism (Robins, 2006). The Treatment Action Campaign (TAC) and the activists belonging to this group were the subject of research relating to this claim. Steven Robins argued that extreme stigma, coupled with near-death experiences from AIDS and social "death" fuelled the conditions for TAC activists to become agents of social change. He argued that the traumatic experiences they had lived through provided the positive energy to build a new life in which they were committed to mobilising people to join their movement (Robins, 2006). This energy opened up space for programme implementers, policy makers and NGOs to channel and direct fear in a way that mobilised others to get tested and treated. The success of this approach became evident when the activists won the battle against the denialist South African government in 2002 to roll out PMTCT in every district in the country.

Construction of meanings

Anthropologists have paid special attention to cultural and contextual specificities such as constructions of meanings (cf. Harrison et al., 2008; Stadler, 2003; Leclerc-Madlala, 2001). For example, Abigail Harrison and colleagues' work with young people in KwaZulu-Natal uncovered the importance of understanding the construction of terminologies used by particular groups and in particular settings. Their investigation into terminology unveiled the fact that although many sexual relationships were described as regular or serious, this did not necessarily preclude a young person from having other relationships – this was often dependent on economic circumstance (Harrison et al., 2008). In Bushbuckridge, Jonathan Stadler also examined the construction of AIDS. He argued that the understanding and interpretation of AIDS was not uniform across communities and that it differed substantially by age. He also

found that the articulation of AIDS through rumour and gossip in the community had a profound impact on shaping cultural and moral texts. He went further, to argue to that the construction of meaning also had an impact on the way in which behaviours were rationalised in communities and the way in which illness and death were interpreted – a discourse starkly different from classic epidemiological explanations (Stadler, 2003).

Leclerc-Madlala delved further into the construction of words by exploring the meanings associated with particular words such as AIDS, transactional sexual relationships and multiple sexual relationships. She argued that the meaning of the word AIDS is crafted by the very contexts in which the disease is understood and responded to. Women in KwaZulu-Natal (KZN) were perceived to be "dirty" and dangerous, with contaminated sexual fluids. They were seen as the source of AIDS and its transmission to men (Leclerc-Madlala, 2001).

These broader socio-cultural nuances to understanding and responding to the HIV epidemic, including enablers and barriers to the public health response to the epidemic, provide invaluable contributions to programme and policy design. It is clear that the influencers of decision-making, and the silence which thrives in rural and religious settings, are the real informers for epidemic control.

Anthropology of HIV in a Public Health Response

Several anthropologists criticised the approach to HIV prevention interventions and the methods by which evidence has been obtained to inform such interventions and policies (Herdt et al., 1991; Bolton and Singer, 1992; Parker, 2001). Their critique was that an anthropological view of the epidemic was being side-lined. Instead, policy makers were relying on information from rapid assessments and surveys of sexuality and risky sexual behaviours to inform their decisions. Broader cultural and social perspectives were not taken into account. This had to do with the fact that the response to the epidemic at this point in time was guided by the World Health Organisation's model for medium term plans for HIV/AIDS. These plans guided, if not dictated, country's responses to the disease and the development and roll-out of programmes. The emphases of these plans were two-fold. The first was to obtain reliable surveillance data for better understanding the epidemiology of the epidemic. The second was on changing knowledge, attitudes and perceptions to bring about a change in behaviour (Nguyen, 2011).

This approach reflected the flawed assumption that risk-taking and vulnerability to HIV was a product of an individual's knowledge and decision-making as an isolated function of the

context in which they existed. It also became clear that the contributions of anthropologists to the field of HIV were being marginalised (Seidel, 1993). Nguyen argued that the voices of people living with HIV were silent and more had to be done to empower them to demand their rights to healthcare and dignity (Nguyen, 2011).

Social scientists through the eras have been acknowledged for their contributions to better understanding the HIV and AIDS epidemic (Dozon, 1998). However, according to Bolton and Singer:

> [O]ur [social scientists] collective efforts are too far removed from the needs and concerns of the men and women who are at the frontlines of the battle to halt transmission of HIV, those who design and implement on the ground programmes and interventions intended to reduce high risk behaviour. (1992, 139–40)

Informing effective HIV prevention and policies is a difficult task for anthropologists in South Africa and often not their aim. This is especially difficult since much work informing such programmes and policies takes place in international boardrooms and conferences and is informed by epidemiology and large surveys (Schoepf, 2001). However, it is clear from the review above that the current narrative around the HIV epidemic is not informed by anthropology even though it could provide deep insights into the situation. A review by Hardon and Moyer (2014) highlights the fact that this era was marked by design and decision-making independent of community dialogue and collaboration. Yet this non-collaborative way of doing things has persisted into the current era, in which prevention has once again been brought into the spotlight.

To date, work in this area has often been dictated by disciplinary boundaries or approaches to research as they have naturally progressed over the lifespan of the epidemic. Cohine and Reid (1998) argued that the praxis of development required a change in its approach. Almost 20 years later this argument still holds true. They contended that policy makers and programme informers need to move away from preconceptions of people and preconceived answers. They needed to re-evaluate whether the strategic direction they were taking was genuinely informed by and mirrored the experiences and lives of the people on the ground. Ethnography provides a method through which one can expose what is still being excluded and hidden in policy papers and programmes (Dilger, 2012).

According to Schoepf (2001), international policy can be an obstacle to the health of the poor in developing countries. Cost–benefit deliberations are being balanced against human rights and social justice. Schoepf (2001) believes that there is an opportunity here for further research and analysis of the HIV policy arena and the translation of research into policy. Hansjörg Dilger (2012) notes that HIV policy and programming in recent times has focused on this idea of the empowered person, however he argues that this image of the empowered person cannot fully capture the realities of the individual. Stacey Langwick (2012) supports this view, and argues that development partners, governments and NGOs imagine and respond to scenarios as though they are well-defined and contained within uniform administrative boxes.

Through my dissertation, I explore the construction of evidence and ownership as key notions which underpin policy development and funding in the HIV world. I consider the implications of each of these notions on the sense of hope experienced by young women, donors, policy-makers and programme implementers in South Africa. This chapter has outlined the history of HIV and AIDS, the epidemiological literature and the anthropological transformation of the field. What becomes evident through this analysis of the literature is that timing is a critical factor in the HIV response and in the research agenda of HIV in the country. The different political contexts during which the epidemic spread have been time-bound and have had particular and profound effects on the trajectory of the response and the impact on communities. Despite the present need for research that can relate to politics and HIV, there is no current social research on the construction of key concepts which serve as the foundation upon which to build national policy. In the next chapter I will introduce the policymaking settings and each one of the participants in my research before moving on to exploring their interaction in chapters 3, 4 and 5.

Chapter 2 – Methodology

I remember so clearly how prestigious it felt to visit the Union buildings for the first time to attend a meeting on developing She Conquers, the young women's campaign. That morning I drove my car slowly up the winding road through the purple haze of jacaranda trees to the entrance of the buildings at the top of Meintjieskop. I drove through the large iron gates on Government Avenue, towards the public parking at the bottom of the historic Union building, which is almost 300 metres long. I parked my car in the shade of a high wall and within view of the statue of Nelson Mandela. The statue was surrounded by school groups and tourists taking photographs. There were a number of buses lined up. I felt that I stood out from the rest of the crowd in my skirt suit and heels; and carrying a laptop rather than a camera. I paused for a moment before walking towards the glass sliding doors, the entrance to the Union building. As the doors parted, I caught sight of two members of the South African Police Services (SAPS) sitting behind a wooden counter. I moved towards them and greeted them. One of them asked me for my South African identity document (ID). She then proceeded to take down my details including my name, ID number, the name of the company I worked for and the serial number of my laptop. Before signing the book, she asked me if I was carrying a firearm – I wasn't. The police officer then asked who I was meeting with and in what venue. I responded that I was meeting with the special advisor to the deputy president in room 159 in the East Wing. The deputy president, by virtue of his appointment was also the chairperson of SANAC. I was told to pass my bags through a scanner and to walk through a security check. Once I had collected my bags, I hesitated. Instantly one of the police officers asked me if I knew where to go. I shook my head. She got up and escourted me to the entrance of the East Wing. Together we walked up the decorative concrete stairway to the upper terrace which had a panoramic view of Pretoria and the perfectly manicured grounds. The whole space was spotless. At the top of the staircase we took a sharp turn right and made our way past the large amphitheatre[4] towards the dome-shaped tower of the East Wing.

The police officer left me at the bottom of the stairway into the tower. She made her way back to the front entrance, one terrace down. Up the narrowing stairs towards the entrance, was a bronze coat of arms with the words "presidency" set into the sandstone entrance. As I walked up the stairs I was greeted once more by members of the South African Police Service. I

[4] The amphitheatre, now called Nelson Mandela Amphitheatre, is where, in 2013, you could go and view Mandela's body as it lay in State for three days after his passing.

followed a similar process of having myself and my bag scanned, and informing him where I was going. One officer placed her finger on a biometric scanning device that allowed the next door to open. I walked through the first door into a small space. The first door had to close before the second door was released. The police officer had instructed me to go up one floor and then turn left. I moved up yet another sandstone staircase to the first floor. I wandered in the general direction in which I had been pointed before stumbling on a sign with the room number 159 and an arrow pointing me down a corridor. The corridor wasn't very long. After walking for a few seconds, I arrived at the venue for my meeting with policy makers working on She Conquers, the young women's campaign.

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In contrast to the grandeur of the union buildings, the venue for my initial engagement with young women was Betty's garage in Olievenhoutbosch, a township in the Gauteng province, midway between Johannesburg and Pretoria on the N14 highway. My recollection of this trip is just as memorable as my first trip to the Union buildings. On a scorching hot summer's day, Pertunia, one of my young interlocutors and I drove to Olieven. We had arranged to meet at the local KFC in a mall, which I thought I could find easily using Google maps. As we entered the township in my car, and for the duration of my short trip, I was greeted by 20 small children, who ran after my car waving. I drove slowly down the road to avoid stray dogs, piles of rubble and burning rubbish. The road seemed to narrow as we got deeper into the township until it eventually reached a point where I could drive no further. In front of where the car had stopped was a Reconstruction and Development Programme (RDP) house[5] with no roof. The structure was comprised of exposed bricks and concrete, with a small tent set up in the uncovered garage to provide some shade. I was told that this was Betty's home – the venue for our meeting. Pertunia and I were the first people to arrive at the venue.

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In room 159 of the Union buildings, I was also the first person to arrive. I had given myself ample time to find the venue since I had never been to it before. When I entered the room I was struck by the beauty and austerity of the room. The room was large and could comfortably accommodate 60 people. There were two large concentric circles of desks and four large LED

[5] A cheap house built by government and given to low income and previously disadvantaged families in South Africa

TVs on the wall. Each seat had its own microphone and speaker, a place to plug in one's laptop and cut-glass water decanter with a matching glass. A huge chandelier hung from the centre of the high ceiling. Along the walls were granite pillars; gold rope pulled heavy maroon curtains back from the windows. Large photographs of the president and deputy president in generous gold frames hung on the wall. A colleague later told me this was the president's main boardroom. Alone in the boardroom, I helped myself to a cup of tea and a scone with jam while waiting for people to arrive. I made a mental note of the shape and colour of the teacups - wide-rimmed with dainty china handles, sparkling white with a gold rim. Each cup was presented identically on a saucer with a gold teaspoon. Slowly the room filled up with government officials, development partners and support staff. I guessed that there were about 50 people when the meeting began. The chairperson began the meeting asking that by show of hands, those under the age of 30 to identify themselves. No hands went up.

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In Betty's garage in Olieven I was the oldest person present – aged 30 at the time. I had not anticipated that there would be toddlers and babies at the gathering. There were three small children who sat quietly in the same room without a roof. They entertained themselves by playing with stones. When I asked whose children they were, two of the young women acknowledged the children as their own and I was told that the third little boy was Thato's younger brother. While we were sitting in the open garage, an elderly man wandered in carrying an old plastic 20-litre paint container which contained vetkoek[6] that he had made. He tried to sell these to us but no one had money. He left disappointed. As the meeting progressed, the children played among themselves silently. I was struck by how well behaved they were. It was a scorching hot day. The heat was magnified by the suns reflecting off the metal sheet of the neighbouring houses and shacks. When I enquired why so many houses seemed to have tin structures at the back, Betty explained to me that every designated RDP house owner had erected a shack within the land boundary and rented it out for extra income.

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I begin this chapter by drawing attention to the very different spaces of the people who make policies and design programmes that affect young women's reproductive health and the young women who are the intended beneficiaries of such programmes. My research occurred in

[6] Traditional South African fried bread-dough

different worlds – the boardroom which was the world of the policy makers and the township which was the world of the young women. Access into the world of policy makers was a long and labored process, whereas the journey into the world of the young women was welcoming and easy. In the rest of the chapter, I first explain how I became interested in the research topic. Second, I turn to the different worlds in which I conducted research. For each world, I describe the setting, the methods that I used and the people who participated in the research. I also reflect on my positionality and consider the ethical challenges I encountered in each space.

Interest in the Research Topic

My interest in the process of policy formation has emerged from my participation in the development of various national HIV plans, policies and campaigns over the past five years at SANAC. This has included the South African National Sex Worker HIV Plan and the National Strategic Plan for HIV, TB and STIs amongst others. Each policy process strived to build higher levels of ownership and include more robust evidence-based responses. In most cases this effort translated to higher levels of commitment and funding from donor organisations. On the contrary, each experience of policy development seemed to be met with higher levels of cynicism and hopelessness from the intended beneficiaries and programme implementers.

The opportunity to explore this juxtaposition arose on the afternoon of the 21st of December 2015 when I attended a meeting at the national department of health in Pretoria. The purpose of the meeting was to discuss how to develop a national youth-owned and young women-led campaign to address high levels of HIV infection in young women and girls in South Africa. During the meeting it became clear that the responsibility for ensuring that young women, programmers and other sectors were consulted through the planning and development of the national campaign and supporting policy discussion lay with the organisation I worked for – SANAC. Having participated in many of these processes, I realised that I was in a unique position to use this space to conduct my ethnographic research on the way in which young women were engaged in policymaking and how their realities were captured and translated into programming. By virtue of my role in SANAC, I also had access to a number of programmes and spaces in which non-governmental organisations (NGOs) implement programmes for adolescent girls and young women. I therefore also had access to young women in communities.

Research in the Policy World

The policy world existed within my own working environment. I am the HIV prevention manager at the South African National AIDS Council (SANAC) based in Pretoria. By virtue of my position, I had access to the spaces and places in which strategic and policy documents were developed. My research in the policy environment spanned a period of approximately 14 months from December 2015 to February 2017. It included key milestones for young women's reproductive health programmes such as World AIDS Day 2016, the International AIDS conference which took place in eThekwini, and the development and launch of the She Conquers national campaign.

The research method in the policy world consisted of observing and documenting the dynamics between the actors – especially between policy makers, programmers and young women. This world and methodology provided the foundation for this dissertation. When engaging with policy makers and programmers, a key research method was participant observation. I observed and participated in meetings, as well as recorded facets of our engagements. Participant observation is known to produce experiential and positivistic knowledge of the research subject and experiences. When the craft of participant observation is done correctly it transforms the fieldworker into a tool for data collection and analysis (Russell, 2006). David Campbell outlines "holism" as a key anthropological contribution to the public health arena. He describes how participant observation is a crucial tool to see "the whole" (Porter, 2006: 139) in a space of policy development. Campbell (2010) suggests that this methodology captures the tiniest of details and nuances at the individual and macro level which would be lost to other research methodologies.

Participant observation in the policy world was supplemented by a desktop exercise. I conducted a discourse analysis of articles tracing the development and meaning of particular words and phrases that I came across in abundance through my fieldwork, particularly in the policy world.

Through the discourse analysis, I intended to get a sense of how narratives in the policy world had become so predictable and how particular ways of talking had been influenced. This method aimed to highlight the ways in which words and phrases were constructed and influenced a majority point of view on a matter. This aim is consistent with that described by Wodack (2004), who used critical discourse theory to explore how words led to a dominant

point of view. The bias of a particular discourse makes it particularly important to understand the origins and purpose of using particular words. My discourse analysis enriched my understanding of why money followed certain phrases and why such words were predictable amongst policy makers but foreign to young women.

The articles were tracked through an online search engine using keywords. Book chapters, international NGO reports and journal articles were considered for inclusion. Similarly, a public health discourse on HIV in young women was included to set the scene of the "normative way of thinking and talking about the topic, creating understandings about the world generally accepted as truth by the people who use the discourse" (Mack et al., 2010: 6–7).

In engaging in the policy world, my observations and participation was embedded in my existing role at SANAC. My experience and participation in the campaign development, in a multi-faceted way formed the backbone of the research. I was a true insider in this space, alleviating the barriers and concealment often faced by anthropologists in reporting on spaces they are not familiar with. I was rendered an insider by virtue of my organisation, my job title, my familiarity with the stakeholders, my use of jargon and my enunciation of HIV priorities for young women.

The dual role that I played in the policy space, as both an employee of SANAC and a researcher, required that I pay special attention to the ethics. I had to take special care when entering into dialogue in this space and when asking questions to make sure what my capacities and interests were in doing so. As a researcher I needed to be clear at all times what my question was and how I was interpreting the spaces, silences and interactions on policy.

When I was an observer of open meetings, I did not seek written consent from each participant, nor was every individual aware that I was doing research. Open meetings are forums where minutes are taken and made publicly available, therefore what is said in such meetings is not done so confidentially. I did not actively direct conversation or pose research questions but rather documented ethnographically what transpired in the meeting spaces. I did ask permission from my CEO and the special advisor to the deputy president, who co-chaired such meetings, to use the She Conquers campaign development process as the subject of my research, and they granted it. Both individuals have since left their positions but I will share this dissertation with them in their new roles as well as with my organisation who hosted me through my research and who play a key coordination role for HIV policy and programme development.

I used *Anthropology Southern Africa*'s ethical guidelines and principles of conduct for anthropologists (2005) to guide the manner in which I undertook my fieldwork. At the point of writing up of this dissertation, I realised that some of the information and experiences I had documented in the policy space was unethical to share. The choice of data that I will use is selective. I assume the responsibility for sharing the information which explicitly links and provides direct support to my analysis in the most accurate and honest manner. Where statements and emails were written in the public arena, I have attributed these to individuals, but where decisions were made and discussions heard in a smaller setting, confidentiality has been maintained and I have used pseudonyms to ensure anonymity.

Research in the Girls' World

In the girl's world, I gathered data on the lives of young black women living in an informal settlement. In order to gain entry in to the field site of Olievenhoutbosch,[7] an informal settlement about half way between Johannesburg – where I live – and Pretoria – where I work. I asked the Soul City Institute for Social Justice to facilitate my introduction to a group of young women. They put me in touch with a young women's HIV prevention group (RISE group) that had been established there.

Though my fieldwork spanned a year in total, I spent five weeks visiting the group of seven young women between the ages of 18 and 23 years. I visited the informal settlement three times a week on average, spending at least half a day there each time. Our communication over the period was complemented with diary entries and WhatsApp messages. Although only two of the girls diligently wrote in their diaries, I found that giving stationery and showing interest in their diary entries was useful in building trust and friendship. Pertunia, who was affiliated to Soul City's RISE young women's clubs, had facilitated my access into the area and identified the six other girls with whom I would engage.

I always met the girls in Olieven– either at Betty or Pertunia's house, a few plots away from one another, or at the KFC – which was also popular because I would buy some chicken to share over our conversation. Each time I visited Olieven I followed my nose through the informal dirt roads and somehow managed to end up at the place I was looking for. My

[7] Olievenhoutbosch is an informal settlement in Gauteng, South Africa. It covers an area of 11.3km^2. It has an estimated population size of 70,000 residents in 24,000 households, according to the 2011 census. The settlement is referred to by the local young women as Olieven. Through my dissertation I will use the local abbreviation to refer to the settlement.

confidence in navigating the streets allowed me to become a little less obvious and people waved at me as I passed. Every visit seemed to attract a few more children chasing my car and every visit witnessed the deepening of the dirt trenches alongside the road. What didn't change over the course of my fieldwork was the fact that Betty's house still had no roof.

The seven girls who participated in the research saw each other almost daily. They told me that they walked to school as a group and to the community centre, where there was free Wi-Fi and where they felt safe. Pertunia explained to me that "the community centre is a central location in the township and so is a good meeting point for the RISE girls, and girls from other schools". She emphasised that it was only safe in the daytime and that girls in Olieven were expected to be home before sunset to help with chores.

When I asked why it wasn't safe after dark, Bongeka, the shy girl in the group, replied:

> No-one dares to leave their home after sunset as there are drunk men who wait in the dark streets for lonely girls to rape and beat.

The group of girls in turn then elaborated on the story, sharing with me that every single night girls were raped in Olieven. They explained that the girls and their mothers knew the danger, that the girls won't leave the house after dark and the mothers wouldn't allow their daughters to leave late at night either. Bongeka told me that "sometimes you can hear girls screaming but you have to stay indoors and stay safe and can't help".

For my research in Olieven, I used a combination of methods - observation, focus group discussions, in-depth interviews and diaries. The initial group meeting described in the introduction to this chapter, allowed me to introduce my research and to identify participants with whom I conducted more in-depth research. It provided the opportunity for the group to become familiar with me and facilitated the gathering of some general information on what it is like to be a young woman living in Olieven. The focus group discussions allowed me to collect data that might have been hard to gather through other means. Focus group discussions allowed me to see the relationship dynamics between the girls. The method also enabled for the young women to steer the discussion, through the flow of a natural conversation, which has been documented as an effective method of information-gathering (Morgan, 1997).

At my first focus group discussion I unfolded rolls of flip chart paper and scattered kokis[8] and magazines across the table with hasty diligence. I eagerly asked the girls to use these to annotate their discussions, thinking these would help with my understanding and later transcription. The first discussion was about men in Olieven - boyfriends, friends-with-benefits, Ben10s[9] and sugar daddies.

The discussion flowed without hesitation. After a few minutes I decided to stop trying to actively facilitate and instead used the opportunity to sit back, listen and observe. I had brought magazines with which to facilitate a discussion on profiling male sexual partners, and the group enthusiastically paged through the celebrity stories and gossip columns. There was much banter and laughter about the various articles – some quite explicit, like 'sex with your ex: should you?', 'Sex Life reset! Keep things hot forever' and 'Bonang's most intimate interview EVER!' The girls asked if they could keep the magazines. I agreed.

My experience of the focus group discussion allowed me to refine the guides I used for the in-depth interviews and directed journal writing. I conducted a series of three interviews with three young women identified in the initial focus group discussions. Each interview lasted between one and two hours in length. The first interview was a general life history that allowed me to get a sense of how the young women came to be in Olieven, as well as the experiences that they encountered and that influenced their current situation. I asked about challenges and obstacles they had overcome, how HIV and AIDS featured in their lives and community and some of the concerns they had for themselves in the present and future. The second interview documented their sexual life history. During this interview I had hoped to delve into greater details around the young women's sexual histories: early knowledge of sex and sexual experimentation; sexual debut and risky sexual behaviours; reproductive health management; sexual partners and motives for choosing sex partners; feelings around sexuality and reasons for having sex; and fears around sex and the power dynamics they experienced in relation to sexuality and sexual practices. Two of the three girls who had agreed to take part in my research indicated to me that they were virgins, and so the second engagement with these two girls was adapted to discuss the sexual lives of "other" young women in Olieven. The third interview allowed me to follow up on the initial two interviews and ask additional questions; as well as

[8] Fibre-tip pens
[9] Slang term for young boys who engage in sexual relations with older women in return for material or financial rewards.

allowing time to clarify or ask for further information on the diary entries and conclude the research process.

Art and journaling with all of the girls proved another useful research method to supplement interviews, meetings and group discussions. I handed out diaries to my interlocutors at the first focus group discussion. There were no restrictions on what the research participants could and could not include in their journals and there was ample space for free writing. There were also some spaces for directed writing, where I had set up pages with specific activities to elicit information that I had hoped would add richness to my ethnography. With their permission I took the dairies home and read them on a weekly basis, making copies and acknowledging their entry.

By the end of my month in the field and in addition to my observations and general engagement with the girls, I was able to hear and document the personal stories of some of the girls, also using stories they had captured in their diaries. Each girl's story was unique. This is quite different, however, from the ways and spaces in which the stories of young women are recited and responded to in the policy world and the NGO world.

In Olieven I arrived as, and mostly remained, an outsider. I perceived that I would be decreed as an outsider based on my race, employment status, education and language. I expected that I would need to make a special effort to connect with the young women. I had specifically asked a colleague of mine – a young black woman – to accompany me on my first day. I had thought that having her join me would help me overcome any potential language barrier and also provide some commonality (skin-colour) to which the girls could gravitate (Fries-Britt & Turner, 2001). My own pre-conceived notions of being an outsider were disproved through the data collection process, and the initial pairing with my colleague did not seem to make any difference to their perception of me. My own skin-colour never changed and always served as a reminder of my positionality inside Olieven.

During my first visit to Olieven I noticed one drinking glass placed next to a small vase with a single white daisy at the head of the table. Soon after I had joined the group I was told that the glass was for me and either I could drink the juice that I had bought along with me – intended to share with the group – or fill the glass with water from the communal tap outside. I gratefully accepted the glass and filled it with some tepid water from the communal tap. I set down my stationery and handbag and took a seat on a chair the girls had left open for me at the head of

the table. Every interaction after that followed in a similar manner. I was always the only one who was given a drinking glass. I was always left a seat at the head of the table and I was always looked at to initiate and guide discussion. At times, when I engaged the young women one-on-one, I felt that was being told what the girls thought I wanted to hear rather than what they really experienced. Thato, for example, maintained she was a virgin even though she always had a little boy at her side whom she cared for and whom I believed to be her son by the way that touched him and spoke with him and because she was the sole carer for him even when her sister was around us. I never asked the other girls in the group because I was worried about how this might be perceived by the group, perhaps as though I was untrusting. I am certain they would have known the true relation between the two.

Despite my position as an outsider in this world, I was still told a lot of personal information about families and sex. Thinking reflexively, I believe that I may have opened up a space in which the voices and stories of young women, which are often silent in policy making and programming, were sought after and heard. I think that this opposing effect to my positionality as an outsider provided some balance to my interaction with the young women, and strongly encouraged sharing.

I used pseudonyms throughout my dissertation when writing about the young women. I sought written consent from all the young women to take part in my research. All of the young women were reminded that they could opt out of any and all of the research components. None of the girls chose to withdraw at any point. In fact, I was told on a number of occasions that they really enjoyed having the platform to engage with me and to share their own stories and reflect on their own lives.

In the front of Sindi's diary she wrote:

> Having our first discussion today with Kerry was FUN, AMAZING, CREATIVE, ENJOYABLE and I will like to do it again. The discussion made me realise something big about our community and there is something fantastic about it that we have never ever notice. She made us to be creative about ourself and our community.
>
> I would like to have the discussion again, again and again had fun doing and I would like that.
>
> AND THANK YOU…… AND WOULD LIKE TO DO IT AGAIN

Research in the NGO World

When I picked up the phone to conduct my initial call with the first NGO programme executive, I was not sure how I would be perceived. I started my research as someone who had already, to some degree, forged relationships with many of the programme executives and CEOs in my previous role as a manager of a similar HIV prevention programme in the NGO sector. Since then, however, I had moved to SANAC, which was perceived by many as a quasi-governmental institution that was not always seen to be on the same page as implementing NGOs.

I shared with them my genuine intention to elicit information from them which would firstly serve the purpose of informing this dissertation, and secondly, which I could feed into the development of the national campaign for adolescent girls and young women. The information gathered in the world of implementers provided important insights into how the guidance provided at the policy and strategy level was interpreted and influenced by NGOs. The research participants in the NGO world shared their insights into the lived experiences of young women and their perception of involving young women in the policy world. The tone of many of the interviews was cynical and in many cases scathing about the overall national response to HIV and the role that donors played in deciding what this should be.

For my research, I conducted a series of formal in-depth semi-structured interviews with executive members of five large NGOs who implement HIV prevention programmes for young women in South Africa. These included the Centre for Communications Impact (CCI), the Networking HIV/AIDS Community of South Africa (NACOSA), the Soul City Institute for Social Justice, the DG Murray Trust and MIET Africa. All of these NGOs had recently been awarded multi-million dollar contracts through the Global Fund and the President's Emergency Plan for AIDS Relief (PEPFAR) to expand and scale up their work on young women in South Africa.

I conducted interviews telephonically with colleagues outside Gauteng and face-to-face with those within the province. I used a semi-structured format to allow enough flexibility to follow leads that surfaced through the engagement, but with sufficient guidance to cover the topics necessary for my research questions. This method was also the method best suited to the executives given their busy lives and also since many only agreed to one interview.

Since I knew all the interviewees personally, I found that once they had signed the consent form, inclusive of a confidentiality clause, they felt more relaxed in their engagement with me.

Additionally, the participants' knowledge that I was not just there to extract information from them, but also genuinely understood their cynicism and want to respond (as part of my job but not as part of this research), seemed to give them the faith to engage with me richly and transparently as a peer – as an insider.

Participation was never forced and explicit written consent was obtained from everyone who actively partook in my research. I have not used identifying credentials for the individual programme executives or CEOs interviewed as part of this research. I have made every attempt to maintain confidentiality so as to avoid any potential repercussions for them sharing their honest views on the status of the national response to HIV prevention for girls and young women.

Data analysis

My analysis spans over the different data was that collected; the interviews and focus group transcriptions, field notes and journal entries. In working with the data, I developed themes to guide the presentation of data in this dissertation. In continuously transcribing throughout the data-collection period, I was able to begin preliminary analysis from each world and this informed subsequent data collection and refinement of research questions. It also allowed the voices of the participants to guide the analysis and also the trajectory of the data collection. The research process and analysis emerging from the participants was, however, also entwined with my own positionality and biases. Qualitative research methodology has been described by Campbell (2010) as a significant contribution from anthropology to the process and design of policy in the public health field. In particular he refers to ethnography as the tool that separates anthropology's contribution from that of any other field of study and methodology – of which he is very critical – and which supports an "understanding of the worldviews of its participants" (Campbell, 2010: 80).

I hoped through my fieldwork to uncover the worldviews of participants involved in the space of policy making for young women. This thesis aims to adequately express the various spaces, languages, engagements and documentation of the lives of girls and young women in South Africa. In the next chapter I will take a closer look at the information and evidence provided by the different agents and the power dynamic that influences the extent to which they influence policy. I will explore how particular phrases – and their construction and use– further contribute

to the disjuncture between the lived realities of young women and the programmes and policies designed to target them.

Chapter 3 – Constructing Evidence

It was my third policy meeting on girls and young women in as many weeks. There were 30 people in the room. The chairperson had been speaking for at least 20 minutes on the importance of the underlying principles of a national response. My colleague sitting next to me had started to fidget and begun doodling geometric shapes on the top of her empty notepad. I had to continually fight the urge to roll my eyes when I heard the word "evidence", but typed it into the notes nevertheless, verbatim. I was transformed into a mindless note-taker, not paying much attention to what was being said. Suddenly I heard my name being mentioned and as I looked up people were nodding their heads. "What have I just been tasked with?" I whispered to my colleague sitting next to me. She indicated that I had been assigned the responsibility to audit all HIV prevention programmes for adolescent girls and young women against a robust evidence base and to then provide recommendations to the steering committee on what programmes to pursue in the national response. I nodded and added the task to my to-do list, knowing that the term "evidence-based" is a contested notion and thwarts the ambiguity around what really constitutes evidence.

The jargon of the development world has infiltrated routine discussions in public health in a powerful way. The language is being used to tell stories in different spaces by different people. The space and use of words is strongly correlated with the perception of whether what was being said amounts to "evidence". In informal spaces and my less formal engagements, young women spoke freely. Their words were not rehearsed nor had they been directed on what to say. They spoke without fear of being politically incorrect, without coaching, without people having vetted what they said. However, what was said in these informal spaces and the voices in them did not, for policy makers, amount to evidence for public health programming or policy.

Despite this, there were opportunities for girls and young women to have their voices heard and contribute to the discussion on programmes and policies. The spaces included boardroom meetings, workshops and national events. In these spaces, often a few carefully selected young women were invited to participate and they were guided on what to say. Front-row seats next to high-level politicians were often reserved for them and they would be offered the microphone first to comment on the topic at hand. Although in these formal, somewhat choreographed spaces, the voices of young women were tempered, nonetheless they held a lot

more weight in terms of contributing towards what was seen as "an evidence-based response". When it comes to policy and programmes, the voices of researchers and politicians determine what robust evidence for programming and practice is. However, when young women adopt a similar discourse, what they have to say is given more weight and publicised.

This chapter discusses the idea that the intervention aimed at women and young girls, the She Conquers campaign, needs to be evidence-based. Writing specifically about the world of policy, I show first what is considered evidence; second what is not considered evidence and third, that joining the discursive community on HIV prevention builds assurance of providing evidence. I suggest that while policy makers and donors gain hope when young women use a similar discourse to them, for young women entering this discursive community, their lived experience of young women's vulnerability to HIV is obscured.

What is Evidence

"Evidence-based"; "solutions"; "programmes"; "policies" and "best practice" are buzzwords in the development sector. During my fieldwork I couldn't keep track of the number of times that when these phrases were uttered, they were met with nodding heads. The phrases were often used interchangeably and even listed as guiding principles in the national, published HIV campaign document for girls and young women. According to the UNAIDS terminology guidelines (2014), "evidence usually refers to qualitative and/or quantitative results that have been published in a peer-reviewed journal" (UNAIDS, 2015: 7). Every stakeholder engaged through the development of the She Conquers campaign bought into the idea that the HIV response for young women had to be "evidence-based". "Evidence" is just one word in an overwhelming and consistent discourse used by donors and policy makers in international development relating to HIV and sexual and reproductive health.

"Buzzwords and fuzzwords" (cf. Cornwall and Eade, 2010) are also used in discussions about girls and young women at risk of HIV in South Africa and in the research, interventions, policy and governance. These key "catch phrases" are bandied about in almost every discussion, meeting and conference on the topic. They are the core of many funding proposals in the sector. In fact, "evidence-based" interventions are often a pre-requisite to support the funding of a programme.

In the policy world, words matter; they also carry much power. This is the case for "evidence-based" in the development of the She Conquers campaign. According to Fiona Wilson:

> Policies depend on a measure of ambiguity to secure the endorsement of diverse potential actors and audiences. Buzzwords aid this process, by providing concepts that can float free of concrete referents, to be filled with meaning by their users. In the struggles for interpretive power that characterise the negotiation of the language of policy, buzzwords shelter multiple agendas, providing room for maneuver and space for contestation. (Cited in Cornwall and Eade, 2010: 5)

A key engagement constituting "evidence" in the development of the She Conquers campaign was a high-level think-tank on HIV prevention which took place in 2006. The meeting was attended by delegates from South Africa, Kenya, Zimbabwe, Malawi, Uganda, Zambia, Botswana, the Democratic Republic of Congo, Lesotho, Swaziland, Mozambique and Madagascar. The think-tank was created to analyse available evidence in the region in order understand the HIV epidemic better, particularly in relation to patterns of sexual transmission. The aim of the meeting was to examine the response, the available resources and the programmatic gaps and then provide recommendations to funders, government and national AIDS councils on where to invest in future HIV programming. The meeting concluded that the key drivers of HIV in the region were multiple and concurrent partnerships with insufficient condom use in the context of low levels of medical male circumcision. The factors that contributed to a person being at a heightened risk for HIV were identified as persistent gender inequality, sexual and gender based violence, low HIV risk-perception, persistent stigma, entrenched poverty, high mobility and the pervasiveness of age-disparate transactional sex (SADC Secretariat, 2006).

The national coordinator of the She Conquers campaign was commonly called "Aunty Ayanda' by the young women because of the maternal and authoritative way in which she addressed them. She represented the views of the campaign team in terms of what constituted "evidence". Ayanda would be given the microphone in meetings to explain how the national campaign was being developed and using which principles. At every opportunity, regardless of audience, she could be heard saying "what constitutes evidence is information in peer reviewed articles, scientific evaluations using randomised control trials. Best practice programmes are ones in which formal independent programme evaluations have been completed and shown improved outcomes".

Some of the evidence commonly cited was that women using condoms as a contraceptive method were twice as likely to use condoms in comparison to those who used another form of

contraception (van Loggerenberg et al., 2012). We were told that there was a study showing that improving condom negotiation skills and using a gender lens to focus condom messaging could improve male and female condom use by women (Wechsberg et al., 2010).

In terms of male sexual partners, the policy makers often cited "studies" indicating that men in South Africa see polygamy as a symbol of masculine success. They would also reflect on research indicating that being celibate or single in a community is frequently considered more shameful than promiscuity. However, this "evidence" was never attributed to anthropologists like Niehaus (2007) who had actually documented these findings in his ethnographic study. Instead, talk of this type of evidence was intended to satisfy the socially-inclined participants in the audience. It never featured in policy documents or translated into programmes.

In terms of programming, the same single reference was always cited to direct social programmes for adolescent girls and young women. This was a document published in 2011 by UNICEF, which laid out evidence for HIV prevention programming. It summarised "best practice" programmes as follows: promote comprehensive education about sexuality, strengthen social protection, economically empower youth, strengthen child-protection services, promote family communication, improve access to comprehensive sexual and reproductive health and rights, change harmful social norms, scale up biomedical prevention interventions, improve access to youth-friendly services (UNICEF, 2011). This list was rattled off in a number of forums. When there were no people representing lived experiences of young women and girls, discussions in the boardrooms easily defaulted to theory, or "evidence".

The continued undocumented needs and vulnerabilities of adolescent girls and young women has been cited in a review of National Strategic Plans as the reason for continued gender inequality – a key driver of HIV infections in South Africa (Crone et al., 2011). However, solutions and strategies to deal with this situation continue to be based on expert opinion as well as complexities that are assumed and constructed, rather than informed by systemic research with adolescent girls and young women. Steinberg highlights that many anthropologists in the past have criticised "do-gooders" intentions by saying that they often make the situation worse because they do not spend sufficient time trying to understand the context and the individuals' lived experiences before intervening (Steinberg, 2013). The same "do-gooders" may make the situation worse by not spending enough – or any – time critically looking at the assumptions and representations that are made in policies before they are implemented.

"Evidence" has been accepted as a key principle of the She Conquers campaign. By "evidence", what is being referred to is published research and global guidelines. For policy makers this "evidence" should be used to guide interventions aimed at girls and young women.

What is Not Evidence

On a number of occasions I witnessed young women in conferences and public events react to the addresses of politicians or academics on the topic of HIV. What they said was often brief due to the nature of the engagement, but often loaded with emotion, very focussed and eloquent. On these occasions, they were not standing on a podium as invited guests. They were often sitting at the back of venues, behind the rows of seats reserved for VIPs. On the occasions young women had the opportunity to speak; they were rarely responded to. In no cases, that I am aware of, was there any follow-up.

At the international AIDS conference in Durban 2016, for example, there was a plenary presentation in the main arena on innovative prevention technologies for young people. According to the facilitator, the panel was comprised of "highly esteemed" speakers and included some "A-rated researchers and internationally renowned leaders in public health". After the panel had addressed the audience, the session was opened up for questions and comments from the audience. A young woman from the audience marched up to the floor microphone and said:

> Seemingly there is no such thing as evidence-based programming or best practice according to young women. You ask young women what they think programmes should look like, what needs to be improved and scaled up… but when it comes to decision-making, your kind of evidence always seems to trump the voices of young women. It makes no sense.

Her statement resonated with a number of people sitting in the audience who began clicking their fingers as a sign of respect and recognition of what she was saying. This young woman had raised the issue of young women's experiences being side lined as not constituting evidence. She also hinted to a discrepancy between what was presented as innovative programming by the panel and what young people believed was needed to respond to their lives.

In another presentation on the She Conquers campaign, the Minister of Health, Dr Aaron Motsoaledi, addressed a group of young women. He stressed that one of the campaign objectives was to keep adolescent girls and young women in school until matric, because "we know this is protective of HIV". He went on to warn young women that "sugar daddies destroy lives" and lead to teenage pregnancy and AIDS. A young woman sitting near me had been agitated throughout his speech. Eventually when he sat down she stood up and shouted to him:

> My blesser is blessing me with an education so what are you saying? You say I must stay in school but I must not have sex with a blesser. What if I choose my education first?

The minister's statement was seemingly supported by "evidence" which confirmed the protective effect of schooling for HIV infection. Minister Motsoaledi also talked about transactional sex placing young women at higher risk for HIV infection, this too is considered "evidence". What his speech failed to acknowledge was the contradiction in what he was saying - the contradiction which is experienced in the lives of young women in the country where they sometimes choose to engage in transactional sex to support their education.

This kind of transactional sex for consumption has been written about in peer reviewed journals. For example, Leclerc-Madlala (2004) found that the perceived benefits override concerns about HIV. Studies of women's perspectives on transactional relationships also illustrates concepts of empowerment that are related to accessing economic and social benefits, while broadly being viewed as advantageous for improving long-term life choices (Leclerc Madlala, 2008). Such insights were not necessarily considered in the development of the She Conquers campaign interventions which hinged on the biological risk of viral transmission with no consideration of a woman's agency to choose more than one partner or have unprotected sex. This "evidence" fell outside of the boundaries of the normative discourse and was only brought up as "evidence" by the comment of the "blesse" whose blessor paid for her education.

In a press conference which took place in June 2016 where new research findings on how the vaginal microbiome influences a young woman's risk for HIV infection through sex, many questions about the study methodology and analysis were posed to the principal investigator by his peers. One young woman made the following comment:

> You talk a lot about sex and vaginas, it is good. But you must remember the girls that these vaginas belong to.

In the policy world, off-the-cuff statements from young women in public spaces do not constitute evidence because they are thought to be anecdotes and not gathered through a far more robust, representative and defendable process. These two scenarios below show that what constitutes "evidence" is also determined by a subjective and malleable criteria of what is deemed appropriate to say.

Jacob Zuma is my sugar daddy

I had asked the young women in Betty's garage to describe and draw their sexual partners using magazine cut-outs and koki pens which I had scattered on the table. I wanted to learn from them how they perceived the various sexual partners young women have in Olieven. After about 45 minutes of chattering, laughing and agreement, Pertunia held up a magazine cut-out of a KFC streetwise two[10] and exclaimed "this is what a boyfriend is". The girls were delighted with this description and exploded with laughter.

She went on to show a magazine cut-out of beautiful clothes and fine dining surrounding a large cut-out of the President's face. "This", she said boldly "is a sugar daddy". "Let's call him Jacob. He works for government". She then put the paper down on the table and wrote in bold letters "Jacob Zuma is my Sugar Daddy". She made eye contact with Dorcus, who laughed and then continued the story as though it were her own. "You can see that this sugar daddy picture is very beautiful and colourful. Sugar daddies buy expensive bras and panties, they buy expensive clothes and jewellery and when you have a sugar daddy there is no reason to work because he has money". I nodded my head, contemplating what might come next.

Thato embellished the story with what she called the rules of engagement with a sugar daddy. She explained that "your sugar daddy has three kids and he has a main chick and then he has a main side chick. He also has a main main side chick and then just side chicks. You are lucky if you can be the main main side chick. You know about the other side chicks and you must NEVER call him when he is with them…. When he calls you then you must go and give him sex in an expensive hotel room".

[10] A fast-food meal consisting of two pieces of fried chicken and a side of potato chips

"Obvious," cried Dorcus, "you give him sex on his time and not when you are free. He will call and you just have to stop everything and go".

We finished up the discussion of the different kinds of friends-with-benefits, Ben10s and boyfriends and I went home. That day I was not sure initially whether I had gathered any data that could be shared with the She Conquers campaign development team. I knew that I had left with the start of a relationship, I knew that I had left with a sense of the group dynamics, I knew that I left with a better sense of what it was like being a young woman in Olieven.

After some reflection, I realised that what had unfolded was something quite unique. The young women had told me about their perceptions of male sexual partners in the township. I took the profiles with me to work the next day. When I showed the "sugar daddy" profile to a fellow policy maker, she gasped and asked me to immediately replace it with another picture in case anyone might see it lying around the office. A few minutes later she came back with a cut-out of Bill Cosby and said "here, put this over". My superior at SANAC along with peers from the department of health and the presidency did not allow me to present or share the profiles of the male sexual partners from the young women in Olieven. I was told repeatedly that there were more important issues to discuss and more "robust" research to share in the campaign planning meetings than this anecdote. Later I wondered if perhaps the reason the young women's profiles did not constitute evidence for the She Conquers campaign, was because of the perceived inappropriateness of using the face of the president to depict a sugar daddy when for many his actions could be classified as such.

There is such a thing as a stupid question

Thirty adolescent girls and young women were invited to participate actively and contribute to discussions at a *Best Practice and Innovations Symposium on Reaching and Linking Young Women*. Having young women attend the symposium was seen as a "non-negotiable" for the funder who also convened the event. The organisers flew the girls in from around the country and arranged their logistics. The presentations given at the event spoke about investment cases, odds ratios and cascades – quantifiable gold standards and statistics which "set the benchmark" for measuring worthwhile programmes and investments in the policy world. The very last session of the meeting, from 5:30pm to 6:15pm, was allocated to the young women to speak and contribute. By this time, the audience had shrunk by at least 75 percent since afternoon tea.

At the start of the symposium, “reserved” signs had been placed in the front two rows to make the girls feel and seem important. I knew when the girls entered the room halfway into the first session that they had not been briefed on the event – there had not been enough time. At the end of each session, they were asked first if they had any questions or if they wanted any clarity on the presentations given. Every time there was silence. They looked down to avoid eye contact. A colleague sitting next to me whispered sarcastically, that “they must still be processing what they heard”. I realised immediately that they probably hadn’t understood what was said and were too scared to ask a question and look stupid.

Eventually, after all six sessions had come and gone without a single question being asked, one of the girls sheepishly put up her hand. She was immediately given the floor. She asked “what is depo?” (depo provera – an injectable contraceptive – was the hot topic in the second of six sessions that day). A few audience members giggled. The people sitting on the stage tried to explain to her.

Almost immediately another hand went up “how big is PrEP [an ARV tablet taken to prevent HIV]? People are scared of taking pills”, the young girl asked. The ice was broken and a string of questions came forth from the young women to the audience and organisers:

> What is fragmented? What do you mean?
>
> I can hear all the science of what you are saying but fact of the matter is that nurses are rude, so rude that I won’t go and get contraception.
>
> Instead of you speakers asking us questions like “what do we need to do to make services youth-friendly?”, you should have asked us to sit up at that fancy table and tell you. We know the answers after all. You just know the question.
>
> I was confused most of the time. I would be trying to figure out one point and then look up and we have moved three slides. My friend who knew what SBCC was is in a better place than me [laughs].
>
> So you are trying something out, a study. But when you find the answers will you just leave… or will it continue?

> When we see research we want to know this… did it work? I don't know what a confidence interval is…. Or maybe I was sleeping when you presented in plain language.
>
> Let's make the partnership 50:50. Don't worry about 90:90:90 or whatever. Let's do 50:50.
>
> We can stop it [HIV] with your help… not the other way around.
>
> We would answer your questions much differently and probably much better for you to understand because we are the girls and you are just programmers.
>
> The only thing we get is 95 percent of the programmes already dictated to us. But we never get told who makes these decisions. Listen to us and then don't toss away the notes you took while we were speaking.

A few weeks after the symposium, one of the organisers said to me "perhaps we identified the wrong kinds of girls to participate, they didn't contribute anything new. Perhaps we should have invited more informed girls." The 30 girls who participated in the symposium were never invited again to inform the design of the She Conquers campaign.

As the development of the She Conquers campaign progressed, few engagements with young women occurred. When I investigated why, I realised that they were not being invited to all the meetings anymore. Sometimes they were invited and they just wouldn't come. It seemed that the task of requesting transport or paying for their own transport didn't seem worth the effort and risk of a long wait for reimbursement. Also, by the development phase of She Conquers there were few publicity opportunities and the girls had realised that their input was not being taken seriously. They had realised that despite the rhetoric, voices of young women were not held in sufficiently high esteem to be considered anything more than a few lines said out loud at a point in time, often perceived to be poorly informed or inappropriate.

Even in the She Conquers campaign document, the voices of young women were not reflected. Why were their voices, questions, comments and experiences not considered valuable? Why had they been invited to the symposium at all? I suggest that having young women attend meetings and symposiums allows policy makers to pay lip service to the donors, for whom the girls' involvement is key. The donors insist on the inclusion and invitation of young women,

because “participation” of young people is another key principle which underpins the development of policy and programme. I further suggest that young women participate initially because they have hope that their “evidence” will influence a national initiative but that after time, they become disheartened and no longer seek to actively contribute to the world of “evidence-based” programmes.

How Young Women Can Contribute to “Evidence”

I experienced two instances where young women finally contributed to “evidence” for the She Conquers campaign… after navigating the terrain, getting the space to talk, being recognised and heard. The opportunities were created jointly by the two young women who maintained interest in the campaign, but facilitated by the policy makers who needed to bring the voices of young women into the public eye to gain support and admiration from the donors and the broader civil society using the slogan “nothing about us without us”.

What these young women did was listen carefully and then begin to imitate the discourse of policy makers. By imitating the discourse, the young women entered the discursive community on HIV prevention. This discourse fell within the boundaries of what constitutes “evidence” for She Conquers thus Lebang and Kele became favoured spokepeople for the campaign. What these young women said was very different to what their peers in less formal spaces told me. Lebang and Kele were examples of when what young women say can contribute to “evidence”, as understood by policy makers.

Lebang’s contribution to evidence was initiated by a speech that she gave at the international AIDS conference in 2016.

> “Honourable minister of health, ladies and gentlemen, all protocol observed”. She began.
>
> “2,000 young women are being infected with HIV every single week in South Africa. You will see on this map the 27 districts where the most number of girls are being infected and you will see the difference between HIV prevalence in men and women [pointing to a bar graph]”.

While I was examining her well-constructed slide set, I remembered a comment Lebang had made to me when I first spoke to her, before she became the young women’s representative for

the national campaign. She told me that “most people who are high level, don’t know what’s happening in the township; that’s why I say what pisses me off are those stats that are presented, because they are so beautiful but they are not evidence. People aren’t going to the community, and if they go to one community and don’t go to the others then they just fake the stats, which defeats the process”.

Standing at the podium now, Lebang looked the part. She wore a tailored jacket and high heels. I noticed that the majority of audience members were government officials. Lebang went on to call on government departments to act.

> South Africa needs to urgently respond. Education department, lets promote sexuality education and comprehensive knowledge of HIV with young girls before they become sexually active. Social Development, lets strengthen social protection systems and opportunities for economic empowerment. Let’s improve access to services for young women. Let’s ensure that young people have access to reproductive health services including condoms. Let’s empower at-risk populations to change risky behaviours and protect themselves despite social conditions.

As she was speaking, I couldn’t help but recall a recommendation given by Tintswalo (the young woman identified to guide the engagement of youth in the She Conquers campaign) when I asked her how we [policy makers] should engage young women in the She Conquers Campaign. Tintswalo had said “You must have street dialogues instead of sitting on formal desks, and speaking that bombastic English. We keep talking about these big words, some of us we finished school at grade 12. Yes we can understand the language but we don’t have the bigger version of words.” Lebang was speaking “bombastic English”, the dialect of the discursive community for the She Conquers campaign.

> But let’s also remember that we need to focus on emotional and social needs of young women and girls. Let’s not divorce our intentions from what is happening in a social context. Let’s also remember that we need to start making communities safe for young women. Let’s reduce the situations where they can be vulnerable to HIV and gender-based violence.

During her speech, I remembered a statement another young woman had made to me informally. She said “I know most of you are experts, but you must listen to our experiences.

Don't give us taps because you think we don't want to go and collect water with our buckets because it's not safe. We will rip these taps out because we love meeting with other women and debriefing and having an excuse to get out of the house and see our friends. By assuming our burning needs you can burn your bridges with us".

I refocused on Lebang.

> Ladies and gentlemen, let's make sure the contributions of young women is incorporated, that it is used to design the response. The level of my education or degree should not hinder my involvement in this process. You come with your PhD and I'll come with my experiences and we'll solve this together. Thank you for the opportunity to share with you on behalf of my sisters.

When the speech was over, the audience all clapped. Lebang looked satisfied. She revelled in the limelight. I wondered about the sincerity of the appreciation for speaking on a formal platform on behalf of the national campaign. I had heard young women, including Lebang herself, plead with policy makers to come into her environment to discuss the lives of young women and to discuss issues at their level, "you need to work on your approach, you need to sit down and come to our level, you need to know how to talk to them, use vernacular language… don't arrive at a fancy event in your big cars. You must come and speak our kasi language[11] if you want to connect". She had once told me.

Given that Lebang had been placed on the programme of an official campaign satellite session at the AIDS conference, Lebang's flights, accommodation and meals had been paid for. She had attended a briefing with the minister of health and other high level officials. At the end of her session she followed up with individuals from international organisations and was interviewed by Power FM about what South Africa needs to do to respond to HIV infections in young women.

Following the AIDS conference, Lebang was engaged on a frequent basis, being identified as the youth spokesperson for the campaign. She would be chauffeured from one meeting to the next in her own shuttle and fly from city to city. She met with the deputy president and was invited to launch the national campaign alongside the deputy president, various MECs and even Zulu royalty. Her speeches and presentations were broadcast far and wide as "evidence" and

[11] South African slang used in townships and made up of a combination of languages

her voice was cited as a representative of all youth informing the national campaign. She had become a celebrity in her own right.

Lebang had also successfully joined the discursive community on the She Conquers campaign and this gave legitimacy to her engagement and contributions to the campaign. Lebang was recognised for her contributions and acknowledged on various platforms as giving hope for an evidence based campaign informed by young women themselves. But, Lebang's contributions predicted perfectly what was already known in the policy world with regards to HIV vulnerability of young women. Lebang's speech no longer resembled the discourse heard in the world of young women.

Kele also contributed to "evidence" for the She Conquers campaign with the speech she gave at a Gauteng provincial meeting on HIV prevention for adolescent girls and young women. Kele was dressed in her school uniform. She was invited up to the podium to address the large meeting of about 200 audience members. She addressed the meeting with confidence as a chosen representative of young women in the province. She started by setting the scene:

> We live in a society where young women are still confused, unarmed with knowledge and are still facing their horrifying daily struggle of self-empowerment.

I was quite surprised at the dim view with which Kele opened her speech. She was very calm in her demeanour and deliberate in the way in which she started. She took a moment to pause before introducing herself to the meeting.

> In front of you is a young woman who experiences constant societal judgement and examination. An African child who wishes to see her fellow sisters empower themselves with knowledge and powerful skills that will help move the world to greater and prosperous heights. I am a young woman who has a dream. Greetings to you, honourable ladies and gentlemen. My name is Kele Matshaba.

Her introduction was powerful. Bored audience members around me who were using the meeting as an opportunity to catch up on emails, stopped typing and looked up to see who was speaking. She described the hardship faced by young women in South Africa. She began by reflecting on a situation where "a young woman's role is to help her mother with household chores, from cooking to doing the laundry to being denied access to education purely because

at a later stage, she would get married to someone else". She then said that we as a society should acknowledge the fact that young women and adolescent girls, rich or poor, face challenges that make them vulnerable to HIV infection and unplanned and unwanted pregnancy.

No one left their seats to go to the bathroom or to take a call. Kele listed the challenges experienced by women to the meeting. The first challenge she noted was that of poverty. She elaborated on this by saying that:

> Poverty in both child-headed and adult-headed homes propels teenagers to resort to other measures of survival. The sugar-daddy phenomenon continues to create a vicious cycle of the transmission of diseases for casual sex. Young women become less empowered so that the only option is to be in a relationship with older, rich men. This leaves them prone to rape within the relationship, STI infection and broken spirits.

I recalled a different perspective on sugar daddies shared by a young woman in an informal space. She said, "In Rigel Park young women chase married men. They make better lovers, they have more money". Had Kele and this young woman had different experiences with sugar daddies or was one of them just speaking the discourse of young women and the other adopting the discourse of policy makers?

Kele then went on to her second point of vulnerability. "Drug and alcohol abuse" Kele proclaimed, "This is the next big challenge!" She revealed how she was disturbed by a publication in a well-known magazine which stated that young women resort to substance abuse when they get stressed. According to Kele, being successful was cited as being stressful for young women. She also quoted an article in the magazine that stated that food insecurity is stressful. She concluded by saying that "young women in society drink because it is the only way in which to respond to difficulties and hardships, and even stresses of being successful".

Kele's voice started to crack and so she stopped temporarily and took a sip of water from the plastic bottle on the small table situated next to the podium. I watched Kele glance around the room where she made eye contact and was met with smiles and nodding heads from the organisers. It was almost as if they were sharing their approval with her in terms of how she was delivering her speech. She cleared her throat, took a deep breath and continued.

> According to statistics and in reality, government and private sector have exhausted resources in an effort to help reduce the spread of HIV/AIDS. One would wonder: what is wrong then? It therefore follows that new, fresh and relevant ideas are needed to break the generational curses of social isolation, economic disadvantage, gender-based violence, discriminatory cultural norms and school drop-outs.

When she said this, I remembered an informal conversation where a young woman had blamed government for the vulnerability of young women. She lamented, "women are scared, government is doing nothing and we need a country response". This was quite a contradiction to what I was hearing from Kele. Kele continued:

> "I have a dream." The words of Dr Martin Luther King then echo in the measures that ought to be taken. I have a dream to see an AIDS-free generation. A dream to be surrounded by empowered young women who will help shape the future. And for this dream to come true, some extremes may have to be reached.

She went on to share a list of recommendations with the meeting. She mentioned words like "community engagement", "women empowerment", "mentorship", "capacity-building" and "public-private partnerships". The words were reminiscent of many of the meetings that I had attended in the policy world. She closed her speech with this:

> As a young woman, I will forge forward to my dream of a country with HIV negative sisters. Sisters who will be recognised as pillars of strength rather than sex objects and poverty victims. I believe that all is achievable if only we can hold hands and move together with young visionaries like me leading. With this dream we will move but surely we will never rest.

Kele received a standing ovation for her speech from the donors, government officials and policy makers in the room. She was thanked by the programme team, and she was reserved a seat at the lunch table with the policy makers and politicians. I too was seated at this table and sat right alongside her. I asked her why she wasn't at school and she said that unfortunately she had to miss school in order to fit into the time slot allocated to her to speak at the prestigious meeting. This simple act suggested to me the insincerity of having her engage the meeting. The irony of having her miss school to talk at a meeting about keeping girls in school is testament to the fact that young women's participation and ownership is not a well thought-through

attempt, but rather a well thought-through use of a buzzword and what I would call a "buzz-action" which satisfies the obsession of policy makers with involving young women to provide evidence.

Kele had been hand-picked by a politician to represent the views of young women and girls from Ekurhuleni, she was not selected by girls from the community to represent their stories. The speech that she read, beautifully crafted and recited, sometimes begged the question "Did she really write this?" None of what Kele said was in contradiction with the thinking and discourse of the audience present. After the initial speech in Ekurhuleni, Kele was invited to speak on a number of provincial platforms and was hailed by policy makers and donors as a young leader in the province for women's health and human rights. She was introduced by name to the premier and invited to address Deputy President, Cyril Ramaphosa in a World AIDS Day Commemoration dialogue he hosted with young people.

In this chapter, I have shown that in the policy world "evidence" is a key concept which is endorsed for HIV prevention campaign development. Evidence is a notion guided by a global definition, but which is shaped and expanded by the discursive community in the South African policy world for HIV prevention. Young women are engaged to provide evidence from their world, since the notion of "participation" is equally important to "evidence" as a guiding principle. However, unless young women join the discursive community and speak in a particular way, none of what they say constitutes evidence in the policy world. Some young women enter the discursive community in an attempt to raise the voices of their peers, but are required to speak in a specific way, and this often obscures the reality of the lives of young women in their world. I conclude by suggesting that hope is inspired in the policy world when young women join the discursive community, but at the same time dissipates in the young women's world as the "evidence" no longer represents their lives. In the next chapter I will discuss the notion of ownership as another key principal of the She Conquers campaign. I will elaborate on the obscurity of the concept and how it is manipulated and interpreted in each world.

Chapter 4 – Constructing Ownership

People filled up the chairs, the walls and the floor; their conference bags overflowing with brochures and bottled water. There was an aroma of perspiration and coffee, amplified by the rising temperature and the influx of warm bodies. The satellite session at the international AIDS conference in July 2016 was over crowded! Foreign and local conference delegates, journalists, politicians and civil society had come to witness the naming of South Africa's national campaign for adolescent girls and young women. The Minister of Health, Dr Aaron Motsoaledi, sat on the stage bordered by a row of young women. One of the women, Tsholo, explained to the audience how they had been asked to submit names for the national campaign for adolescent girls and young women (earlier in the year launched by the deputy president in Pietermaritzburg) through an sms competition. The winner and the name for the campaign was selected by a panel of young women who scored and deliberated over more than 100 names. With a hint of sarcasm in her voice, she proclaimed "nothing for us, without us, neh?"

I had been part of the selection panel and had personally put the three finalists on standby to receive the live call announcing the winner. I hadn't yet been told who the winner was and what the name of the campaign would be. Right on cue the minister took to the podium and put his cell phone on speaker next to the microphone. The phone rang only once before a timid soft-spoken young woman answered. "Congratulations on entering the winning name of this innovative and first-of-its-kind national campaign for adolescent girls and young women", exclaimed Dr Motsoaledi. He turned to the audience and announced that the winner was a 23 years old woman and living in Limpopo. Laughingly he continued, "the winner was not in any way influenced by my being from the same province". A few folk laughed too. "The winning name is very powerful; it's very apt for a campaign of such importance. The name is She Conquers!" he announced. The audience erupted with applause and the young women on stage fuelled the celebration by singing a chant they had already developed integrating the name "She Conquers". The name of the campaign came as a surprise to me as I didn't recall any of the finalists I had spoken with being from Limpopo. Furthermore, I was almost certain that wasn't one of the campaign names we had shortlisted. Despite my misgivings, I sensed some hope in those sitting around the room. Hope that there would finally be a government campaign in South Africa that was truly led and truly owned by the beneficiaries it sought to engage.

In this chapter, I discuss "ownership" as a key principle underscoring the national She Conquers campaign. I begin first with an exploration of what "ownership" is; second I discuss how "ownership" was understood in the context of the She Conquers campaign and third, I describe the ways in which "ownership" was enacted. The vignette described above was the culmination of a long journey traversed by policy makers and young women. As depicted in the scene, the idea of youth-ownership can simply take the form of a well-orchestrated event, in which high-level politicians appear on stage, rubbing shoulders with young women leaders from communities who appear thankful, gracious and outspoken in their support for the She Conquers campaign. However, I suggest that there is a contradiction in terms of what is understood as ownership and what is allowed to be enacted. I further suggest that enacted ownership is a notion constructed by policy makers to provide hope to donors and peers, whilst simultaneously crushing the hopes of young women.

What is Ownership?

From a global perspective, the term "national ownership" in the context of international development can be traced back to 1992, when Kenneth King (1992) noted a trend in the education sector to give preference to local policies over donor-driven programme guidelines (King, 1992). According to King (1992) the notion of "ownership" denotes the leading role of a nation in creating and carrying out programmes (King, 1992).

In 1995, Helleiner and colleagues (1995) proposed an expansion to the definition. They defined national ownership as "government's ability to control the administration, operations and strategies of development programmes" (Helleiner et al., 1995: 5). They also argued that national ownership should allow the national government, with support from civil society and other sectors, to put political pressure on the donors to adopt their priorities. This was the first time in the literature that the notion of "ownership" was poised as a quintessentially political struggle – at least in terms of the government of a nation and a development partner providing international aid.

South Africa signed the United Nations Millennium Declaration in 2000, which gave rise to the Millennium Development Goals. This momentous global occasion played a key role in encouraging the inclusion of the notion of ownership in policies and declarations around the world. In 2005, South Africa then signed the Paris Declaration for Aid Effectiveness, and by

doing so converged with many other countries on the promotion of "ownership" as a key principle for aid effectiveness (Paris Declaration, 2005).

The notion of ownership features prominently in many health and development strategies in South Africa, and the She Conquers campaign is no exception. Ownership has appeared within many HIV policies and programmes in South Africa and around the world descriptively but not necessarily critically – "[I]t is in language that policy is made" (Prior et al., 2012: 271). *Country-owned* can mean anything from being involved in designing the programme/policy, to agreeing with the objectives of the programme/policy, to implementing the programme/policy, to being kept informed of the programme/policy (Buiter, 2010).

Although not particularly focussing on HIV and AIDS, Sridhar (2009) provided the first critique of the commitment to "ownership". He bemoaned that the implementation of the notion lagged far behind its endorsement (Sridhar, 2009). Further critiques in 2012 expanded on why implementation might be lagging behind endorsement. Hunsmann, for example, in 2012 argued that donors purposefully looked for country counterparts within the national administration who would allow and support the vertical programmes[12] prioritised by the donor agencies. He went on to say that they did so in order to keep up perceptions of national ownership of programmes (Hunsmann, 2012). Supporting this view, Bidaurratzaga-Aurre and Colom-Jaén (2012) argued that vertical programming influenced heavily by donors was in opposition to realising systemic reform and supporting true national priorities and ownership. This observation mirrors the findings of earlier studies which show that country preferences are followed only to the extent that they are not in contradiction with donor priorities at the same point in time (Brugha et al., 2004; Esser, 2009).

In the context of the She Conquers campaign, policy makers emphasised the importance of including young people to build ownership. They acknowledged the shortcomings of the past, where young people were brought into a process in a convenient way which often constituted "rubber-stamping". They acknowledged that previously the excuse of expediency had been used to explain non-involvement and poor ownership. They publicly recognised that in order to foster the credibility and sustainability of the campaign they would now need to trust young women themselves to direct how they would like to be meaningfully engaged. An executive

[12] A vertical programme has specific defined and measurable objectives which relate to one single condition which can be addressed in a short to medium term timeframe

member of SANAC told me right at the outset that "We will trust them [the young women] when they give guidance and input. We won't question this. We will embrace this, not just give lip service."

The policy makers were acutely aware of the public effort that was needed to assure the country, young people in particular, that they were building youth-ownership for the She Conquers campaign. So in public they were unanimous in the way they responded to young women in the audience, exaggeratedly applauding every young person in their presence and every word they uttered. For example, during a press briefing on the campaign the minister of health stated that "This campaign must be a whole of government and whole of society campaign and led by young people". He then pointed to his six young women guests in the gallery and asked them to stand so that everyone could see them. They stood, and the audience applauded them loudly.

In another encounter, a member of the Gauteng executive committee, at a provincial AIDS council meeting declared that he was getting goosebumps listening to young women speak from the floor. He commended the young women's leadership and for being explicit about what they wanted to see in the country response to women. He said:

> I can't speak as freely [as young women in the meeting] as I look around the room I see my esteemed colleagues and I am thinking I can't say what I am thinking. The sooner we put these voices at the core of our strategies the sooner we will make change. If our solutions don't speak to their need then we are lost and they are disempowered.

Addressing over 100 young women from around the country, the United States Ambassador to South Africa, stated that he was "overwhelmed and honoured to be addressing such a powerful and esteemed audience"[13]. He told them that:

> We [political leaders in the country] are looking for partners [referring to young women] and not patrons. We want to have a conversation, not a press conference. We want to build the capacity of young women to lead and make sure that in design

[13] The US had just committed 56 million US dollars to South Africa to support a national campaign for adolescent girls and young women.

> of project that we include people on the ground. We don't want to just give a bag full of our solutions. We'll develop this campaign differently… we'll get the young people front and centre to own it.

As shown above, the discourse of the policy makers appears to be encouraging and appreciative, always making reference to young women as the leaders of the campaign and acknowledging the past mistakes of not including young women and encouraging youth ownership. Many young women attending the political events believed that the She Conquers campaign would be different and would usher in youth ownership. Filled with hope Tshino told me:

> Before, they [policy makers] would bring us here, we have fun, we take lots and lots of photos. But then we go back to the real world and we can't continue to speak. This time, we will say things but then actually do these things to ensure youth leadership

Ownership was strongly equated to youth-leadership by the policy makers and the young women. Policy makers spoke synonymously about youth-ownership and leadership. However when it came to practise, it was the policy makers [all older men] who led the She Conquers campaign or took to the stage to make the speeches. Tshino's optimistic belief stood in contrast to the actions she witnessed. Ownership was an important principle of the She Conquers campaign but its meaning was ambiguous.

How is Ownership Understood?

At the outset of the development of the She Conquers campaign in January 2016, the Presidency asked Tintswalo - a UNAIDS youth ambassador - to guide the policy makers on how to facilitate youth-ownership, as understood by young women themselves. Tintswalo lived in Atteridgeville, an informal settlement on the outskirts of Pretoria. She was given two weeks to engage with her peers and report back to the policy makers. I volunteered to meet with her, listen to what she had to say and summarise her recommendations.

We met in a small boardroom at the SANAC offices in Pretoria. I had arranged a shuttle to fetch Tintswalo from her home. The receptionist called me to let me know that my guest had arrived, albeit 35 minutes late. I followed her sweet perfume down the corridor towards the reception. As I got closer I could hear giggling with the receptionist, whose laugh I was familiar with, and an excited young woman who I knew only by name. Tintswalo had pale skin and

bright pink lipstick. She wore faded skinny jeans and a tied and shredded top – which looked a lot funkier than the oversized mass-produced NGO t-shirt that it had started off as.

I listened to Tintswalo far more than I spoke, I barely had to initiate the discussion. She started:

> You know Kerry, we are the foot soldiers, you must make sure we are involved… properly. Our hair cannot be cut if we are not there; same for making programmes and policies. We must give the direction so that we are happy with what we get at the end of the day.

I smiled at her and took out my notebook, "I am here on behalf of the national team to find out how you and other young women would like to be involved in the campaign development and how we can facilitate ownership of the programme by young women on the ground". I said. She fixed her eyes squarely on mine; she didn't even blink. "The first lesson to leaders in this space is to shut up, listen and learn". I was quite surprised at the tone and assertiveness of what she said. "You should tell them that… word for word", she said defiantly.

I shifted in my chair a little and had a sip of my coffee. I was trying to figure out the right way to approach the rest of the conversation. "I would love to hear about your discussions in the community and your recommendations for engaging young women", I eventually said, trying to remain professional and to the point.

She leaned over and touched my hand gently. Her nails were long and perfectly shaped. Her hands were soft and warm. She sighed.

> Let's just simplify things. Let's go back to basics. Just go to the communities and start talking, you find that people are curious: "what are those two talking about?" and someone will come and ask, "okay guys what are you two talking about?" but then, it's in a more informal manner, while we just sitting in some corner. So they will engage because I am relaxed, not wearing a high-waist skirt.

I looked down at my high-waisted skirt and immediately felt judged, as the truth dawned on me. I asked her if she had any recommendations about how to engage young women and build ownership. She told me that most of the conversations that she had with young women just happened in a park. I probed further by asking whether this was due to resource-constraints

and whether they would prefer to convene at a venue, money permitting. A look of irritation flashed across her face.

> No! The moment you call us to boardrooms and halls, it becomes intimidating. They [the young women and girls] think I'm going to this hall, I'm going to find ministers present and that means my English must be on fleek[14], and that is a problem… But if you in the park, you just tell them tell it like it is, if you feel like lashing out – [in vernacular] just lash out. Even if you want to speak in Setswana, do so, just lash out. English isn't our mother tongue so that's what I tell them, don't feel small if your English is not good as long as you know yourself and articulate it the way you can…You want us to lead? Then you must make us feel like leaders. Listen to what we say. It is our generation that will make the difference now, not yours.

Tintswalo's understanding of ownership was to have an ongoing involvement of young women from communities in a way which enabled them to speak freely and authentically about their lives and their envisaged role in the national campaign. It was important for Tintswalo that the development of the campaign fitted around the lives of young women, and not the other way around. It was also clear that Tintswalo wanted to be listened to, that she wanted to influence action. This too was her personal understanding of ownership.

At the conclusion of the discussion I realised how flawed my approach had been to garnering this information from her in the first place; though not entirely of my own creation. The message was not complicated. I immediately typed up a short email to the She Conquers steering committee. I explained that firstly, it was critical that young women and girls were included in the campaign development process from the beginning. Secondly, that in our encounters with young women we needed to speak in plain language and use vernacular where possible. Thirdly, that we should dress in a casual way and approach them as leaders, rather than only providers of information. Fourthly, that if we wanted to engage with young women, we need to go to the spaces where they reside, not just conveniently bring them to our boardrooms. And finally, that we should continue to consult Tintswalo on how to improve young women's participation and ownership of the national campaign and by doing so we would also reinforce her leadership role and build ownership.

[14] Urban slang used to denote something being top-notch, perfect, good or awesome

The responses I got to the email were all very positive. The presidency, SANAC and the department of health all replied to say that the team should respond to the preferences of the young women and let them lead. However what letting them lead meant was not straightforward.

How is Ownership Enacted?

Despite Tintswalo's very clear communication, every single She Conquers campaign engagement over the year of my fieldwork took place in a boardroom setting in Pretoria. Boardrooms which were deliberately difficult for the young women to access. Robert Dahl (1957) argued that leaders do not merely respond to the preferences of constituencies, but that they have the ability to form their own preferences. Their own preferences typically lead to a concept called non-decision-making, which means that the general assumption is that institutions and organisations are on board with specific issues, but in reality are not. Lukes (1974) argued similarly that false or manipulated consensus may be maintained through the domination of a powerful group of people or institutions. In the case of youth participation in She Conquers campaign meetings, this is likely to have been the case.

In one instance a young woman managed to secure her own transport money, and managed to make her way to the national department of health building in Pretoria's central business district for a meeting, and had her ID book on hand to identify herself, but she was still unable to enter the meeting because she was not given access to the building. The reason that she was not given permission to enter was because she needed a chaperone and the only person whose name she knew was not on the security system and she had no airtime to call for assistance. In another instance, a young woman from KwaZulu-Natal contributed to a meeting in isiZulu. No-one translated for her and the note-taker only understood English. Her contributions were never captured. They were never acted on. To this day I don't know what she said.

In these two instances ownership was obstructed by exclusion. In many other instances ownership was undermined in a much less obvious way. Gilligan (1982) writes of a process in which women are listened to and heard in a new way, and then within moments their contributions get blended into old ways of thinking and lose their impetus and originality. This process of hearing and "forgetting" is what I experienced through my fieldwork. Let me provide an example.

In April 2016, three months before the public naming of the campaign at the international AIDS conference, a communications task-team of technical experts was set up to guide the branding, public relations and communication around the national campaign. The task team raised the importance of having a name and logo for the campaign. A large communications tender had been awarded to ASPIRE[15] by government for health communications in 2015. ASPIRE was requested to allocate their time, human resources and budget to design a logo and name for She Conquers. ASPIRE staff indicated that they would engage groups of young women across South Africa to ensure they produced something which "spoke to the girls" and which was "truly South African".

After four weeks spent in the field and developing artwork, ASPIRE requested a meeting to present their three creations. Young women, including Tintswalo and one of her friends, were invited to this meeting. The meeting was abuzz with excitement to see the designs. The ASPIRE's team lead was an arrogant, tall man named Nelson who had long dreadlocks which were visible out of the bottom of his bowler hat. He wore a waistcoat and described himself as "the prostitute of the advertising industry" since he'd "been around the block". Nelson projected option one. As the screen lit up there were audible gasps around the room. Tintswalo started laughing loudly. "Is this a joke?" She asked. Up on the screen the word "SLUTT" was illuminated. The creative team immediately jumped in to try and explain that "the name is actually quite empowering as it stands for 'So Let's Unite Together Today'". The associated logo was a line of silhouetted women standing seductively.

A unanimous decision was taken by the communications team and young women to not even entertain discussion of the first proposal. Nelson, somewhat deflated though defensive, then moved on to option two. As he flashed up the next option I gazed at my colleague across the table and sighed in disbelief. On the board was projected the word "G-String". This word was, to the audience, just as offensive as SLUTT. The ASPIRE team explained that it was shortened from "girl-string; linking girls together". The imagery was greatly toned down compared to the first option. The logo was made up of pale blue and peach figures of women standing close to one another with interlinked arms. The word screamed though, despite the pastel colours. Tintswalo and her friend rejected this name on behalf of the entire meeting. They also rejected the imagery without even hearing the rationale for its design. Nelson was visibly upset at the

[15] This name has been changed.

reaction he was receiving. Nelson's colleague, another man, slightly more humble and a little shorter, then took over as presenter.

The third option was colourful, it was detailed, it was decorative, it was oriental, it was way over-the-top. It was called "BLING". Tintswalo's reaction was to ask "why are you showing us this Telly Tubby things for children?" Following this comment, the meeting deteriorated into a state of disarray. The volume in the room rose as people started muttering, shaking their heads, and laughing hysterically. In an attempt to salvage the reputation of the national task team, the chair asked that ASPIRE go back to the drawing board and come back with something worthwhile, empowering and significantly improved within 48 hours.

Tintswalo was offered the opportunity to give a final word on the matter to ASPIRE. She lamented:

> We want youth-friendly lingo and a catchy name for the campaign. Is that too much to ask? If you get it wrong people won't listen to you. All you have to do is listen to us and make sure everything about the campaign is fun and vibrant. You must get us to facilitate engagement with youth; not you. We also want to speak vernac, not just English. Just speak to the girls, don't try to know better.

The meeting was adjourned and before the ASPIRE team had even left the parking lot, the young women approached me and a colleague from the presidency. They shared their disgust at the misogyny they had just witnessed. They requested us to coordinate a meeting with youth from across the country to brainstorm and develop a campaign name and logo for themselves. We agreed. The following Saturday, 30 young people, representative of youth constituencies across all nine provinces, arrived at the SANAC offices. We invited the ASPIRE team to join us since we knew that they had the money to pay for branding and communications. A young woman called Lebang took the chair and welcomed the meeting. She gave some background and then outlined the purpose. Shortly thereafter, she thanked the organisers and then asked that all "people with mileage" (meaning older) remove themselves from the meeting and sit outside to ensure the independence of the discussions and outputs. Was I a person with mileage? After a few seconds and some confused smiles, we were encouraged… "Yes, you people. You over the age of 24. You with mileage who work in offices around Pretoria. Please will you be so kind as to step out of the room for the rest of the meeting so we can engage freely as youth".

We left the room and convened in the kitchen for two hours. We were eventually called back and Lebang presented us with their logo and name. The logo was a scribble really with annotations to direct a graphic designer "to make it look beautiful". They wanted the logo to be made up of the South African flag colours. They wanted it to depict the profile of a young woman's face with a crown on her head. The name had been agreed unanimously - *Isibani se Sizwe* (light of the nation).

The name and logo made their way informally into the inboxes of a few policy makers. There was an immediate resistance to the name by three male policy makers. Firstly, because it was not English. Secondly, because it was not thought to be specific enough to health and HIV. Thirdly, because it was too long. Following this, ASPIRE were immediately requested by the department of health to set up and launch a campaign naming competition where youth across the country could enter their own suggestion of a name. That way additional options could be considered and "a broader spectrum of young women would be provided with the opportunity to put forward recommendations".

Once again, male policy makers dominated in the space of the young women's campaign. The young women who had developed *Isibane se Sizwe* were silenced. They were convinced by policy makers that the competition would allow a more transparent process, in which a greater number of young women from around the country would be provided an opportunity to participate and engage in the campaign development – in the name of building ownership. The young women were assured that their submission into the competition would be fairly considered.

Terms of reference were drafted for the name's selection panel, outlining the composition of the team, the role and the expected time commitment. The panel constituted six young women and five members of the national committee to ensure that youth had a majority influence on the selection of the winner. We spent four hours in a room scoring 150 entries. The process was tedious but eventually, after consolidating the scores from the 11 panel members, three names clearly came up as the favourites. Tsholo sang every name to ensure it would "work well in a jingle". The panel laughed at her excitement and energy. Each of the favourites were supported by young women panellists as worthy winners of the competition. The names were *Aga Naga* [building a nation]; *NaGomso* [even tomorrow] and *AmaQhawekazi* [courageous women]. The three names were sent to the minister of health for final selection.

As described in the opening vignette, none of the three finalists landed up being announced in the public unveil at the international AIDS conference in July 2016. Instead 'She Conquers' was announced as the winner. An English name. A name ultimately voted for by one male politician. Tsholo, one of the six panellists, was sitting next to the minister at the unveiling. There was a different tone in her voice at the unveiling compared to when she spoke in song on the day of scoring. All the hopes that she had carried for the campaign were dashed before her eyes. After the unveiling of the name, the six young women from the adjudication panel were silent on the matter of the campaign name. Did they feel uncomfortable? Did they feel abused? Had they lost hope? Perhaps their choice not to speak may have been deliberate. As explored by Gilligan (1982), women's decision not speak may be intentional or not, a conscious decision or enacted, and purposefully delinked from their own thoughts and emotions. Silence can be a protective strategy.

On the day of the unveiling, it became clear that the policy makers were deliberately paying lip service to the notion of ownership. The young women sitting on the stage were there for the benefit of the media and audience, including donors.

I recalled something I had heard informally from young women in an initial campaign meeting. She said:

> I personally feel you can't say freedom of expression while being forced to speak English in a certain way in these high profile meetings when people look at you with these eyes – they are saying "don't say anything more" with their eyes. It's not freedom, it's now abuse. They say if that thing makes that person feel somehow [uncomfortable] then its abuse.

In this chapter I have shown that ownership is a key notion for the national She Conquers campaign. Ownership was described as having young women leading the campaign and involved in every aspect. Policy makers spent a lot of effort to create a perception of youth ownership to the public. Young women perceived ownership to mean being engaged as equals, and guiding aspect of campaign conceptualisation and development. This chapter unveiled a contradiction between what was understood by ownership and what was enacted. Young women attempted to exercise ownership by developing the name Isibane se Sizwe; but policy makers dismissed their efforts and instead constructed ownership to suit what they thought was in the best interest of young women, and silenced young women. Silence supported the notion

of constructed ownership and instilled hope in the public health sector that the national campaign was putting young women front and centre to own the campaign. On the contrary, silence perpetuated hopelessness amongst young women who witnessed the contradiction. In the next chapter I will discuss the notion of hopelessness through the development of the She Conquers campaign. I will discuss the feeling of hopelessness experienced in the NGO world – and their complacency towards the situation they find themselves in.

Chapter 5 – Dynamics of Hope around She Conquers

> "In the future we will have more babies and kids than we have now because everyone will be free to have sex at any time with any one because there will be no more HIV and AIDS. It [sex] will be far more than just preventing things [HIV transmission] from happening. We can have more honest and fulfilling sex and the world will be a better place to be alive for me and my children"

The above aspiration was penned by Nikiwe in her diary which I gave her when I first visited Olieven in 2015. Nikiwe shared with me that her hope for the future was fuelled by talk of "an AIDS free generation by 2030" and mention of government developing a national HIV prevention campaign for young women [She Conquers].

The dynamics of hope is a multifaceted and complex combination of "hope", "despair" and "hopelessness". It comprises balancing between "believing life to be worth living at the present and in the future…losing one's grip and sinking into narrowing existence … [and] giving up in the face of belief into non-existing future" (Kylma et al., 2001: 764).

Jari Kylma et al. (2001) write about the dynamics of hope amongst people living with HIV and AIDS. They describe hope, despair and hopelessness from the perspective of a person living with HIV. They argue that internal and external factors influence the feelings of hope, hopelessness and despair among people living with HIV. They describe the construction of despair when hope is threatened and how this initiates the path towards hopelessness. For Kymla et al. (2001) the concept of hope was linked to optimism and wishing and fuelled by seeking for a definitive aim to be realized. Despair was characterised by losing belief, losing perspective and questioning. Hopelessness was defined as completely giving up. The same dynamics of hope existed amongst donors, policy makers, NGO officials and young women in the policy world, through the development of the She Conquers campaign.

The She Conquers campaign takes the form of a South African government HIV policy document. The policy document, though static, differentially influenced the dynamics of hope amongst different stakeholders. Biehl (2007) argues that HIV and AIDS policies are "power formations" that meddle with financial resources and influence their allocation. According to Reid (1998), policies are put in place to influence norms, attitudes, values and perceptions and change people's behaviours. The She Conquers campaign sought to guide a country response

with the aim of reducing new HIV infections. Epidemics (including AIDS) often justify the rationalisation of power and regulation of society, although in their eyes sometimes beyond a permissible mandate (Reid, 1998). This regulation has been found to perpetuate misalignment between perceived national priorities and what is experienced by people on the ground. The power formation "ensures that the lived experience of global health for recipients is one of shifting terrains, fragmented responsibility and persistent inequalities" (Kenworthy, 2014: 73).

In this chapter I explore the experiences of hope, despair and hopeless through the development of the She Conquers campaign. I argue that the development and exposure to the She Conquers campaign differentially influenced the dynamics of hope in each of the stakeholders; moving some towards hope, but simultaneously urging others towards despair or hopelessness. I suggest that underlying triggers and barriers influenced the dynamics of hope and the trajectory of ones feelings of hope towards the campaign.

Hopelessness

On the 10th of May 2016, the Minister of Health, Dr Aaron Motsoaledi presented the department of health's 2016/2017 budget vote to the national assembly. He announced that three billion rand would be made available to focus programmes on "girls and young women, in the age group 15-24 years, and then men who are infecting and impregnating them". Motsoaledi stated that one of the campaign objectives was to "increase economic opportunities for young women and try to wean them away from sugar-daddies" (National Department of Health, 2016).

The budget speech sparked a flurry of discussion and critique. Eye Witness News reported on the health minister's budget vote in a story entitled "Health Department Unveils Anti Sugar Daddy Campaign". The story was commentated on by a number of people[16]. The tone of the comments were consistent - sarcastic and hopeless. For example:

> All bets are off ladies and gentlemen. 100% certainty that this is a waste of money and time. 100% that it will fail
>
> The R3 billion campaign should perhaps rather be used towards health care than girls who are interested in some sugar dad somewhere! Goodness.

[16] http://ewn.co.za/2016/05/10/Motsoaledi-announces-plans-for-R3bln-anti-Sugar-Daddy-campaign

> 3 billion anti-sugar daddy campaign… BWAAHAAHAA PLEASE, PLEASE STOP MY STOMACH HURTS

Neither the news story, nor the minister in his budget vote gave the context of HIV in South Africa, the "evidence" for the design of the campaign, nor the full details of the proposed campaign. Nevertheless, the story evoked a common sense of hopelessness amongst the readers towards the campaign as an initiative of the South African government.

Civil society activists in the sexual and reproductive health sector also responded to the budget vote with a sense of disbelief and hopelessness. On the morning of the 11th of May 2016, I woke to an email from a highly renowned civil society activist and member of the sexual and reproductive justice coalition (SRJC)[17]. The email was sent to the coalition mailing list, of which I was part, in response to hearing the minister's budget vote and response to young women. It read:

> Dear Colleagues,
>
> I am not sure who will save us from this confusion/madness!!!
>
> This is the perception of blaming the victims. It must be the girls who go after the older men – so try to entice them to stay away from the men. It is also about the abstention story…
>
> Various studies have shown that the majority of young women are forced into sexual experience; it is not consensual. I don't know how the billions address this aspect! What is being said to the men and boys? Certainly circumcision does not address this. It boggles the mind!!
>
> If we have the billions, why don't we invest in education in the rural areas in particular? Why don't we aim for more than the 35% for passing? Why are children still studying under trees? Why are some matriculants still without books?
>
> Cry the beloved country!

[17] The SRJC is a coalition of over 130 organisations and individuals engaged in advocacy, research, service delivery, education, policy analysis and activism work in the fields of gender, sexual and reproductive justice, health, rights and care in South Africa

The emotive email did not only respond to what was mentioned in the budget vote, but was fuelled by frustrations linked to other developmental challenges such as the education system. These frustrations were echoed by responses of other members in the mailing list and there was no opposition or defence to the content of the initial email. In fact, the chairpersons of the coalition concluded the discussion by mobilising the coalition against participation in the national She Conquers campaign. They also requested that "Kerry Mangold please shed more light on this 'sugar-daddy' campaign since SANAC is supposedly a partner". I replied to the coalition attaching the She Conquers campaign document which included the background, rationale and approach for the campaign. My response was the last in that thread.

A few weeks after the email exchange I attended a work retreat at a beautiful country hotel in the Magaliesburg. The meeting started early on a Monday and many of the delegates had been shuttled to the lodge the night before. I raced in that morning, leaving a parting behind me through the thick mist which covered the hotel surroundings. I found a parking bay, grabbed my bag and set off in the direction of the conference facility which had been signposted alongside a footpath. I had to navigate streams that were interlaced through the property and scramble around wild birds and antelope. After five minutes of drifting through the indigenous vegetation I found the venue. I was thirty minutes late by that point and so I quietly crept in the back door and sat down at the only open chair.

I didn't know anyone at my table and had missed introductions by that point. I smiled politely as I made eye contact with the other participants. After a long session of PowerPoint presentations, the facilitator asked us to pair up. She advised us that the afternoon would be spent outdoors where each pair would discuss a set of questions that she would provide and then report back to the plenary. The lady sitting to my right wore large gold earrings and a colourful doek. She invited me to join her for the exercise and I gladly accepted. We collected the question sheet and made our way outside. We gravitated towards the sparkling pool that was outlined with a wooden deck and adorned with lounge chairs. Without discussion we both took off our shoes, set down our laptops and made ourselves comfortable. We had a laugh about the zebra drinking out of the pool and then spent time discussing the traffic and our children. We connected easily and the conversation flowed unreservedly. Eventually we decided to get to work and take a look at our list of questions. The first question read "what are your expectations from the retreat". We suddenly realised that we had not even introduced ourselves to one another. She giggled, "My name is Nosipho Mokoena. I am a doctor and a

feminist and also the deputy chairperson of the sexual and reproductive justice coalition". I laughed. "You know me already, at least by name", I said. "In fact, you sent me an email just a few weeks back". She looked confused. "I am Kerry Mangold from SANAC", I said.

She clapped her hands and flicked her head back with a smirk. "In that case then, please" she begged mockingly, "please can you ask those 'geniuses' advising the minister of health on this She Conquers campaign to help me understand a few things". The guinea fowl that were sauntering around us were scared off by the loud clap. I reclined my chair back and got out a bottle of water. The warm sunbeams lighting up the tranquil scenery were juxtaposed to the seemingly sombre and icy feelings towards the campaign. Nosipho began:

> I want to know why the minister is focusing on economic empowerment when millions of girls are missing school every month because they are not provided with menstrual hygiene products. I want to know why the minister is focusing on weaning girls away from sugar-daddies when the same girls are falling pregnant from incest and rape and other cultural practices like *ukusoma,* yet they remain without access to long acting reversible contraceptives. I want to know why the minister still treats abortion like it's a nice to have of medical procedures, while many women die of unsafe abortions?

Nosipho's voice grew louder with every sentence, her breaths became shallower; her words closer together. Her demeanour stiffened and her temperament became serious. I sat up and paid careful attention, nodding as she concluded each point. The ease of our chit-chat hastily transformed into a debriefing session on the minister's budget vote.

"Girls are ostracised for being pregnant learners and then when and if these girls finally make it out of school they must still be tested for virginity to qualify for a bursary for their education" she hurried. "So how are these girls exactly meant to get through life when there are unjust hurdles everywhere?" Nosipho paused. She stood up and stretched her arms above her head. "And now we have the audacity to judge them for having transactional sex even when many sugar daddies paid for school or allowed then to get food from this money", she sighed. "My last word on this is that the health ministry should focus on its mandate to keep women healthy as per the constitution, rather than waste time on matters dealing with sugar daddies. The health of women in our country is in crisis".

Nosipho was critical of the She Conquers campaign and the minister of health's focus on economic empowerment. She emphasised the priorities, in her view, for sexual and reproductive health interventions, and noted the shortcomings. She questioned the focus on sugar daddies and suggested that the emphasis is misaligned with the sexual and reproductive health needs of young women. Her cynicism and tone reflected a feeling of hopelessness towards the government response to the scourge of HIV and teenage pregnancy amongst adolescent girls and young women.

The manifestation of hopelessness towards the She Conquers campaign was also shared by a young women activist. Rhulani was an SRC representative from Wits University who was also a #FeesMustFall[18] leader and RUreferencelist[19] participant. She was a guest panellist at a social media expert discussion hosted by Soul City shortly after the launch of the She Conquers campaign. She was asked how social mobilisation and feminist movements could effectively be used to move the She Conquers campaign towards implementation and gain traction on the ground. She asserted:

> I don't have time for government right now. It's sketchy this young women's campaign…. it's very sketchy. There is a lot of work amongst youth already – we are already working together across campuses and we are mobilising ourselves.
>
> For #FeesMustFall we did this without government, for this [HIV prevention] we will also do it without government. We don't want government – they just want to take the glory for the work we are already doing by ourselves. We don't even want to affiliate with anything to do with government, like this She Conquers campaign, until they get rid of Zuma.

In the cases above, feelings of hopelessness expressed towards the She Conquers campaign were underlined by feelings of hopelessness more broadly linked to government, and specific government officials. The government's role of fulfilling rights to basic and higher education, towards broader sexual and reproductive health and towards socio-economic upliftment are often questioned. By association, as a government initiative, the She Conquers campaign initiative is viewed skeptically. The specific words used by the minister to "wean girls off sugar-daddies" opened the door for criticism of a campaign which by design was much more

[18] #FeesMustFall is a student-led protest movement in response to an increase in fees at South African universities
[19] #RUreferencelist is a list posted on social media of alleged perpetrators of rape and sexual assault at Rhodes University

comprehensive than just targeting sugar daddies. Across the country people, many of whom were activists in sexual and reproductive health arena, criticised the campaign.

Hope

> It is truly wonderful to hear the passion, energy, determination, commitment and action through the voices of empowered young women and adolescent girls. They know what they need. She Conquers is a solid government strategy matched with solid financing, providing the tools to translate words into action (Jan Beagle, UNAIDS Deputy Executive Director)

The quote above was captured at the international AIDS conference in 2016, where a high level delegation was asked by the media to respond to the public announcement of the She Conquers campaign by the minister of health. Jan Beagle was representing the Global UNAIDS delegation and international development partners at the satellite session where the minister gave the keynote address. The expressed institutional commitment by the minister of health to the national campaign seemed sufficient to inspire hope in development partners of the South African AIDS response. Beagle's remark was reiterated in a global UNAIDS publication released a few months after the launch. The publication called "when women lead, change happens" specifically mentioned She Conquers as a best practice campaign for young women in South Africa. The irony of the publication is that many, although not all, of the young women I spoke to felt that the campaign was hopeless. Some young women like Lebang and Kele were hopeful and optimistic about the She Conquers campaign, but they were by far in the minority.

At a national dialogue around the She Conquers campaign a young woman named Zandile Buthelezi said that she was participating [in the She Conquers campaign and dialogue] because she was hopeful about being part of preparing a solution to the epidemic of HIV amongst young women. The dialogue took place at the Birchwood hotel and conference centre in the OR Tambo precinct. Twenty young women participated in the dialogue with 5 high level policy makers. The audience was comprised of about fifty people, who witnessed, but did not participate, in the dialogue. The purpose of the dialogue was to celebrate young women; to provide a stage for high level officials to engage with programme beneficiaries and for policy makers to hear first hand from young women about the challenegs they experience as young women in their South African communities. The event was also positioned to the media as a networking opportunity where the young women could "get to know the ministers and

ambassadors as peers". All the girls who attended the dialogue were fluent in English. They all wore some form of traditional clothing or beading and they were all well prepared to engage with the panel, using hand-written notes or cell phone prompts to guide their speeches. The policy makers wore semi-casual clothes and sat on the floor with the young women to engage them "as equals".

When the opportunity was provided, Zandile expressed to her peers in the audience that she was there to motivate them through her own experiences. She said that she "is a brave young girl with a dream; with a superpower to give to others and remind them of the good things in life". "I have conquered the difficulties in life and dream about providing hope to others" she expressed. "It is not over for you if you have HIV or if you haven't finished school" she said, "as now there are campaigns now which give us hope, like She Conquers". I spoke to Zandile after the dialogue. She told me that she has been approached to tell her story and also that her notes had been vetted. She did say that the story was her own but that it was edited for "the purpose and audience in the dialogue".

At the same dialogue, the United States (US) Global AIDS Coordinator, Ambassador Deborah Birx spoke about a sense of hope linked to the national young women's campaign. She started by stating what an honour it was for her to be surrounded by so many determined young women in the audience, and a minister [sitting next to her] who understood young women's issues. Ambassador Birx, together with Minister Motsoaledi co-chair the bilateral partnership between the South African and US government and were therefore already well acquainted.

I suggest that the participants and speeches uttered through the dialogue, particularly the young women were carefully orchestrated to inspire hope to the donors. Ambassador Birx, in the dialogue, pronounced that the South African history "brings a lot of hope internationally for transformation and a better world". She acknowledged that antiretroviral drugs bring hope to young women and that more hope was being provided by She Conquers which is "an ambitions and overwhelming programme for young women". Ambassador Birx shared that she had dreams too. She said that she dreams of being privileged enough to empower our young girls to remain HIV-free and safe by supporting national programmes for young women. She asked the meeting to "imagine with me a world where young women are in the boardroom and in schools and remaining HIV free and raising the next generation of HIV free girls".

Ambassador Birx's hope towards the minister and the national response to adolescent girls and young women translated into action through the approved PEPFAR South African country operational plan (COP17)[20] which guided the United States funding to South Africa. The COP17 specifically referenced the She Conquers campaign as a key and innovative South African government initiative that the US government supported. South Africa was awarded over sixty million dollars towards the implementation of the She Conquers campaign through COP17.

In addition to the sixty million dollars from PEPFAR, the Global Fund also pledged a similar funding envelope. No specific funding was made available from the South African Treasury for the campaign. This meant that in terms of implementation, the She Conquers campaign was only funded insofar as it aligned with the objectives of donor programmes already designed abroad and brought into South Africa. Numerous studies have critiqued global HIV and AIDS initiatives for prioritising programmes that did not necessarily align with the most urgent wants and needs of the nations in question (cf. MacKellar, 2005; Shiffman, 2006; Esser and Keating Bench, 2011). They explain this as a mismatch between ideologies concerning what is best for the recipient country, and the politicisation of the system at a high level. Nevertheless, the campaign and the public relations around it, managed to secure an investment of almost three billion rand.

Swidler et al (2009) argue that notions of national ownership, participation and commitment are encouraged by the promise of financial aid from transnational organisations. In the policy world, these notions were articulated by the minister of health and the deputy president in relation to the She Conquers campaign. At one press conference in early 2017, Dr Motsoaledi stated proudly that:

> This [the She Conquers campaign] is a whole of government, whole of South Africa campaign. This is a truly country-owned response to the dual epidemic of HIV and teenage pregnancy in young women in South Africa (Aaron Motsoaledi, Minister of Health).

The statement suggested that the national She Conquers campaign had roots in South Africa and was an initiative of the South African government. Hope raised amongst players such as

[20] https://za.usembassy.gov/wp-content/uploads/sites/19/2017/03/SA-PEPFAR-COP-2017-Strategic-Directions-Summary-final-draft-16-March-2017-Public-Version.pdf

UNAIDS and PEPFAR translated into an internationally funded mandate which is consistent with what has been noted in the literature (Swidler, 2009; Kenworthy & Parker, 2014). According to Lieberman (2009) governments who are perceived to be committed to ending HIV and who prioritise the response to the HIV epidemic through public relations, political intentions and commitment of their own funds, are more likely to receive added financial and technical support from development partners (Lieberman, 2009). The dialogue about She Conquers, coupled with the leadership of the minister evoked a sense of hope within the global AIDS Coordinator who pledged a huge investment towards its implementation.

The exclusive funding of She Conquers by donor agencies is not something unique to the She Conquers campaign. This has also been experienced in relation to the national HIV programmes for sex workers and LGBTI populations. The funding situation for She Conquers however, may explain why donor direction, programmes and "evidence" more heavily swayed the design of the campaign than the involvement and inputs from young women outside of the discursive community. Constructing hope amongst international development partners successfully transformed into programme funding for the national campaign. The construction of hope was enabled by scripted (and hopeful) politicians and briefed (and hopeful) young women. The dynamic of hope towards the campaign primarily played out in speeches and funding commitments from politicians and materialised in funding commitments from international donors.

Despair

The dynamic of hope around She Conquers was different for the executives whom I engaged in the NGO world, though they were privy to the same statements, information and dialogues around the national campaign as the young women, the public and development partners alike. Though I engaged each of the six executives separately, much of what they said echoed the same core sentiments.

"We want the money, so we will prostitute ourselves", sighed Susan, the CEO of a large NGO when I asked her about how HIV prevention programmes for adolescent girls and young women were funded. "If that's the only way we will get money for our organisation so be it, even if it means we are wasting resources". "The government of South Africa estimates that about three billion rand is available to implement HIV prevention programmes for adolescent girls and young women but the money comes with pre-determined 'expert' plans and no

flexibility to adapt them to what we know about the communities where we work". Her tone was sarcastic and disheartening. "I guess we just hope they are right in some things….who are the experts anyways? Those who sit behind desks and dream up solutions or those with first-hand understanding on the ground and run actual programmes?"

The NGO executives believed that government should only raise and commit funding and policy to programmes which are tailored by South Africans to addressing the issues that put adolescent girls and young women at risk in South Africa. At the same time, they were accepting of "misaligned" donor funds to cover the costs of remuneration and operational costs for their own NGOs as a means for survival. They blamed the government for allowing a donor agenda to be implemented in the country. According to Neo, the CEO of a large NGO in KwaZulu-Natal, "this situation is not explainable or defendable; the government are giving in to these power houses who don't serve the cause of those who they [the government] are seeking to support". Barbara, the Chief of Party of a huge PEPFAR funded programme shared a similar sentiment when she told me about what she called the "Biomedical Mafia":

> Everyone has an agenda and they put money in what they are interested in for their own reasons. It is the government agenda, the donor agenda – not the young women's agenda.

Donors dominate the policy world and their ability and power to dictate the HIV prevention space in South Africa does not respond to the needs and wants on the ground. According to Brian, another CEO, "donors dictate programmes on timelines which are set according to national congress, not how long it takes to change behaviour". The time-bound design of donor-funded projects has long been described as creating a world where government and donor-funded programmes become incompatible with one another (Park, 2015).

In the NGO world, the executives I spoke to were, in general, very cynical of government and development partners, despite their organisations receiving funding for their adolescent girls and young women's programmes through government or international development partners or both. Each executive was also quick to blame the government for adopting donor priorities without question but themselves did not speak up, except confidentially in an interview with me or behind closed doors. Brian, for example, felt as though it was the government's responsibility "to stop the imperialist culture of donors", and not his. He said that NGOs cannot challenge donors as they are vulnerable to funding but that government should put the country

first. “Donors are the new imperialists so we do what they want us to do. I do want to have a salary so I will do what they want us to do”, he exclaimed. While most the interlocuters in this space stated that they did not necessarily support the decisions of donors or government departments, they also intimated a strained relationship between NGOs and policy makers. They acknowledged that to continue to do the jobs they did, they needed to do what government and donors wanted in order to ensure access to funding.

The She Conquers campaign concept document created a power formation by which NGOs could blame government, but at the same time leverage international funding sources to implement programmes that they partially believed in. NGO executives didn’t believe that the policy makers who developed the She Conquers campaign necessarily designed a programme which responded to the needs of young women.

The executives’ despair was heard in comments about being “excluded and misrepresented by government”. Despair about the content of the national She Conquers campaign was also shared by adolescent girls and young women themselves. For example:

> The eighth South African AIDS conference kicked off on a fiery note as young people told policy makers and NGOs to stop coming up with policies and campaigns aimed at them without them. They said these campaigns often didn’t address the real challenges facing the youth of this country.
>
> The young people, who remained anonymous during their presentation, said it was time to stop launching similar campaigns year after year.
>
> Speaking on behalf of the youth, a young woman living with HIV said: We need to stop with coming up with campaigns about us every year – she conquers, he conquers, they conquer – and start reflecting on where we are.

Although the above snippet is not necessarily about hopelessness, the She Conquers campaign policy did reignite questions and feelings of disbelief. The cynicism of the NGO executives was softened by improved personal relations with policy makers, which sustained them in the dynamic of despair. For example, when I asked Barbara, an NGO executive, if she had ever confronted policy makers about their so-called want to appease donors and implement programmes that reach high numbers, she responded that she hadn’t.

> As compared to previous era, with the relationship being smooth here as NGOs and civil society, we are kind of reluctant to openly criticise government. With our closeness, we have lost that willingness to speak out and say out things because the whole dynamics have changed between us. (Barbara, NGO)

Brian had a similar experience, sharing that "this [recent lack of open criticism] is a direct result of the relationship between the current minister of health and advocacy groups, which has been beautiful compared to previous era". The growing closeness between the government, NGOs and civil society organisations has made it increasingly difficult for stakeholders to criticise government and their power formations. Brian stated that the situation wouldn't change, if the relationships continued and if there remained hope for funding from government. He said:

> NGOs are starting to get funding from government and this has made it increasingly difficult to hold government accountable. It is more like toeing the line because NGOs and civil societies are no longer the opposing voice. However, the good part about this, the relations have been harmonised between government and NGOs and there seems to be a bit of cooperation and collaboration happening.

The funding and relationship dynamics between the NGO world and the policy world have resulted in the programme executives accepting directives from government and donor agencies. The space occupied by donor-reliant institutions is similar to that articulated by Nora Kenworthy in her review of Steven Robins' book *From Revolutions to Rights,* in which she recognises the strategy of self-presentation in the policy world as a means to secure survival in the space. The dynamic of building relations and receiving funding from government moves NGO executives onto the path towards hope. This dynamic has encouraged a resignation by the executives to play a passive role in the national response. The NGO staff complain about misdirection but do nothing about it.

The hierarchy and power associated with donors and even governments is an insurmountable challenge for the NGO world. As Rosana Onocko-Campos has noted, "If some policy makers' narratives are nothing but alibis, if local knowledge and specific cultural context are frequently missed, forgotten in moments of decision, what are we to do?" (Onocko-Campos, 2012, 664).

The dynamic of hope for NGO executives hangs in the balance between hope for improved relations with key policy makers, and blame on government for internationally driven health agendas for young women. The situation sits in an equilibrium which currently remains

undisturbed by the NGO executives who accept the passive role in advocating and implementing programmes for young women.

The expression of hope, despair or hopelessness towards the She Conquers campaign, a policy formation, was influenced by individual perceptions, experiences and attitudes towards the South African government and government officials. It was also influenced by orchestrated events which elicited feelings of hope amongst donors. For the development partners this meant increased funding for the campaign; for the public this meant extended criticism of the shortcomings of government; for the NGO executives it meant a contradiction in terms of criticising governments approach, but passively accepting of its consequences.

Conclusion

On a Friday afternoon in late 2017 after the completion of my fieldwork I was driving down the N1 South on my way home from work. A huge yellow billboard on the side of the highway caught my eye. It posed the question "Who says girls don't want to be on top?" It was obvious from the colour scheme and branding that the billboard was a She Conquers billboard. I was confused at the messaging and taken aback by the brash sexual innuendo. As I may have predicted given my experience through the campaign development, there was an outcry from young women and gender activists, calling for its immediate removal and inquisition. The department of health, who commissioned the billboard, took a defensive position on the matter explaining that "it is actually a very positive message and not about sex". Rather, they said, it referred to "the top of the corporate ladder and wanting to complete schooling". The department pointed out the small print which read "complete your matric, study hard and graduate". Depite the explanation, the NGOs involved in the She Conquers campaign secretly criticised the media campaign behind closed doors. I realised through this experience that nothing had really changed in the policy world with regards to evidence, ownership and hope relating to the She Conquers campaign.

Déjà vu played out in early 2018 with the production of yet another She Conquers campaign billboard on the N1, this time on the northbound route. One morning on my way into the office I noticed a bright red digital billboard on the left of the highway. It inquired "What is your favourite position?" I didn't bother looking for the small print. I didn't bother finding out the views of the different worlds in response to this communication. I didn't passively come across any commentary though I know how the script would have been written.

Various public health and anthropological sources tell us of the complexity of the vulnerability of young women to HIV infection in South Africa. Statistics show that over two thousand adolescent girls and young women between the ages of 15-24 become infected with HIV each week in South Africa. Furthermore, we are told that addressing the HIV epidemic amongst young women is the number one priorty of the country in terms of the HIV response and that success will depend on the meaningful inclusion of young women in designing and owning the response.

By focussing on a particular policy, the She Conquers campaign, and three particular worlds, the policy world, young womens world and NGO world, I have demonstrated the disconnect

between intention and enactment of key policy making principles, simultaneously leading to hope and hopelessness towards the campaign.

In this thesis I have illustrated the importance of an "evidence-based" HIV response to the vulnerabilities of adolescent girls and young women. I described the sorts of information, the people and the spaces which nurtured the production of "evidence" for the She Conquers campaign. I suggested that the first-hand experiences and inputs of young women did not constitute "evidence", especially if shared in informal spaces or without briefing. Public health literature and key published reports constituted evidence and influenced the discourse in the policy world. I outlined how a handful of young women joined the discursive community on HIV prevention in the policy world. I argued that young women speaking the discourse of the policy world were considered critically as speaking "evidence" and their contributions were held in the highest esteem. Consequently, adolescent girls and young women's voices were silenced in the campaign development and the dominant discourse paved the content and approach to the finalisation of the She Conquers campaign.

The missed opportunity of young women providing evidence is critical. Young women were engaging and ready to contribute the national HIV response in a way which they believed clearly responded to lives of young women, but by being continually sidelined or influenced to speak in a particular discourse, the value of engaging them in policy making was diluted. The gap between lived realities and policy production remained large despite efforts to engage with young women through the conceptualisation and development of the She Conquers campaign.

I have also shown the importance of "ownership" as a key principal of the She Conquers campaign. I described the notion of "ownership" as an inclusive engagement with young women from campaign inception through launch and implementation. I highlighted the exaggeration of portraying youth-ownership as a key principal of the campaign to the public and in the presence of development partners. I argued a contradiction in terms of what was understood as ownership and what was allowed to be enacted as ownership. I described an attempt by young women to enact ownership of the national campaign, by developing the name for the national campaign. However, I also describe the dismissal of their efforts by the policy world.

Ironically, policy makers constructed youth-ownership in what they thought was the best interest of the youth. This perfectly contradicted the notion of ownership in the first place; it

silenced young women. I suggested that the silence perpetuated a feeling of hopelessness amongst young women, whilst supported the perception of youth ownership by donors and development partners.

Through an exploration of the notions of hope through the She Conquers campaign development, I further delved into the perceptions and attitudes towards the campaign, as well as the amplifiers or buffers for each of these. Dynamics of hope were described as either hope, hopelessness or despair and each of these three dynamics was elicited in different worlds through the development of one national campaign. I suggested that notions of hope towards the campaign reflected the underlying relations between the different worlds which have been historically built or destroyed.

Often the dynamic of hope towards the She Conquers campaign, mirrored the dynamic of hope towards government more broadly in the development field. The dynamics of hope were also cultivated in particular pedantically orchestrated events. I suggest that the She Conquers campaign created hope amongst donors and stimulated financial commitments to the country. I suggest that the campaign development stirred underlying frustrations with government amongst activists and young women. I suggest that the campaign disturbed the balance of views in the NGO world, where NGO executives would criticise government's approach, but passively accept its consequences.

In all of the chapters is it clear that there is a misalignment between the three worlds – the policy world, the young women's world and the NGO world in terms of how the HIV response to young women should be crafted and led. There are agreed upon policy notions including "evidence" and "ownership" but different interpretations and enactments. For example, girls and young women are expected to provide evidence, but they are unable to. This situation perpetuates the mismatch between ideology and lived experience. These contradictions explain why the She Conquers campaign can be simultaneously labelled as a best-practice youth-owned campaign responding to the needs of young women and a constructed political spectacle which is disconnected from the lives of young women in South Africa. The former interpretation fuels hope within the development sector and within government, whereas the latter destroys hope for adolescent girls and young women. Together, the two interpretations unbalance the views in the NGO world where executives want to build relations with funders whilst at the same time advocate for the principled inclusion of civil society in the policy world.

The incongruity in the enactment of the principals underlying the She Conquers Campaign has resulted in a feeling of continued hopelessness towards the campaign by young women participants of the campaign development. The only hope that still exists for young women in the policy world is that this is not the end.

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