SOUL BUDDYZ 3
MESSAGE BRIEF

OVERVIEW

Soul City: Institute for Health and Development Communication is a South African NGO that was established in 1992 to harness the power of the mass media and to promote health and development in South Africa and beyond. Ten years ago the Institute developed its first multimedia communication vehicle namely Soul City targeted at the general public. Post the screening and evaluation of Soul City Series 3 the findings presented stated that children and young people under the age of 16 were watching the adult series. It was out of this revelation that Soul Buddyz was born targeted specifically at children.

Soul Buddyz in partnership with SABC Education is a multimedia intervention aimed at 8-12 year olds, their parents, teachers and caregivers. Soul Buddyz like Soul City is a mass, health promotion intervention which uses television, radio and print to disseminate its messages using the edutainment model. The reason for the use of this model is that edutainment is accessible, popular and yet still serious enough to carry persuasive social messages. Edutainment models pro-social behaviour in a way that it fosters self-identification and self-reflection leaving audiences with a sense of having choices in bringing about change in their lives.

Soul Buddyz 3 is currently in the development phase and the topics covered in the series are;
1. Financial Literacy and Management;
2. Nutrition in South Africa and Lifestyle;
3. HIV and AIDS: Education, Educators and Learners;
4. Gender, Sexuality and Masculinity: Perspective on the Issue of Masculine Gender Identities;
5. Gender, Sexuality and Masculinity within the context of disability

Below are the topics which were covered in the last two series:
Soul Buddyz 1
1. Disability
2. AIDS and Sexuality
3. Trauma- Intentional and Unintentional trauma
4. Children's Rights

Soul Buddyz 2
1. Racism and Xenophobia
2. Substance Abuse
3. HIV and AIDS
4. Disability- specifically learning disorders
5. Environment
6. Children and justice

General Series Messages

Soul City believes that media significantly influences social norms. Given this, we are careful to ensure our media makes a positive contribution rather than perpetuating and reinforcing a negative status quo. This does not have to mean political correctness, diminished drama or sanitised scripts. The series is open to dealing with these issues in a positive way that raises debate. The following areas are key in this regard.

Community Activism

The Soul City series is committed to fostering a spirit of community activism as an essential component of development. Our messages should be conveyed where possible and where appropriate, through community action.

Gender Sensitivity and the Empowerment of Women

Some of the Series Four topics (such as "violence against women" and "youth sexuality") address gender issues specifically. However, gender issues tend to be central to most development concerns. For example in poorer communities, where women collect water and the source is often located some distance from home, women are reporting a high incidence of rape. Improvements in the status of women have been shown to greatly improve a nation's health and social indicators. Our series is therefore careful to take into account gender issues and stresses the importance of the empowerment of women.

Our series should take care not to perpetuate gender stereotypes or objectify women and, although not to the exclusion of men, should include the portrayal of women and young girl characters as strong role models. Similarly, the portrayal of non-sexist men and good communication in relationships between men and women is also important.

Positive parenting

Encouraging parents to communicate positively and more openly with their children is also an important background message.

Violence and guns

There is a growing body of evidence on the impact of violence in the media. For this reason we are reluctant as a series to perpetuate images of violence and guns as consequence free and glamorous.

Racial Stereotyping

The series is committed to the spirit of non-racism and racial stereotyping is to be avoided at all costs.

Victim Blaming

Very often people want to make healthy, positive choices but are constrained by obstacles in their environment. For example people may want to immunize their children but can't afford transport to the clinic. Many people may want to wash their hands before eating but don't have access to clean safe water. These are all important considerations and one of the reasons why we believe community activism is important. A strong voice in civil society is often what affects these structural changes. Similarly, we prefer to convey messages through positive role modeling where possible and we avoid pointing fingers at individuals and labeling them ignorant.

Avoid Conveying Messages through Fear

It has been shown that messages conveyed in a manner that maximizes fear, often results in audiences ignoring or blocking that message by finding some way to convince themselves that it applies to people other themselves.

Alcohol, cigarettes and drugs

The glamorization of these substances in the media has been identified internationally as contributing to increased consumption, especially by young people, thus we endeavor at all times to deglamourize tobacco and alcohol, and do not show characters drinking and smoking unless it is related to a message. In addition we avoid showing advertising of alcohol and tobacco unless it is commented on and is part of the message. The role modeling of cool and hip young people enjoying life without the use of either alcohol or tobacco is we believe a very important underlying message.

Soul Buddyz Series messages

1. I am unique and have my own strengths and weaknesses – we are all different and special in our own way.

All people are deserving of respect irrespective of age, gender, religion, race or state of health or impairment. They have strengths and weaknesses just like you.

2. Children have choices and have a right to say no to things they think or feel are wrong or harmful

Saying no to something you don't want to do can be hard. Being assertive needs to be practiced and gets easier over time. Below are some suggestions for how to say no.
- ❑ Say no and be firm
- ❑ Give a clear reason why you say no
- ❑ Believe in yourself and your decisions
- ❑ Talk to a friend, parent or teacher who will understand

3. Children have rights

These rights are enshrined in our constitution and in the convention for the rights of the child (South Africa is a signatory to this convention)

4. Children have responsibilities

It is important to serve the community to which one belongs and to recognize that my actions or lack of actions influence and affect others.

Underlying themes
1. Children can be part of seeking solutions.

2. Seeking an environmental solution rather than individual solution

3. Peers can have positive interaction / peer pressure can be positive.

FINANCIAL LITERACY AND MANAGEMENT

MESSAGES FOR CHILDREN

1. There are always exciting ways and means to raise money for yourself. Everybody has things that they are good at.
In thinking about ways of raising money, children need to be encouraged to think about it as individuals and as groups.
a. Write down all your ideas on paper on what you can possibly do to raise money
b. Work together with friends to raise money to help your group, school or community.
Possible money raising suggestions:
Collect tins, bottles and plastic for recycling and reusing
Knit doilies, braid people's hair, open car washes
Start a food garden for your school or your community

These money raising activities can also lead to the development of small business.

2. Saving money now can help your future, every cent counts.
a. It can help give financial independence.
It is important and wiser to start saving money when you are younger because when you are older your savings will give you some financial freedom.
b. Saving money will earn you money. (Don't know what save smart means)
Children need to understand by putting money aside it earns interest over a period of time and therefore they will get more money.
c. Saving small amounts of money will make a difference in the long run.
Make yourself a savings tin and try and save some money everyday, even if it is 1cent
d. You can save and still care for the environment.
Develop savings strategies that take environmental issues into consideration

3. You can learn to distinguish between what you want and what you need.
Distinguish between things that you *need* and those you *want.* Sometimes the media makes things look attractive. It can also make you feel like it is a "must have". And often it costs more than a similar product that does not have the same label. Be realistic and practical about what you need money for and do not place undue pressure on your peers to have certain things and your parents to provide them e.g. having ordinary jeans versus a designer label jeans.

4. Having money does not make you better than other children.
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Having money should not change you or make you nasty towards other people. Always act responsibly toward your family and community. Think of why other children don't enough money and do not discriminate against them.

5. borrowing money from friends is not a cool thing to do, always make sure That you only spend what you can afford.

Sometimes you have to wait to get what you want without getting into debt. You need to plan ahead and save up for things

a. Avoid borrowing money unless you know you can pay it back.

b. Plan for what you want and then save towards it. If you make a mistake with your money, learn from your mistake- plan better next time

c. You cannot always have everything that you want immediately.

MESSAGES FOR PARENTS

1. **It is important that you and your children become comfortable in discussing and learning about money.**

Many parents, especially fathers are uncomfortable about or do not want to talk about money issues with children. They fear incorrectly that it will give their children power to demand more, whereas the opposite is almost always the case. Parents also might feel able to talk about money issues.

a. Mothers and fathers can talk to their children about money.
b. Children are never too young to know and understand money issues
C. *Talking about money issues with your children will help them understand what the family can afford.* You do not have to tell them how much you earn, but they need to understand what money you have available to meet the family needs. Sharing with your children will help them understand better when you don't have money.
d. Share lessons of hardship as a result of poor saving and budgeting.
e. By talking about money you can help foster an entrepreneurial spirit in your children.

2. **Parents can find out about how to save better and educate themselves and their families about the importance of saving.**

a. Look for information about savings. Savings can be anything from 1 cent a day it does not mean large amounts of money.
b. If you do not understand do not be afraid to ask. Ask for information at your local bank or your local community advice office. You can also ask someone you know and trust.
c. Explain to your children why saving is a good idea by creating a vision for the future e.g. saving towards their studies or for things needed.
d. Be a role model – children watch and copy what you do.

3. **Parents can learn and understand how to budget better.**

Budgeting can help parents and children plan and save better.

a. Find out how to budget.

Talk to family or friends that you know have been successful in how they use and spend their money. Go to a bank and get information on budgeting. Get your children's school to organize an information session on saving and budgeting to help other parents.

b. Writing down your budget can help you to manage your money better.

c. Keeping records can help you understand how and what you spend money on and how to save and budget better.

d. Pictures and illustrations can help make it easier for you to understand and explain to the family what budgeting is.

e. Find ways to involve your children in the budgeting process.

f. If you give your children pocket money, teach them to budget for their short term and long term needs.

4. **Use cash when buying.**
   a. Try and not buy on credit.
   b. Plan and save towards the goods you want to purchase.
   c. If you have to buy on credit, borrow from a credible bank and not a money lender.

BACKGROUND

Today's youth is instrumental in shaping the future – theirs and that of South Africa. Financial literacy is a fundamental survival skill and children need to be taught the value of money and the discipline required when managing money to make them financially sound adults.

The literature review highlights the fact the South African society tends to lean towards purchasing goods and services on credit(buy now pay later) and many South African households use debt as a substitute for savings meaning that they will buy on credit instead of saving the money first and later buying the goods with cash.[1] Many adults engage in high consumer behaviour with very little of a savings culture. This in turn contributes to high social risk behaviour.[2] The behaviour patterns of parents and society as a whole influence young people's financial literacy and management skills. This poses the challenge of influencing adults so that they can influence children.

The literature review pointed out that this is compounded by the fact that credit is readily available, which encourages people not to be disciplined about their finances with little cognisance that borrowed money has to be paid back with interest. In spite of recent changes banks are still inaccessible to the majority of people.

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[1] Maisle, C., 2003,
[2] Maisle, C., 2003, Soul City financial Literature review

Key areas of concern that were cited in the review revealed that parents were not teaching their children basic lessons on financial management. Banks and other financial institutions are not educating consumers, including children, about financial literacy nor designing products which will assist people to be more comfortable with money related issues. The review also cited the lack of government policy with regard to a national savings programme or a national youth savings scheme as a contributing factor to influencing young people's attitude towards savings. Another issue highlighted was the long-term effects of living in debt and on credit on people's health and future outlook. The high rate of unemployment has also made it very difficult to borrow money or start up a small business because people do not have start up capital or other assets which could stand as surety when applying for loans.

As with many other issues, children are seldom considered when addressing financial issues. The review however pointed out different ways in which lack of financial literacy and issues of finances impact on young people. The biggest concerns for young people in South Africa currently are unemployment, health related issues such as HIV and AIDS, teenage pregnancies, inaccessibility of higher education and other social problems. Many of these concerns are directly related to or are as a consequence of money.

The challenge for parents and the community at large is to educate themselves about how not to live in debt, taking them out of debt and how to save money. Part of the long term solution is also to communicate with children about financial issues so that they grow up to become financially sound adults.

Soul City research with target audience:
The target audience research carried out revealed that women are in the main the financial managers of the home. They also appear to be the financial role-models. Fathers and men were identified as spenders, particularly wasting money on alcohol and thus negatively impacting on the health of everyone in the home. An important question in relation to this would be how this affects the way boys relate to and use money both now and in the future. The upcoming series seeks to move men and encourage fathers and men to be involved positively in money matters in the household and thus impact on young boys' attitude to money matters.

On the other hand, the target audience research revealed that children are clearly active, earning and managing money, even if it is often only small amounts of money. The research identified that many children are earning money through doing household chores and a few children are working outside the home to earn money. Some children indicated that they contributed their earnings to supplement the household income or spend their money to buy goods for themselves that their families could not afford to buy for them. This fact highlights money as an issue in children's lives and offers the opportunity to build on and develop children's existing knowledge and skills in the financial management, which will contribute to change the existing South African culture of non-saving and living in debt.

The target audience research pointed out that children do save their money and what they save for is dependant on their socio-economic context. Children who do not have to worry about everyday needs are saving for the future. Poorer children save because

they can then have money for school necessities and even food when the family has none. The series seeks to encourage children to start saving and plan for their future even if they may come from disadvantaged backgrounds. Children need to understand that saving does not have to be big amounts because saving small amounts of money will make a difference in the long run. Children also need to understand that saving is about short term needs and long term goals.

Some children also raised money as a value-related issue. They expressed that money can cause conflict and that materialist values are not a good thing. Most children also expressed pragmatism about money and their needs and did not appear to aspire beyond what their families need or could afford. This attitude in part appeared to be influenced by their experiences of credit. Many indicated that their families used credit for their daily needs as a matter of survival. Although some children acknowledged that credit was one way of affording larger items, the negative experience of credit within the family appears to positively influence them against credit. The series will seek to reinforce this attitude.

Comments from children with whom we did formative research on:
How they raise funds:
"I sweep the leaves on the yard, do the garden, and wash my school uniform. They pay me R2".

I remove stones at Tsuna's place. He lives in number seven in our street. They pay me R2 to remove stones".

When I wash the car they give me R10. I wash Monday, Tuesday, Wednesday, Thursday then they pay me on Friday – R10".

Why saving is important:
"It is important to save money because at home when they do not have enough money to buy cabbage – you can give them to go and buy it".

"Sometimes when you have saved money, and there is a funeral at home, and things are not enough, you can help by giving some few".

"I can save it a bit by bit so that when there is a school trip I can be able to pay for myself".

Buying on credit:
"When you buy on account they take money from your bank account every month so if you are no longer working you won't have money in the bank account to pay for the clothes".

"If you don't pay they're going to take the furniture".

Perception of how you can help other who have little
"You know the newspaper, I think the Homeless newspaper. My granny, there's a lady by Rand burg Fire Station who sell them, whenever she goes past there, she always

buys one and puts it on her windscreen so she doesn't get any people. What I think she does is great. At the end of the year at Christmas time, my gran will give her R50 and R100 to actually take home and provide food for her family".

Perception of what money can get you
"Money can buy things that make you happy – the girls can just come in magically! (Boy suburban)".

Perception that money was becoming more important than it should be to people, i.e. they were becoming materialistic:
"Some people nowadays are getting crazy about money, will kill you for money. That's how important it is becoming for people".

"Just like Mr. M (teacher) he left the school because of the money".

"It's not about the lovely job; you're doing it because you like it. It's about the money now."

Comment from one parent on saving:
"It takes discipline; I mean if you look at your fingers they make you beautiful by not being equal. So if you start life by looking at your five fingers which are different in sizes there you will be able to win this problem. Eh... we come fro different backgrounds with different demands so if I ever want to compare myself with teacher x who comes from background like this I will automatically crash, I'm not going to come all right. You have to bite what you can chew; you can't actually be in competition because the minute you are likely to crash. So it depends on your discipline and your objective of wanting to use money".

NUTRITION AND LIFESTYLE IN SOUTH AFRICA

MESSAGES FOR CHILDREN

1. It is important to think about what you eat.

a. Eat as many different kinds of food as you can. Our bodies need many different kinds of nutrients to keep healthy and grow. You can get this by eating as big a variety of foods as you can.

b. Eat lots of fruits and vegetables because they are good for you. Fruit and vegetables have lots of nutrients that will help your body grow strong and healthy.

c. Try and drink plenty of water when you are thirsty. Water is good for you [I don't believe that we should talk about bodies being dirty on the inside and there is no proven relationship with pimples.]

2. **You and your friends can help each other eat better.**

a. You and your friends can choose to eat healthy foods.

 You can still have sweets, chips and burgers but have healthy fruits and healthy foods more often.

b. It is cool and great fun to grow your own vegetable garden. As a *group you can get some of the nutrients you need to grow strong from your own garden.* Start a food gardening project in your school or community.

3. You can have a strong and a healthy body by exercising regularly.

a. It is cool to lead a healthy lifestyle by playing sports and exercising as often as you can.
b. Fun outdoor activities can help you remain stress free and healthy.

4. Looking and feeling good is about being healthy, not looking like a model

All children look different to each other. Some are smaller and some are bigger, but everybody is special.
a. Accept your body as it is and feel good about yourself.
b. You can love and care for your body if you eat well and exercise regularly.
c. Do not go on fad diets they can be harmful to your body.
D. Be sensitive and not tease or victimize other children if they happen to be very thin or fat.
e. Beauty is not only about the physical body but also lies within a person. *Being good and kind are some of the qualities that makes a person beautiful.*

5. Share food when you can.

a. It is cool to share your lunch with someone who might be hungry at school.

b. Do not tease children who do not have food or do not money to buy food.

6. Many people are poor. Poverty should not make you feel less of a person. Poor people are also people.

It is never shameful to be hungry or poor. It is not your fault.

a. Ask for help. Speak to your teacher/ religious leader or a social worker about your home situation.

MESSAGES FOR PARENTS

1. As a parent it is important that you manage and monitor what your children and your family eat.

a. Provide your family with healthy food by giving those fruits and vegetables where possible.
b. Make preparing food a family affair. This can be fun and help you make sure your children eat healthily. Teach your children about food and its preparation.
c. Try and make sure your family eats breakfast. Breakfast is essential for everyone because it gives them energy for the day.

2. You can provide your family with a healthy and a nutritious diet with little money.

a. Use locally grown food that is in season.
b. Try to shop around for bargains.
c. Plan meals for the week and month. You can prepare different dishes with the same ingredients.
d. Make the small amount you have count, by buying healthy food.
e. Start a vegetable garden, which can be managed by the whole family. This can help you to provide fresh vegetables and healthy meals for you and your family.
f. If you are getting a Child Support Grant get practical information from where? On what healthy foods you can buy with the money.
f. Eating traditional veldkos is good e.g. morogo.

Background

The term nutrition is used in three ways. In a popular manner of speaking "nutrition" is used to refer to the food we eat. "Nutrition" also refers to the science that describes and explains the processes involved in consuming and utilising food and its constituent nutrients. Thirdly, nutrition can be seen as an outcome and provide information regarding health status of either an individual or a group.[3]Ref

Currently in South Africa there are millions of people living in poverty and many families are struggling to put food on the table. This has led to many children growing up with inadequate nutrition. [4]In 1995 a national survey which was carried out indicated that 1 in every 4 pre-school child suffered from chronic under-nutrition, reflecting socio-economic deprivation. Almost twice as many children in rural areas (27.6%) suffer from chronic malnutrition compared to urban children (16.1%). It was also discovered that the growth of one in five children in South Africa is stunted because of dietary deficiencies.[5]

Compared to other middle-income countries, South Africa has high levels of under-nutrition. Addressing under-nutrition requires action across a broad front as it is not just the result of lack of food or ill health but there are many inter-related causes.

The cycle begins when women are unable to meet their nutritional requirements during pregnancy. These women are more likely to produce low birth weight infants who are at increased risk of birth injury, illness and early death, and often grow up to be 'stunted' adults (i.e. not reaching their full potential). Girls born as low birth weight infants are more likely to become poorly nourished children and poorly grown women and are therefore likely to give birth to low birth weight infants themselves. Thus the cycle continues.

Chronically malnourished children are often stunted (short for their age) and experience compromised physical and mental development, becoming small adults with reduced muscle and brain power, which restricts their ability to be productive workers. Lost productivity due to physical and mental impairment from malnutrition results in lost income for the malnourished and their families, thus perpetuating poverty and retarding national economic development.

Undernourished children also have an impaired immune system which reduces their ability to fight infections. There are 50 million deaths, worldwide each year, 11 million being of young children. Ninety-seven percent of these are in developing countries and most of the mortality is due to infectious diseases. Infections are characterized by a depressed appetite, increased energy requirements, and nutrient losses. This further worsens under nutrition. Infectious diseases, which may not be life-threatening to well-nourished children, can kill undernourished children. Mortality is increased even among children with only mild to moderate malnutrition.

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[3]

[4] Page 44 Children's Rights and the Media, A resource for Journalists
[5] The National Food Consumption Survey (NFCS) 1999

Micronutrient malnutrition

Vitamins and minerals are micronutrients as only small amounts are required in the diet to maintain health. Micronutrients do not provide energy but regulates the production of energy from carbohydrates, lipids, and proteins. They are needed for bone growth, oxygen transport, and tissue growth and development. Dietary deficiency of vitamins and minerals can lead to learning disabilities, mental retardation, poor health, low work capacity, blindness and premature death. Micro-nutrient malnutrition is regarded as a public health problem of considerable significance in South Africa. Deficiencies of Vitamin A, iron and iodine are the most common because of poor-quality diets. Thirty three percent of children in SA were found to have an inadequate Vitamin A status and forty percent to have marginal vitamin A status.

Underlying factors such as household food security and care have also been found to have a causal effect on nutrition. Food security is the availability of sufficient food at all times for all people in order to ensure an active and healthy life and good health is dependent on the quality and quantity of the food.[6] Mwadime and Baldwin (1994) propose that spending 60% of total income on food could be regarded as a cut-off point for adequate access to food. Having to spend more than 60% of income on food, would negatively affect access to other necessary services to maintain health and nutritional well-being, such as water, energy, transport, sanitation, housing, and clothing

In the context of nutrition it is important to meet children's dietary needs and protect them from disease to ensure optimal health. Mental stimulation and psycho-social support are also important and in turn contribute to nutritional well-being.

Programmes and policies addressing malnutrition:

The Recontruction And Development Programme (RDP)
The RDP was conceived at a time of political transition The RDP Offices at national and provincial levels were tasked with coordinating and developing integrated projects, such as the Lead projects, in a manner that would influence the functioning and budgeting of line ministries. At the same time, at community level, the people driven nature of the RDP was to be given effect through the establishment of RDP forums, where proposed projects were to be discussed and further developed to meet local needs.

The Health Policy
The National Health Bill emphasizes a Primary Health Care Approach, which gives priority to the development maternal, child and women's health programmes. This focuses on the needs of pregnant and lactating women, pre-school children, and adolescents. The Primary Health Care Package provides free health care for mothers and young children as well as school and institutional health services for children.

Wealth Policy
The Welfare White Paper (Department of Welfare, 1997) recognizes poverty as an important cause of malnutrition and hunger and proposes that all Welfare Departments

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include nutritional objectives and activities into relevant components. The provision of social security in the form of old age pensions, child support and foster care grants as well as disability grants and state maintenance grants have been important measures to alleviate poverty in SA and will continue to be a central part of the overall provision of welfare.

Integrated Nutrition Programme

The report of the committee on nutrition appointed by the Minister of Health in 1994 on an Integrated Nutrition Strategy (1994) has been accepted in principle as the guiding policy framework for nutrition within the health sector and has been incorporated into the Health Policy. The brief makes specific reference to ensuring that nutritional status is used as an outcome indicator of the RDP.

The following elements are incorporated into the INP:

- A health facility based nutrition programme, including the Protein Energy Malnutrition (PEM) Scheme. Also included are nutrition education, food supplementation, food fortification, growth monitoring and the appropriate management of infectious diseases (including rehydration therapy and parasite control).
- A community based nutrition Programme (CBNP) which includes the Primary School Nutrition Programme (PSNP) (this has now been taken over by the Department of Education) and the National Nutrition and Social Development Programme (NNSDP). It aims to develop projects that will strengthen household food security, improve knowledge about nutrition, support the care of women and children and promote a healthy environment.
- A nutrition promotion programme focusing on improving communication, advocacy and appropriate legislation. Priority areas for this programme are the promotion of breastfeeding and sound infant feeding practices and information about the causes of childhood malnutrition. Food based dietary guidelines (FBDGs) are to be launched in the new future.

Legislation was passed in 1999 to iodate all household salt and thus help to decrease iodine deficiency. Information obtained from the NFCS brought about legislated fortification of bread flour and maize meal with a multi-nutrient mix including Vitamin A, thiamin, niacin, riboflavin, folate, vitamin B6, vitamin B12, iron and zinc as of 8 October 2003. If the intake of children as reported in 1999 as part of the NFCS remain unchanged, then the majority of children will now consume close to 100% of the RDA as a result of the legislated fortification.

The South African evidence based Food Based Dietary Guidelines are focused on the population older than 7 years. They are to be positive, practical, affordable, sustainable and culturally sensitive. It is intended to help those over the age of 7 to choose an adequate but prudent diet. It is based on the existing consumption of locally available foods and aims to address identified nutrition-related public health problems. Each statement has been tested with different language and geographic settings to ensure

that the population of South Africa understands them and that the terminology is understood as intended.

- Enjoy a variety of foods
- Be active
- Make starchy foods the basis of most meals
- Eat plenty of vegetables and fruits every day
- Eat dry beans, peas, lentils and soy regularly,
- Chicken, fish, milk, meat or eggs could be eaten daily
- Eat fats sparingly
- Use salt sparingly
- Drinks lots of clean, safe water
- If you drink alcohol, drink sensibly
- Use foods and drinks containing sugar sparingly and not

Obesity in another major problem in nutrition[7]. In the past decade, the prevalence of obesity has increased dramatically, particularly in children and adolescents, worldwide. According to the NFCS, the prevalence of overweight children was 6% with the highest prevalence in urban areas (7.5%) and the lowest prevalence in commercial farming areas (2.5%).

People, who gain excess weight at a young age, often remain overweight and are at risk for later chronic diseases such as high blood pressure, heart disease, diabetes, stroke and some cancers. In addition to medical problems, psychological and social problems are associated with being overweight. Overweight children are often teased and find themselves socially isolated from their peers. The health risks of obesity may not manifest as a disease for many years but the psychological and social problems are felt daily.

The literature also points out that eating disorders are common in adolescents and young women and are associated with significant morbidity and mortality[8]. Bulimia Nervosa and Anorexia Nervosa are the two leading disorders. Bulimia Nervosa is characterized by a pattern of binge eating followed by inappropriate compensatory behaviour, such as self-induced vomiting or laxative abuse. Other methods to eliminate the additional energy intake include dieting and exercise inappropriately (very vigorously for long periods of time). Anorexia Nervosa is extremely restricted intake of food and weight loss is severe. These Eating disorders can be fatal. [9]
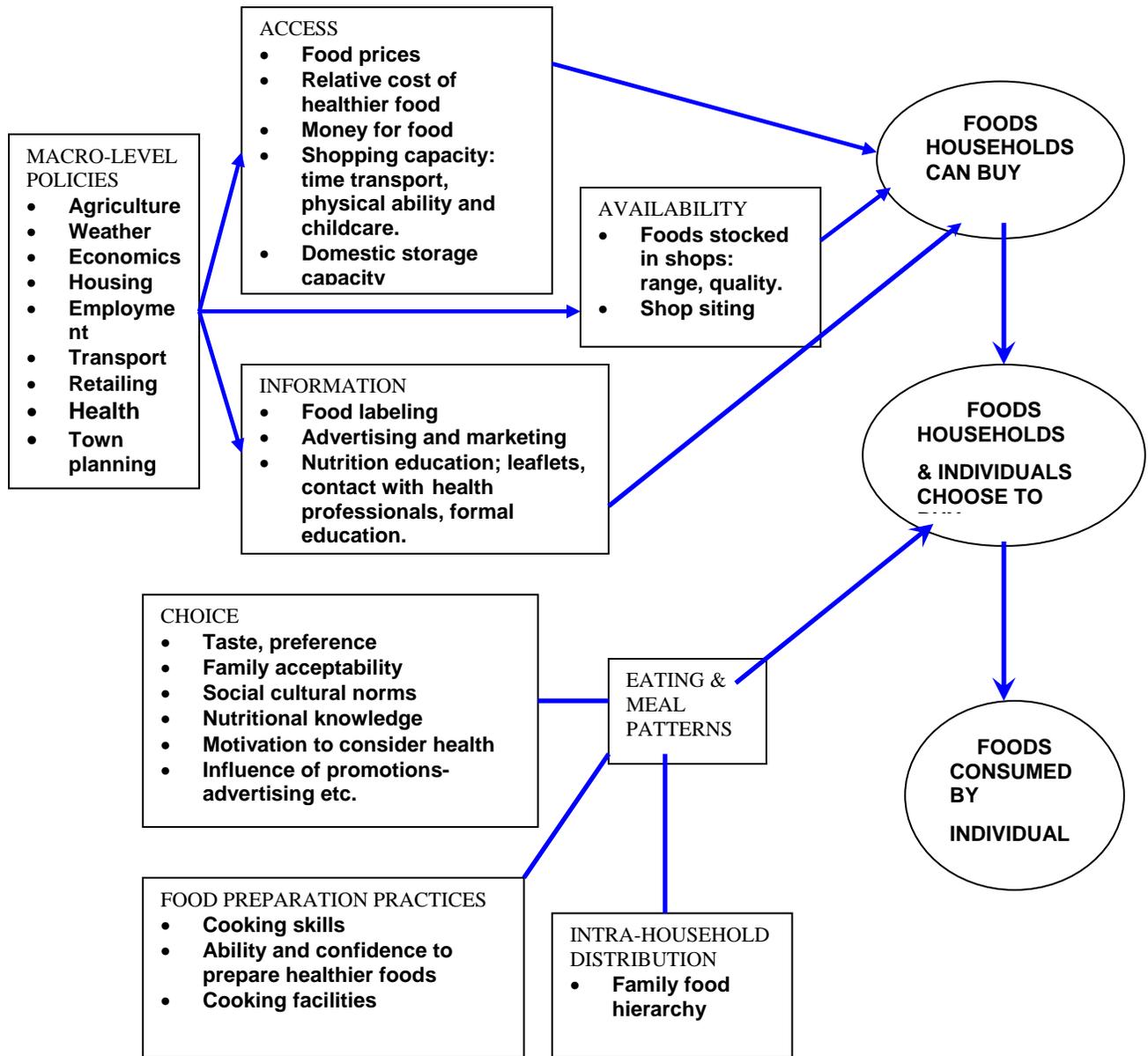
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[7] Cole et al. 2000
[8] Fairburn and Walsh (1995)
[9] The South African Journal of Clinical Nutrition

Determinants of eating a comprehensive view

ACCESS
- **Food prices**
- **Relative cost of healthier food**
- **Money for food**
- **Shopping capacity: time transport, physical ability and childcare.**
- **Domestic storage capacity**

MACRO-LEVEL POLICIES
- **Agriculture**
- **Weather**
- **Economics**
- **Housing**
- **Employment**
- **Transport**
- **Retailing**
- **Health**
- **Town planning**

AVAILABILITY
- **Foods stocked in shops: range, quality.**
- **Shop siting**

INFORMATION
- **Food labeling**
- **Advertising and marketing**
- **Nutrition education; leaflets, contact with health professionals, formal education.**

FOODS HOUSEHOLDS CAN BUY

FOODS HOUSEHOLDS & INDIVIDUALS CHOOSE TO BUY

FOODS CONSUMED BY INDIVIDUAL

CHOICE
- **Taste, preference**
- **Family acceptability**
- **Social cultural norms**
- **Nutritional knowledge**
- **Motivation to consider health**
- **Influence of promotions-advertising etc.**

EATING & MEAL PATTERNS

FOOD PREPARATION PRACTICES
- **Cooking skills**
- **Ability and confidence to prepare healthier foods**
- **Cooking facilities**

INTRA-HOUSEHOLD DISTRIBUTION
- **Family food hierarchy**

Soul City research with target audience

The target audience research with children produced 5 themes:

1. What children are eating?

Three key factors influenced what children are eating, socio-economic status, culture and local availability. Poorer homes eat more staple food such as bread or pap, while middle class children eat a greater variety of foods. Children from Chatsworth eat curries and locally available fish while children in the E. Cape ate samp, and those form Limpopo ate wild spinach and nuts. At school it seems that most children take money to school and buy food to eat there. Only children from suburban homes brought lunch to school. Children at township schools ate Khota (quarter bread with filling) or chip like snacks if they couldn't afford it. Others bought "walkaways"

2. What children understand as unhealthy eating?

Many children had heard words like carbohydrates and protein though they did not really understand them. E.g.

In answer to "which food give you proteins?"

"*Meat, milk, vegetables, brown bread, pap, water*" were all answers

Children knew that certain foods are not good for you and many said that too much oil is not good for you. Though many did not know why:

"*Like caramelises in your body*".

Most groups agreed that exercise is important, but sometimes the reasons for this were a bit obscure:

"to stretch the bones"

Rural children knew that walking to school is also good exercise (especially when they were late and had to run)

3. Why children are eating the food they are:

Poorer children talked about not having money to eat anything else. While others talked about the taste of food influencing their choices:

"*we eat unhealthy food because we like the taste*"

"*my parents give me R2. I buy snacks. I wish to eat healthy food because my mind tells me not to eat snacks but I do it anyway*.

Access to water was an issue for rural children.

4. Children's perception of beautiful and healthy body

Most children equated healthy with beautiful. Health was associated with a body that looks physically strong. There was some discussion that boys and girls should eat differently with girls not eating too much or dieting. Being fat or thin meant that you are teased. There was some discussion about inner beauty among girls, but not boys.

5. The influence of media

advertising clearly influenced the children. Every group mentioned Bioslim and talked about Kellogg's as healthy breakfasts. Children used the word "Simba" to mean crisps.

> *"But now you can eat anything because you just need to eat a Bioslim afterwards"*

Girls and boys experience pressure from the media to be thin and beautiful. In suburban children there is an awareness of eating disorders and diet-pill abuse.

Parenting research:

In general parents have some knowledge about nutrition; they often talked about a balanced diet, and the need for children to eat more or lots of fruit and vegetables.

> *Another thing is that we should not force them we should just make sure that is food is balanced,* (peri-urban mixed)

Children's diets are chiefly, however, made up of Pap and bread, with various accompaniments. This usually depends on the amount of money available.

> R: *You know here at home we give them pap. You know pap with anything hat they can eat.   R: yes, pap and seshabo relish.* (Rural females)

What people eat is often directly related to the amount of money available.

> Nn .... *Often it is just that when we choose, we are controlled by money, In fact we try by all means to avoid costly diet, and we prefer affordable things* (rural males)

Parents talked about how they know what a balanced diet is and that it should contain lots of vegetables and fruit, but some found it very difficult to get their children to eat these foods.

> *Well, my daughter also doesn't eat porridge in the morning – maybe later in the day. Then there's a sandwich for lunch. In the afternoon she*

doesn't eat lunch. And in the evening she will have a normal meal with us. But she won't eat veggies. (Urban coloured female)

Other factors affecting eating habits of children were that parents are tired during the week and find it difficult to cook a full meal:

You know, when you get home from work, you really don't want to stand over a stove for long. (Urban female)

Strategies that parents employ to get their children to eat healthily:

They change the way they cook and the content of the diet

I have fussy children so I try and experiment and prepare food in different forms. If the child does not like cooked carrots I give him grated ones that he likes. For instance I will agree to give him pap with milk and then give him a raw carrot as a snack. So I try to balance the meal for the day. (Peri-urban mixed)

They insist that the children eat fruit and vegetables every day
They ensure that vegetables are available
They train children to eat correctly
They enforce correct eating
They explain why they should eat various things:
They plant a vegetable garden

Parents in different parts of South Africa and from different cultures seemed to be remarkably similar in their responses to the nutrition questions. Although their understanding of good nutrition was fair it did seem a bit skimpy and sometimes incorrect. Some of the strategies employed by parents to give their children good nutrition are mentioned, parents seemed to understand the causes of malnutrition and obesity well, there seemed to be an element of blaming the parents of children with both malnutrition and obesity. Advertising seemed to play both a positive and negative role, positive in that one [parent learned about good cheap foods through advertising and negative in that children nag and pester parents for advertised food.
Many children seem not to like food and some parents have strategies to overcome this.
Pap and bread seem to be staple food s for children, but most parents do try to provide a balanced diet.

HIV AND AIDS: EDUCATION, EDUCATORS AND LEARNERS

MESSAGES FOR CHILDREN
1. **Be friends with and care for and support people living with HIV and AIDS**
   a. Play with and visit children who may have family members who have HIV and AIDS.
   b. *Don't tease children who don't have uniforms or who are hungry*

2. **Find the correct information about HIV and AIDS.**
   a) Find out about prevention of AIDS and how to care for people with AIDS.
   b) Learn about waiting until you are older to have sex and about safe sex.
   c) Find out about how you have to take care when looking after a person with AIDS
   d) Learn about ART so you can help people who are on treatment
   e) With your friends you can ask your teacher, go to the library or clinic or visit organisations that deal with HIV and AIDS issues.

3. **Schools and learners can help children who have difficulties at home.**
   Children affected by AIDS may have a number of worries – they could be upset That their parent is sick or dying, they may be worrying about money or food or looking after a younger sibling.
   Every child has a right to an education. You can help in a number of different ways.
   a. Take notes for them when they are not at school.
   b. If they don't come to school visit them at home to check whether they need help.
   c. Form a support group so you can help each other with homework and projects.
   D. Make sure your school does turn children away when they do not have fees uniforms or stationery.

4. **Talk about your feelings and ask for help when you need it.**
   A. Talk to someone you trust.
   b. If you do not have someone to talk to write down how you feel.
   c. Find out about memory boxes and make your own.
   d. If you need to talk to someone or ask for help you can also call a helpline (childline 0800055555 or AIDS helpline 0800 012322 or circles of support).
   e) Teachers, nurses, people from AIDS organisations and religious leaders are all people who could help you

5. **You have a right to an education,**
   a) You cannot be refused schooling if you do not have school fees, school uniforms or stationery
   b) Ask an adult you trust to help you get exemption by speaking to the principal or governing body

6. **All children have the right to dream and a future.**
All children should be encouraged to think and dream about their future.

MESSAGES FOR PARENTS

1. **Be open and talk to your children about your HIV status.**
    By not talking to children parents are not protecting them. Children might find out about you HIV status from someone else. Talking to them will help them understand and feel that their parent trusts them. Talking to them will help them prepare for the future.
    Talk about issues of treatment. Educate them about ARV's, allow them to help you with ART.

2. **Educate your family, neighbourhood and community about the epidemic.**
a. Talk to your extended family about HIV and AIDS. This will help when the family have to deal with a member who is HIV positive or ill.

3. **Talk to children about death.**
It is important that you talk to your children about death and prepare them should you die.
a. Talk about death as a normal part of life.
b. Make a memory box with your children.
c. Talk to your children about who will look after them when you are gone, and if there is any money .
d. Make a will. Keep copies in a safe place. Tell someone you trust about it.
e. Plan for someone to care for your children when you are gone

4. **Acknowledge your children's emotional needs.**
a. Find out how your children are feeling. Encourage them to talk about how they are feeling. Tell them that they have a right to their feelings.
b. Help them to find ways to cope with their feelings. Encourage them to share their feelings with someone they trust, if not you or write it down. As a family make time to talk about feelings.
c. Affirm your children with positive and encouraging messages of love, life and hope

5. **Help children understand better about HIV and AIDS.**
Children need correct information, they often hear things they don't understand And this can lead to unnecessary fears and misconceptions. *Find ways To talk about HIV and AIDS e.g. listen, read or watch programmes about relationships together.*

6. **Make sure you participate in your children's school.**
a. Talk to your children's teachers about how they are doing in school.
b. Try and attend parent meetings.
c. Get involved in the school governing body.

7. **Talk to your children about their HIV status and ART.**

Messages for the Education Sector

1. Schools can support learners.
a. The School Governing Body (SGB) can adopt a no school fee policy for children and families who cannot afford the fees, and find ways to get parents to help with the maintenance of the school in lieu of school fees.
b. Schools should not put pressure on or exclude children because they do not have uniforms. Schools can start clothing and uniform and food banks where children can donate clothes and food for other learners who are in need
c. Schools can start vegetable gardens to help provide meals.
d. Ensure that the learners help and support each other e.g. by taking notes for other learners who are absent. Schools can start education support groups for learners who are looking after ill family members and are unable to attend school
d. School should link up with social workers or other organisations in their areas that can help with care and support of parents and younger siblings. Schools can provide day care for younger siblings at school so that older siblings are able to attend school.
e. It is important that teachers know about the home situation of their learners in their class. Teachers can encourage learners and help them through the illness and death of a parent.
f. Schools can also help children all children understand about AIDS and ART.
g. Schools should encourage learners not to tease or discriminate against children who are infected or affected.

2. Schools can help educators.
b. Schools can develop a HIV and AIDS policy that helps educate and create and environment in which HIV and AIDS is talked about openly and honestly.
a. Schools can encourage HIV positive educators to disclose and live openly.
c. Schools can help educators that are infected and affected by HIV and AIDS by discussing and planning for what will happen as they get more ill and need more time off.
d. Schools can provide information to educators on the use of ARVs to help support learners and educators who are taking the drugs.

Background

In South Africa there are approximately 5 million people living with HIV/AIDS. With these stark realities one cannot but accept that more focused and intensive interventions need to be put in place to further hone in on education, prevention, care and support. It has been projected that by 2005 there may be 800 000 children orphaned by AIDS. Currently, this is already witnessed across the country where many households are being headed by children.

The Literature Review states that educators already face problems of high learner to educator ratios in classrooms, lack of basic services in schools, such as electricity, water and sanitation, lack of access to adequate social welfare services, and being required to take on additional roles for which they do not have the time

and are not adequately trained. The Alliance for Children's Entitlement to Social Security (ACESS) found that "most children use pit lavatories for toilets, and have limited access to clean water and 24% of schools in South Africa have no water within walking distance."

Learners can be affected in several ways by HIV/AIDS. A learner may be living with HIV/AIDS, orphaned by HIV/AIDS, be homeless, be the head of a household, or be suffering trauma and grief from the death of a parent from AIDS and/or younger siblings, or looking after a parent who is ill.

The situation that many learners live in is not conducive to regular school attendance. Exhaustion, absenteeism, being forced into situations of sexual abuse and child labour, not being able to afford school fees, the inability to afford highly active anti-retroviral therapy, transport problems, a general lack of food and inadequacy of feeding schemes, difficulty in accessing enough money to stay alive (or any money at all) through the state grants system, problems with caregivers after the death of parents, and not having a uniform were the major problems cited by learners as reasons for not attending school.

Currently there are about 300 000 households which are headed by children aged between eight and 18 years old. In cases where children are looking after sick parents/adults living with HIV and AIDS, "the bulk of the responsibility fell on the first child. We learn from a study carried out by IDASA[10] that 14.3 million children under the age of 18 live on less than R400 a month.

The biggest development challenge in the continent was highlighted as that of AIDS orphans. Even though according to Education Minister Kader Asmal, no child should be denied the right to attend school for not paying school fees, lack of money for school fees, transport and school uniforms have been cited by learners as major a challenge they are faced with. One learner who is 13 years old, told the National Children's Forum that: 'When your mother has HIV but she's got a small baby and she dies and leaves that small baby also with HIV, then you have to go to school, but also to look after the baby.'

Sexual abuse of children and child labour has also been highlighted as some of the challenges faced by orphaned children. In the review we learn that "for many children, the loss of parents often translates into a loss of income, forcing children to go on to the streets and making them vulnerable to exploitation and crime".

Education sector
Like all other sectors, the education sector has begun to realise the impact HIV and AIDS is having. Recently SADTU[11] carried out a study which stated that "we are facing a disaster, our membership has dropped from 220 000 to under 215 000, many of our members have died of AIDS-related illnesses". SADTU also found that 378 deaths out of 1000 in the 20-50 age groups of educators were

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[10] Institute for Democracy in South Africa (IDASA), 2003
[11] SADTU President Willy Madisha quoted in the Sunday Independent newspaper, 5th October 2003

AIDS-related, and estimate that they lose two members per day to AIDS-related deaths.

Teacher morale is low and together with HIV and AIDS the Children's Institute identified the following as being the reasons for low teacher morale:

- High learner to educator ratio in classrooms, lack of basic services in schools, lack of access to adequate social welfare services
- Vast numbers of needy children, particularly those suffering from poverty, HIV and AIDS, living with parents/siblings with HIV and AIDS, being orphaned by HIV and AIDS
- Gender inequalities in schools
- Lack of interaction or failure to interact with family/caregivers of learners
- Being required to take on additional roles for which they do not have the time and are not adequately trained.
- *"We are parents 100% because we as teachers have to contribute in everything for the child.' Or, as a teacher in Cato Crest commented during a focus group: 'In this area, because of the problems we encounter, we become more like social workers than teachers.' 'We end up being social workers, police, nurses...!'*[12]

The most hopeful aspect of the review is that ART will be available to increasing numbers of parents ensuring that children are not orphaned.[13]. The South African government comprehensive HIV/AIDS programme will make treatment available to all the people who are living with HIV and AIDS. This will ensure that more HIV positive parents live longer and will therefore be able to raise and look after their children, and thus reducing the severe impact of orphan hood has had in many families and communities.

Soul City Research with children:

There is very little emotional support for children when a teacher or a parent dies. Rituals are an important part of helping children cope, yet these seem to be absent from school life. It seems to be only isolated teachers who are doing anything to help children cope with grief.

It is also clear that schools are not offering any kind of institutional response to the needs of vulnerable children and it seems that help comes from individual teachers (often at great personal cost).

Children described a number of psychosocial needs they experienced. These included that they are often sad because a parent has died; they worry about their sick parent at home. They also worry about their own future should their parent die.

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[12] Giese, Meintjies, Croke and Chamberlain 2003

[13] The Havard Consensus Statement was published by many Havard University's faculty members
   who have contributed important applied research about HIV and AIDS, tuberculosis, health care policies and economic development

"The principal may send them home because he is scared that other children may get their disease from theses children. They will not call them "children"; they will call them "these things" as if they are not human beings. Teachers will always talk about them instead of teaching in class".

Soul City research with Parents and Educators

There is still stigma, labeling and discrimination within some communities, against people living with HIV/AIDS and their children. Children of people living with HIV/AIDS are experiencing this most of the time whether the children are infected themselves or not.

> *"It's really difficult, let's say your neighbours know your status they may not allow their children to play with yours"*

> *"I ended up keeping my child indoors to protect him because whenever he went to play they would not let him touch their stuff so I told him that I will play with him. The neighbours were discriminating against him"*

Children also have to miss attending school to take care of their parents who are sick from AIDS related illnesses.

Parents in the rural areas denied that HIV/AIDS is affecting their children in their community in any way because they have no experience of it.

> *" In this area the disease is not rife, so our children are still living safely. We hear about it in the surrounding areas but we have not experienced it in our neighbourhood"*

> *"We hear about it in the neighbouring farms but it has not affected our children yet"*

The educators observed that children become distracted, sometimes depressed and cannot concentrate in class. Some children have no food at home and come to school without having eaten anything. Others become involved in fights more often.

> *"The most difficult issue is the issue of food, you find that most of the children come to school without any piece of food eaten at home, they eat here at school*
And you will find that if they eat here, they will go home and find no food and eat here at school again tomorrow"

There is also an increase of absenteeism by both children and educators in schools. Children have to stay at home looking after their sick parents and

teachers also have to go for their own HIV treatment or sometimes have to take in their relatives who are sick from AIDS related illnesses for regular treatment.

> "Teachers do not want to disclose their status it leads to the problem of absenteeism. Teachers constantly absent themselves on numerous occasions

The educators reported that they help children who lost their parents by giving them motivation, guidance and advise. In some schools they have formed life skills committee which tries to get external assistance for the needy children.

There are vegetable gardens at some schools to help children with food. They also provide children with surplus from feeding scheme to take home. In some schools, educators have taken it upon themselves to feed three of the poorest orphaned children from their classes.

> "So as educators we also find ourselves having a task whereby during break, whatever you buy accommodate may be 3 kids from your class that has become the culture of this school of which we are very much impressed about"

GENDER, SEXUALITY AND MASCULINITY

MESSAGES FOR CHILDREN
    1. Girls and boys are equal.
    a. Girls and boys are human; they both have the right to equality and dignity.
    b. Boys and girls can share house chores.
    c. Boys and girls can choose the same careers.
    d. Both men and women can be role models that you can learn from.

    2. Boys can be friends with girls also.
Girls and boys can have positive, supportive friendships without being girlfriend and boyfriend.

    3. You can choose to be a different boy and man.
a. You can choose who and what you want to be provided that you do not harm someone else in the process.
b. It is cool to be different from what your peers expect from you.
c. Peers are not always right, check information with an adult you can talk to.
d. Traditional ideas about boys and girls are not always relevant in today's society.
Men are talking and experimenting with being different from their forefathers on many things e.g. helping in the house.
  e. Use your power to contribute to your community.

    4. It is important for boys to learn to deal with their emotions.
Both men and women have feelings, this is normal.
a. When you are angry you do not have to resort to violence you can talk through your problems. You do not have to prove yourself by using physical violence, be yourself, do what you like and what you can
b. *Boys can express their sadness or grief through crying.* Traditional ideas about boys not crying and expressing their emotions are not good for boys. Keeping emotions inside makes it difficult for others to understand how you feel and for you to show empathy.
c. Acknowledge all your emotions. It can help you understand other people's better.

MESSAGES FOR PARENTS
    1. **Talk about sex and sexuality.**
      Many parents are not comfortable to talk to their children about issues of sex and sexuality because of the fear and misperception that it would encourage their children to experiment. Many parents also do not have the skill to talk to their children.
      a. You can learn to talk to your children about issues of sex and sexuality.
      b. Ask for help. Talk to other parents about how they have done it. Find information on the issue from books, clinics or other organisations.
      B. Talk to your children about girls and boys – their bodies, how they are similar and different, development children go through and about relationships.

2. Parents should guide their children and be positive role models to them.
Parents need to guide young boys into manhood and fathers are important role models.
A. Help in the house do not use violence; together with your partner decide on how to spend the family budget money wisely. Fathers should not spend the family budget on alcohol.
b. It is good for men to have strong and ongoing emotional relationships with their children. Many fathers become distant from their children when they grow up and do not show emotions except negative emotions like anger. This teachers children that adult men do not show emotions, except negative emotions.
c. Affirm men who do good.

3 .The way you treat your children and family teaches them to respect the opposite sex.
Treat boys and girls the same, give them equal love, spend resources on them equally and help them fulfill their potential.

4. Parents should teach their children to be responsible and to learn to be accountable for their actions – especially their sexual and violent behaviour.
a*. Teach boys that having an erection does not mean you "must have sex".* They can learn to control their sexual urges/feelings.
b. Teach both girls and boys that they have the right to say no, especially girls.

Background
Traditionally Reproductive Health and gender programmes have focused on women, with little recognition of men's influence in reproductive health. The impact of lack of balance in the approach of these programmes makes it necessary to bring men onto the gender agenda. Apart from also addressing men's needs, men if addressed as active participants in reproductive and gender programmes play a pivotal role in supporting women's health, prevention of unwanted pregnancies, slowing the transmission of Sexually Transmitted Infections (STIs) including HIV and AIDS. Men play a role in reducing violence against women and children.

Gender education is thus important, and should be built into life skills information from as young as possible so that children go into the world confidant about themselves, their bodies, their rights and future choices and contribute to improved relations amongst men and women.

According to the literature review, sex is biologically determined whilst gender is socially constructed. Individuals make sense of who they are as men and women as influenced through their socialisation, which in turn is influenced by the current cultural trends in that particular society.

This is however not the predominant view on gender. According to the literature review most patriarchal societies define and view men and women as the opposites of each other, with the assumption that they can never have similarities with each

other.[14]   This influences how men and women view themselves and each other, what they can do respectively, and impacts on men or women if they challenge or take on any of these roles to the extend that they are labelled 'not men' or 'not women'.

A consequence of the patriarchal padigrim is that 'men is seen as the powerful and women as the subordinate'.[15] Gender within this framework is seen as static and permanent, which cannot change. It does not acknowledge that as society evolves, it influences the construction of whom and what men and women are.

The gender identity and relations men and women take on or perceive within a patriarchal framework is therefore seen as exclusively masculine or feminine and cannot change despite the historical or cultural changes society undergo. The stereotypical man is portrayed as '... strong, independent, heterosexual, aggressive, unemotional, competitive, active..' who '...earns money, initiate sex, solve problems, take control and risks, and support their families financially.' If they don't do this, they are not 'real men'.[16]
This definition of men 'prohibits men from expressing feelings other than anger and doing women's work e.g. washing dishes.[17] It is this perception and acting out of masculine identity which impacts not only on women's health but also men's health.
The experience and impact of this interpretation of masculinity has had negative consequence for our society i.e. men not seeking help, high levels of domestic violence, women's ability to negotiate safer sex, etc.

According to the social constructionists' model of gender as identified in the literature review, gender identities and relations are not permanent and can be influenced by change within society. Gender identities and relations take on the appearance of permanence because it is taken for granted and reproduced as it is normal and natural'.[18] This model contests that gender identity is open to change and therefore it is possible to address present gender inequalities, whilst at the same time acknowledging that there are 'multiple forms or styles of masculinity' that is negotiated.[19]

Children learn about gender identity and relations through a complex interaction of imitation, reinforcement, internalisation and witnessing of stereotypes.

The literature review identifies the mass media as an important vehicle to teach, promote and role model alternative sexual behaviour and reinforcing social norms with young people, who are in a developmental phase of life where they can still be influenced.[20]

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[14] Ruiters, K., 2003, pg.3, Gender, sexuality and masculinity – a literature review for Soul Buddyz
[15] ibid, pg.4
[16] ibid, pg.6
[17] ibid
[18] ibid, pg. 12
[19] ibid, pg.13
[20] ibid, pg.30

It is with this perspective that Soul Buddyz aims to influence boys and girls about what men's roles are and to contribute to the debate on how men and women identities are evolving ones.

Soul City research with target audience
In the target audience research, both girls and boys spoke of boyhood and masculinity that reflects the patriarchal interpretation of masculinity. Boys were identifies as people who:

- is different from girls;
- is active e.g. play soccer;
- do different work e.g. do work outside and not in the house;
- Can be outdoors because they are safer.[21]

Boys were also associated with negative behaviour e.g. they fight, steal, drink alcohol, smoke, have no respect, don't care for education and treat girls badly.[22] Both girls and boys described these perceptions with an acceptance of its normality. These perceptions point out the need for Soul Buddyz to tackle issues of what does it mean to be a boy and how you can be a different kind of boy, who is perceived to contribute positively to society.

Boys were portrayed as being influenced by 'the group', without having supportive relations with each other. Mothers were identified as reinforcing roles of boys and girls, whilst fathers as actively encouraging and allowing boys to behave in certain ways and not teaching them differently e.g. how to be tough or disciplining or allowing behaviour differently from girls.[23]Although mothers were identified by the target audience as the person the mostly turn to for advice and support, this was limited to functional needs. Boys appear to have very little outlet to talk about their feelings or seek advice. Soul Buddyz aims to normalise boys seeking help and expressing all their emotions without harming others.

The target audience research pointed out the negative coping mechanisms of alcohol and violence and ways of expressing emotions that both girls and boys observe in their communities and families. Some shared experience of boys behaving in similar negative ways.

The research shows that physical strength is still consistently seen as making men powerful. Boys, especially those from violent communities focus on guns, gangs and violence as a source of power. But even in these communities boys also identify kindness and peace-making as a source of power. There is no complete agreement that guns make men powerful but rather that men who have guns *think* they are powerful.

Although children in the target audience research spoke of the negative observations in their communities and families of men and masculinity, which they assume is normal,

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[21] Clacherty and Associates, 2003, Soul Buddyz 3 audience research – Girls and Boys perceptions of masculinity
[22] ibid
[23] ibid

many spoke of fathers and men as positive role models. The target audience research points out the importance of Soul Buddyz also role modelling adult men doing things differently, if we are to have an impact on young boys and girls about that they see as the social norms for masculinity.

"*A boy must be told of things that he will experience as he will be growing up, he must be told that his development takes place differently. If he is eighteen, he must be told that if he plays foolishly with girls, he may impregnate a girl and in the process, he may be infected with AIDS*".

Some comments on how boys deal with violence:
- *they throw things*
- *they sit alone and say leave me to work with it*
- *they can stab someone*
- *they'll scream and hit each other with axes*
- *the other time there was this one who had killed himself near our home*

Some positive comments about men children admire:
"He is confident"
"He is powerful because he can make peace and he loves people"
"He is powerful because he helps others"
"...things that make him brave is to exercise every day and respect others and being responsible"

GENDER, SEXUALITY AND MASCULINITY WITHIN THE CONTEXT OF DISABILITY

MESSAGES FOR CHILDREN

1. **All children have rights even if they have impairments.**

   a. All children are equal and have equal human rights even though some may need more support.

   b. All children have a right to live free from abuse and should report abuse to an adult they trust or phone childline.

   c. Children have a right to be part of and participate in society.

2. **Disability is neither a sin nor a shame; all children have inner strengths and qualities that make them who they are.**

   a. Believe in yourself.

   b. All children are special; children with disabilities also have their inner strengths and qualities.

3. **Look at my abilities and not my disabilities.**

   You can help others to understand better about disabilities by raising awareness about disability issues and sharing how you feel.

4. **I am a sexual being and like every one else have sexual feelings too.**

   Everyone has sexual feelings, even children/adolescents with disabilities.

   a. Children with disabilities are people like everyone else and go through some of the same body changes e.g. menstruation.

   b. Children with disabilities also become attracted to others and want to have relationships.

5. **You can be friends with someone who has a disability.**

   All people want to belong. Friends help us feel that we belong and are special.

MESSAGES FOR PARENTS

1. **Avoid being overprotective of children with disabilities**

Give support and allow your children to explore as you would with other children, even if they might need extra help.

2. **It is important that you understand the nature of your child's disability.**

a. Encourage your family to learn more about disability, especially about your child's disability.

b. Ask your doctor to explain fully the impairment your child may have.

3. **Try and help your child understand their sexuality.**

a. Be open with your child and create an enabling environment to discuss issues relating to sex and sexuality.

b. Involve your children in all decisions that affect them, talk to them, explain to them the pro's and cons of choices.

c. Teach children with disabilities about safe sex and controlling sexual urges in the same way you would teach other children.

4. **Encourage children to be friends with children who have disabilities.**

5. **Help children with disabilities to make friends.**

   a. *Let your children play outside.*

   b. *Encourage your children to play with other children.*

6. **Form support groups.**
Together with other parents share experiences and discuss how you can help each other.

Background
The Literature Review pointed out the paucity of information available about and for the disability sector, especially in relation to sexuality. One of the reasons listed is that of lack of resources within the disability sector to document and explore the subject of disability and sexuality in South Africa and in the African continent as compared to other Northern countries. The lack of resources also results impacts on the disability sector's ability to disseminate and adapt available information within the sector.

The lack of resources is a function of how disability issues are regarded i.e. with stigma and discrimination. Parents with and children with disabilities experience enormous difficulties because of ignorance, misconceptions and cultural beliefs about health, illness and impairment. The stress and anxiety of stigma and discrimination often results in families isolating their children with disabilities more, and therefore decreasing more

the opportunities for their children to socialize, integrate and explore their potentials. These impacts on children with disabilities self-esteem and image.[24]

The literature review highlights the facts that people with disabilities are often regarded as asexual beings. This is corroborated with the findings of the target audience research undertaken with disabled children.[25] This assumption impacts on children with disabilities expression of their developing sexuality, which makes them vulnerable and open to exploitation.[26] This together the fact that the disability sector is regarded as a homogeneous group with the same needs and requirements,[27] thus ignoring diversity of the experiences of disability and its impacts on needs- influences and impacts the type of services offered to the sector.

The target audience research indicated a high level of poor self esteem and image amongst children with disabilities. Amongst the girls in the study this was even higher because they experienced even less opportunities to a social life than boys, including not going to school which is often the only social environment outside the home.[28] This is influenced by a patriarchal understanding of families of roles and expectations of girls and boys and their future as men and women. At the same time the target audience research points out that the personal experience of disability impacts on children's ability and opportunity to develop social skills.

Issues around friendships were also identified as an area of difficulty for children. In the target audience research children with disabilities indicated that they generally do not experience problems in developing friendships when they are below 6 years, because they and their friends do not yet understand the differences due to the disability. As they grow older the discrimination increases and therefore opportunities to socialize with children who do not have disabilities decreases. With the friendships that do exists, the children and their families indicated that the friends tend to be 2 to 3 years younger and often the child a disability is dependant on the friend to visit, initiate and maintain the friendship because of issues of mobility.[29] This limits the circle of friendship often to other children with disabilities.

It is a known fact that the birth of a disabled child, especially when the impairment is visible at birth, is a traumatic experience for any family. Issues of guilt, rejection, denial and anguish are emotions that the family has to deal with on a daily basis. These emotions and feelings are underpinned by the manner in which our cultural beliefs about health, sickness and impairments have been shaped over time.

These belief systems place an element of stress and anxiety on the family, which are then mirrored onto the child throughout the child's developmental years. The manner, in

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[24] Sait, W., 2003, Soul Buddyz Literature review – Gender, sexuality and masculinity in the context of disability
[25] Sait,W. and Booley,M., 2003, Research report on gender, sexuality and masculinity in the context of disability
[26] ibid, pg. 5
[27] Sait, W., 2003, pg. 3
[28] Sit, W. and Booley, M., 2003, pg.
[29] ibid, pg.

which the family responds to the impairment of the child, be it that the response to the child's impairment is positive or negative, also shapes the manner in which society respond to the impairment of the child. Ultimately this response from society will determine how the child views his or her own self worth, depending on how the child's self worth is reflected through the eyes of the parents or society.

Children with disabilities, throughout their development years, have to contend with stigma and prejudice, coupled with assumptions about their disability, which is derived from cultural belief systems.

These assumptions, coupled with isolation are often the cause that prevents disabled children from experiencing opportunities that would allow for the development of social skills and expression of their developing sexuality.

The manner in which the developing sexuality of children with disabilities is suppressed, places the child in a vulnerable state. It ultimately leads to the violation of their person, and has much to do with the manner in which the general society responds to their impairment. The South African society in particular views disabled people as a homogenous grouping of people. This implies that all disabled people, irrespective of their impairment and difference in relation to class, gender, race and culture are all the same, and all have the same needs and requirements. There is also the assumption by society that all disabled people are a-sexual.

Given the challenges stipulated we also learn that gender distinctions are also never made in terms of programme development, policy formulations or statistical data collections. The attitude that all disabled persons are homogenous also has a direct negative impact on service delivery. There are vast differences between disabled people as no two disabilities are quite the same. As an example, not all blind people have total loss of sight, or can read Braille. Not all persons who have paraplegia have the same severity of disablement due to the location of the lesion of the impairment. Acknowledging diversity amongst persons with disabilities is important for addressing sexuality issues within disability.

We further learn that both communities experience gender dynamics. Men with disabilities are provided with far more socio-economic opportunities than their female counterparts. They are also expected to marry and have a family than women with disabilities.[i] [30]Gender disparities has a profound negative impact on women and young girls with disabilities, as it directly impacts on their self-esteem and their ability to deal with issues of sexuality.

Factors which have been identified as having impacts on disability are; sexuality, and HIV and AIDS and disability. People with are still regarded as asexual, as not having feelings and therefore not needing information about sexuality issues. It is suspected that there are issues of negative attitude towards young disabled men and women from health services practitioners hence they fall prey into contracting STIs or HIV and AIDS.

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[30] Zohra Raja: Thoughts on Women and Disability in Driedger, Diane (ed). 1991 *" Disabled People in International Development.'*

Another concern which was raised by the blind disabled persons was the absence of brailed condoms the question they asked was how were they expected to read the instructions or even know whether the condoms have expired or not.

Men, women and children with disabilities find themselves in very difficult positions. Women with disabilities in general face discrimination based on their gender and disability. They are often subject to high levels of physical, emotional and sexual abuse. [31]Most common forms of sexual abuses are forced abortions and sterilization, and genital mutilation. The situation for men with disabilities is much better than that of disabled women. Expectations of society towards disabled men and the approach to their development from an early age are different. [32]Disabled men have a far better opportunity to gain employment through self-help projects or open labour market appointments. Men with disabilities have a greater chance of escaping stereotypes of being viewed as "helpless and dependant". Also subject to stereotypes that families do not want able-bodied women to be married to disabled men.

Children with disabilities are generally viewed within the context that they are incapable, ill and a burden to society. [33]They are usually marginalized and excluded from society and are also exposed to sexual abuse. Another big challenge is that children with disabilities are not taught about sexuality, biological body changes and sexual abuse.

Current perceptions about disability are not about to change as media continues to perpetuate stereotypes in relation to body image and self-esteem. Media portrays women as beautiful, healthy, and well-proportioned beings and this has had a profound impact on the self-esteem of women and young girls with disabilities. These images within the media reinforce myths and beliefs that impaired bodies are undesirable.

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[31] Disability awareness in Action (no date) Resource Kit No. 6 *Disabled Women*, In house publication
[32] SHIA: Pg.33.
[33] INDS: 1997