

Little Heroes

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A FOCUS ON THE EFFECT OF HIV AND AIDS ON CHILDREN

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Missing childhood, missing parents, missing you

At the current adult HIV and Aids death rate of 300 000 adults a year in South Africa, about 500 children are orphaned daily

Glenda Daniels

The current death rate of adults means that in just one year there are about 200 000 children who are orphaned.

December 1 marks World Aids Day and the spotlight shines on children who have lost parents to Aids. It is a social crisis and it is going to be an even bigger crisis in a few years' time.

"The consequence of this rate of orphanhood is historically unprecedented. Today there are 2,2-million maternal orphans and by 2010 there will be 5,5-millions orphans who will need love, healthcare, education, care and support," says Macharia Kamau, UNICEF, head of office.

Another shocker is the rate of infection of children: each year about 300 000 HIV-infected mothers give birth and about 85 000 babies are born HIV-positive. About 100 000 children will test HIV-positive every year if prevention of mother-to child transmission (PMTCT) programmes are not effective. Another 20 000 children will be infected with the virus through breast milk.

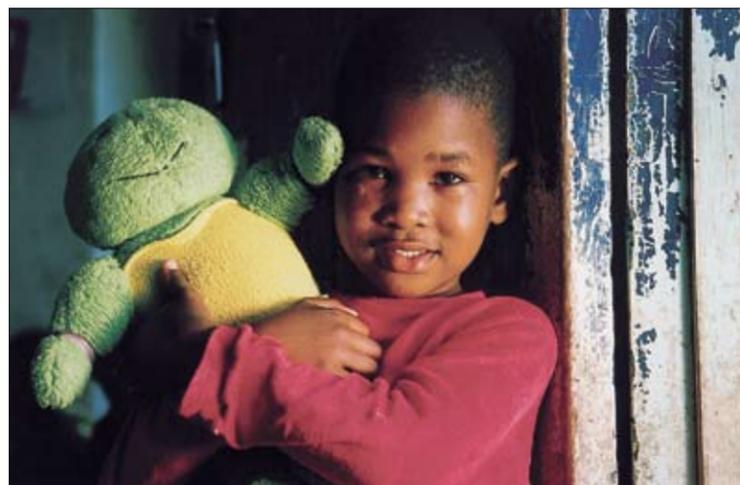
Evidence shows that PMTCT programmes are not working effectively in South Africa because too few women get tested for HIV, receive ARVs or practise exclusive breastfeeding. Ironically, even in the HIV context, it is safer to breastfeed — but it must be exclusive; mothers cannot mix breast and bottle feeding.

"There is urgency to the situation. They all need to get on to ARVs sooner or later," says Kamau. But there's more. "Once children lose their parents, they lose their access to healthcare, education, love and shelter. They tend to be socially alienated and may even turn out to be social misfits and turn to violence or even self-destructive behaviour. Parents are the bedrock of the transference of morality. Without parents the task of moral regeneration, a key

strategy of government, grows ever more difficult," says Kamau.

"The imperative is clear. If the nation is to be saved from the consequences of historically unprecedented death rates and orphaning, everyone in society, and not just government, will need to put their heads together to stop the pandemic from unravelling the society. These millions of children who may very well grow up to be alienated and bitter adults need special, urgent and sustained attention."

Kamau notes that South Africa is successful in terms of industry, business and science and technology. Not only is the country cultivating scientists "who are discovering new planets", the nation also has world-class financial managers and entrepreneurs with great skills and savvy. "South Africa has been an incredible success story but less so on the



social aspect of fighting the medical and social consequences of the Aids epidemic," says Kamau.

There has not been the same level of attention to HIV and Aids, yet there are "world-class capabilities", and the challenge is to tap into the excellence that exists, the intelligence and the technology to control the great epidemic of HIV and Aids, he says.

Kamau is not all gloomy. He has praise for the Minister of Social Development, Zola Skweyiya, whom he calls an "excellent champion".

"[Skweyiya] has gone out of his way to create a safety net for children, and he has even put himself on the line to do this. This is the type of leadership we need to change things around."

Equally important, Kamau says,

If the nation is to be saved from the consequences of orphaning, everyone will need to work together. Photos: Giacomo Pirozzi

is the new drive we are witnessing from the Deputy President, Phumzile Mlambo-Ngcuka. "This gives reason for great hope."

Indeed, a turnaround in government strategy seems evident.

At the core of this new strategy must be an integrated approach that captures all mothers and children with consistent messaging, routine testing and integrated provision of maternal and antenatal health services.

On World Aids Day, the government is to announce a new strategy to combat the pandemic. This should positively affect the sector in society most vulnerable and most acutely affected — the children.

The strategy aims to treat more people with antiretrovirals (650 000 people will receive drugs by 2011), see the distribution of about 500-million condoms, and promote mutual faithfulness among the sexually active.

It is also encouraging to note that the terms of reference for the next phase of government's Khomanani Campaign puts children at the centre of its mass media and social mobilisation efforts.

Mark Heywood, of the Treatment Action Campaign, says: "We are hopeful that the recent statements by the deputy president and the deputy minister of health are indications of real change."

"But the real test will be within the next month or so. When we work together on the overall integrated plan, we will see if they are committed to the targets. If government balks at the necessary targets, it will show that it was just lip service."

The TAC has established a working relationship with these ministers — "It's altogether much better than it was," says Heywood. He adds that the NGO wants "an end to the conflict" with the government, as this does nothing to assist the struggle against HIV and Aids.

Heywood says that children have been the most neglected in terms of treatment, prevention and care; they are now part of the submissions for the new strategic plan.

The global picture: what's missing today

- The understanding that HIV and Aids also has a child's face; it is not just a pandemic of adults.
- Focused efforts to increase interventions for children with HIV and Aids, including the increase of orphans because of the disease.
- Parenting: 15-million children have lost their mothers or fathers to Aids.
- A future: children are missing a future because they can't attend school, as with parents gone they have to step into adult roles and provide for families.
- Information: about 70% of children lack the information, skills and services necessary for prevention. For example, millions of children cannot name a way to protect themselves from infection and millions of young intravenous drug users are unaware of the

dangers of sharing needles.

- Options: girls in particular lack the power to demand that their partners wear condoms.
- Medicine: 99% of infected children do not have access to the drugs that will keep them alive.
- Protection: most orphans and vulnerable children are missing protection, care and support, so they drop out of school.
- Your voice: ask the government what it is doing to help, talk to friends and colleagues about the pandemic or support an institution that cares for Aids orphans.

The department of social development with UNICEF launched the Unite for Children, Unite against Aids Campaign in April this year. The campaign focuses on four main areas: primary prevention; prevention of mother-

to-child transmission; paediatric treatment; and protection, care and support. It emphasises the need for partnerships in taking action to save children's lives.

There are many creative interventions taking place around the country. This World Aids Day feature focuses on some of these initiatives and their progress, such as the Coronationville HIV children's clinic's work with HIV-positive children and Sparrow's Rainbow Village, where abandoned HIV-positive babies are being cared for.

Another successful initiative is the Harriet Shezi Clinic, based at Chris Hani Baragwanath hospital. Then, of course, there are children's homes such as Cotlands and Nkosi's Haven, among others. Lastly, there are individuals, such as Zola, who are making a difference.

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With the shift to more children living with HIV rather than dying of Aids, partnerships between government, civil society, business, educators and individuals are critical, writes **Glenda Daniels**

Early intervention is the key

An integrated plan by three government departments — education, social development and health — to provide early childhood development (ECD) programmes to all children, including HIV-positive children, will be implemented from next year.

Government and civil society bodies recognise that ECD programmes entail an array of creative interventions so that the HIV-positive child is supported and can grow into a productive individual later in life.

“The focus will now be on the greater roll-out of ECD sites. At these sites, children affected by HIV and Aids will be treated with sensitivity. They could be sites of care and support for the community and therefore HIV-positive children. The integrated plan for ECD has been approved by Cabinet and will be implemented next year. The parenting programme that has been developed focuses on parents/caregivers with children from birth to five years old. So far, we have 29 master trainers who will train trainers on loss and grief, among other things,” says Louise Erasmus, social work advance specialist in the Directorate of Children in the Department of Social Development.

The provincial departments of social development provide support to a total of 5 412 registered ECD sites and further subsidise 310 013 children throughout the country. Erasmus is optimistic because there is more cooperation and intersectoral collaboration.

Up until now in government, she says, work has been done in isolation, with the “right hand not knowing what the left hand is doing”. The departments of social development, Erasmus says, are providing subsidies to the poor for basic relief, but they are different amounts in different provinces, for example R11 a child per day in KwaZulu-Natal and R5 a day in Mpumalanga. “We are now putting systems in place so that all children can get the same amount.”

The departments of social development and education also work together within the social sector of the Expanded Public Works Programme, where the focus is on the training of practitioners, who are caring for the children at ECD sites.

The department of education is already piloting its policy on inclusive education, which was gazetted into policy in 2002. This policy focuses on all children, but is intended to benefit particularly “vulnerable children”. Children who are HIV-positive fall in to this category as they often lag behind in the necessary milestones and they need to be supported. A total of 4 500 persons were trained this year on draft guidelines on the screening, identification, assessment and support of vulnerable children. The collaboration of the three departments is at the centre of the strategy.

In the past children younger than 7 were dying in huge numbers, now many are living on ARVs and will be attending school. It’s a new area, hence requiring new interventions.

Deputy director-general in the



The early stimulation of children is critical for success later on in life

Department of Education, Palesa Tyobeka says traditionally the department has focused on children already in school and therefore developing policy and programmes for children in the 0 to 5 age group is a new area. She does not like to label children, “to be sensitive means not to label”. Inclusivity means, she says, looking at vulnerability in broader terms, thus HIV and Aids must not be isolated from poverty. She also adds that their drive for inclusion also includes children with disabilities. All of these children need to be catered for in government’s drive to expand access to Grade R as well as to ECD broadly. The early stimulation of children is critical for success later on in life. Unfortunately, there are such great inequalities at present.

“We are working as a collective. The health department will tell us what its needs are, because when children are not healthy it impacts on education. We are also not only working with formally registered ECD sites but need to make certain that information reaches adults who are taking care of their children outside of these registered sites. Our basic intention is to ensure that all children are properly looked after and are given a fair chance to succeed in life.”

Part of the inclusion process for children who are most vulnerable will include the intensification of training for current ECD practitioners as well as the possible use of teaching aids in schools. The government, Tyobeka says, intends to train more teachers towards the purpose of inclusion and has already started negotiating with higher education institutions to provide the necessary training in this area.

Lauren Rembach, who is training for her education white paper 6 special needs education, says support for these children needs to come from all sectors of society. “Government and business need to collaborate to provide the necessary resources and put strategies in place so that interventions are made for these children as they are the future of our country.”

Businesses that invest money into projects and build ECD sites to support these children will be assisting to create individuals who can make

a positive contribution to society, she says. If they are not supported from an early age then the ramifications will have a major effect at emotional and economic levels, among others, she adds.

Rembach points to the national curriculum statement that underpins the country’s Constitution, “Inclusivity deals with a number of social justice and human rights issues, and at the same time taps into the rich diversity of our learners and communities for effective and meaningful decision making and functioning of a healthy environment.” (*GILP Policy – DOE August 2006*). Rembach points out that if the needs of children affected by HIV and Aids are not accommodated in our schools then we will not be embracing the practices of inclusivity, human rights and social justice. “These children have a right to education as do all children in South Africa irrespective of their differences.”

But, she warns that teachers will need support. “Educators also need as much support. Centres should be established to train, support and assist educators that are working in communities where there are children affected by HIV and Aids who need support. It is a daunting task and these educators are often the only means of adult support for a number of pupils they teach who have experienced grief and loss in their young lives.

Educational psychologist Merritt Watson, who has worked with HIV-positive children in schools, points to some of the practical challenges teachers will face. Stress is bound to increase, she says, as these children tire easily, so the classroom “setup” needs to accommodate spaces for them to rest, “with 45 children in a match box — where do they rest?”

“Often these children don’t receive the necessary food supplements. They require these supplements to maintain their health.” Watson adds that strategies need to be put in place for emotional support for other learners and teachers, in the face of the toll of the illness. “At times, these children are often absent from school — thus further learning lags are created. It would be ideal for these children to have facilitators — teacher support.”

Taking action

One of the country’s most established non-governmental proactive initiatives for children in need of support and care is Cotlands, which celebrates its 70th birthday this year. It cares for about 2 000 children every month and has an ever-growing population of Aids orphans and HIV-positive children. The NGO’s Raising a Nation campaign affords individuals the opportunity to make a difference with donations of just R8. Its projects are based in Gauteng, KwaZulu-Natal, Mpumalanga, Western Cape and Eastern Cape. “By asking ordinary people to donate only R8, we can cover the costs of feeding, clothing, educating, medicating and supporting one vulnerable child per day out there in the community,” says Jackie Schoeman of Cotlands.

Antiretroviral rollout, she says, particularly with our outreach children, has been slow, so Cotlands has responded by establishing an HIV and Aids clinic at its Johannesburg headquarters. Here, children are tested, opportunistic infections treated and referrals arranged directly to the relevant clinics to commence treatment.

Provision of care and support is just as essential as providing food, medication and clothing. “Families devastated by HIV and Aids, abandoned or orphaned children, children exposed to neglect and abuse, all need help to deal with what has happened and achieve emotional restoration. Families also need practical assistance — accessing social grants, registering for birth certificates, formalising

family placements and referrals to community resources,” Schoeman says.

Cotlands’ social workers and counsellors provide a variety of therapies and professional services including horse therapy, music therapy, psychological services, speech and occupational therapy and life skills groups.

The Cotlands has seen the shift from children dying of Aids to children living with HIV on ARVs and has realised that education is vital if children are to grow into productive adults. In response, all their field workers and child care workers are receiving training in the “Family maths, science, literacy and life skills” programme which teaches families how to stimulate young children using everyday experiences. — Glenda Daniels

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Musicians can play a huge role in children's lives because children listen to them

Zola Fast facts

- He grew up in the ghetto Zola in Soweto, hence his name.
- Father to two children
- Charity and humanitarian work: He adopted six children's homes and orphanages in South Africa; he is UNICEF appointed regional goodwill ambassador; He is a Control Arms Campaigner and ambassador for Oxfam; he is also part of the Global Campaign for Education. Zola "went back to school" with the *Takalani Sesame Muppets*, which highlighted the problems that both teachers and children face more than a decade after democracy.
- Acting: He acted in the popular youth drama show *Yizo Yizo* as the gangster Papa Action; in 2003, he was in the movie *Drum* and in 2006, was the gangster, Fela, in Oscar winning film *Tsotsi*, where his music also gained critical acclaim.
- Music: Zola is a kwaito/hip-hop artist with some albums combining strands of gospel and traditional Zulu and Sotho music. His most famous album — *Umdlwembe* sold 190 000 copies gaining triple platinum status in less than a year. He is the recipient of numerous music awards including Sama, Duku Duku and various Metro FM awards.
- Television presenter: He is the presenter of *Zola 7*, which has one of the highest television ratings in the country.

Youth problem: adults to blame

Not nearly enough people are talking about HIV and Aids says Zola, who was appointed UNICEF Regional Goodwill Ambassador last week, writes

Glenda Daniels

The air around Zola crackles and pops and the buzzing energy around him make one's head spin. So much energy is generated from his up and down pacing on the wooden floor-boards in his Melville house living-room; it is no exaggeration to say that even the most hyperactive person would get dizzy.

The brightly coloured African print shirt he is wearing and the two looped silver earrings sit wittily but incongruously with the white socks and leather sandals, more reminiscent of overseas peace corp volunteers in Africa rather than one of South Africa's more popular musicians.

You don't have to ask questions, he just talks non-stop while swinging a dishcloth in the air to emphasise a point or to take a breather from dusting his art works. Zola doesn't sit down once in an over an hour and he talks very quickly. Not remotely serene, instead super intense, but this is probably exactly what is needed for the role he is playing in South Africa in spreading awareness about the HIV and Aids pandemic.

"It's ridiculous and criminal that there are these taboos regarding sex and HIV, especially regarding not talking to children. Dialogue is needed in homes, schools, churches, everywhere."

In recognition of all the work he has done in youth development, (including his television show *Zola*

7, and spreading awareness about HIV and Aids prevention, UNICEF appointed him Regional Goodwill Ambassador last week.

When he laughs, it is a great loud sound but there are deep frown lines between the brows for someone who is only 29. These lines must be there because a lot of things make him angry and upset in South Africa. Indeed yes. There are a great many things to be angry about: the way politicians talk for instance, "they go 'hmmm, eh, eh' really they should be going for speech therapy. They should be speaking quickly and acting quickly".

The next thing that angers him, are the "great allies of Aids" in our country: unemployment, poverty, drugs and alcohol abuse, absence of dialogue with kids and parents, teachers and learners, and in places of worship.

The frown lines get deeper when he pronounces on who is to blame: "Listen, my darling, it's not the youth to blame. It's the adults in our society. Just think about it." He asks the following questions: Who brings in the drugs and the pornography into the country? Who allows kids to watch nasty, violent and terrible American television? Where do the magazines and billboards come from with sex in your face? Where do the guns come from? What about the available pornography on kid's cell phones? Who's monitoring all this? No one," he says, "So who is to



'It's not the youth to blame. It's the adults in our society'

blame? Adults, of course."

He adds; why not offer dialogue to children, instead of just condoms?"

For him, too many people are sitting on the fence, not sticking out their necks, teachers who don't discuss HIV and Aids and make this part of the education of children, and parents who don't talk to their kids and don't exercise boundaries and instill the correct values.

"People have to start opening up and start talking, instead of keeping Aids a taboo. We will burn fingers, but that's cool. We get sucked into these taboos. If kids don't get correct information from parents and teachers they will get it on the streets, most likely to be incorrect information."

Zola says society is expecting too much of kids today, for instance they have to work things out themselves, yet when they don't, they get into trouble, then get thrown into jail. "This is not right. We keep talking of the terrible youth, the lost generation and violence of the youth in schools but actually it's this society and it all comes from the adults." Often the word "society", for many is just an ephemeral, catch all, for something out there. But for Zola it is clearer, it's us adults who have not exercised firm boundaries and frameworks for children to live in a safe environment, free from the dangers of sex too early, unprotected sex, drug and pornography exposure.

Musicians can play a huge role, he says, because children listen to them. "Young people need to hear other young people speak, its important for high profile people to play this role. This is my mission."

He didn't plan to be a fighter

against HIV and Aids, he says. It happened "because I don't like injustice". As a child all he wanted to do was to sing, and having grown up in a church family, his mother is a priest and granny was a church elder, singing took place all the time. "People were always walking into our house with their problems, so my mom would be washing dead bodies in preparation for funerals on one day, mediating problems on another; acting as a marriage counsellor and everything, so for me helping comes naturally."

For Zola it is a "great honour" to be chosen as a goodwill ambassador but he adds that he didn't plan his life this way. It happened along the way through his upbringing. It seems he has adopted a value system going back to some old Greek philosophers that when you put yourself out to help others, you get huge rewards, making you a happier person. And by contrast acquiring material possessions is transitory "happiness".

UNICEF representative to SA, Macharia Kamau says about his organisation's approach to appointing celebrities, "Over the years UNICEF has come to realise the value of celebrity in promoting neglected issues of children. Equally importantly has been the value of celebrity in capturing peoples' imagination and thus mobilising for important social change and action."

What this also means then is that it makes no sense to slate the Madonnas and Angelina Jolie's of the world for adopting children. It's also easy to criticise Zola too for being on a moral high horse for pronouncing on everyone, on the other hand, it's probably exactly what is needed.

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Teen speak

We asked 13-year-old (grade seven) learners from various schools two questions:
 A: How do you contract HIV and Aids?
 B: And, how do you prevent HIV and Aids?
 Their answers are only superficially different and the level of understanding was fairly sophisticated

Greenside Primary School, Johannesburg



Tulani Madala

A: Having unprotected sex with a person who is infected. Coming in to contact with HIV blood.
 B: Always using a condom when having sex, using protection when treating a person who is infected. To not have sex at all because no sex is the best sex.



Hannah Shone

A: You can get HIV and Aids in three known ways: mother to child transmission, having unprotected sex with an HIV-infected person. Coming into contact with blood of an HIV infected person, if you have an open wound and their blood comes into contact with yours.
 B: To prevent HIV and Aids is to either have protected sex with someone you completely trust (your spouse) or to abstain (no sex). Remember the safest sex is no sex.



Harshal Mistry

A: Unprotected sex with an HIV-infected person, from mother to baby and touching infected blood with an open wound.
 B: Abstinance from sex, using a condom, don't touch infected blood without protection, if a mother is pregnant and has HIV and Aids she should take the medicines needed to prevent the baby from being born with Aids.



Khomotso Maponya (right)

A: By having unsafe sex, by touching someone else's blood who has HIV and Aids. By using an injection that was used by somebody else. To get it, one person has to have it.
 B: No sex (abstinence), by making sure that the injection used has been thoroughly cleaned, not having any contact with someone bleeding. By using contraceptives.

Makhoarane Primary School, Soweto



Katleho Mphatsoe

A: By having unprotected sex or using a needle that someone else who has HIV has used and a mother who has HIV can pass it on to her baby through breast feeding.
 B: By having protected sex and being very careful when you are around blood and protecting yourself.



Lebohang Mopeli

A: By having unprotected sex. A mother can infect her child through breastfeeding. Through a used needle or blade that has blood. If you touch blood of an HIV-positive person.
 B: By using a condom when having sex, by reminding your doctor to use a clean needle, by using gloves when you touch a bleeding person.



Tebogo Modise

A: Through having unprotected sex and using an injection that has already been used.
 B: Using a condom or just being responsible around a person who is bleeding.



Charles Masoeu

A: By having sex without a condom with somebody with Aids. By using an injection from someone who has Aids.
 B: By being responsible and eating healthy food.

Livelethu Primary School, Mpumalanga



Nokuthula Nhlebeza

A: HIV and Aids is a terrible disease that you can get from sex. We learn about it at school.
 B: The teachers tell us that we can protect ourselves by condomising or abstaining — I prefer to abstain.

Redhill Preparatory School, Sandton



Tarryn Harding

A: You often get it through unprotected sex, or through another person's blood, if that person is near a cut on your skin
 B: You can wear a condom when having sex, wear plasters on your cuts. If your partner says he or she (girls can wear condoms too) doesn't want to wear one, that person is denying you protection, which is a sexual right.



Tosin Animashahun

A: You get it by having sex in a manner as if nothing is going to happen.
 B: Hire good speakers to travel through Africa. Hand out free condoms. Hit their minds that death is near if you are not careful.



Claire Manicom

A: You get it from touching an open wound of an HIV-positive person or through unprotected sex.
 B: By making sure you wear protective gloves when treating a wound. People should be open about their infection. Have yourself and your friends tested.

Reahile Ramathesele (left)

A: Through sexual intercourse.
 B: It's as easy as ABC — Abstain, Be faithful, Condomise.

Ritavi Primary School in Nkowankowa, near Tzaneen



Thokomelo Molokomme

A: It is spread "through contact with infected blood".
 B: Say "no" to sex.

Msogwaba Primary School in KaNyamazane, Mpumalanga



Samkelo Mabuza

A: HIV/Aids is a blood disease that is transmitted through sex and if you share blood.
 B: We have classes about it on Mondays and Fridays at school, and they tell us you can avoid getting HIV if you use the ABC principles.



TC College in Nelspruit, Mpumalanga

Prudence Khanye (left)

A: Our college has special sex education classes twice a week, where people from loveLife and our teachers give us all the information we need.
 B: HIV and Aids is a sexually transmitted disease. The only way to be really safe is to abstain from sex.

Sihle Sibande (right)

A: HIV/Aids can also be got from contaminated blood, but it is mostly caused by unprotected sex.
 B: For those who cannot abstain, you can also condomise.