



GÖTEBORGS UNIVERSITET

Department of Social Work

International Master of Social Work & Human Rights

**HIV PREVENTION INTERVENTIONS TO YOUNG PEOPLE IN
SWEDEN**

The case of Unplugged in Gothenburg

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ABSTRACT

Title: HIV prevention Interventions to young people in Sweden- The case of Unplugged in Gothenburg

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Key words: HIV, prevention, interventions, young people

The study was conducted to find out how HIV prevention is mediated by Unplugged to young people in Gothenburg, Sweden. Unplugged is a voluntary youth Organisation based in Kungsgatan 35, 411 15 in Gothenburg, Sweden. The study sets off by exploring the methods Unplugged use to disseminate information to young people and the knowledge they want young people to have about HIV/AIDS. The study further draws in young people and explores the knowledge they want to have about HIV/AIDS and their views about Unplugged's HIV prevention service. Finally the study investigates Unplugged service provider's experiences in working with young people on HIV/AIDS issues. **Method:** 7 interviews were done, 5 with Unplugged young people and 2 with Unplugged service providers. **Findings:** Empirical findings show that Unplugged employs a holistic approach in dealing with young people. They don't only focus on HIV/AIDS but look into other issues that can make young people vulnerable to diseases. Several methods are used to disseminate information to young people. These are workshops, seminars and conferences, theme evenings, condom projects, European youth exchange and the world AIDS day. Data showed that through participation in Unplugged's programmes, young people managed to develop personality traits like assertiveness, self reflection and adopt positive behaviours like safer sex. Finally, the study revealed that some factors like high rates of sexually transmitted infections, prejudices about HIV/AIDS and fall in frequency of HIV/AIDS campaigns impacts heavily on prevention efforts.

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List of Acronyms

AIDS- Acquired Immune Deficiency Syndrome

BOCAIP- Botswana Christian AIDS Intervention Programme

GTZ- Gesellschaft für Technische Zusammenarbeit

HIV- Human immunodeficiency virus

IATT- Inter-Agency Task Team

ICASO- International Council of AIDS Service Organisation

ICPD- International Conference on Population and Development

IDUs- Injecting Drug Users

IPPF EN- International Planned Parenthood Federation European Network

MSM- Men who have sex with men

NACA- National AIDS Coordinating Agency

PEPFAR- President's Emergency Plan for AIDS Relief

PMTCT- Prevention of Mother to Child Transmission of HIV/AIDS

STI- Sexually Transmitted Infection

UN- United Nations

UNAIDS- Joint United Nations Programme on HIV/AIDS

UNESCO- United Nations Educational, Scientific and Cultural Organisation

UNFPA- United Nations Population Fund

UNGASS- United Nations General Assembly Special Session

UNICEF- United Nations Children's Fund

WHO- World Health Organisation

1. Introduction

This study seeks to find out how HIV/AIDS prevention service is administered to young people in Gothenburg. The research is based on one youth organization called Unplugged in Gothenburg, Sweden. The introduction chapter starts with the choice of topic which is discussed in brief, followed by description of Unplugged and the work they do. Thereafter significance of the study, purpose and the research questions are discussed. Furthermore, terms used in this paper are defined. This study will use sub Saharan African countries with special reference to Botswana and South Africa to provide a trans-national perspective. Lastly, the structure of the degree report will be presented.

1.1 Choice of topic

My choice of subject was inspired by my previous work with young people aged 18 to 29 years on issues of HIV prevention, voluntary counseling and testing, post test clubs and youth campaigns as a Youth Programme Officer for an Organization called Botswana Christian AIDS Intervention Programme (BOCAIP) in Botswana. The methods used to deliver the service were interactive and done at individual, group, family and community level. The strategies used to deliver information and messages on HIV/AIDS prevention were through community sensitization and mobilization in terms of youth and HIV/AIDS campaigns, community outreaches to churches, schools, workplaces and public gatherings, seminars and workshops. In order to achieve its goals, BOCAIP worked hand in hand with churches, District Multi-Sectoral AIDS Committees and other stakeholders at grassroots level.

Secondly, Sweden's lowest HIV/AIDS prevalence rate which is at 0.1% and the lowest numbers in HIV prevalence among young people as shown by statistics (UNAIDS 2008) inspired my choice. Sub-Saharan Africa, the region I come from is heavily affected by HIV/AIDS and it is the young people in the age bracket 15 to 29 years who are mostly affected by HIV/AIDS. As a result of this, I would like to explore and have an in-depth broad knowledge and understanding on how HIV prevention issues are dealt with in Sweden and the intervention strategies used to keep the virus very low.

Lastly the highest prevalence rate of sexually transmitted infections (STIs) especially among young people in Sweden inspired choice of subject. In 2006, 677 cases of gonorrhoea, 32 518 cases of Chlamydia and 177 cases of syphilis were reported in Sweden (WHO/Europe 2008). The above numbers seemed to have increased over the years, in 2007 Chlamydia increased from 32 518 cases to 47101 cases (Socialstyrelsen 2008), gonorrhoea from 677 cases to 4936 cases (Velicko & Unemo 2009) and syphilis increased from 177 cases to 240 cases (Small 2007). The highest incidence as well as the largest increase in incidence in both sexes is observed in the age groups of 15-24 year olds and 25-34 year olds and is consistently higher amongst men (Velicko & Unemo 2009).

1.2 What is Unplugged?

Unplugged is a Voluntary Youth Organisation (Community Based) based in Kungsgatan 35, 411 15, Gothenburg, Sweden. The office is located in the middle of the city and the Organisation has only one office in the whole of Gothenburg. It is a multi-cultural

association which came into being in 1994 and targets youth and young adults between the ages of 14 to 30 years with diverse ethnic backgrounds (Unplugged report 2008). The Organisation strives to offer these young people a forum where they can meet and air their views on lifestyles, trends, attitudes, values and a forum where they can develop tools that can help them to be productive citizens of the society. The main objective of the Organisation is to create an environment where youth can strengthen their self confidence, self esteem, respect, learn to take responsibility, nurse their dreams, realize their rights and obligations in the society and develop a sense of solidarity (Unplugged report 2008). The Organisation promotes healthy lifestyles and discourages substance abuse, violence, racism, criminality and risky sexual behaviours with more focus on HIV/STI, unplanned pregnancies and prostitution (Unplugged report 2008).

According to this report, in 1994 the Swedish Government took a decision to start four projects across the country. The reasons for doing this were issues of HIV, drugs, criminality and violence among young people in general. The Government was more concerned about young people with ethnic minority backgrounds on whether they have access to information concerning the above issues. As a result of this the government devised strategies on how these young people can be reached. In 1994 four pilot projects were started in Gothenburg, Stockholm, Jonkoping and Skelleftea to target issues of HIV, drugs, criminality and violence among young people.

This report continues to report that, the pilot projects ran for two years, from 1994 to 1996 and were funded by the Government. The four projects shared the same methods and ideas on how to start the project and were left with the discretion to come up with methods and target group appropriate for each area. Each municipality was tasked by the state to take over the projects past the pilot stage. In 1997, the Gothenburg project was evaluated and the state as well as the municipality was impressed by the results from the pilot project and Unplugged was transformed from a project to an Independent Youth Organisation. The target population was extended to reach out to every youth in Gothenburg. The Gothenburg municipality took over from the Government and started funding the Organisation up to now. The Organisation has been in existence for sixteen years. To get funding from the municipality, Unplugged has to submit a budget and a plan of activities they wish to undertake to Socialresursforvaltning, which is under the municipality and responsible for disbursing funds to Community Based Organizations and Non-governmental Organizations. Unplugged is also free to apply for funds from other donors/organizations/foundations like Allmanna Arvsfonden, Department of Youth Affairs and others.

Unplugged operates with a pool of three people, one Youth Consultant and two Youth Leaders. The Youth Consultant is a Sociologist by profession. The youth leaders have no professional background and they are given in-service training through seminars, courses organized through network organizations. The reason for having youth leaders is to help reach out to young people through intermediaries and this should be young people themselves. Two youth leaders are hired for the period of two years or more and these should be a female and a male to help reach out to other young people. To get this balance is not possible and right now Unplugged is operating with two male youth

leaders (Unplugged report 2008). The selection of youth leaders is based on the following: - no formal education is required; one should be interested in social issues and interacting with young people, responsible, willing to learn and share ideas with other young people. The whole concept for Unplugged is to help young people develop and grow and move on with life as well as the youth leaders. The idea is not to keep them in Unplugged forever but help them find better opportunities in life and progress (Unplugged report 2008).

1.3 Significance of the study

The findings of this study will help service providers and the state to know which methods are effective in HIV prevention and responds well to young people's needs. This will in turn help Unplugged, as well as other stakeholders, working in the field of HIV/AIDS and young people in programming and evaluation of their work. As a result evaluation of the services will generate clear recommendations for youth policies and for programming. The government and municipality will know which areas needs more attention; therefore help them in youth budget allocation.

1.4 The Purpose of the study

This study aims to find out how HIV prevention is mediated by Unplugged to young people in Gothenburg. It will explore the intervention strategies used by Unplugged to disseminate information to young people and the knowledge they want young people to have about HIV/AIDS. Additionally, the study will also find out the knowledge young people want to have about HIV/AIDS and their views about Unplugged's HIV prevention service. Furthermore the study will draw in service providers and their experiences in working with young people on issues of HIV/AIDS.

1.5 Research Questions

In order to achieve the above aims my research questions are as follows:-

1. What HIV intervention strategies does Unplugged use to disseminate information to young people?
2. What kind of knowledge does Unplugged consider that young people need to have about HIV/AIDS?
3. What kind of knowledge do young people think they need to have about HIV/AIDS?
4. What are the experiences of service providers from Unplugged in their work with young people on HIV/AIDS?

1.6 Definition of words

The following words are defined according to how they are used in this paper

UNAIDS (2008) defines **HIV** as a biological entity that responds to medical interventions and sees the epidemic's spread as a result of failure to tackle societal conditions that increase risk and vulnerability.

Prevention is defined as the promotion of constructive lifestyles and norms that discourage drug use (Vermont Department of Health services 2005)

Intervention is defined as a specific activity (or set of related activities) intended to change the knowledge, attitudes, beliefs, behaviour, or practices of individuals and populations, to reduce their health risk (Washington State Department of Health 2010).

United Nations defines **Young people** as people aged between 15 and 24 years. However, the operational definition varies from country to country, depending on the specific socio-cultural, institutional, economic and political factors (Ungdomsstyrelsen 2010). This report has taken this difference into consideration.

1.7 Structure of the degree report

This report is divided into seven chapters. I have already presented chapter one which includes choice of topic, history of Unplugged, significance of the study, purpose, followed by research questions, and definition of terms. Chapter two presents an overview of HIV/AIDS globally, HIV prevention in Botswana, HIV prevention in Sweden and lastly HIV/AIDS and human rights. This aspect is brought into this paper because HIV/AIDS is a public health issue and public health strives to promote and protect the well being of all individuals, so is human rights. Chapter three presents earlier research, with the presentation of HIV prevention from a global perspective, ending with Swedish based studies on HIV prevention. Chapter four presents theoretical concepts namely empowerment and social cognitive theory, ending with summary of the two theories. In chapter five the methodology is described including the presentation of qualitative research method, data collection tools, ethical concerns, validity, reliability, generalisability and limitations of the study. Chapter six presents the results and analysis of the research findings. Finally, chapter seven presents discussion and reflections linking findings to Sub Saharan African countries, with special reference to Botswana and South Africa, the reason being that, these two countries are hardest hit by HIV/AIDS. The report will end with recommendations.

2. Global HIV/AIDS situation today

HIV/AIDS remains a global health problem of unprecedented dimensions (UNAIDS report 2008). According to this report, the HIV epidemic has stabilized on a global scale, although with unacceptably high levels of new HIV infections and AIDS deaths. While the percentage of people living with HIV has stabilized since 2000, the overall number of people living with HIV has steadily increased as new infections occur each year, HIV treatments extend life, and as new infections still outnumber AIDS deaths (UNAIDS 2008). Globally there were an estimated 33 million people living with HIV in 2007. The annual number of new infections declined from 3.0 million in 2001 to 2.7 million in 2007. Overall 2.0 million people died due to AIDS in 2007, compared with an estimated 1.7 million in 2001 (UNAIDS 2008).

Foller and Thorn (2005), on the other hand see this epidemic (which has spread over the world since the beginning of the 1980s) as closely linked to globalisation in a number of ways. According to them, the epidemic has simultaneously spread in a number of geographical locations around the world. Due to different perceptions and responses to this epidemic, some governments were not interested in openly talking about the existence of the epidemic in the country, and therefore it was difficult during the early

stage of the epidemic to know the extent and speed of the spread. Foller and Thorn (2005) further argued that the global situation is multifaceted and complex. As soon as HIV is introduced in a population, many factors influence the rapidity and trajectory of its spread. Structural factors such as socio-economic and cultural conditions are of crucial significance for development of the epidemic (Foller and Thorn, 2005).

UNAIDS (2008) reported that HIV new infection rates have fallen in several countries on a global scale but these favourable trends are at least partially offset by increases in new infections in other countries. UNAIDS continue to report that the annual number of AIDS deaths has fallen due to increased access to treatment over the last ten years. Furthermore, UNAIDS reported that despite these remarkable trends, Sub-Saharan Africa remains the hardest hit region by HIV/AIDS, 67% of people are reported to be living with HIV/AIDS whereas 75% has died of AIDS in 2007. Sub-Saharan Africa's epidemic varies significantly in scope and scale from country to country (UNAIDS 2008). It has been noted that new increases in infection rate are now occurring in populous countries in other regions such as Indonesia, the Russian Federation and various high income countries. UNICEF (2009) reports that Central and Eastern Europe (CEE) including the Commonwealth of Independent States (CIS) are experiencing one of the steepest increases in the spread of HIV worldwide. UNICEF continues to report that the Russian Federation, in this region have the highest HIV epidemic which continues to grow, although at a slower rate than in Ukraine where annual new infection diagnoses have more than doubled since 2001. UNAIDS (2008) on the other hand reported that in 2007, it was estimated that there were 1.5 million people living with HIV in Eastern Europe and Central Asia. The United States of America accounted for the 1.2 million people of the 2.0 million people living with HIV in North America including Western and Central Europe in 2007 (UNAIDS 2008).

Since HIV was discovered 29 years back, and the harm which it has caused to many countries in terms of demographic, social and economic changes, the world has stood up to fight the scourge. Different methods geared towards preventing and curbing the spread of the epidemic has been employed. UNICEF (2009) reports that campaigns on HIV/AIDS which focuses on areas such as the Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) and increasing access, availability and affordability of anti-retroviral drugs for adults and children have been employed. The report states that much still needs to be done under these interventions if the world is to halt and reverse the epidemic and prevent new infections among young people. This report continues to say that "the focus on other priorities and the difficulties of speaking about and changing sexual behaviour among young people have combined to ensure that comprehensive prevention strategies have been given far too little attention"(UNICEF 2009, p.3).

2.1 HIV/AIDS Situation & Prevention in Botswana

Botswana is one of the countries hardest hit by HIV/AIDS in Sub-Saharan Africa. It is the young people in the age bracket 15 to 29 years who are mostly affected. The national HIV prevalence rate is estimated at 23.9% among adults aged 15 to 49 years (PEPFAR 2008). PEPFAR continues to report that the primary mode of transmission is heterosexual

contact, with the military and young women at higher risk of HIV infection than other populations. A young person in Botswana is defined by the national youth policy as someone aged 12 to 29 years (Republic of Botswana 1996). The first case of HIV/AIDS was diagnosed in 1985. According to Avert (2009) in 2007 there were an estimated 300 000 people living with HIV in Botswana out of a population of 1.8 million people. Botswana's response to HIV/AIDS was expanded in many different directions to include education, prevention and comprehensive care including the provision of antiretroviral treatment.

To realize the above, according to Avert (2009), in 1993 the government adopted the Botswana National Policy on HIV/AIDS. In 1999 the National AIDS Coordinating Agency (NACA) was formed and given responsibility for mobilizing and coordinating a multi-sectoral national response to HIV/AIDS. NACA works under the National AIDS Council which is chaired by the President and has representatives from across society including the public and private sectors and civil society. Early in 2001 the government decided to initiate a rapid assessment of the feasibility of providing antiretroviral drugs through the public sector. In 2003 Botswana completed a national strategic framework which will guide its response to HIV/AIDS until 2009 (Avert 2009). There are a number of different types of HIV prevention programmes taking place in Botswana. These include public education and awareness, AIDS education for young people, Voluntary HIV counselling and testing, condom distribution and education, targeting of high risk populations like sex workers, migrant workers and miners, prevention of mother to child transmission of HIV (PMTCT), and improvement of blood safety (Avert 2009). All these programmes are geared towards sensitizing young people and the general public on the prevention and curbing of the spread of HIV/AIDS.

2.2 HIV/AIDS Situation & Prevention in Sweden

No country has been spared or saved when it comes to HIV/AIDS pandemic not even Sweden. According to Baxhult (1993) the first clinical case of HIV in Sweden was recognized in the early 1980s among homosexual men living in Stockholm. When serological antibody testing against HIV became available in 1984-1985, it indicated that a patient with HIV had been cared for as early as 1979. The rapid spread seems to have occurred in 1984-1985 among intravenous drug abusers, homosexuals, blood transfusions and mother to child transmissions (Baxhult 1993). There are several ways in which Sweden tries to prevent and decrease the spread of STIs among the general population. County councils, communities, voluntary organizations and the government are engaged in this work (Christianson 2006).

Recent statistics in Sweden indicate that in 2007, there were 4500 people living with HIV, 8000 reported cases of HIV and 2170 cases of AIDS. Of the 8000 HIV cases, 225 were transmitted heterosexually, 61 by injecting drug use (IDUs), 129 by men who have sex with men (MSM) and 127 of which causes were unknown (Socialstyrelsen 2008). This report further reports that young people are among the group at risk of contracting HIV/AIDS. The current HIV prevalence rate in Sweden among young people aged 15 to 24 years is estimated at 0.2% (UNAIDS 2008). The Swedish National Youth Policy defines a young person as someone between 13 and 25 years old (Ungdomsstyrelsen,

2010). WHO/Europe (2008) on the other hand reports that most cases of heterosexual transmission are found among non Swedish migrants.

From a global perspective Sweden has a low incidence of HIV/AIDS which is at 0.1% (Socialstyrelsen 2008). According to WHO/Europe (2008) Sweden has a population of 9 070 000 million people. The explanations for the low prevalence have been usually associated with the prevention measures Sweden has adopted since the discovery of HIV/AIDS. The threat of an emerging general HIV epidemic was met by a variety of actions from authorities (Baxhult 1993). In the early 1980s a number of nationwide campaigns were initiated to prevent HIV transmission in the general public (Hertliz et al 2000). In the early years of HIV prevention in Sweden, every household was sent a brochure explaining ways, in which HIV can be transmitted, methods of HIV prevention and information dispelling myths associated with HIV transmission. Education concerning HIV prevention was also provided to the general public through various media sources. Groups considered at high risk of HIV infection such as customers of sex workers, MSM, young single persons, partners of IDUs, persons travelling abroad, and those who are likely to have casual contacts were provided with additional, target specific information through various media (Hertliz et al 2000).

According to Hertliz et al (2000) HIV prevention in Sweden has been dynamic. Since 1980s the frequency and targeting of HIV/AIDS prevention campaigns have changed. Prevention efforts are directed towards four identified “risk groups” including adolescents, immigrants and refugees from endemic countries, MSM and HIV infected persons and their relatives. Hertliz et al further asserts that although prevention efforts began in the early 1980s, it was not until 1987 that the AIDS Commission initiated a nationwide campaign to prevent HIV in the general public. At that time approximately 100 cases of AIDS and 1500 cases of HIV had been documented in Sweden. 78% of HIV cases have been found in the largest cities in Sweden (Stockholm, Gothenburg and Malmo) because of this public authority has focused their attention on HIV prevention in those regions (Hertliz et al 2000).

Many authors further argued that the lowest HIV prevalence rate in Sweden could be linked to the Swedish government’s introduction of mandatory sex education in all schools apart from HIV/AIDS campaigns. Sweden is known for its long history of sexuality education in Europe which dates back to late 1800s and early 1900s (IPPF European Network, 2006). Danziger (1998) on the other hand sees HIV testing to have played an important role in the prevention against HIV/AIDS. According to him, HIV testing have been widely promoted and encouraged on the basis that once HIV infected, people aware of their sero-status, receive the counselling needed and they will take the necessary steps to protect their partners.

In 2006, the Swedish parliament adopted a national strategy against HIV/AIDS and certain other contagious diseases, and further initiated a review of the country’s HIV and STI prevention measures, following the declaration of commitment in 2001 (Socialstyrelsen 2008). However, all these drastic efforts to fight the HIV/AIDS pandemic seemed to have decreased over the years (Hertliz et al 2000).

2.3 HIV/AIDS & Human Rights

Human rights and public health share the common goal of promoting and protecting the well-being of all individuals. Therefore according to ICASO (2004), human rights are fundamental to any response to HIV/AIDS. According to this report, this has been recognized since the first global AIDS strategy was developed in 1987. Reflecting back into the magnitude of HIV/AIDS globally, it goes without saying that HIV/AIDS becomes a human rights issue since it draws a line between people, those HIV negative and those HIV positive. As a result this brings in discrimination of individuals due to their HIV/AIDS status and violation of their human rights. Cases of people humiliated, isolated, violated, losing their jobs and loved ones has been noted in some countries and are becoming common. An example of the latter case happened in Botswana where a lady was wrongly diagnosed HIV positive, enrolled in Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) Programme, denied a second test by medical personnel and finally got rejected by her husband and family. This shows the complexity of HIV/AIDS, that it is not only a health problem but also a social and societal problem. This is further supported by UNESCO/UNAIDS (2001) who argues that HIV/AIDS impacts not only the physical health of individuals, but also their social identity and condition. The stigma surrounding HIV/AIDS can be as destructive as the disease itself.

UNAIDS (2008) defines HIV as a biological entity which responds to medical interventions and sees the epidemic's spread as a result of failure to tackle societal conditions that increase risk and vulnerability. These are gender inequality and the lack of empowerment of women and girls, discrimination, stigma and social marginalization. This report argues that a right based approach to HIV/AIDS should be adopted which will ensure that matters, often considered discretionary, are recognized as legitimate entitlements of all individuals. This would also ensure that government; UN system, donors and the private sector are obligated and empowered to assist in the realization of the rights necessary to respond to HIV. UNAIDS further argues that this approach will bring human rights standards and principles into the heart of all HIV programming processes and empower people to know and claim their rights. It will also help stakeholders to address power imbalances that exist at household, community and national levels.

UNESCO/UNAIDS (2001) on the hand argues that lack of recognition of human rights not only causes unnecessary personal suffering and loss of dignity for people living with HIV/AIDS, but it also contributes directly to the spread of the epidemic since it hinders the response to HIV/AIDS. This report further argues that when human rights are not respected, people are less likely to seek counselling, testing, treatment and support because it means facing discrimination, lack of confidentiality or other negative consequences.

Young people and women are increasingly affected by HIV epidemic due to limited power to refuse or negotiate safer sex, this according to UNFPA, brings additional human rights dimensions to this tragic disease (UNFPA 2010). UNFPA continues to report that about 40% of new HIV infections are among young people. This report further reports that this age group has also the highest rates of sexually transmitted infections excluding

HIV, over 500 000 infections daily. Many reasons which are social, political, cultural, economic and biological contribute to this (UNFPA 2010). IPPF European Network (2007), on the other hand argues that young people should have access to high quality sexuality education to improve their health and wellbeing. This report continues to say that, this is not only crucial; it is a young person's right, which is embodied in international treaties and conventions, including the convention on the Elimination of All Forms of Violence against Women (CEDAW), the convention on the rights of the child (CRC), the convention on Economic, Social and Cultural Rights (CESCR) and the International Conference on Population and Development (ICPD) Programme of Action. This shows that young people are at the core when it comes to sexuality education and HIV/AIDS prevention issues. A remarkable progress has also been made within the United Nations concerning HIV/AIDS.

2.3.1 Millennium Development Goals

In September 2000, the UN member states made a commitment to achieve the Millennium Development Goals (MDGs), including MDG 6, which is to combat HIV/AIDS, malaria and other diseases (UNICEF 2009).

2.3.2 United Nations General Assembly Special Sessions on HIV and AIDS

In the 2001 UNGASS Declaration, UN member states committed to reducing HIV prevalence by 25% among young men and women aged 15–24 in the most affected countries; ensuring that by 2010 at least 90 per cent of young men and women aged 15–24 have access to information and services to reduce their vulnerability to HIV infection (Henry J. Foundation 2004).

2.3.3 Universal Access

In 2005, the G8 countries at the Gleneagles Summit and the UN General Assembly World Summit called for the development and implementation of a package for HIV prevention, treatment and care, with the aim of coming as close as possible to universal access to treatment for all who need it by 2010 (UNICEF 2009).

2.3.4 Unite for Children, Unite against AIDS

In 2005, UNICEF and UNAIDS launched the *Unite for Children, Unite against AIDS* campaign to provide a framework for addressing the specific impact of HIV and AIDS on children and young people. This global campaign focuses on four areas: preventing HIV infection among adolescents and young people; PMTCT; providing pediatric treatment; and protecting and supporting children affected by HIV/AIDS (UNICEF 2009).

2.3.5 UN High Level Meeting on AIDS

The Political Declaration from the High Level Meeting in 2006 stated the need to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based prevention strategies for young people. Member states made a commitment to set national targets for prevention, treatment and care for 2010 (IATT 2010).

We can see from the above conventions, declarations and commitments that HIV prevention is highly concentrated on young people and young people are at the heart of the epidemic globally. There has been international acceptance of these goals and what remains is to identify the best ways of achieving them (Ross et al 2006).

3. Earlier Research

Since HIV was discovered 29 years back, different researchers globally have been interested in the field to find the best ways of dealing with the epidemic. A number of articles have been written and published on the subject matter. Different studies in different contexts have been conducted with the aim of finding the underlying causes of HIV/AIDS and the methods that can respond to curbing the spread of the disease.

3.1 HIV prevention from a global perspective

Most researchers argue that HIV infection is invariably the result of human behaviour, therefore change in behaviour is essential to curb the spread of the disease. UNAIDS (2010) argues that sexual behaviour, which is a primary target of HIV prevention efforts worldwide, is widely diverse and deeply embedded in individual desires, social and cultural relationships, environmental and economic processes. This therefore, according to UNAIDS makes HIV prevention a complex task with multiple dimensions, that requires both policy and programmatic actions. The spread of HIV is seen as a result of failure to tackle societal conditions that increase risk and vulnerability (UNAIDS 2008). A number of factors contribute to the complexity of HIV prevention efforts. These are structural and social factors such as gender inequality, human rights violations, and stigma and discrimination. These factors according to UNAIDS (2010) are not easily measured but increase people's vulnerability to HIV. As a result UNAIDS argues that a rights based approach to HIV/AIDS should be adopted to ensure that matters that are often considered discretionary are recognized as legitimate entitlements of all individuals (UNAIDS 2008). Comprehensive, rights based and evidence based prevention responses linked with effective access to youth friendly services, should be at the core of national and global programmes (UNICEF 2009).

To achieve comprehensive HIV prevention requires a combination of efforts and strategies, both programmatic and policy actions. According to the Global HIV prevention group (2008) comprehensive interventions should have evidence based approaches. These should include programmes that promote safer behaviours among individuals, broad based efforts to alter social norms and address the underlying drivers of the epidemic, effective use of biomedical tools such as treatment of STIs, medical male circumcision, and substitution therapy for chemical dependence, and programs that provide access to clean injecting equipment. UNAIDS (2010) on the other hand asserts that effective prevention efforts should focus on measures that directly support risk reduction behaviours by providing information and skills as well as access to needed commodities such as condoms and sterile injecting equipment for population at risk. Education is seen as key to social development, as it enhances the opportunities to significantly reduce the HIV/AIDS infection rate, and strengthens people's ability to develop innovations and solve problems (GTZ 2010). This, according to GTZ is crucial for tackling HIV/AIDS and its spread.

UNFPA (2010) on the other hand argues that the goal of realizing human rights is fundamental to the global fight against HIV/AIDS. They further highlighted that the promotion and protection of human rights constitute an essential component in preventing transmission of HIV and lessening its impact. Therefore UNFPA argues that interventions should be holistic and take into account both the multiple aspects and human rights issues linked to the pandemic. Additionally programs should be designed with the participation of the people they are intended for, and must have clear cut strategies to be inclusive at all levels, from national plans to community led interventions.

3.1.2 Young people and HIV/AIDS

Young people are at the heart of the global HIV/AIDS pandemic in terms of rates of infection, vulnerability, impact and potential for change (UNFPA 2010). It is estimated that 5.4 million youth aged 15 to 24 years are living with HIV worldwide, about 59% of them are female and 41% are male (IATT 2010). UNAIDS (2008) and UNICEF (2009) reports that young people aged 15 to 24 years account for an estimated 45% of new infections worldwide. Both the reports further states that the majority of young people still lack comprehensive and correct knowledge on how to prevent HIV infection or do not have the power to act on that knowledge. UNICEF (2009) further asserts that young people are diverse, therefore, HIV prevention approaches have to adapt to the realities of their lives, recognizing the cultural and social factors that increase their vulnerability to HIV infection. WHO (2004, p.4) on the other hand asserts that “young people are at high risk of contracting HIV because, once they become sexually active, they often have several, usually consecutive, short term relationships and do not consistently use condoms”. This was also noted in a report by Dr Monasch cited in FHI/Youth Net report (2003) who reported that almost 90% of sexually active 14 year old girls in KwaZulu Natal, South Africa did not use condoms at first sexual intercourse. Young people’s vulnerability to risky behaviours as argued by IATT (2010) is caused by many factors, among them, the lack of knowledge and skills required to protect oneself and others, inaccessibility of services because of distance, social and cultural norms, beliefs and practices.

Most researchers argue that, HIV infection can be averted when young people are equipped with correct information and skills; have access to prevention services that are provided with an enabling and protective environment (UNICEF 2009). Sue et al (2010) conducted a review on HIV prevention services in Sub Sahara Africa, and in their results, recommended that for services to be fully accepted and utilized by young people they should be made acceptable and accessible to young people. According to these researchers, services should include the following, a safe and supportive environment that is responsive to young people’s needs, a range of tools providing support for the full participation of young people, tackling and addressing of barriers that can hinder service use by young people, such as inaccessibility of services because of distance, cost and other factors and lastly, different approaches should be employed to promote and encourage behaviour change in young people.

WHO (2004) asserts that in many countries, a significant number of young people start sexual activity before the age of 15. WHO (2002) cited in Homans (2002) states that many of the lifestyles engaged in during adolescence such as unsafe sex and substance abuse can facilitate the transmission of HIV, result in unplanned pregnancies and STIs and long term addictions or dependency on unhealthy substances. This report further revealed that young people often lack knowledge and understanding about HIV/AIDS due to insufficient information; as a result, this makes them vulnerable as they may not be aware of how best they can protect themselves. This is further supported by Henry.J. Foundation (2004) who asserts that young people often face unique challenges and needs in accessing information and services. They further argue that, as a result, young people need access to prevention, care and treatment services. Young people have the right to education, information and services that could protect them from harm and improve their health and well being. This is embodied in several international treaties and conventions such as the convention on the rights of the child (CRC) and the ICPD programme of action (IPPF European Network 2007).

Ottawa Charter (1986) argues that promoting health in people will enable them achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. According to this charter, people cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. WHO (2004) on the other hand argues that young people can make responsible decisions about their health if they are given the necessary information, services and support necessary for adopting safe behaviours. With such qualities, young people can help in educating other young people and motivate them to make informed decisions concerning different sexual matters.

Due to young people's vulnerability and the magnitude at which they are affected and infected with HIV/AIDS, there have been increased efforts to develop programmes that are specifically geared towards addressing their needs and realities. These programmes include sex education in schools, peer education, abstinence and condom programmes, the use of media and IEC (Information, Education and Communication) programmes provided by different stakeholders working with young people in health related fields (Avert 2010). It is argued that if one wants to promote behavioural change and provide information and skills among adolescents, one should take advantage of the diverse social networks within which adolescents are embedded by enhancing network linkages, creating health promoting norms and building supportive relationships designed to encourage the adoption of HIV prevention behaviours (DiClemente 2003). Studies have shown that lack or absence of these supportive networks such as family, education and peer networks can facilitate HIV risky behaviour (IATT 2010). Individual empowerment of young people can only be achieved within the context that does not discriminate (IATT 2010). This report further argues that for young people to be able to access and use information, skills, and services, they need safe and supportive environment that does not discriminate, and prepares them appropriately for adult life. Reports and studies have shown that these interventions have the possibility to encourage positive behaviours. A number of success stories on prevention efforts on young people have been noted in

different countries. A report by Dr Monasch cited in FHI/Youth Net report (2003) revealed that HIV prevalence rate decreased from 41% in 1998 to 19% in 2002 among sex workers aged under 20 in Cambodia. In Kampala, Uganda, HIV decreased from 35% in 1990 to 7% in 2001 among young pregnant women aged 20 to 24 years.

Dr Monasch further reported that, condom use increased in Uganda by 53% on teenagers aged 15 to 17 years. This age group further reported using condoms the last time they had sex as compared to 27% in 1998. Monasch continues to report that, there was also an increase in reported cases of abstinence among young teenagers aged 15 to 17 years from 1988 to 2000. The number of teenagers reporting that they were not sexually experienced increased from 50% in 1988 to 66% in 2000 (FHI/Youth Net report 2003). However this is not the only example that can be cited to show that “prevention is better than cure”. A recent study done by Jewkes et al (2008) in South Africa on HIV prevention programme aimed at improving sexual health, by using participatory learning approaches to build knowledge, risk awareness, communication skills and stimulate critical reflection among young people aged 15 to 26 years showed a reduction in the number of STIs especially herpes simplex type-2 (HSV-2) over a two year period by 34.9% per 1000 people exposed. The findings further revealed that there was an improvement in risk behaviours like perpetration of intimate partner violence, less transactional sex and drinking.

Avert (2010) argues that educating young people about HIV/AIDS is important to reduce the spread of the epidemic. Having knowledge and skills will enable them to protect themselves against the disease. This will also help in necessitating discussions on subjects deemed sensitive like sex and drug use. Schools have been noted by many researchers as playing an important role in HIV prevention and dissemination of necessary information and skills. Teacher training is considered crucial in schools for achieving successful delivery of AIDS education. Avert (2010) argues that effective AIDS education requires detailed discussions of subjects such as sex, death, illness and drug use, therefore teachers need to be trained, to enable them to discuss these issues comfortably, without letting their personal values conflict with the health needs of the students (Avert 2010). However, this report further asserts that efforts to train teachers are inadequate and they ended up not providing lessons to students due to lack of training.

3.1.3 School based interventions

The education sector has been noted as playing a major role in HIV prevention by international bodies like the United Nations and UNFPA. According to IATT (2010, p.2) “the global campaign for education has estimated that universal primary education would prevent 700, 000 new cases of HIV each year, and the World Bank states that education is an effective ‘social vaccine’ against HIV/AIDS”. Schools are seen as having the capacity to reach a large number of young people; therefore, Avert (2010) argues that schools are a well established point of contact through which young people can get information and skills on HIV/AIDS. Education at this stage is considered appropriate, because it is believed that, it is a period of good health and teachable age and there should be provision of services that are appropriate to young people’s needs and relevant to their socio-cultural context (Homans 2002). A study done in South Africa by Magnani (2003)

to measure the effects of exposure to topics within the life skills curriculum on sexual and reproductive health knowledge and behaviours among young people aged 14 to 22 years revealed that youth exposed to life skills education are more likely to use condoms. The findings further revealed that despite the confidence to use condoms effectively, and the increase in the actual use of condoms for many adolescents, there was no effect on other key behaviours like delaying initiation of sex or reducing the number of partners as a result of life skills education. Many authors argue that knowledge alone is not enough to facilitate behaviour change. A review done by Sue et al (2010) on interventions aimed at preventing HIV among young people in Sub Sahara Africa revealed that school based interventions are a logical means of imparting necessary information and skills to school going young people but such interventions are not sufficient to reduce the risk of HIV, STIs and early pregnancies. Therefore the review recommends that to achieve HIV prevention in young people, it is necessary to provide a range of tools and address a number of barriers. This means that school based interventions need to be evaluated and complemented by other programmes provided outside school setting.

3.2 Swedish based studies on HIV prevention

Available literature shows that HIV prevention is not a new thing in Sweden. Prevention efforts started in the early 1980s after the discovery of HIV/AIDS. According to Hertliz and Steel (2000) HIV prevention in Sweden has been dynamic. Prevention efforts are directed towards four identified 'risk' groups including adolescents, immigrants and refugees from endemic countries, MSM and HIV infected persons and their relatives. Hertliz et al continues to report that after the nationwide campaign in 1987, the Swedish National Institute of Public Health commissioned an evaluation of the campaign and thereafter has conducted a survey every 2 to 5 years to assess changes in knowledge, attitudes, beliefs and practices (KABP) associated with HIV/AIDS in the general Swedish population. Sweden is known for its long history of sexuality education in Europe which dates back to the late 1800s and early 1900s (IPPF European Network 2007). This, according to many researchers in Sweden, has made it easy for the society as well as the young people to have liberal attitudes towards sexual issues. Hertliz and Steel argues that Sweden's openness and freedom with regard to sexuality, is not reflected in an increase in "permissiveness" but rather the ability to make informed and responsible decisions regarding sexuality (Hertliz et al 2000). Sweden has no taboos guarding sexual issues. Young people are free to talk about their sexual issues and can therefore take rational decisions to protect themselves against STIs. This is supported by Edgardh (2002) who argues that in Sweden, society's attitudes towards teenage sexual relationships are liberal. Edgardh continues to say that sexual and reproductive health issues are given high priority in Sweden. Family and sex education has been taught in schools since the 1950s and young people have access to information on STIs including HIV through schools, youth clinics and Non-governmental organizations (NGOs) working in the field of HIV/AIDS.

3.2.1 Condom use

Condoms have been widely used as a contraceptive method for family planning. When HIV was discovered in the early 80s around the globe, condoms were acknowledged as one method that people can use to prevent themselves against contracting HIV and other

sexually transmitted infections. This notion is also evident in most of the countries' response to HIV/AIDS. Some countries have condom distribution projects geared towards sensitizing and mobilizing the communities on the importance and use of condoms. In Botswana for example, condom distribution is one way of making people aware of HIV/AIDS and providing them with correct information on the use of condoms. In 2000, Hertliz and Steel conducted a study to monitor the changes in determinants of HIV related attitudes and behaviour over a 10 year period. Their conclusion from the results was that changes in attitudes regarding HIV are usually more often observed than changes in sexual behaviour. They further observed that increased condom use in younger participants may be reflective of secular changes in sexual behaviour that may facilitate the prevention of HIV in Sweden (Hertliz and Steel 2000). In 2006, Christianson conducted a study on what's behind sexual risk taking among Chlamydia Trachomatis positive (CT+), HIV + and HIV tested young people aged 17 to 24 years. Her findings were that women are expected to promote condoms by men and were expected to be less forward in one night stands compared to men. The study further revealed that there was a drive to go steady, where lust and trust guided if sex would take place. Christianson further revealed that by catching Chlamydia, women experienced guilt, while men felt content through knowing the source of contamination. Lastly the findings revealed that HIV was seen as a distant threat (Christianson 2006). Another study was done by Norden (2009) on risk behaviour and prevention of blood borne infections among injecting drug users aged 15 years. The findings were that HIV positive participants had a higher mortality rate than non HIV infected participants. The study further revealed that young women were at higher risk of acquiring HCV (Hepatitis C Virus) infection than men, and women had a better chance of recovering from HCV and responding to HBV (Hepatitis B Virus) vaccination compared to men.

Another interesting study was carried out in primary care in the Vastra Gotaland region of Sweden on 500, 17 year old high school pupils attending classes on risks, sexual behaviour, responsibility, condoms, and Swedish law in respect of sexually transmitted infections (STIs). The findings were that a high number of boys stated that they will not follow the advice given during classes and many think that sex education has no impact whatsoever on their sexual behaviour (Science Daily 2009). A recent study on condom use revealed that "one of the strongest factors associated with non-condom use is the use of oral contraceptives" (Novak and Karlsson 2005 cited in Christianson 2006, p.11).

These are not the only studies conducted on the subject matter. Many researchers have shown significant interest in the field of HIV prevention, young people and sexuality. Forsberg (2007) published a review of international research summaries and Swedish experiences of preventive work on sexual health in young people. Tikkanen (2007) published a summary and discussion of six international research reviews on knowledge based HIV prevention intervention targeting men who have sex with men. Both Forsberg and Tikkanen reports were done on behalf of the National Board of Health and Welfare. Recent studies specifically on HIV prevention and young people were not found.

4. Theoretical Framework

Gilbert (2008) explains a theory as something that helps the researcher to see the world in different ways and to open up new lines of inquiry. Theory can inspire fresh ways of looking at the social world and suggest new angles of approach. Gilbert further argued that social research has to be embedded within a theoretical framework that offers perspectives, methods and a 'tradition'. Two theories are used in this paper to understand and analyze the research question further. These are empowerment and social cognitive (self efficacy in particular) theories. These theories according to Klepp et al (2008) have been widely used in research and health promotion circles. The two theories are used to create a framework for viewing HIV prevention interventions in this paper. I will explain the theories in detail before applying them in the results and analyses chapter.

4.1 Empowerment Theory

Empowerment is a multifaceted idea that can mean different things to different people (Adams et al 2009). Therefore Adams (2003, p.8) sees empowerment as "the means by which individuals, groups and/or communities become able to take control of their circumstances and achieve their own goals, thereby being able to work towards helping themselves and others to maximize the quality of their lives". However, Payne (2005, p.295) sees empowerment as "helping clients to gain power of decision and action over their own lives by reducing the effect of social or personal blocks to exercising power". Both the two definitions were adopted and used as they are to provide a framework for this paper.

Empowerment according to Askheim (2003) contains both an individual and structural dimension. At individual level, empowerment deals with activities and processes aimed at increasing the individual's control over his/her life and equips them with more self-confidence, a better perception of oneself and increased knowledge and skills. With such qualifications the individual will be better able to identify barriers which reduce self realization and control over their life.

The theory put emphasis on helping people overcome barriers to self-fulfillment within existing social structures. This can be done by developing their confidence, self-esteem, assertiveness and expectations to help others (Adams et al 2009). Freire (1972) cited by Adams et al (2009) sees the need for social change as rooted in consciousness raising of the individual. According to him, this can be done through education. Education for empowerment include a number of stages, creating awareness, increasing knowledge, changing attitudes and motivating people to continue their behaviour or to adopt an innovation. The process involves the empowered person developing confidence and belief in their own capacities and capability to influence. In turn that person can be said to have control over decisions that impact their lives. According to Payne (2005), what is considered important with empowerment is people's autonomy in making decisions about their life and their power to choose from among several behaviours.

Structural dimension on the other hand deals with social structures, barriers and power relations which maintain differences and injustices which decrease the individual's opportunities to take control over one's life (Askheim 2003). Basing on my study, I think it is very important for service providers to take the above mentioned issues into

consideration when dealing with young people. Service providers themselves will need empowerment to tackle structural barriers that might hinder them to execute their duties and deliver services effectively. These barriers might include budget, organizational targets, methods used to disseminate information and expectations from the state or community. However, empowerment can contribute to a change in the balance of power, in the awareness of power and in the understanding of oneself as a subject in powered social relations and structures. In this situation we therefore see empowerment as a goal and as a means of attaining that goal. According to Askheim (2003,p.4), empowerment is a “goal in itself that disempowered groups should get out of their disempowered situation and be able to establish or rebuild their status as equal, competent citizens in the society and at the same time empowerment is a means to change the power relations”. In short, empowerment is a goal to strive for, the means you use to get there and the method to organize these means in a purposeful and productive way.

4.2 Social Cognitive Theory

This theory was originally called social learning theory and its proponent is Albert Bandura. It was renamed because Bandura felt that a key element was missing not only from the prevalent learning theories of the day but from his own social learning theory. In 1977, with the publication of “self efficacy” he identified the important piece of that missing element as self beliefs (Pajares 2002). Self-efficacy is defined as “people’s judgment of their capabilities to organize and execute course of action required to attain designated types of performances” (Bandura 1986, p.391 cited in Pajares 2002). On the other hand, Rosenstock and associates (1988) cited by Klepp et al (2008) defines self efficacy as the conviction about one’s ability to carry out the recommended action.

Bandura saw motivation factors and self regulatory mechanisms as contributing to a person’s behaviour rather than just environmental factors (Pajares 2002). This is interesting when viewed from a perspective of young people, my aim is to find out how they use the information given to them at personal level and societal level and whether the methods used has an influence in their behaviour. A list of Bandura’s main behavioural predictors includes self efficacy, outcome expectancies, goals and socio-structural factors (Klepp et al 2008).

From this theoretical perspective, human functioning is viewed as the product of a dynamic interplay of personal, behavioral, and environmental influences (Bandura 1977). How people interpret the results of their own behavior informs and alters their environments and the personal factors they possess which, in turn, inform and alter subsequent behavior. People’s level of motivation, affective states and actions, according to Bandura are based more on what they believe than on what is objectively true. For this reason, how people behave can often be better predicted by the beliefs they hold about their capabilities than by what they are actually capable of accomplishing. For these self efficacy perceptions help determine what individuals do with the knowledge and skills they have (Bandura 1977).

This theory is rooted in the view of human agency. Individuals are seen as agents proactively engaged in their own development and can make things happen by their

actions. Bandura argues that key to this sense of agency is the fact among other personal factors, individuals possess self-beliefs that enable them to exercise a measure of control over their thoughts, feelings, and actions that “what people think, believe and feel affects how they behave” (Bandura, 1986, p.25 cited in Pajares 2002).

Bandura provided a view of human behavior in which the beliefs that people have about themselves are critical elements in the exercise of control and personal agency. Thus, individuals are viewed both as products and as producers of their own environments and of their social systems (Pajares 2002). Because human lives are not lived in isolation, Bandura expanded the conception of human agency to include collective agency. People work together on shared beliefs about their capabilities and common aspirations to better their lives (Pajares 2002). According to Bandura (1997) cited by Pajares (2002) most learning occurs among peers because of similarities in age and experiences where there is provision of most informative points of reference for comparative efficacy appraisal and verification. Outcome expectancies (the expected outcome of a specific behaviour) and self-efficacy (perceived ability to perform behaviour) are two of the most central concepts of Bandura’s theory (Klepp et al 2008)

Furthermore, Bandura (1977) sees humans as having capacity to symbolize. By symbolizing their experiences people can provide their lives with structure, meaning and continuity. This will also enable them to store information required to guide future behaviour. Additionally, Bandura sees self-reflection as a distinct feature of human behaviour. Through self-reflection people make sense of their experiences, explore their own cognitions and self-beliefs, engage in self-evaluation and alter their thinking and behaviour accordingly (Bandura 1977).

4.3 Summary

In view of the above theories, it is crucial to note that both empowerment and social cognitive aim to change behaviour which is fundamental in health promotion and prevention work. Empowerment theory advocates for consciousness raising of an individual. By so doing, the individual will be able to identify barriers which reduce self-realization and control over their life. This will in turn increase the individual’s control over his/her life and equip them with more self-confidence and increased knowledge and skills. Education is seen as key when it comes to decision making and changing people’s attitudes and beliefs towards different situations.

Social cognitive theory on the other hand sees motivation as an important factor in changing people’s attitudes and beliefs. According to this theory human functioning is a dynamic interplay of personal, behavioural and environmental influences, inducing a change in one of the factors may lead to changes in the other factors (Klepp et al 2008). Self-reflection plays an important role on how people view themselves and their lives. This in turn helps them make an informed decision about the direction they wish their lives should take. Furthermore this theory sees self-beliefs as an integral part of human beings. Self-beliefs enable people to exercise a measure of control over their thoughts, feelings and actions. This in turn affects how they behave.

From this summary, I think the two theories are very important in this study and for my analysis because they provide a framework for understanding young people's behaviour and attitudes towards HIV prevention issues. This will also enable me to understand the methods used by Unplugged on HIV/AIDS issues in detail.

5. Research Methods

5.1 Qualitative Study

The research design for this study is Qualitative. This design helps the researcher understand the researched subjects better in their social world (Kvale & Brinkman 2009). This type of research most often describes scenes, gathers data through interviews, or analyses the meaning of documents (Gilbert 2008). Gilbert further argues that this type of research makes it easier to follow cause and effect, since one can track people through their lives or ask them to tell their life histories. It is for the above reasons that this design was chosen. I wanted to get an understanding of how HIV prevention is mediated by Unplugged and study social interaction in its own natural setting. This means that I wanted to get an understanding of HIV prevention service from the respondent's view of their own social world, how they understand it and the meanings attached to it. Face to face interviews were used to collect data. The reason for choosing only one method was time. Observations were not included because it was going to be difficult to analyze especially for someone who is unfamiliar with the Swedish working culture.

Data Collection Tools

Interviews

In this study face to face interviews were carried out. The reason for doing this was to get a deeper understanding of the research question from an interviewee's point of view and what they understand and perceive about the research question. Semi-structured questions were formulated through the use of an interview guide. Gilbert (2008) describes semi-structured interviews as interviews, where the researcher asks questions the same way each time, but free to alter their sequence and probe for more information. Open ended questions were used to give room for probing and prompting. Two interview guides were developed since the study has two respondents, young people (who receive services and participate in Unplugged's activities) and Unplugged service providers. Twenty-two questions were developed for service providers and nine questions for young people. The interviewer formulated the questions and conducted the interviews herself. The interviewer had no previous personal contact with the interviewees. 7 interviews were conducted, 5 on young people and 2 on service providers. All interviews were conducted in English. The interviews for young people ranged from 28 minutes to 34 minutes depending on the respondents. Service provider's interviews ranged from 1 hour to 1 1/2 hours also depending on the respondents. The dates for the interviews ranged from March 10th until March 31st 2010. A tape recorder, a note pad and a pen were used to record interviews. The reason for using a note pad and a pen was to capture some of the information which cannot be recorded like respondents background information. Each interview was transcribed from oral to verbatim immediately after it was done. All the 7 interviews were conducted at Unplugged because the respondents felt it was a conducive and strategic location for them.

5.2 Sampling

The sampling method used for selecting respondents was purposive. This is one of the non probability sampling strategies. According to Grinnell (2001) this method is characterized by the use of one's own judgment in selecting a sample. The reason for using this method was to make a selection of respondents from young people and service providers, both male and female because I wanted to get an understanding of how young people think about HIV prevention services provided by Unplugged and how Unplugged service providers think young people should know about HIV/AIDS. That was the whole reason for bringing two respondents together in one study, to construct a picture of how HIV prevention interventions are mediated within Unplugged.

The basis for selecting such a sample was that it can yield considerable data particularly for my qualitative study. With the use of this sampling method, the researcher does not require a readily available sample. The study population was mainly young people who receive services and participate in Unplugged's activities and Unplugged service providers. These people according to my view, have an extensive knowledge when it comes to how HIV prevention is implemented and mediated within Unplugged, therefore these are the only people who can be used as key informants in an attempt to construct a picture of how information is disseminated. I got details of the interviewees from Unplugged since I have limited contacts in Sweden and details of Unplugged through a friend who was a former student in Gothenburg University. 7 interviews were conducted. From these 7 interviews, 5 interviews were on young people (3 females and 2 males) and 2 on service providers (1 Youth Consultant and 1 Youth Leader) both males.

5.3 Analyzing Models

Since qualitative research aims to "describe and interpret themes in the subject's lived world" (Kvale and Brinkmann, 2009, p.26), this study purpose to do that. The interviewer used a pen, a notebook and a tape recorder to capture data from the respondents. The interviews were conducted in English and so was the transcription. The audio taped information was transcribed from oral to verbatim, indicating clearly the questions asked and the answers given. The words in the interview were transcribed as said by the respondents. The transcribed interviews were analyzed according to the research questions. Kvale's approaches to interview analysis were followed in the analysis of the data. These are meaning categorization, meaning condensation and meaning interpretation (Kvale 2009). To make the contents of the data manageable and to get the meaning of the contents in focus, data was categorized. Categorization help capture the fullness of the experiences and actions studied. A summary of each interview was made and the same answers given by respondents were matched and interpreted. The transcriptions were categorized and analyzed out of common themes found in each research question in the interviews.

Respondents were given codes to secure their anonymity. The meanings expressed by the interviewees were condensed to get the main sense of what was said in few words. Furthermore, meaning interpretation was done. This will go beyond what is said by the

interviewees to a deeper and more critical interpretation of the text. Kvale and Brinkmann (2009, p.207) says that the “interpreter goes beyond what is directly said to work out structures and relations of meanings not immediately apparent in the text”. This will help me to understand the data better and what the respondents tried to put through. Only statements that seemed important to the study were selected in the interviews because it was impossible to mention everything, and this was used as references from respondent’s quotes, to verify and emphasis the point in the results and analysis exercise.

5.4 Ethical Considerations

Gilbert (2008) asserts that ethics is a matter of principled sensitivity to the rights of others and ethical considerations are very crucial in social research. The following were considered in this study. Firstly the informed consent of the respondents was sought prior to the study. This was done through a letter of consent that was written to Unplugged explaining the purpose of the study and why Unplugged was chosen. The issue of competency to consent was taken into consideration, since my study involved young people. All the young people interviewed in this study ranged between the ages of 19 and 23 years old, so they are in the right mind to give full consent without parental guidance. Secondly, sufficient information was provided to allow for a balanced decision. Possible risks and benefits from the study were thoroughly explained to the participants in the letter and before the interviews were conducted. They were made aware that they can decline involvement in any or all aspects of the study and personally identifiable information about them will be destroyed.

Thirdly, the participants were also informed that participation in the study is voluntary. Participants were not coerced, deceived or fraudulently recruited to participate. They were given maximum freedom to accept or refuse participation. They can quit anytime they feel like. This was also emphasized verbally before and after the interviews. Lastly, the main issue was to protect the respondent’s dignity, autonomy and worth. Instead of using the respondent’s names, they were given codes and their responses coded. For service providers the codes given were UW (Unplugged worker) and young people UY (Unplugged youth). Further information on what the interview material would be used for and who will have access to the material was explained. An assurance of anonymity and confidentiality for each participant was also explained in the covering letter. In addition the respondents were further assured that the recorded material will be destroyed soon after use. Lastly their consent to be recorded was sought and those who didn’t want were asked to say so.

5.5 Reliability and validity

These two concepts are important in social research and as a researcher it is crucial to take them into consideration when conducting a research. During the interviews I tried not to make my professional experience in the field of HIV/AIDS influence the respondent’s views. This was done by not asking leading questions that will give answers that best suits my understanding of the subject. Hallberg (2002) argues that to avoid subjectivity in research, and thereby having the potential to increase the validity of the study, the effects of the researcher should be assessed and reflected on during the entire research process. In view of the above, attempts were made to reduce biases and errors to

ensure that a repeated study on the same topic produce the same results. I also intended not to come up with preconceptions and hypothesis that might affect the validity of this study. To increase validity, respondent validation, interview procedure and analyzing procedures were reported.

Kvale (1989; 1997) cited by Hallberg (2002) sees validity and reliability as woven together and that the two concepts cannot be separated. However, Gilbert (2008) describes validity as measuring the right concept. To verify what Gilbert says, interviews were conducted at unplugged on HIV prevention interventions to get answers to the research questions and an understanding of HIV prevention issues. Unplugged service providers who are charged with responsibility of HIV prevention to young people were interviewed. Furthermore, young people who are at the core of the service provision were also interviewed to get a broader perspective and understanding of HIV prevention. Their perspectives and knowledges about the service were taken into consideration. This was a way of increasing validity of this study.

Reliability on the other hand is described as a measure of consistency of the research findings (Gilbert 2008). Gilbert further argues that, for a study to be deemed reliable, it should produce similar results when conducted by others using the same sample size, same research questions and same respondents. Dahlberg et al (2001) cited by Hallberg (2000) argues that the research results and the researcher's reasoning should be possible to follow throughout the study. He further argued that the research study may not contain internal contradictions if it is to be deemed valid and reliable. Kvale (1997) cited by Hallberg (2000) on the other hand argues that the coherence of the study is not based on the researcher's construction but rather it's a question of how well the categories represent the respondents' conceptions. In view of the above, the respondents were interviewed using the same interview guide and the line of questioning was consistent for all respondents. The study had two respondents, service providers and service recipients. Each target group had its interview guide which was followed for each and every interview. The steps followed in conducting this study, methods and analysis verifies its reliability.

5.6 Generalisability

Generalisability is defined as the extent to which a study can be used to inform us about persons, places, or events that were not studied (Grinnell 2001). Since the study was conducted using a small sample size, the results cannot be generalized to the larger population. Lack of resources and time contributed to the number of respondents interviewed. The views of the service providers working with young people at unplugged cannot to some extent represent other professionals working on the same field. Additionally, young people' views and opinions about HIV/AIDS cannot represent other young people's views. The information gained is enough to help me understand how HIV prevention interventions are administered to young people in Gothenburg but cannot be transferred from the specific to the general.

5.7 Limitations of the study

1. Time to carry out the study was limited. The researcher had wanted to have a gender balance of respondents, equal number of females and males interviewed but due to time and resources, this could not be accomplished. Interviewing more people would have enriched and given this study a broader view of how young people perceive services provided to them.
2. Language was another limitation to this study. A lot of information and articles that would have been of use and importance to this study could not be accessed because they are in Swedish and not translated to English. With little or no Swedish language skills I was unable to understand them.
3. The researcher had wanted to interview all services providers in Unplugged to get a broader picture of how HIV prevention service is mediated within Unplugged. This could not be accomplished because some of the respondents dropped out last minute and declined participation in the study. Some of the reasons given were lack of competency in speaking English.
4. Accessing articles on the internet was another limitation. The internet had a lot of articles and studies done on HIV prevention but I could not access them because some sites required that you either have to be a member or pay to access the information.

6. Results and Analysis

This chapter presents the results of the study as well as an analysis of the findings. The results are analyzed based on the themes that came out of each four research questions. Empowerment and social cognitive theories as well as relevant literature are used to explain and put the findings in focus. Seven interviews were conducted and out of these 7 interviews done, 5 were on young people and 2 on service providers. Some quotes from respondent's empirical data were extracted and used in the report as references to make the findings concrete. To safeguard respondent's confidentiality, they were given codes and numbers. For Unplugged service providers they were given UW code (Unplugged Worker) and young people UY code (Unplugged Youth).

6.1 HIV intervention strategies

6.1.1 Objectives of Unplugged in HIV prevention work

Unplugged's work is guided by Socialstyrelsen and Ungdomsstyrelsen policies. These policies advocate for the promotion of health and well being of young people. The overall objective of Unplugged is to empower young people in the development of their identity as well as developing tools to deal with issues that can expose them to risky sexual behaviours. This will in turn help them prevent HIV, STIs, unplanned pregnancies and prostitution. From the interviews it is evident that Unplugged put these policies into consideration when planning and dealing with young people's issues. This has been shared by all the respondents and one of them has this to say:

Unplugged is an HIV prevention organization but in principle, we work with young people's issues from a holistic perspective, so it's not only HIV but rather anything to do with young people's attitudes, lifestyles, sexual development and in that category we take in HIV prevention work (UW1).

It is evident from the interviews that Unplugged does not only focus on one specific area, example, HIV but look into other issues that can make a young person vulnerable and exposed to risky behaviours. What came out during the interviews was that, Unplugged even touch issues to do with crime prevention, violence, racism, drug abuse, honour related violence and female genital mutilation. This is also evident in the organization's objectives. If we look closely into these issues, they somehow intertwine with HIV/AIDS. By helping young people realize their capabilities and strengths can help them avoid situations like going into drugs and substance abuse hence prevent exposure to risky behaviours. The respondents have said:

We touch areas to do with crime prevention, violence, racism, drug abuse, a lot of emphasis on drug abuse, honour related violence and female genital mutilation (UW2).

By preventing habits of getting into crimes and misbehaviours, which are even relevant or connected to alcohol abuse, drugs, young people if they develop their senses of responsibility, respecting themselves, strengthens their inner being, self-esteem, self confidence, thereby they can withstand temptations of going into crime related behaviours, possibly withstand peer pressures and behaviours where they could be risk of getting in circumstances, engage in sexual activities and probably get infected with HIV (UW1).

What can be deduced from these interviews is that Unplugged encourages healthy lifestyles and well being among young people. This in turn helps young people develop knowledge and skills to deal with circumstances and problems surrounding their lives.

This is closely linked with what empowerment theory advocates for. The theory advocates for consciousness raising of an individual. According to Freire (1972) cited by Adams (2009) social change is rooted in consciousness raising of an individual. Creating awareness, increasing knowledge, changing attitudes and motivating people to continue their behaviour or adopt an innovation are the most important aspects of consciousness raising. Unplugged believes that by raising consciousness of young people will help young people develop self efficacy. By realizing their strengths and capabilities young people can develop tools to help them avoid getting into risky behaviours.

Bandura (1977) on the other hand argues that for young people to be able to deal with risky behaviours is determined by the interplay of personal, behavioural and environmental influences in their lives. A change in one of the factors may lead to changes in other factors. From the interviews it is evident that Unplugged's aim is to deal with empowering young people to best deal with and manage risky behaviours and their lifestyles. This is also done with the help of other organizations that work in the same area that deals with young people's issues:

If you want to do an activity and you know it's not your area of specialization and you know that you work with another organization that specializes in that, you call them to help you (UW2).

We network with other organizations on issues related to honour related violence and genital mutilation which is a human rights abuse (UW1)

To summarise the interviews, one can say Unplugged aims to empower young people to make right and rational decisions about their lives.

6.1.2 Recruitment of young people to Unplugged

Recruitment of young people to Unplugged according to the respondents is through mouth to mouth method. Young people talking to other young people, their friends and peers. Every young person is welcome to participate in Unplugged's activities. According to the respondents the young person has the choice to choose whether they want to be registered or just participate in Unplugged's activities. For those who want to be registered, they pay a membership fee of 50kr. This amount is paid annually and is used to pay for extra costs for youth activities not covered in the budget within the organization. The benefits of being a registered member, according to the respondents, are that one enjoys extras which other members who are not registered cannot get, like participating in European exchange projects and European training courses. They further expressed that other activities are open for everyone. One of the respondents said:

Membership is not the conventional way of describing who is a member. For us a member is a person who is interested and active in what we do. So anybody is welcome. The members who are registered as members get out of Unplugged some extras which other people can't get (UW1).

The above was a response to a question on whether they register young people or they are free to come in and go as they please.

6.1.3 Strategies used by Unplugged to disseminate information to young people

From the interviews, both the respondents emphasized that they provide information and knowledge as a service to young people.

We offer information and knowledge, an environment for them to exchange views and their ideas about issues related to HIV, providing them with information where they can seek either more information or health in case they have some problems (UW1).

The respondents revealed that Unplugged use several methods to reach out to young people. These are 1) workshops, 2) seminars and conferences, 3) theme evenings, 4) condom projects, 5) European youth exchange and 6) world AIDS day.

Workshops

The respondents in the interviews noted workshops as one of their methods of reaching out with information to young people on HIV, STIs and other related subjects. The

respondents emphasized that it is very important when planning this activity to take into consideration certain aspects for better results and success. Both interviewees noted that they look into methods to be used, level of understanding of young people, what kind of information to give out, who is going to facilitate, resources needed to get the young people interested and participative, relevance of the topic to young people's lives. Most important of them, according to the respondents, is that young people should feel part and parcel of the whole process for them to be active and participate.

We try to look at what's interesting for the youths to participate in and how we can angle the activity in different ways to make it interesting (UW2).

The respondents mentioned that the methods they commonly use are role plays and group discussions. Themes around factors that affect young people's lives are formulated and young people create scenarios around those themes. Most commonly role played themes cover relationships, family values, alcohol and drug abuse and bullying. Respondents also noted group discussions as another interactive method they use to impart knowledge and skills. The most commonly discussed topics cover sexual health, discrimination and racism, teenage pregnancy, HIV prevention and STIs and other related subjects:

It is important to bear in mind the relevancy of the topic or message to their reality, so that whatever is going to be talked about or discussed, it can be interesting for them, because they have points of references, they can easily relate it to what is happening in their lives. The whole point is it should be always kind of interesting, very interesting and interactive methods. These young people come to us during their free time, so it's very important to see a difference between school and free time. There has to be a difference (UWI).

From the above words, it is evident that the young people's needs are addressed from a holistic perspective. Different aspects are brought together to help young people learn. What is even more interesting is the emphasis on the activity being interesting and at the same time interactive. This according to my own understanding shows that young people need to relate, whatever happens around them, to their real life situations, and to enable them to do that, one should look into what interests them most to get their views and perspectives. Knowledge and information should be imparted in a fun way for better results. In turn this can help in reducing risky behaviours. This is also in line with what UNICEF is advocating for. They see young people as diverse, therefore, they argue that HIV prevention approaches have to adapt to the realities of their lives by recognizing the cultural and social factors that increase their vulnerability to HIV infection (UNICEF 2009).

Bandura (1977) argues that symbolizing plays a vital role in people's lives. Through the use of symbols people process and preserve experiences in representational forms that serve as guides for future behaviour. This foster course of action designed to lead toward more distant goals. As a result people can foresee the probable consequences of different actions and alter their behaviour accordingly. Furthermore, Bandura asserts that without symbolizing powers, people are incapable of reflective thought. Viewing this from the

perspectives of Unplugged's work, educating young people on self reflection and relating one's experiences with what happens around them can enable young people to have a healthy thinking about life and this in turn can encourage them to understand their will in life, to have the ability to say "yes" or "no" when it comes to sexual matters.

Seminars and Conferences

Seminars and Conferences have also been noted as one way of disseminating information by all the respondents interviewed in this study. Both the respondents revealed that they have two kinds of seminars, seminars organized by Unplugged and seminars organized by Networks. When it comes to conferences, Unplugged does not organize its own conferences but attend to conferences organized by different networks and can be part of the organizing group. One of the respondents said:

We don't organize conferences ourselves; we can be part of organizers of conferences in collaboration with other organizations. We also organize seminars, our own seminars and at times seminars with our collaborators (UW1).

These seminars according to the respondents are designed based on the current issues pertaining to young people's lifestyles and their sexual development. The respondents cited some of the seminars they have done based on the above concepts. These were young people and vulnerability on the internet and a follow up seminar on young people and buying of sexual services. Both the respondents explained that the idea of doing this is to raise consciousness on young people about issues that happens in and around their lives and to get perspectives from the young people themselves on how those issues like internet dating, buying of sex can be dealt with. Some of the issues that were discussed according to the respondents were how does internet dating happen, what one should look out for, what are the young people's experiences in relation to that, how can they advice other peers about it. The respondents reported that the methods they use during seminars are group discussions and presentations:

We try to have small groups where we sit with them, like five to ten people, because it's easier to talk when they are few than in a group of thirty people. It might be two to three people who say what's on their mind (UW2).

Theme Evenings

When we have theme evenings, we normally formulate the themes to be discussed from what we hear or see, from comments, inputs from young people themselves and you try to structure an environment where they can probably discuss that further (UW1).

Respondents said that theme evenings are done based on a pre-decided topic as it can be derived from the above statement from one of the respondents. It is done in a group discussion form where a knowledgeable speaker or facilitator is invited to lead the discussion. Sometimes it's the young people themselves and the youth leaders who lead the discussion. The respondents further said that, theme evenings are helpful because in a way, the topic is about something young people are interested in and curious to know about, therefore it doesn't become boring for them because they can link it to their

reality. Young people are involved in the planning and preparations for theme evenings. Respondents noted that more often theme evenings are centred on young people's relationships, sexual issues, teenage pregnancies, condom use and sometimes HIV/AIDS. What can be derived from the interviews is that working with young people needs knowledge and skills. One has to be aware of the issues that interest young people as well as those that can expose them to risky behaviours. Furthermore, one has to be observable and know how to read and deal with non verbal cues. Because what I get from the respondents is that young people express their interests in learning in different ways and forms.

Condom Projects

The respondents noted condom project and condom distribution as one method they use to reach out to young people and the general public on the importance of protecting themselves against sexually transmitted diseases, pregnancies and HIV/AIDS. They further explained that this activity is done at specific times during the year. The respondents mentioned that they have managed to do condom projects (Roll it On) in 4 summers. According to the respondents young people within Unplugged are part of the planning, designing of condom packages and going out to give condoms at different points in town. Before going out to distribute condoms, young people are coached on how to handle and confront different situations in the best way. Condom distribution on the other hand according to the respondents is done whenever there is a youth gathering like talent show and youth AIDS gala:

We have done big condom projects during summer periods before, but last year for example we didn't have time to do big, big condom distribution project, but what we did, we distributed condoms at the auditioning moments for talent show and I think we are going to do the same this year (UW1).

If we have something going on about HIV, we try to reach out to the youths. We go out and hand out flyers with HIV messages and condoms. A year ago, we handed out flyers with a text on and a condom attached (UW2).

What one can derive from the above is that Unplugged does not only reach out to young people affiliated to it, but has room to reach out for more youths outside its programmes and the general public at large on prevention messages and condom use.

On the other hand, the young people interviewed in this study had this to say about condom projects and distribution

It was serious but it was also fun doing it. So I think that was the biggest part why I was here, of course there were serious stuff we talked about that affected many people but it was also fun to know this knowledge and we did something with it(UY1).

There is always something you learn by doing, by participating, Unplugged do not want us just to go out and give condoms. You have to think why am I giving condoms because

somebody on the streets will ask you, why do I need this condom? Then it's your job to stand and answer, why they need, what you are doing there (UY2).

This subject is not a fun subject, it's a tragic thing, it's a disease, nothing fun to talk about but Unplugged tries to keep the youth interested by doing more practical stuff, so that they don't just hear oh HIV is dangerous, oh HIV is dangerous, they get the youths involved with this, so it gets more fun to learn about this. We did like a small paper that you could fold, when you open it, it was information about HIV and then we glued lightly a condom. It was a fun thing (UY3).

We went out to the city and give out condoms to other youths, talk about HIV and discuss it with them. We gave them information about HIV while we were giving out the condoms (UY5).

Askheim (2003) sees empowerment as equipping people with more self confidence, a better perception of oneself and increased knowledge and skills. What can be derived from the interviews is that these young people have managed to develop their self confidence and self reflection about their lives thereby enabling them to go out and face other young people and share knowledge and skills with them. Without self confidence, knowledge and skills, these young people will not be able to do what they did. Payne (2005) on the other hand argues that what is important in empowerment is the people's autonomy to choose from among several behaviours. This is evident in all what the young people said. Bandura (1977) on the other hand argues that motivation factors and self regulatory mechanisms contribute to a person's behaviour rather than just environmental factors. He further asserts that people's level of motivation; affective states and actions, are based more on what they believe than on what is objectively true.

One of the respondents said that for every condom activity they do, they have to buy their own condoms and it's very costly. This was a response to the question on where they get condoms:

If we are going to distribute condoms, we have to buy them ourselves and they are very costly. We try to squeeze in the budget for condoms from the funds we get from the municipality and at times if possible apply for funds just for condoms. But it's rather difficult to get funds for that (UW1).

European Youth Exchange

Unplugged is active in the European youth program where young people can do among other things exchanges. We are in a group of five countries, which are making exchanges to each other, Sweden, Germany, Portugal, Italy and Malta. We have covered all these countries mentioned, we have been to Germany, Portugal, this year its going to be Malta and Italy combined and next year Unplugged is going to be hosting other countries (UW1).

European youth exchange has been explained as one of the methods used for imparting skills, knowledge and information to young people by the respondents. The respondents said that during these exchanges, different activities like workshops are done pertaining to young people's lives. The topics discussed covers young people's sexual development and awareness, teenage pregnancies, HIV/AIDS and STIs. Each exchange according to the respondents has a theme that guides in the preparations and drawing of the programme. Respondents gave examples of the recent exchanges they had. In 2008, they were in Germany and the theme was youth for strong Europe. Last year they were in Portugal and the theme was young people and sexual awareness. The respondents further said that before, they had had an exchange between Sweden and England. It was a bilateral exchange comprising only the two countries and the theme was teenage pregnancy. Some of the young people interviewed had said:

I didn't know about HIV, all I knew from school that we learnt in school was like HIV is a deadly disease, you have to be protected and you don't get it. When I was in Unplugged I learned it, we had a project that we went to London and in that project I learnt everything I needed to know basically on HIV (UY1).

Me, when I was 13 we went to London. It was youth exchange between Sweden and England. So group of girls came from London and we talked about teenage pregnancies and we did workshops and after couple of months we went there and did similar things and then at the end we wrote a final report about it. It wasn't just a trip that was fun, it was the whole thing, doing the project with friends and knowing that this is something important, made me learn, and made me grow (UY3).

We have a youth European project where we go to other countries and youths from other countries are being collected and we talk about these issues even there. So it's very helpful to discuss these things coz you learn more, you get more open (UY5).

What I learn from these interviews is that a lot of learning takes place among peers and information, knowledge and skills sticks to the mind when practiced. To be able to get young people participative, one has to find ways that can be interesting to learn about and at the same time interactive.

According to Bandura (1997) cited by Pajares (2002) a lot of learning takes place among peers because of similarities in age and experiences, where there is provision of most informative points of reference for comparative efficacy appraisal and verification. From what I get in these young people's words is that they learn from peers and relate different experiences to their lives. Bandura further asserts that through self-reflection people make sense of their experiences, explore their own cognitions and self-beliefs, engage in self evaluation and alter their thinking and behaviour accordingly.

Youth exchanges are not only a source of learning for young people but also service providers too, learn different things through these exchanges. One of the respondents said:

In Portugal the main theme was sexual issues, me and other youths in the program learned a lot about how different cultures look at HIV and what they think about prevention and so on. It was very interesting (UW2).

World AIDS day

The world AIDS day was also cited as a source of information dissemination to young people as well as the general public. Respondents explained this activity as an avenue for raising awareness and sensitizing the general public on HIV and other sexually transmitted infections. According to the respondents, Unplugged has been working together with different organizations for the past 10 years to prepare for this activity. Stadsmissionen, Men for Equality (MFJ), Teppet eater were some of the organizations cited in this collaboration. Respondents further said that last year they decided to change the strategy of doing this activity. They started planning for activities very early in the year, finding structures on how best they can do the activity and going into schools to raise awareness on HIV/AIDS not just concentrating the whole activity on the 1st of December. Asked what was the reason for changing the strategy, one of the respondents said that:

We started analyzing and evaluating what we do, and started thinking that it costs a lot of money and time concentrating everything on one day and you do it and it's done. The message doesn't sink in people's minds (UW1).

The world AIDS day is categorized into different activities as mentioned by the respondents. Last year, they started what they called world AIDS day talent in schools. The reason for doing this was to create awareness in schools to young people on HIV/AIDS using art. This according to the respondents was done in line with last year's world AIDS day theme which was stigma. The respondents again mentioned that to attract young people to a bigger issue, you have to find something that interests them that is the reason why art was brought into this issue. Young people in different schools were auditioned on different activities like dancing, singing and playing instruments. The winner of the talent show according to the respondents had to come up with something that has HIV/AIDS message. The respondents further said that as the auditioning was done in schools, a lot of information on HIV/AIDS was given; they had posters on the world AIDS day and HIV/AIDS, distributed condoms and also had an HIV informer from Stadsmissionen who informed young people on HIV/AIDS. One of the respondents said:

It was talent show with a purpose. Every time we were in schools, we also had an HIV informer with us, who informed youths in schools about HIV/AIDS and also during the semi-finals in Nordstan; we had people who talked about HIV/AIDS (UW2).

The other activity cited by the respondents within the world AIDS day activity is youth AIDS gala. Some of the respondents interviewed said:

Since we work in a group, we always try to have something to do with youths. Normally every year we have like one big evening where we have different shows, music, and information on HIV/AIDS (UW2).

In every year, we have disco in the world AIDS day. We bring in artists or singers so more teenagers come. Just to raise awareness on the young minds (UY1).

When we have the world AIDS day, its not just talk, we do workshops and invite in other organizations that work with the subject to give information. At the end we have a party for them, we have performers and music, so its fun to learn. More people come; they get the knowledge, have fun and spend time with their friends (UY3).

6.2 Knowledge Unplugged consider young people should have about HIV/AIDS

6.2.1 Prevention, Treatment & Care

Young people, according to UNFPA (2010) are at the heart of the global HIV/AIDS epidemic in terms of rates of infection, vulnerability, impact and potential for change. Henry.J. Foundation (2004) on the other hand argues that young people need access to prevention, care and treatment services, and young people often face unique challenges and needs in accessing information and services. In Sweden young people are categorized among groups at risk and different prevention measures have been adopted to address their vulnerability (Hertliz et al 2000). This is also evident from the interview responses.

According to the respondents young people should know that there is no cure for HIV/AIDS and getting infected can expose them to many opportunistic infections. Despite that there is treatment and care for those infected, HIV is incurable. Additionally the respondents said that young people should know that there is a great potential risk of getting infected and should be aware of all kinds of risky behaviours that can make them vulnerable to contracting HIV/AIDS and other STIs. Furthermore, young people should know how HIV is transmitted and should consider it very important to use condoms. The respondents further expressed that they feel all young people including those from Unplugged and other collaborating organizations should have this information and knowledge about HIV/AIDS. Both the service providers said:

Young people should know as yet there is no cure for HIV/AIDS and there is no fun getting infected. They have to know that and have to really consider it very important to use condoms when they have casual sex and not only use condoms, use condoms in the right way, I mean in the right way (UW1).

They should have more information on how really you get infected because even if they have access to a lot of information, some youths can be very ignorant and think that kissing someone will give them HIV. Youths lack the information on how it spreads (UW2).

There is a great concern from these respondents regarding condom use and how HIV is spread. The emphasis on condoms being used in the right way shows that there is a problem regarding the use of condoms. It also shows that young people have insufficient knowledge on how HIV is transmitted. This further shows that there is need for

reinforcement of information and consciousness raising on condom use and HIV modes of transmission. Young people's vulnerability to risky behaviours as argued by IATT (2010) is caused by many factors among them the lack of knowledge and skills required to protect oneself and others, inaccessibility of services because of distance, social and cultural norms, beliefs and practices.

Bandura (1977) on the other hand argues that management of risky behaviours rests partly on a firm sense of self efficacy. Young people with low self efficacy are said to be less likely to stop indulging in risky behaviours like alcohol, drug abuse and unprotected sex as opposed to those who have strong self efficacy. He further asserts that how they behave can often be better predicted by the beliefs they hold about their capabilities than what they are actually capable of accomplishing, for this reason self efficacy perceptions help determine what individuals do with the knowledge and skills they have.

6.2.2 Social Responsibility

To heighten knowledge and information, the respondents said that they make sure that young people are profiled in certain aspects that can help them have better perceptions about their lives and people around them thereby reduce risks. Both the service providers said that through the programmes they have for young people, they make sure that these qualities are included. Respondents further said that they often talk about and discuss with young people on issues that deal with identity and values, strengthening of self esteem and self confidence, ability to make informed decisions pertaining to life in general, respect (for themselves and others), HIV/AIDS in general and how it spreads. Both the service providers said:

We try to either discuss HIV in general or in Sweden, and how it spread, to inform them so that they are not so ignorant, and when we were in Portugal, we had a lot of examples of how it spread. They talked a lot about different condoms and contraceptives. That was really good. That then I know, that is something we can use in Sweden (UW2).

We discuss things to do with identity and values, strengthening their self confidence, respecting themselves and others, consider their self esteem. These are areas we try to see that they are profiled in, and try to include in activities or moments which can help these young people get all these qualities (UWI).

UNFPA (2010) argues that if young people are provided with the necessary means and skills training, they can advocate for their specific sexual and reproductive health needs, thereby influence policy making processes. DiClemente (2003) on the other hand argues that to promote behavioural change and provision of information and skills among adolescents, one should take advantage of the diverse social networks within which adolescents are embedded by enhancing network linkages, creating health promoting norms and building supportive relationships designed to encourage the adoption of HIV prevention behaviors.

What can be deduced from my interview is that, for young people to be able to work out issues that affect their lives, they first need to be equipped with life skills and tools to

enable them act on their behaviours and take control of the situation. Helping them reflect on their lives will make them aware of the skills and capabilities they have. Making them aware of their values will help them realize which practices are good and which ones can lead to risky behaviours thereby develop informed judgment and decision as well as self respect and respect for others. Collective responsibility and experience sharing are fundamental in prevention work. The recognition and inclusion of other stakeholders and young people's networks like family can increase the adoption of positive behaviour; thereby can avert exposure to sexually transmitted infections including HIV/AIDS. Thereby developing young people's self confidence and self esteem as argued from empowerment theory enhances their ability to challenge and change their circumstances, which is fundamental in prevention work.

The respondents also said that the rights of young people to choose among several behaviours are taken into consideration when dealing with these issues. According to both service providers, at the end of it all, the overall responsibility lies with the individual young person. They mentioned that as they talk and discuss with them they have key messages that they underlie, "use condoms, it's the right thing to do" and "it's your life and choice you decide", this is in line with exposure to HIV, STIs and unplanned pregnancies. The young person has to choose what is basically right to do. One of the service providers said:

Talking about HIV, STIs and unplanned pregnancies, the key messages is, it's you, it's your life, your responsibility and choice, you decide (UWI).

6.2.3 Safe and supportive environment

Creating a safe and supportive environment has been noted as one of the fundamental aspects in prevention work. IATT (2010) argues that individual empowerment of young people can only be achieved within the context of a safe and supportive environment that does not discriminate. They further asserts that for young people to be able to access and use information, skills and services they need environments that prepares them appropriately for adult life.

The respondents in the interviews have said that to get young people involved in HIV/AIDS and other issues, they have to create a conducive environment for discussion and sharing. Several issues are taken into consideration. They expressed that young people have to feel safe and relaxed. The level of information to be shared or discussed should be put in the level that they will be able to understand and make references. The relevance of topic at hand to their lives and experiences is fundamental. Reality was expressed as something that is very important in what ever is being discussed or going to be discussed. According to the respondents this helps a lot for young people to open up and share their experiences. The way the activity is formulated and the facilitator shouldn't be judgmental. This was explained as moralizing young people according to their beliefs or personal experiences, and the respondents expressed that for young people to feel safe and secure in an environment, they have to feel that they are not being judged or moralized.

Furthermore the respondents said that one has to respect young people's peace and privacy. If possible small groups should be created to make sure that everyone is involved even those who are reserved and silent. Means of creating a conducive environment are done in different ways. One of the respondents said:

Yesterday I had a meeting with a group of young people to get them very involved in the subject. We baked and as we were baking, we discussed it. It made it easy to discuss different subjects because we did something they liked and they felt comfortable (UW2).

According to the Ottawa Charter (1986) promoting health in people will enable them achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. According to this charter, people cannot achieve their fullest health potential unless they are able to take control of those things which determine their health.

What comes out from the respondent's words is that environment plays an important role in service provision and the level of trust in a service can help heighten access, information and skills in young people. Creation of small groups in a discussion can help in individual focus and identifying those young people who are reserved and silent thereby help them get involved and address their needs. This is linked to what the Ottawa Charter is emphasizing. UNICEF (2009) on the other hand asserts that HIV infection can be averted when young people are equipped with correct information and skills, have access to prevention services that are provided with an enabling and protective environment. Sue et al (2010) on the other hand argues that for services to be fully accepted and utilized by young people they should be made acceptable and accessible to young people.

Bandura (1977) argues that motivation factors and self regulatory mechanisms contribute to how a person behaves. How one interprets the results of their own behaviour informs and alters their environments and the personal factors they possess, which in turn inform and alter subsequent behaviour. This shows that for a learning process and change in behaviour to take place is influenced by the environment and the behaviour to be acted upon. If the environment is not conducive for facilitating change, there will be no change in behaviour. That is why Unplugged try to create a conducive environment for young people to share experience and facilitate open discussions to help young people, to continue their behaviours or adopt an innovation which is fundamental in empowerment theory.

An observation from one of the service providers concerning the question on how they get young people to openly talk about sensitive issues was:

I have noticed that even though many young people who come to Unplugged are from different cultures, they are very Swedish, even if it's a sensitive issue, they can still talk about it (UW2).

6.2.4 Edutainment

According to the concise oxford dictionary (1995), the word edutainment is defined as entertainment with an educational aspect. Resnick (n.d) argues that many of people's best learning experiences come when they are engaged in activities that they enjoy and care about. Edutainment is a fundamental aspect in Unplugged's work. This is evident in all the activities discussed above under methods used in disseminating information to young people. In all the interviews conducted the themes "fun and interesting" have come up quiet frequently. The service providers have expressed that for young people to participate in an activity, first there should be some kind of fun in it, secondly it should be motivating and interesting and lastly it should be interactive and young people should feel part of the whole process. They should be consulted and involved in the planning of an activity to make them feel that they own it. They further mentioned that the young people should be able to see a difference between Unplugged and school. Everything they do revolve around giving young people information, not only that but in a fun way (education and entertainment). Asked how they involve young people in HIV/AIDS activities, one of the service providers said:

The way the activity is formulated should be attractive, very interesting, there has to be some kind of fun in it although it bears quiet a strong and important content or message. It has to be stimulative and motivational, and the young people should feel that they are part and parcel of the activity; it's their thing (UW1).

What can be derived from these interviews is that motivation plays a vital role in service provision. If there is nothing that motivates young people to participate, it can be hard to draw them to a bigger issue like HIV and STIs. If they know that there are variety of activities to participate in, like projects like youth exchange and condom projects, they will be motivated to take part because they know they will have fun and at the same time learn (reference made to young people's words under youth exchange and condom projects activities above).

6.3 Knowledge young people want to have about HIV/AIDS

All the Young people interviewed in this study revealed that they want to know basically everything about HIV/AIDS. According to the respondents, they want to know what is it, what causes it, how one get it, why one get it, how it affects the body, how one can prevent it and protect themselves against exposure, where it came from, if scientists can find a cure and how long will it take to find a cure. Some of them have this to say:

I wanted to know basically everything, how you get it, why did you get it and how it affects you in your body. Basically everything because I didn't know about HIV (UY1).

I need to know, what it is first of all, what it can do, how it affects your body and immune system and most importantly how to protect yourself from it (UY3)

Like where it came from, the first place where it came from, if they can find a cure, that would be great, I think, and how long it will take, that is the big question, how long will it take to find a cure?(UY4)

What came out from these interviews is that young people want to have a full understanding of HIV/AIDS including where it came from and whether scientists will find a cure for it as expressed by one of the young people. This shows that these young people need information and skills as revealed by their service providers, to help them through these transitions. The issue of young people's health, development and protection is of paramount importance to the United Nations (Homans 2002). Young people have the right to education, information and services that could protect them from harm. This is embodied in several international treaties and conventions such as the convention on the Elimination of All Forms of Violence against Women (CEDAW), the convention on the rights of the child (CRC), the convention on Economic, Social and Cultural Rights (CESCR) and the ICPD programme of Action (IPPF European Network 2007). The full realization of these rights is essential to mobilize and empower young people in order to prevent the spread of HIV. This is what Unplugged is trying to do in collaboration with other organizations by putting in different programmes in place that responds to young people's needs to help them deal with different life situations including HIV/AIDS. These programmes contain both educational and entertainment aspects which according to Unplugged service providers help to motivate young people to participate.

6.3.1 Sources of Information

Young people in this study revealed that they had two sources of information regarding HIV/AIDS and STIs. All the respondents said that they learnt about HIV/AIDS in school and in Unplugged. The education sector according to IATT (2010) plays a critical role in HIV prevention among young people. However young people interviewed in this study have different perspectives regarding the information they got from school. Most of them felt that school based HIV lessons doesn't give one a concrete hold on what happens around them and the risks involved. Most of them felt and explained that this has to do with the time allocated for the lesson, the environment and the facilitator. In school the relationship between the student and the teacher is one way. The teacher gives information and the student receives. It's sit and listens. This according to the respondents becomes "boring" as there is no action involved and much of the information given doesn't stick to the mind. The other reason the young people gave was that they fail to relate the information given to their lives as they perceived the teachers are talking about someone else, not them. Some of the respondents said:

In school they told us oh HIV is this and this and you need to be protected. If you get stuff like that you don't really think about it but if you really know how it affects you if you get it, then I think it's a different story (UY1).

From school its kind of different coz you don't take it serious. School it just sounds funny because they are talking about somebody else; they are not talking about me, that is school (UY2)

In school we had one day, just one day to talk about these things and it was one day in eighth grade when everybody was embarrassed to talk of these things. We didn't get the chance to discuss like grown up. I don't think this issue is discussed enough in school (UY5).

The above responses were for the question, was the information given in school sufficient enough to give the information you needed. What came out from these young people's words is that it is very important to relate what is discussed to one's life. The environment should be conducive for discussion and time allocated for the discussion should be taken into consideration.

When it comes to Unplugged, the respondents explained that they do different activities like workshops, condom projects and participate in youth exchanges just to mention a few. Most of the respondents explained their relationship with Unplugged as a two way process. There is interaction between the service providers and the respondents. In other words, the relationship can be explained as interpersonal. The information is given in an environment where there is room for participation and reflection. All the young people interviewed said that the information they got from Unplugged was sufficient to equip them personally. Some of the respondents said:

I knew what it was but not really knew what it was, I just know it's a disease stay away from it, take protection and that. Now I know a lot about it on a whole new level. We put up posters and we got to work with it and helped others. Doing stuff you learn faster better than listening (UY4).

In Unplugged it was different because it wasn't sit down like in a classroom and listen. We got to learn by doing different things like going out giving out condoms. With Unplugged, it was projects. It was doing by learning instead of sitting and learning. The doing is more effective. Everybody can sit and listen but what results will you get if I sit and listen to a person just talking about HIV/AIDS and what a dangerous disease it was (UY2).

In school we have like a special day we talk about HIV/AIDS, but in Unplugged we continued to talk about this subject because it's such an important subject, many people die because of it. So that's one thing that is really good about Unplugged, they are continuously trying to inform youth about this so that the subject doesn't get forgotten or die (UY3).

The responses were for the same question on information dissemination as asked under school responses above. From the views of these young people what came out is, learning by doing makes one reflect on different aspects of life and makes it possible to make comparisons. Whatever they do, they can relate it to themselves. It is also evident from the interviews that learning is effective when practiced. Regarding school system of giving information, I think the school can apply different methods like role plays and group discussions to make young people involved and take the issue seriously. More so that the students know that there are no grades for attending HIV and STIs lessons although they are part of the school curriculum. This can be some of the options they can explore to make students take these issues seriously and take the advantage of reaching so many youths in a school setting.

6.3.2 Outcomes of knowledge gained

It is important to mention that the young people interviewed in this study have been with Unplugged ranging from a year to six years. Their ages ranged between 19 and 23 years. All of them have finished high school; some are working and others at college and university. The age one gets exposed and participates in the programme according to these young people seems to play a major role. From the interviews, it is evident that the knowledge and skills young people got from Unplugged and school has made them to adopt and develop certain aspects and qualities in life. School is mentioned here because I think even though young people didn't reflect much on the information given; at least they were made aware of the situation. Each individual respondent has benefited from the programmes and experienced change in a different way. Four themes came out on the benefits gained by participating in Unplugged's different programmes. The interviews shows that, young people have been able to adopt safer sex, develop assertiveness, self reflection, and become aware of the impeding factors in HIV and STI prevention.

6.3.3 Safer sex

Some of the respondents interviewed in this study explained that by participating in different programmes provided by Unplugged has helped them choose safer sex in regard to sexual issues. Some expressed that they know that they should use condoms when having sex. When travelling and meeting someone along the way, they should use condoms. They further expressed that one cannot tell by looking at someone whether they are infected or not. The respondents further said that it is not only HIV that one needs to be worried about, but many other sexually transmitted diseases. That is why protecting one self is important. Some of them said:

I really chose safe sex than unsafe sex. I know that I need to be protected. If I am travelling, in another country and meet someone, I need to be protected coz you cannot be certain if somebody tells you I don't have sexually disease or stuff like that. You should not believe that coz that decision you make can affect your life (UY1).

Me personally, I have not had sex with no one except for my own fiancé and I always used condoms in the beginning until I knew that she wasn't diseased (UY5).

Explained from empowerment theory, one can say that these young people have developed the ability to make free choices. Payne (2005) argues that an empowered and autonomous person who recognizes that sexual encounters involve risk will be more likely to use effective self protection measures such as condoms or avoid situations that are likely to lead to sexual encounters.

6.3.4 Self reflection

Self reflection is one of the important concepts of empowerment and social cognitive theories. For one to be said to be empowered, they should be able to take control of the situation, by identifying barriers that reduce their self realization and control over one's life (Askheim 2003). Some of the respondents interviewed in this study said that having been exposed to different projects and working with HIV/AIDS has made them change

their views about the disease and their attitudes towards people living with HIV/AIDS. One of the respondents said:

It helped me to show more respect to the people that got the disease. Before I was like that person has HIV, I backed up and think if I touch this man or woman, they will infect me. Yeah I was like that even though I knew in my mind they can't infect me. Its still scares me but now I know when you learn about it, you show respect coz they are still people (UY4).

Bandura (1977) on the other hand asserts that through self-reflection people make sense of their experiences, explore their own cognitions and self-beliefs, engage in self evaluation and alter their thinking and behaviour accordingly.

6.3.5 Assertiveness

Most of the respondents expressed that the knowledge and skills they acquired helped them to look at HIV and other STIs in a different way. It has helped them to talk openly about HIV and discuss it with family, friends and peers. Some of them even have a dream of passing the knowledge to their children one day. They further said that one learns, grows and at a certain age become aware of what is right and wrong. Adams et al (2009) argues that by developing young people's self confidence and self esteem enhances their ability and expectations to help others. Some respondents said:

A lot of people don't know what it is. They just see it as a disease and think need to keep away from it. But if you know about it, you can help, provide, be there for maybe your friend have HIV, so you can help them. So that's what Unplugged did for me, I got to learn (UY4).

I think it made me more open to talk about HIV because before, it wasn't something we talk to people a lot about. Now I guess I am more open to talk about it (UY3).

I have the knowledge to give to my family members, friends and someone, who doesn't really know what HIV does to you and your body if you get it, and my children...if I get children someday (UY1).

6.3.6 Awareness of impeding factors in HIV & STI prevention

The knowledge and skills young people gained from Unplugged did not only develop them personally but has also opened their minds to different issues that can hinder prevention efforts. From the interviews it is evident that the young people within Unplugged are well informed about HIV/AIDS and other issues pertaining to life in general. This has also helped them to be aware of factors that can impact negatively on prevention measures. Most of the young people interviewed in this study expressed concern with regard to how people in Sweden treat HIV/AIDS and the high rates of sexually transmitted infections among young people in Sweden. They said that in Sweden, HIV is seen as a distant disease and people are not concerned about it at all. The young people further expressed that this is exhibited in the high rates of sexually transmitted infections in Sweden especially among young people. They further expressed

concern that not much is being done to make people aware of the disease apart from organizations who are already involved in the work. Some respondents said:

HIV is not the “wow factor” coz it’s not heard a lot here in Sweden. It’s just like those who get HIV are those who come in from another country. They are the ones, but we who are here; we don’t get that (UY2).

People have pictures of HIV is from example South Africa and most people think just South Africans have it and that’s not true. It doesn’t tell if someone is white, black or Chinese, you need to protect yourself so you don’t get sick (UY1).

Studies have shown that lack of and absence of protective factors such as education, family and peer networks can facilitate HIV risky behaviours (IATT 2010). If the community is not receptive and aware of HIV as a problem, it will become hard to heighten the messages as there is no support. Instead of HIV being a collective social responsibility, it will become an individual professional problem.

The respondents further expressed concern towards young people’s attitudes in sexual matters. They said that Sweden has a liberal attitude towards sex; it is therefore not a taboo for one to have multiple sexual partners and casual sexual partners. This therefore makes young people to be free to do whatever they want and even indulge in unprotected sex. This note is seen in a study that was done on 500, 17 year old high school pupils in primary care in the Vastra Gotaland region of Sweden, which revealed, that most of the boys believe that sex education has no impact whatsoever on their sexual behaviour and they won’t follow what they are taught in class (Science Daily 2009). The respondents further expressed that young people believe everything can be fixed. They know that if they get STIs, they can go to the hospital and get treatment. This according to the respondents makes them to be more promiscuous and indulge in risky behaviours. One of the respondents said:

Its not a lot of people who has HIV in Sweden, so young people don’t think about it, they don’t feel it that much. If they get Chlamydia, they know they can go to the youth clinic and get some medicine, that’s a bad way of thinking. They should treat Chlamydia as if it was HIV, even if you can get cured from it (UY3).

6.3.7 Challenges with regard to participation in Unplugged’s activities

There is no transition without challenges. The respondents in these interviews have faced challenges in different ways as a result of participating in Unplugged’s services. Some have experienced pressure from friends telling them it’s a waste of time and some their parents didn’t approve their participation in certain activities like condom distribution. The belief being that by participating in these activities will encourage them to have sex. According to the respondents in most cases they were able and managed to solve these problems on their own and in some occasions they have enlisted the help of Unplugged. One of the respondents said:

Both of my parents are Muslims that was really a bit difficult. I was 18 and giving out condoms to other young teenagers. My parents were like no, that's not really smart, you shouldn't be doing that. From my perspective I believed that it's good for me to know this and bring that to someone else (UY1).

Another respondent has said:

I have had friends that been telling me, that's nonsense why do you go there when you can go out and party and have fun. Those issues, you as one person cannot make differences. But I haven't listened to them that's why I am here today (UY5)

As mentioned in the theoretical chapter it is clear that empowerment can make people overcome barriers in achieving their life objectives and gain access to services (Askheim 2003). These young people managed to overcome barriers that tried to hinder them access to services, some peer pressures and some parents.

6.3.8 Young people's views on how Unplugged can improve HIV prevention service

Young people interviewed in this study felt that the information and skills they gained is enough for Unplugged members and those who are not members are left out. One of the respondents has said:

As far as the HIV area goes, Unplugged doesn't really need to do anymore, but the question is, is it enough for everybody else? Its enough for us who are in Unplugged, coz we know now what is it. But how do we get other people to take it as seriously as we do? (UY2)

This response shows concern about the well being of other young people who are not exposed to services provided by Unplugged. Viewed from empowerment theory, Freire (1972) cited by Adams (2009) argues that education is key to social development. It enhances the opportunities and strengthens people's ability to develop. This will in turn give them the ability to be aware and respect other people's rights.

The respondents felt that Unplugged should devise means of reaching out to young people out there. From the interviews and Unplugged's methods, it is evident that they have both services that target the general public and the young people within Unplugged. Despite that, young people felt that Unplugged needs to advertise itself more. Their voice need to be heard more to attract more young people. One of the respondents said:

What they need to improve, I would call it their voice, I say voice because they need to be heard more. When I say to people, you wanna come to Unplugged; they don't know what it is. So they need to be heard more, if they spread the word out there, people will notice, get interested and will come visit (UY4).

They further expressed that Unplugged needs a stable place where young people can see and find it anytime. According to the respondents Unplugged has moved from one place

to another and this make young people loose contact, as they struggle to adjust to the change in location. Some of the respondents said:

We need a stable place where we can call Unplugged. But Unplugged has moved from place to place and in the process of moving, we always loose a lot of youths, because they really don't know where to go since Unplugged has moved (UY2).

They should place Unplugged in a better place. Its up in a tall building, no one see it, it's a little sign down stairs and it doesn't even say Unplugged downstairs, it says Meeths. So, how are you supposed to know where it is? (UY4)

From these interviews, it is evident that Unplugged young people are concerned about other young people out there. The believe is, if Unplugged can strengthen its voice and get a better place, young people who are not part and parcel of Unplugged will be saved from sexually transmitted infections and other health related social ills.

6.4 Experiences of Unplugged service providers with regard to young people in HIV/AIDS prevention work

The respondents interviewed in this study expressed that they have different experiences working with young people both directly and indirectly (that is working with young people within Unplugged and young people outside Unplugged). Some of their direct experiences are as follows:

6.4.1 Age

In the interviews respondents said that age plays an important role in service provision. Young people responds well and open up to people in their age category. Both the service providers mentioned that when it comes to moments or activities where a lot of opening up and sharing is required, they use peer education model, where in many cases they get facilitators who are within the same age category as the young people themselves. The reason given for this is that if you get someone who is a bit older than the youths themselves, they tend to look at that person as a parent, elder who deserves respect. Therefore instead of sharing their experiences they become mindful of what to say in front of an elder. One of the respondents said:

When it comes to moments where young people should really share a lot, open up themselves, its always good to have facilitators who are more or less you know within the same age (UW1).

What can be derived is that having facilitators in the same age category as the young people themselves, helps and encourages them to open up. It can also help them relate their experiences. Furthermore, it can assure them that there is someone who understands what they are going through since they have gone through that stage too. However the respondents further mentioned that when it comes to knowledge based on facts, age

doesn't count. Fact is fact, therefore they can invite in nurses or other people from their collaborators to impart knowledge and skills.

6.4.2 Confrontation from parents with regard to sex education

The respondents explained that they face mixed feelings from parents of the young people they work with. There are those parents who think that the work Unplugged is doing is good to raise awareness on young people and supplement the information they get from school. However they are those parents who think that by exposing young people to sex education, you are giving them tools to have sex. According to the respondents, most often this has to do with the parents of the young people with ethnic minority backgrounds and it's the girls that the parents don't want to be exposed. Avert (2010) argues that educating young people on safer sex and the importance of using condoms does not lead to increases in sexual activity. One of the respondents said:

Some parents think that when you talk about HIV/AIDS, I mean prevention or sexuality in general you are encouraging young people to get involved in sex and some say "why do they have to know so much" they have to wait until they get married to have sex. So there is even that school of thought among certain parents and they connect it directly, sex, you only have to have sex when you are married. This has to do with their daughters, when it comes to their sons, they can have as much sex with as many girls as possible, nobody cares. But when it comes to their daughters, they have to get married first and have sex (UWI)

UNAIDS (2008) asserts that the spread of HIV is the result of failure to tackle societal conditions that increase risk and vulnerability. These are gender inequality and the lack of empowerment of women and girls, discrimination, stigma and social marginalization. UNAIDS further argues that a right based approach to HIV/AIDS should be adopted which will ensure that matters, often considered discretionary are recognized as legitimate entitlements of all individuals. By allowing these young girls exposure to sex education will enable them to know and claim their rights. By empowering them, will help them overcome barriers to self fulfillment within the existing social structures. The belief that a "woman should get married first and have sex" will be dealt with, thereby giving them power and control over situations that impact their lives (Adams 2009). Furthermore, empowerment of these young girls can contribute to change in the balance of power, awareness of power and the understanding of oneself as a subject in powered social relations and structures (Askheim 2003).

Indirect Experiences

6.4.3 High rates of Sexually Transmitted Infections (STIs)

One other thing experienced by service providers is the high rates of STIs among young people in Sweden. Service providers expressed grave concern in regard to this. Respondents further mentioned that young people in Sweden have facts and are exposed to lots of information. The problem lies with putting that information into practice and use. According to the service providers young people don't relate the facts to themselves, their realities, their sexual behaviours and the environment around them.

The respondents further said that Sweden has a very liberal sexual orientation and behaviour; as a result, people are very liberal in their sexuality. This is supported by Edgardh (2002) who argues that in Sweden, society's attitudes towards teenage sexual relationships are liberal. It's nothing out of the ordinary for young people to have sex just for the sake of having sex. It's not a taboo to have sex with different people and change partners. Both respondents expressed concern that young people don't use condoms as this is exhibited in high rates of Chlamydia. A recent study on condom use revealed that one of the strongest factors associated with non use of condoms is the use of oral contraceptives (Novak and Karlsson 2005 cited in Christianson 2006). Both the service providers had this to say:

So HIV, attitudes, you know referring to kind of liberal sexuality which is exhibited in high rates of Chlamydia, so one sees probably there are no risks, maybe many of them, they don't see the risks of actually getting infected with HIV per say but probably a little bit worried only about getting infected with Chlamydia and they know, if they feel strange down there they will rush to the youth clinic and get treatment. Supposing you know, you are infected with HIV, like I said before; there is no cure (UW1).

Normally people know how to protect themselves but they don't do it because normally they only use condoms, when they don't want to get pregnant (UW2)

The believe that STIs can be fixed poses a serious threat in prevention work since young people will continue indulging in risky behaviours knowing that at the end of the day, they can fix it. Service providers expressed that many young people have facts, many really implement and relate the facts to their realities but still there are quite a number who don't really relate the facts to their realities and the risks involved when having sex. Through empowerment young people can achieve power to effect change. This can be done by promoting constant communication in relationships and enhancing values of respect and responsibility. By doing this, young people will be able to have control over decisions that impact their lives therefore be able to make sound decisions (Adams 2009)

6.4.4 Prejudices about HIV/AIDS

The respondents furthermore expressed concern on how HIV is viewed in Sweden. According to them HIV is seen as a distant disease that affects certain continents. People don't feel and see it as a problem. The respondents think that this might be because of the low HIV prevalence rates in Sweden. They further expressed that this poses a serious threat to the general public at large since STIs are on the rise and HIV is also transmitted sexually. The International Council of Nurses (2010) asserts that, the believe that HIV is prevalent among certain groups, poses a serious public health threat among the general population and groups at risk, since most STIs aid in the transmission of HIV and other major acute illnesses. However, the respondents said that most young people know there is HIV but they choose not to act to protect themselves against exposure to risky behaviours that might make them susceptible to contracting STIs including HIV. They further said it's really hard to change people's attitudes and break the mentality they have. To make people and society more receptive and acceptable to HIV/AIDS, the

respondents believe, first the attitudes and prejudices they have should be dealt with. Both the respondents have said:

HIV/AIDS is those countries there, you get that kind of feeling, sometimes you get it that they are coming to our exhibitions or whatever but still there is that thing, HIV, oh, poor people there and there, and you say, ahh, poor people, we are poor people here too when it comes to HIV/AIDS (UW1).

But it's hard to change people's attitudes, because it has to do a lot with prejudice. We have to get rid of those prejudices about HIV. If we get rid of prejudice that the society have about HIV and make the society more acceptable to HIV and people infected by HIV, maybe then we can discuss it more openly (UW2)

6.4.5 Fall in frequency of campaigns on HIV/AIDS

The respondents expressed serious concern regarding the fall in HIV/AIDS campaigns. They expressed that Sweden used to have lots of campaigns and resources channeled to HIV prevention in the early 90s. They said Unplugged too used to enjoy a lot of those resources. They used to get free condoms for their condom projects but nowadays they have to buy their own condoms, and it's very costly and this in a way has hampered the number of condom projects done. They further said that things started changing and the theme HIV happens to go in the general term, and it has become less important. When HIV started in the early 80s people were made aware and well informed about it. People were encouraged to use condoms to protect themselves. But as time goes on, as mentioned above HIV became less important and this according to the respondents has made the Swedes more unaware of the problem and made them think that it doesn't happen in Sweden. Both the respondents said:

Before, we could get free condoms, by that time it was the Institute for Public Health. I could simply call, I need 5000 condoms, in two, three days, you have the boxes free of charge. Things started changing, the theme HIV happen to go in the general term, you know, sexual education was sexual awareness when it comes to young people, especially in schools and other medias, and it became, so to say more or less important (UW1).

According to respondents, the media seems not to be interested too in writing about and advertising HIV/AIDS activities. Respondents say that the only time they do it is around the 1st of December, world AIDS. They don't do it normally because they don't feel compelled to do it. One of the respondents said:

For example the swine flu was very big because a lot of people got infected. If the same thing will happen to HIV everybody will know it, everyone will read about it, find information about it (UW2).

But if you compare how it was like 20 years ago when HIV was big, then everybody was aware of it. The Swedish government has encouraged people to use condoms. But then they started doing it in the 96s or something like that and that was it and I don't think this government will do it again. And that I think has made the Swedes more unaware about

the problem and think that it doesn't happen in Sweden. I think it's not good where we are going because some years back, we were aware of the problem, but now I think we are becoming more and more unaware (UW2).

What the respondents are saying has been proved by Hertliz and Steel (2000) study on HIV risk behaviour in Sweden over a decade. This study revealed that HIV prevention in Sweden has been dynamic. Since 1987 the frequency and targeting of HIV/AIDS prevention campaigns changed and the number of articles concerning HIV/AIDS continually decreased.

6.5 Monitoring and Evaluation

The respondents said that they don't have structured tools of reporting. They write reports, appear in reports compiled through work done with networks, conduct evaluations after every activity done. They also conduct a review of the work done after every six months. Asked whether they have managed to achieve their objectives the respondents said:

I think we are achieving our goals. The process for the last couple of years has been much slower because earlier we had much more bigger youth group. Now, well, we don't have that many, the youth group we have now is very informed (UW2).

I don't know if one manages but one does somehow and you know the areas where I can read and say, is the way I feel, you see, you realize that the young people feel very strong and confident, capable, and you see them quiet strengthened in that, capable of discussing and respecting what they are talking about or respecting what is being talked about. The biggest you know, our audience in Unplugged it's mostly ethnic minority young people and when it comes to identity, its quiet tough for them belonging to migrant backgrounds and their identities get diffused. But you realize that they have strong identities, their self esteem is boosted over time (UW1)

The respondents further said that another way of measuring their impact even though there is no measure in it is that the young people develop and this is due to combined efforts from Unplugged and other agencies. According to the respondents, most young people who have gone through Unplugged and stayed in the programs for 2 to 6 years, have low probability of going into destructive behaviour like drugs and alcohol abuse.

Furthermore, the respondents said that recognition from other organizations shows that the work they are doing has some impacts on young people's lives. This is whereby young people from Unplugged are interviewed on issues related to relationships in general and HIV or publications that has to do with young people and sexual behaviours.

6.6 Future hopes

The respondents expressed that there is need for keeping up and strengthening awareness of HIV/AIDS and its existence and reality. The awareness of the potential risks of getting infected, according to the respondents is a very big major concern since it engulfs all that

has to be done. HIV is still a threat and the risks of getting infected are very big. One of the respondents said:

When it comes to policy makers you know, there has to be resources provided because these services pertaining to HIV prevention, nobody will pay to get those services if you put a price tag on it. It has to be free services and if they are going to be provided free, the resources have to come from the central government or municipalities concerned. HIV still has to be considered as top priority area within the health promotional programs (UW1).

Some of the young people interviewed have this to say on future hopes on HIV prevention:

We should change young people's attitudes, so that they will grow with this knowledge and pass it on to their children. So the vicious cycle will stop with the older generation and the new generation will grow up knowing this knowledge is something that will save our lives. It's not impossible to destroy HIV if we all have this knowledge about it and know how to protect ourselves; we will eventually defeat this disease (UY3).

The respondents believe that with the provision of enough resources, HIV prevention will be strengthened thereby enables them to deal with the epidemic. Change of behaviour is also noted as something that is crucial to achieve the overall goal of HIV and STIs prevention. I tend to agree that behaviour change is crucial in HIV prevention and other STIs. Change in behaviour will bring in remarkable results to HIV and STIs prevention work, as this will help people to adopt safe sexual practices and responsibilities.

7. Discussion

The purpose of the study has been to find out how HIV prevention is mediated by Unplugged to young people in Gothenburg. The study sets off by exploring the intervention strategies used by Unplugged to disseminate information to young people, and knowledge they want young people to have about HIV/AIDS. The study also investigates the knowledge young people want to have about HIV/AIDS and their views about Unplugged HIV prevention service. Furthermore, the study draws in experiences of Unplugged service providers with regard to young people in HIV/AIDS prevention work. The study's point of departure has been to answer the following research questions:-

1. What HIV intervention strategies does Unplugged use to disseminate information to young people?
2. What kind of knowledge does Unplugged consider that young people need to have about HIV/AIDS?
3. What kind of knowledge do young people think they need to have about HIV/AIDS?
4. What are the experiences of service providers from Unplugged in their work with young people on HIV/AIDS?

This is a qualitative study that aimed to understand the researched subjects better in their social world. The research questions and empirical data were analyzed through meaning

categorization, meaning condensation and meaning interpretation with the help of theories (empowerment and social cognitive theories). Furthermore the findings are discussed through the use of theories and earlier research on HIV prevention.

7.1 The results of my study

The results of this study shows that Unplugged use different methods to reach out with information to young people. These are workshops, seminars and conferences, theme evenings, condom projects, world AIDS day and European exchange projects. The study further revealed that young people are at the core of receiving and delivering these services. The purpose of doing this is to help them develop and be aware of their inner beings and capabilities. With such qualities, the assumption is they will be able to withstand peer pressures and avoid indulging in risky behaviours like unprotected sex, alcohol and drug abuse, which might make them susceptible to contracting STIs including HIV/AIDS. The findings further revealed that these methods have been effective as witnessed in young people's development of personality traits like assertiveness, self reflection and adoption of safer sex methods. One reason of the effectiveness of these methods could be linked to the reputation of Sweden's openness and freedom with regard to sexuality, which is not reflected in an increase in "permissiveness" but rather the ability to make informed and responsible decisions regarding sexuality (Hertliz et al 2000). Sweden has no taboos with regard to sex, and young people are open to talk about their sexual encounters, as a result, this could have facilitated and aided in adoption of these personality traits. From my experience of working with young people in Botswana, HIV prevention efforts are challenged by many factors including the cultural and religious context in which young people are embedded. Different cultures have indigenous sex and health education discourses that are reinforced through the language of taboos and proverbs. This in turn conflicts with national prevention efforts geared towards curbing the spread of the disease. The same methods employed by Unplugged are widely used in Botswana but they seemed to have born no fruits. Prevention strategies in Botswana use public information and messages on 'Abstinence, Be faithful and use condoms' (ABC). A study conducted by Ntseane and Preece (2005) in Botswana revealed that the ABC discourse alone is often ineffective when it conflicts with traditional sex education and practices. This study further revealed that for HIV prevention efforts to be effective, they should engage the behavioural practices and values of communities.

Other studies have revealed that interventions aimed at promoting HIV prevention among young people are particularly important for several reasons. A review conducted by Sue et al (2010) on interventions aimed at preventing HIV among young people in Sub Sahara Africa revealed that, there are a number of factors which may mediate behaviour change in young people. Firstly, to achieve HIV prevention in young people, it is necessary to provide a safe and supportive environment that is responsive to young people's needs. Secondly, it is necessary to provide a range of tools providing support for the full participation of young people. Thirdly, it is important to address a number of barriers that can hinder service use by young people, such as inaccessibility of services because of distance, cost and other factors. Lastly, different approaches should be employed to promote and encourage behaviour change in young people.

My study revealed that Unplugged use different ways to make learning and knowing about HIV/AIDS and STIs enjoyable. The environment is made less stigmatizing and non judgmental by not encroaching on young people's cultural and religious beliefs. The messages and topics are put on the level of understanding of young people, to make them reflect and make inferences in life. Knowledgeable facilitators are used who are within the age range of young people themselves. Different approaches are employed to make learning enjoyable and meaningful. Within the broader activities like workshops and projects, Unplugged employ interactive methods like group discussions, role plays and peer support (where young people go out into the city to distribute condoms and give information on condom use to other young people). According to Population Council (2007) peer support is an effective model for education and social empowerment. Young people are seen as the best people to provide support to other young people. Through European exchange projects, young people are introduced to different cultures and contexts. This in turn gives them an opportunity to compare how different people view different issues and deal with them. By participating in these activities, young people learn, gain knowledge and skills which enhances their choice of lifestyles regarding sexual issues. Talking about empowerment is meaningless if the environment young people find themselves in is not conducive.

Why Unplugged's focus on young people?

Adolescence is considered as a period of good health and teachable age. According to Homans (2002), this is a period when young people are motivated to learn and try new things, have sex for the first time and begin to use substances such as tobacco, alcohol and illicit drugs. WHO (2002) cited in Homans (2002) asserts that many of the lifestyles engaged in during adolescence such as unsafe sex and substance abuse can facilitate the transmission of HIV, result in unplanned pregnancies and STIs and long term addictions or dependency on unhealthy substances. This is the reason why young people need information, life skills and access to services to assist them in a healthy transition to adulthood. It is also important to provide services that are appropriate to young people's needs and relevant to their socio-cultural context.

The results of my study revealed that Unplugged wants young people to know basically everything about HIV/AIDS. The idea is not only to give knowledge and skills but to make young people aware of the risks involved and how they can protect themselves from that. Young people are encouraged to take responsibilities concerning sexual and social matters. They are taught topics that deal with building self esteem, self confidence, assertiveness and values. They participate in projects that involve practical learning like condom distribution. If one lacks self efficacy skills, they will not be able to participate in these projects due to low self esteem and lack of confidence. Creating these environments is based on the assumption that equipping young people with knowledge and skills will protect them from harm. Young people have the right to education and information which is embodied in several international treaties and conventions like the convention on the rights of the child. The realization of these rights is essential to mobilize and empower young people in order to prevent the spread of HIV.

Research on sexual risk taking behaviour has indicated that several factors can be related to risky sexual practices. These include smoking, alcohol use and misuse, multiple sexual partners and early coital debut (Christianson 2006). Studies done in Sweden revealed that early puberty and onset of sexual intercourse before the age of 15 and lower level of theoretical education correlate to risky sexual practice among 17 year old boys. The same trend is observed among 17 year old girls. This increases these young people's risk for contracting STIs and becoming pregnant (Edgardh 2002). This is the reason why Unplugged's work is centred on helping young people develop qualities like self esteem, self confidence and self respect, to enable them to make healthy choices and take control of their lives. The age at which young people are exposed to this education is also conducive for learning. The United Nations General Assembly Special Session on Children (UNGASS) expressed that " young people are an important resource for the future and we need to invest in their health and development so that they are able to fully participate and contribute to society" (Homans 2002, p.2). Young people are seen as a resource in Sweden and a lot of efforts have been made to safeguard their well being.

Research on interventions aimed at sensitizing and creating awareness on risky behaviours shows that these interventions play a major role in decreasing risk to exposure. A study conducted in South Africa by Jewkes et al (2008) on an HIV prevention programme aimed at improving sexual health by using participatory learning approaches to build knowledge, risk awareness, communication skills and to stimulate critical reflection on young people aged 15 to 26 years showed an increase in safe sex behaviour in participants and reduction in STIs than in non participants. This study shows that there is a potential to encourage positive behaviour towards safer sex among young people. That is the reason why education and awareness on STIs is very important because it is believed according to Freire (1972) cited in Adams (2009) to raise awareness and increase knowledge, thereby motivate people to change their behaviour.

7.2 Reflections

HIV as a distant disease

Respondents in this study indicated that HIV in Sweden is seen as a distant disease by most people, prevalent in certain continents like Africa and Asia. The disease is believed to affect certain types of people like men who have sex with men (MSM), injecting drug users (IDUs) and immigrants. A study done by Christianson (2006) on "what's behind sexual risk taking" revealed that this could be due to the low prevalence rates of HIV in Sweden. This poses a serious threat among people at risk like the young people and the general public at large. Recent statistics shows that STIs have decreased a bit from 42000 to 37 700 (UNGASS 2010) but still there is a potential risk of contracting HIV since it is transmitted sexually. Statistics further show that HIV/AIDS is rising in Sweden. By end of 2009, a total of 8935 HIV positive cases had been reported in Sweden (UNGASS 2010) as opposed to 8000 HIV positive cases in 2007 (Socialstyrelsen 2008).

The international Council of Nurses (2010) asserts that the believe that HIV is prevalent among certain groups, poses a serious public health threat among the general public and groups at risk, since most STIs aid in the transmission of HIV and other major acute

illnesses. UNICEF (2002) on the other hand argues that countries with low incidences of HIV need to engage actively with the problem if they are to prevent a further spread of the epidemic. UNICEF further said that the biggest danger in the spread of HIV from injecting drug users to the wider population lies in sexual transmission. Young people's awareness of preventive measures and of safe sexual behaviour is therefore important in halting the spread of the infection (UNICEF 2002).

HIV/AIDS is a global problem that affects individuals, communities and nations. It does not give respect to creed or colour. It remains complex and incurable. It is for this reason that, there is need for reinforcement of knowledge on HIV/AIDS and collective efforts from stakeholders, organizations and society to fight the epidemic. If the society is not receptive and does not see HIV as a problem, prevention efforts will be meaningless.

High rates of Sexually Transmitted Infections (STIs)

High rates of STIs among young people also came out from the findings of this study. Young people in Sweden are exposed to lots of information. Edgardh (2002) asserts that sexual and reproductive issues are given high priority in Sweden. Family and sex education has been taught in schools since the 1950s. Young people have access to information on STIs including HIV/AIDS through schools, youth clinics and Non-governmental organizations (NGOs) working in the field of HIV/AIDS. Despite all this exposure, young people's behaviour towards risky behaviours does not change. There are many reasons that can be attached to this. From my experience of working with young people on different health issues like HIV/AIDS, knowledge and attitudes towards safer sex is not sufficient if the behaviour does not support it. This is explained as the KAB gap (Knowledge, Attitudes, and Behaviour gap) by different professional in health promotion field. This notion can be seen in a study that was conducted on 17 year old high school pupils on risks, sexual behaviour, responsibility, condom and the Swedish law in respect of sexually transmitted infections. The findings revealed that a high proportion of boys stated that they will not follow the advice given during classes and many believe that sex education has no impact whatsoever in their sexual behaviour (Science Daily 2009). This is the reason why there is need for reinforcement of information and education on HIV and STIs to raise consciousness of these young people.

School based information on HIV and STIs

The findings of this study revealed that school based information on HIV and STIs did not play a major role in young people's lives interviewed in this study. Schools have been noted as important institutions for imparting knowledge and skills. They are seen as playing a critical role in preventing and mitigating the effects of HIV/AIDS on individuals, their families and communities (IATT 2010). What my study found out can be seen in a study done by Magnani et al (2003) on the impact of life skills education on adolescent sexual risk behaviour in KwaZulu Natal, South Africa. The study revealed that young people exposed to life skills education are more likely to use condoms. The findings further showed that despite the confidence to use condoms effectively, there was no effect on other key behaviours like delaying initiation of sex or reducing the number of partners as a result of life skills education. However, the study further revealed that

there was increased knowledge on HIV modes of transmission, knowledge of STIs other than HIV and methods of contraceptives.

The above findings reinforce the widely held belief that knowledge alone is not enough to facilitate behaviour change. Therefore it is important that additional interventions are incorporated to achieve the goal of changing young people's behaviour. This is where organizations like Unplugged who provides different methods come in to complement what the schools are doing. Collaborated effort in building and strengthening young people's lives is essential. This is the reason why Unplugged network with other organizations in reaching out to young people and providing for their needs.

7.3 Suggestions for future research

1. There is need for further research on the methods used by Unplugged to see the impact they have on behaviour, that is, there is need to measure the biological component of these services and the impact they have on sexual activity. This needs to be researched further.
2. Further research on sexually transmitted infections and the underlying factors that contribute to high incidences of STIs in Sweden should be done.
3. There is need for further studies on how lack or low messages on HIV/AIDS and other STIs contributes to behaviour of young people and the general public at large.

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Appendix 1- Interview Guide (Unplugged Staff)

Background Information

Sex _____

Age _____

Educational level _____

Profession _____

Years of working experience _____

1. What are your responsibilities in the Organisation?
2. What are the organizations' goals and objectives?
3. Do you network with other organizations? Which ones?
4. What are your views about this collaboration?
5. What types of HIV prevention services are provided to young people?
6. How are the services provided?
7. Who is responsible for providing those services? What do you consider when planning for HIV prevention activities?
8. How are young people recruited to Unplugged?
9. What kind of knowledge do you think young people need to have about HIV/AIDS?
10. What kinds of topics are often discussed with young people? With what key messages underlined?
11. How do you get young people to openly talk about sensitive issues during discussions?
12. How do you involve young people in HIV/AIDS activities?
13. What are your experiences working with young people?
14. How are young people's opinions and attitude towards HIV prevention issues?
15. How are the parents' opinions and attitudes towards HIV prevention issues?
16. How is the general is public's reaction towards HIV prevention interventions provided by the Organisation?
17. How is the situation of young people and STI's?
18. How do you make sure that cultural & religious beliefs do not conflict with HIV prevention issues?
19. How have you managed to achieve the set goals and objectives? Can you cite examples?
20. What monitoring and evaluation tools are used in your Organisation?
21. What do you consider problematic in HIV/AIDS service provision?
22. What are your major concerns about HIV prevention in the future? Are there needs to be considered in this area?

Appendix II- Interview Guide (Young People)

Background information

Age _____

Sex _____

Educational level _____

1. What kind of knowledge do you think you need to have about HIV/AIDS?
2. What are your views about HIV prevention services provided by unplugged?
3. What are the benefits of receiving this service as a young person?
4. Can you cite examples where this service was of help to you?
5. What do you think needs to be improved?
6. What challenges do you face as unplugged service recipient?
7. What has unplugged done to solve those challenges?
8. What are your views about the escalating rates of sexually transmitted infections among young people as a young person?
9. What do you think needs to be done in the future on HIV prevention?

Appendix III- Letter of consent

My name is Joyce Oletile from Botswana. I am an International Master student in the Department of Social Work at the University of Gothenburg. Currently I am studying International Master of Social Work & Human Rights. One of the requirements of this Programme is to write a degree report on any area of interest in Sweden. I have decided to write about HIV prevention interventions to young people in Gothenburg. This research will be organization based and the project unplugged was chosen.

I want to interview staff members and young people within your organization. The interviews are estimated to take 1 to ½ hours and I will be pleased for your participation. The ethical requirements for good research will be respected.

The following is a presentation of how I will use the data collected in the interview. The research project is part of our education in the International Masters program in Social Work at the University of Gothenburg, Sweden. In order to ensure that my project meets the ethical requirements for good research, I promise to adhere to the following principles:

- Interviewees in the project will be given information about the purpose of the project.
- Interviewees have the right to decide whether he or she will participate in the project, even after the interview has been concluded.
- The collected data will be handled confidentially and will be kept in such way that no unauthorized person can view or access it.

The interview will be recorded as this makes it easier for me to document what is said during the interview and also helps me in the continuing work with the project. In my analysis some data may be changed so that no interviewee will be recognized. After finishing the project the data will be destroyed. The data I collect will only be used in this project.

You are welcome to contact me and my supervisor in case you have any questions (email addresses below)

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