

## **CHILDREN'S SERIES**

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## Children's Series

### Series messages

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

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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***

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- ◆ Saying no to something you don't want to do can be hard:
  - 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***

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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***

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

## **Disability Messages:**

### ***1. Making disability visible***

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Disability is often hidden in our society, not that there is no disability, but because the society hides disability. Children with disabilities have the right to participate fully in life. They have the right to be seen as ordinary individual children. We should celebrate children's diversity, while focussing on all children's positive attributes. All children need to be encouraged to take on an inner journey of growth to be able to come to terms with who they are. [article 23]

### ***2. Children with disabilities have the same rights as other children***

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[article 2]

- ❑ Children with disabilities have the right to live a full and productive life
- ❑ Children with disabilities have the right to be loved and nurtured for who they are.
- ❑ Children with disabilities have the right to schooling, and the choice of inclusion into main stream schools, bearing in mind that the choice should be in the best interests of the child
- ❑ Children with disabilities have the right to recreation
- ❑ Children with disabilities have the right to safety and protection from abuse

[article 23]

### ***3. Children have impairments – society disables them***

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Social attitudes and structural barriers often ensure that children with impairments are disabled.

Children need to recognise the effect their attitudes and behaviour has on impaired children

Children need to learn to communicate positively with impaired children (and adults) and never to make assumptions

- ❑ Children should not assume that they know what is best for others
- ❑ Children should not assume that others understand what their needs are

Children need to recognise the role the environment plays in disabling children with impairments further.

#### **4. Dispelling some of the myths surrounding disability**

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There are many myths surrounding disability and these contribute to the ignorance and social stigmatisation of disability

Key myths which need to be dispelled are:

- ❑ Physically disabled children are also mentally disabled
- ❑ Children with disability are incapable of learning. Given the opportunity from an early age children have the potential to live independent and productive lives, and to contribute positively to society
- ❑ Disability is a punishment for some wrongdoing
  - ❑ Use of contraceptives or attempted abortion
  - ❑ Witchcraft
  - ❑ Stealing
  - ❑ Promiscuity
  - ❑ Ancestors are angry

#### **Background information**

*Disability is a development and human rights issue. This means that disabled people have the same rights and obligations as able-bodied people – the need for shelter, food, education, relationships, the right to equality. Dignity, respect, the responsibility to contribute to development within their communities.*

*People with disabilities do not need different or separate development from the rest of community, but rather enabling mechanisms aimed at removing barriers within the development process.*

Of the more than 500 million people with disabilities around the world, between 120-150 million are children living mainly in developing countries, and 80% in poor rural areas. Many of these children in addition to being poor are exploited, abused, abandoned, neglected or deprived of their basic rights and liberty. Less than 3% receive rehabilitation or care of any kind - despite the fact that 70% could be rehabilitated. Less than 2% of children with disabilities attend schools. For every hundred children considered to have a special need in South Africa, 92 are black, while white children receive 62% of available services.

In a KZN rural study the disability profile (1996) was: 29,9% hearing, 21,6% vision, 14,4% learning, 11,3% speech, 8,2% mental, 6,2% seizures, 4,1% mobility, 4,1% developmental delay.

### **Causes**

We can be sure of the exact causes in 40% of children. This feeds into the myths that disability is a punishment for wrongdoing by the parents or the child.

The causes are:

- Violence & War
- Motor Vehicle related
- Poverty - poor nutrition especially iodine deficiency, vitamin A etc
- Infectious diseases - polio & measles
- Birth related problems - e.g. cerebral palsy - related to poor services and poor equipment.
- Genetic
- Medicine or alcohol induced damage to the foetus

### ***The social model of disability***

In contrast to the medical model the social model views the medical as only part of the issue. The problems which disabled people face are caused not primarily by their impairment, but by the way society is organised to meet the needs of non-disabled people. Disabled people are as a result unnecessarily excluded and segregated because of a badly designed built environment, inaccessible public transport, and discriminatory attitudes and practices.

### ***Poverty and disability***

The risk of impairment is much greater for poor people, and the birth of a disabled child often places heavy demands on the family- the mother is not able to go out and work, transport is more expensive etc. The productive level of the family decreases and the burden of care increases. This creates a cycle of poverty. To exacerbate this it is extremely difficult for disabled people to get jobs, so that as the child grows up there is little hope of them improving the family income. Poor children are often malnourished, which places them at higher risk for infection, they often have poor access to treatment. They are exposed to poor water and sanitation.

## ***Societal reactions to disability***

- Families may be ashamed of the disabled child - in South Africa it is common for the father to disown the child or leave the marriage/relationship.
- Families may abuse or neglect the child, girl children are especially vulnerable to sexual abuse and deaf children are more vulnerable to abuse (they can't report). Institutions are also well known for abusing children in their care- especially sexually.
- Families may become over protective, not allowing the child to reach her full potential.
- Traditional beliefs may blame the mother for the child's disability

## ***Secondary disability***

Children with disability without proper care can develop secondary disabilities for example contractures in a child with cerebral palsy, or paralysis of the hands from crutches that press hard under the armpits.

An impairment without rehabilitative services or devices becomes a secondary disability. This is unfortunately quite common in South Africa, though there is now a move to take rehabilitation services to the community in the form of Community Based Rehabilitation Workers.

## **Special help that 8-14 year old children may need:**

- Counselling to address anxieties about
  - The cause of their disability
  - The pain and discomfort of the disability
  - Feelings of low self-esteem and depression
  - Missing "normal" experiences
- Support in countering negative attitudes they encounter
- Rehabilitation services or auxiliary aids
- Access to education which will meet their needs
- Support in institutions or in leaving institutions (whichever is in the best interest of the child)
- Support in planning ahead



## **United Nations Convention on Children's Rights:**

### **Article 23:**

...a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community.

...the rights of the disabled child to special care... and assistance  
...appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

...the assistance shall be provided free of charge, whenever possible...  
And shall be designed to ensure that the disabled child has effective access to and receives education, training, health care, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and development, including his or her cultural and spiritual development.

### ***Education***

The policy of inclusion has been widely accepted internationally as a humane and appropriate approach towards learners with special needs.

It is based on a value system, which maintains that all people are part of "normal" society, and one ability is not better than another. Instead of locating problems within individual learners, it puts the blame on society, which has labeled certain people, demanding that they fit in with particular norms, or face exclusion. The basis of the "inclusion" value system is unconditional respect for what each person is.

Inclusion is not "mainstreaming":

- Mainstreaming allows the disabled child to learn along with other children with the aim of helping her to fit in with the norm.
- Inclusion is a new way of looking at all learners. It stresses abilities rather than disabilities, and believes that all learners will learn and grow through being exposed to the whole spectrum of normality.

Some principles of inclusion are:

- Learning is aimed towards functioning in society

- All people (including parents and the community) are enabled to help the child
- Peer teaching and child-to-child work is an integral part of the learning process.

The South African Schools Act (1996) has inclusion as a policy

There are still huge barriers to the implementing of the act:

Socio-economic barriers - poor basic services etc

Attitudes - prejudice

Inflexible curriculum

Language & communication - learning through a second language & lack of provision for sign language

Inaccessible & unsafe environment

Inadequate & inappropriate support services

Lack of parental recognition & involvement

### **Child-to child activities:**

The purpose of these activities relating to disabilities is:

- To gain awareness of different disabilities and what it may be like to be disabled
- Learn that although a disabled person may have difficulty doing some things, she may be able to do other things well
- Think of ways that can help disabled children feel welcome, take part in their play, schooling and other activities, and manage to do things better
- Become the friends and defenders<sup>1</sup> of any child who is different or has special needs (Werner, 1987 )

### ***Audience research***

Children generally felt pity for disabled children:

*"I actually feel sorry for him because he's sitting in a wheelchair"*

*"it makes me feel bad as well as lucky - bad because I can't do anything about it and lots of people don't treat disabled people equally as they treat us. And I feel lucky that I have legs to walk to be able to be free and walk wherever I want to walk and its quite nice."*

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<sup>1</sup> The disabled community would only include this if the disabled child wants to be protected

Children's attitude towards disabled people is usually one of caring and doing things for the disabled person:

*"They need love and care and they need to be hugged more than able children do. Because they appreciate it"*

*They need education, clothes, food, food with vitamins, wheelchairs, homes. They like people to pay attention to them. They also like to play, help (washed and pushed around) care and attention, medical care, more than we need, they need to know they are loved. They like fruit. They like apples.*

Children see adults and other children reacting negatively to people with disabilities:

*"..Some children will laugh at you when you play with them, they'll say you also disabled"*

*"Some people just laugh at them , but they do give them money"*

*"They talk to them with disrespect"*

*"Some people tease them, some kick them and make fools of these people"*

*"The family is rude with him and they make fun of him"*

*"There is a man in a wheel chair nearby. Every time he receives his pension money his friends buy alcohol with it. When they've spent all the money his friends turn their back on him and they beat him"*

Although some children were aware of some causes of disability others weren't:

*" They believe it's a curse by God"*

*"Sometimes God wants them to be like that"*

*"Some people become mad because they've sworn at old people and they become mad"*

*" Some people get bewitched"*

*"some people are eaten by impundulu (itokoloshe). Most of these look like mental retards.*

Children's attitudes to mainstreaming:

*"I'll be very glad if they are accommodated in the school. Some of them are my friends. My friend is handicapped and can't walk properly. His hair always has dreads and I am glad he is my friend. I play with him."*

*"I won't feel OK because people will tease them. It would be better if they are taken to another school, where people won't tease other people when something is wrong with them"*

*"Only disadvantage is they'll retard our progress more especially those who can't see or hear."*

*"We can't have disabled coming to our school because this is not a school for mad people."*

Some children were worried that they too would become disabled:

*"I will not sit with someone who is disabled. They'll think you are disabled as well"*

*"Some kids could be bothered if disabled came to our school - They'll say they'll make us disabled as well"*

*"I can feel disturbed because some other children will laugh at me if these people are accepted in our school. We can't be mixed with them."*

## **AIDS & Sexuality Messages**

### ***It is important to communicate about AIDS and Sex***

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It is often difficult to get information about sensitive issues but it's important to keep on trying to get accurate information. Friends and adults may not always be right so cross check your information with other resources

**Information messages\*** - where to get information from, what is sex, what is AIDS, how is it transmitted, the stages of infection, prevention, it is not safe to have sex at 12 years old.

### ***My body is my own***

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I have different body parts and all of them are mine and important for my well being. It is normal to feel uncomfortable with changes, which happen to one's body at the time of puberty. Children have the right to say no.

**Information messages\*:** My body and the changes it goes through from birth to old age. Words used for sex and body parts

### ***Boys and girls are equal and deserve equal respect***

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Girls can do anything - though it may sometimes be difficult. Boys are allowed to be sensitive and feel.

### ***I need to identify my feelings and learn to express them in an appropriate way***

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Children have the right to dream and hope and to the space to articulate those dreams and hopes. Children have the right to be worried and have concerns and should be encouraged to express these worries so that something may be able to be done. I can trust my own intuition

**Information:** What are feelings, words for feelings

***All people deserve respect no matter what race, gender, religion they are, or whether they have HIV or AIDS.***

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It is important to realise that people who have HIV or AIDS or who have an impairment of some sort are still people and have their strengths and weaknesses too.

***Life is about choices***

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It is important to realise that your choices will influence your future and can affect others.

***Radio and Television do not always reflect reality.***

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Children need to have the skills to debunk the media messages, which they are receiving regularly. And to watch, listen and read critically

## **Background information**

2,9 million South Africans are thought to be living with HIV (1998)

Eighty seven percent of children with HIV are in Africa. There are four main reasons for this:

- There are more infected women of childbearing age in Africa
- African women have more children on average
- Nearly all African children are breastfed ( accounting for 1/3 to  $\frac{1}{2}$  of all transmission from mother to child)
- Drugs which reduce transmission during pregnancy and childbirth are not available in developing countries

Children in the 8-12 year age group will be affected by the AIDS epidemic in a number of different ways:

- They will be infected themselves - more and more children will be living longer and will be in this age group, although the average age of a child dying from AIDS is less than five years.
- They may have parents and or siblings who are HIV positive or who have AIDS - with illness adult productivity falls increasing the burden on children. Adult needs for care and support increase and subsequently their capacity to care adequately for children decreases. Children take on adult roles and responsibilities and their levels of stress increase

- Their parents or immediate family may have died from AIDS - Older children may have to leave school to care for the dying parent or for siblings. The difficulty of disclosure (due to discrimination) may mean that children are deprived of support that they need at this time. Sometimes the family is deprived of emotional support when community members prematurely remove support because they fear the financial obligations of burial costs and the responsibility of raising children.
- They are entering into puberty and thus will become sexually active within the next few years, and thus will be at risk of contracting HIV
- They may be sexually abused and thus at risk of contracting HIV

Many children migrate to cities and lose contact with their families, ending up as street children. Younger children are deprived with regard to adequate nutrition, care and love, resulting in psychological trauma and helplessness.

Siblings may be separated at the death of a parent - being sent to different foster homes or are cared for by different family members. Orphans have a 3-5 times higher death rate than non-orphaned children - they are especially vulnerable to disease malnutrition and abuse due to receiving less care than the foster families natural children. Already stressed families cannot foster with adequate care. The foster grant is R285 per month, which the state won't be able to afford by the year 2004.

Psychological impacts include loss, rejection (the trauma is often worsened by the stigma attached to HIV/AIDS), and grief, the lack of access to family norms results in dysfunctional adults.

Child headed families emerge in the society and these children's earning potential is greatly decreased because of leaving school early.

How the epidemic affects children is also related to their developmental phase:

### ***Cognitive development***

The child of this age is increasingly able to grasp abstract concepts and is able to perceive situations from another person's perspective. This decrease in egocentrism results in increased empathy and sensitivity towards others, but it also makes the HIV affected child more aware and sensitive to discrimination.

Children aged 7-9 perceive death as only applying to certain individuals and that it is often a temporary state - it is perceived as a form of punishment rather than the inevitable consequence to life. From 9 years the finality of death is generally understood. Children are increasingly gaining autonomy, learning to exert control over themselves and are able to monitor their own behaviour and can understand how to avoid unacceptable risks.

### ***Social development***

This period is one where children begin to assess things like "what do my friends think of me?" "Do my parents love me?". In this period children become particularly sensitive to stressful vibrations within a family. Children are also building peer social relations and peer relations become the dominant socialising agent - especially in topics such as sex and sexuality - often getting incorrect information.

### ***Children with HIV/AIDS***

Key issues which confront children with HIV and AIDS are:

- Isolation and or rejection
- Coping with a chronic disease and the debilitating symptoms that accompany it
- An understanding of terminal illness
- Frequent periods of illness and hospitalisation
- Death, grief and loss
- Inability to participate in activities with peers due to lack of physical strength
- Dealing with prejudices emanating from poor understanding of HIV/AIDS

Non-disclosure because of fear of discrimination often deprives the child of the support which she may have received. Even after a parent's death, a child often won't discuss their HIV status fearing rejection - also minimising the support the child is able to mobilise.

HIV positive child challenges two central beliefs about the role of children in the family unit:

- The belief that children will eventually grow up and leave home:  
Children with HIV often require increasing care



- The belief that children are an investment in the future:  
The likelihood of an infected child reaching adulthood is small thus adults must make alternate arrangements.

One of the areas of distress that families must face is who will die first. Since parents are unsure of the future with their child they often disengage - an emotional severing of ties occurs before the child's impending death - if this happens too early the child may interpret this as rejection.

### ***Disclosure***

Due to the stigma the issue of confidentiality is central to disclosure. Legally only the parents or legal guardian can give consent for others to be informed of the child's HIV status and then only if its in the child's best interests.

At what age is a child old enough to be told about their illness? Young children may have trouble keeping their status a secret and may disclose other people's status inappropriately.

HIV testing may not be performed on children under 14 years without parental consent.

### ***Clinical presentation***

Persistent oral candidiasis - Thrush (white cheesy rash in mouth)

Chronic diarrhoea

Respiratory infections - TB, other pneumonias

Enlarged lymph nodes

### ***Social attitudes affecting the spread of HIV***

The emphasis has often fallen on the individual and his/her sexual attitudes, but we also need to focus on the societal attitudes that affect women, children and the disadvantaged.

Sex is often exchanged for money or security - extending the definitions of sex workers and the groups of people who are seen as high risk. Street children have revealed that for them sex is a source of comfort - acting as a buffer against the stressful conditions they are exposed to daily.

The greatest danger of HIV infection is among the poor and the disadvantaged. Children are often coerced or forced into sexual relations and they do not know the basic facts, they are unable to correctly assess their risk, they lack the support of the community, they lack skills which would enable them to have safe sex etc. Children with disabilities are even more vulnerable to sexual exploitation. Unscrupulous people exploit them sexually and the children often mistake this for love.

Some issues for children-

- Condoms do not fit younger boys
- There is often great differences in age between sexual partners with men selecting partners 10-20 years younger than themselves- lessening this age gap could help reduce the epidemic

### **Curriculum**

The draft department of education and health curriculum for the intermediary phase of schooling is attached as appendix 1.

### **Audience research**

#### ***Gender Perceptions***

Gender is a very important aspect of HIV prevention - underlined by girl's and boys feelings about being a girl (what I don't like)

#### **What I don't like:**

##### **8-10 year old girls**

*Being open to rape*

*I don't like being a girl because I don't want to be raped by gangsters and father*

*And they can easily rape us, that's why we don't like playing with boys a lot*

**Girls liked:** *Girls look nice, she can wear make up, cleaning, cooking, washing*

#### ***Boys didn't like:***

##### **8-10 year old boys**

*Boys hit you and then run away and if the girls say I'm going to fetch my mom then the boys say I don't care and then they run away*

*They can't do as much if a boy is nasty to them*

**Boys would like:** *working with my mom, looking after their younger brothers*

**What girls didn't like**

**11-12 year old girls**

*You can't fight back*

*Some fathers rape us, my uncle raped me the other day, we were asleep, it was myself, my little sister and an elder one*

*A girl who doesn't want to kiss a boyfriend is beaten*

*Boys get more opportunities than girls*

*They beat you when you reject them*

*Girls always get sexually molested*

**Girls liked:** *being beautiful and you can wear make up, to wear dresses and change hairstyles.*

**Boys didn't like:**

**11-12 year old boys**

*Girls can't go out so much*

*They can't play sport*

*When she's cheating on you, should you see her with another man, you beat her*

This age group noted no positive perceptions of being a girl.

**Girls and boys feelings about being a boy (what I don't like)**

**Girls 8-10 and 11-12 years**

*Being teased by girls*

*They steal other people's things*

*They kill people, stab people, they are shot at*

*They fight over girls, some join gangs*

*They carry knives around*

*They swear*

*I don't want to be a boy because boys grow up to be gangsters and rape children, small girls and drink and smoke*

Positive attributes of being a boy: *they can wear pants, play sports, run around in the veld, boys do not cook or wash, I would enjoy being a boy*

*because girls get molested too much, playing ball, they've got more stamina than girls*

### **Boys 8-10 and 11-12 years**

*They fight with each other*

*They form gangs*

*It's not nice to be a boy because other boys catch you and hit you*

*They can sometimes be violent to girls*

*We are expected to do hard work, girls aren't*

*Cowboys can't cry and sometimes that's hard*

*We are expected to be the brave ones*

Positive attributes are similar to girls: *we can do things girls can't*

*A boy is never scared*

*To be able to fight*

*It's nice being a boy we make girls have children*

*I like to be able to play soccer and cricket*

*I like helping my dad*

*We can hang around at night it's safer*

### ***Knowledge about HIV/AIDS***

Most of the children had heard about AIDS, though their knowledge was scanty. They seemed to know that it is an incurable disease, but seemed to think it involved getting sores and going mad. The invisible nature of HIV infection was not understood nor was the method of transmission understood

*If you stand next to them they infect you - if they have it - then you'll also get it*

*Moms tell their children don't touch them*

*If you play in the sand a lot*

Older children had a much better understanding of HIV and AIDS though still had many misconceptions about possible routes of transmission e.g. kissing and coughing

### ***Knowledge about sex***

In the younger group relationships with the opposite sex were mainly playing together - *chasing after each other, playing together after school, go with each other to movies.*

There were suggestions of deeper knowledge about sex:

*They sleep together and do naughty things  
He can touch her anywhere some places where she doesn't want to be touched*

*They play with each other in bed.*

The 11-12 year olds were clearly more interested in dating and sexual matters:

*I like playing with boys, well not playing with them just spending time with them*

*We do have mixed parties and discos*

*They like to kiss and put tongues in*

*They have sex under the bed*

*Even among small ones they have sex*

*I think a lot of my friends go out with guys who aren't the same age as them*

*We do it inside old cars that have been thrown away*

The recommended age for having sex varied considerably between 15 and 34 years Others suggested that you have to be ready for a child, or that you should have taken an AIDS test "and are old". "When you're married"

### ***Attitude towards people with HIV or AIDS***

Generally fear and ignorance seem to fuel negative attitudes to AIDS in the younger group:

*We don't like children who have AIDS -because they infect us, and if one plays with another and the girl has AIDS and she kisses the boy, then the boy gets AIDS.*

The older children had more empathy but still had rather negative attitudes. They were also more aware that adults also have negative attitudes:

*He should have known better - to not have been so irresponsible - he shouldn't have slept around - but we'll support him*

*People will gossip about them*

*We'll try to stand by him and to help so that no one teases him and that*

## Trauma

### Unintentional Trauma

#### ***1. Accidents are preventable and fun can be safe***

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Children can do many things to prevent accidents. Children should be encouraged to understand their environments and identify dangerous aspects and change those where possible. Children have the right to a safe home environment.

#### ***Specific messages for the prevention of accidents:***

##### ***Paraffin safety:***

- Keep paraffin out of reach of small children
- Don't store paraffin in cold-drink bottles a child could drink from the bottle
- Use safety caps on the bottles. Children cannot open these

##### ***Medicine safety***

- Keep all medicines and dangerous cleaning materials out of the reach of small children -perhaps using locks as children can climb

##### ***Gas Safety***

- Check the gas pipes make sure they are not worn out or leaking
- Always strike the match first when lighting gas
- Never carry gas equipment when it is alight.

##### ***Preventing fires at home***

- Use paraffin lamps with a flame that is protected - put flames out when you everyone goes to bed
- Use candleholders, which cannot be knocked over
- Place candles and paraffin away from curtains
- Make sure your paraffin appliance is on a flat surface
- Don't put a big pot on a small stove - it can make a stove fall over

##### ***Electrical safety***

- Keep cords away from stoves and heaters so that they don't get burnt

Do not pull a plug out by the cord. This could break the wires  
Do not put electrical cords under a carpet. The cord could be damaged and the bare wires could cause a fire.  
Never touch bare wires which are not covered with plastic insulation tape, while the appliance is still plugged in.  
Never use electrical appliances in the bathroom or near water you will get a shock if electricity touches water  
Do not put too many appliances into one socket  
Don't put bare wires into a socket

### ***Open fires***

Leave a door or window open a little to let in fresh air if you are using an mbawula

### ***Burns***

Do not play with fire  
Keep pot handles turned away and out of reach of small children  
Never run in only hot water into the bath  
Steam burns - be careful around pots and kettles, lift their lids very carefully, keep kettle cord out of reach of small hands

### ***Guns***

Guns are never safe and children should never play with them

### ***Drowning***

Never leave small children alone in a bath or with a bucket of water  
Always keep water containers with lids (properly closed) or behind a locked door  
Never jump or dive into water (dam pool, river) that you don't know.  
Always swim with a friend, never alone  
Never jump in the water to help another child who is in difficulty - hold onto a long object like a stick and reach out for them to hold onto, he can use this to float with until help arrives. Go fetch help.

## ***2. Children have the right to live and play with safe road environments and can advocate for better living and playing environments***

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[article 31]

Children who can be seen are safer - wear reflective material

Children under 9 years cannot be road-safe and should be accompanied by an adult or older sibling in the road

Children have the right to a safe playing environment - children should not have to play in the street where cars are speeding, in areas that children have to play in the street, there should be traffic calming measures.

Children have the right to a safe way to get to school, they should not have to cross dangerous railway lines, highways, raging rivers or dark forests.

### ***3. Children should learn what to do in case of an emergency***

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Children should have an emergency plan - they should know which adult they will call or what phone number they can dial to get help.

#### ***Putting out fires:***

Stop, cover your face with your hands, drop and roll - if a person is burning they should immediately lie on the ground and roll in order to put out the fire, if you have a blanket this will help.

Fires need oxygen to burn so you can pour sand on a fire or throw a blanket over the fire to cut off the oxygen. It is useful to keep a bucket of sand nearby when you live in an area where there is a risk of fire.

Do not throw water on electrical or chemical fires

Treating burns - always put a burn under cold water, under a cold tap if possible for 10 - 15 minutes. Never put anything else on the burn. You must get medical help if the burn is larger than the palm the burnt person's hand.

#### ***Paraffin poisoning***

Don't drink milk

Don't get the child to vomit

Take the child to the clinic keeping them in an upright position

#### ***Bleeding***

stop bleeding by pressure on the wound with a very clean cloth for ten minutes



Elevate bleeding area (e.g. arm)

### ***Broken bones***

splinting broken bones can relieve pain and further damage

## **Intentional trauma**

### ***4. Children have the right to live free from fear and abuse***

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[articles 19,32,34,36,37]

Abuse is never the child's fault, and what happens to an abuser if he gets caught is not your fault

If a child experiences abuse they should tell a trusted adult, and continue telling trusted adults until s/he is believed.

Sometimes good people do bad things

### ***5. Children have the right to voice their feelings – good communication helps prevent violence***

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[article 12]

Its Ok to feel sad, its ok for boys to cry

Try to understand what the other child or adult is feeling

Children can develop negotiating skills

### ***6. Violence does not solve problems and is unacceptable***

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Children can learn other ways of solving problems.

- ◆ It is much easier to solve problems when you are calm. Before you do or say anything breathe slowly and count to ten
- ◆ Think of ways that will help you and the other person feel good, it is OK to admit that you are wrong or that you are sorry
- ◆ Find ways to talk about how you feel

## **Background Information**

For children who survive the first four years of life injury becomes the most likely cause of disability and death, and remains so until the fourth decade.

Injury is not a random event inflicted on children who happen to be unlucky. In almost all cases, injury due to any cause, is a culmination of predictable and therefore preventable factors, inflicted upon children who are at risk due to developmental factors, the quality of adult supervision and their environmental exposure to hazards.

Falls account for the single biggest cause of injury. Road traffic injury accounts for 30% of all injury related deaths. Drowning, burns and poisoning also rank very high in South Africa. The majority of burns occur in children under 5 years, while children 5-9 years old are most vulnerable to pedestrian road traffic injury.

Boys are much more likely to sustain injury - except for rape. Most injuries occur in or around the home, on the road or in a public place, schools and crèches are relatively safe places.

Most injuries are to limbs, followed by head injuries.

In general, children in lower socio-economic areas are more vulnerable to injury. Toddlers from privileged homes have the highest rate of drowning because of exposure to swimming pools. Children from lower income groups drown in dams, buckets or rivers.

Effective injury control involves changing both people's behaviour and the environment.

### ***Road Traffic***

Road accidents cost South Africa R11,9 billion in 1996.

Vulnerable road users:

- ❖ Pedestrians ( they have less protection and mass)
- ❖ Those with impaired physical ability e.g. elderly or disabled
- ❖ Those with lack of knowledge of traffic regulations, experience of traffic, and poor response time e.g. children

- ❖ Those under the influence of drugs
- ❖ Those who are not really road users, i.e. children playing in the street.

Gauteng had 32% of road injuries, followed by Western Cape with 21% (1996). Nearly 20% of children killed in South Africa in 1996 were children under 16 years. Some reasons for this are:

- ❖ Children under 9 years lack the cognitive and physical maturity to adequately assess traffic and, as a result those between 5 and 9 years have the highest rate of pedestrian injury.
- ❖ The physical size of a child makes it difficult to see and be seen in traffic
- ❖ Children lack road experience
- ❖ A child's ability to concentrate on a game and to watch out for cars at the same time is limited.
- ❖ Children of this age are impulsive, easily distracted and unpredictable in traffic

Pedestrian injuries are most common where children lack safe playing areas and play in the road.

### ***Intentional trauma – violence***

In a study by Flisher in Cape Town, it was found that 12.7% of students had been physically injured by another person at school, 9,6% at home and 13, 8% in other places. South Africa children live with an inordinate amount of violence in their lives - in the same study it was found that 11% had injured another person and 9.8% of males carry knives. A study in Alexandra Township showed that 83% of young respondents had, either personally or through the experience of someone they knew well, been exposed to assault, killing (72%) or rape (33%).

### ***Child abuse***

Studies around the world consistently fail to find differences of rates of child abuse between social class or race. There have been some factors associated with the risk:

- ❖ Living without one biological parent
- ❖ Unavailability of mother due to work or other reasons

- ❖ Reports from child stating that parents marriage is unhappy
- ❖ Reports from the child of a poor relationship with parents, or that they are very punitive, or of child abuse

Parents who have a low self esteem, who fear control and who have highly unrealistic expectations of the child are more likely to abuse their child.

Children often do not report the abuse directly but have "masked symptomatology" they may have psychosocial problems, or behavioural or school problems.

Children are often abused by people they know, family, neighbours etc, more rarely they are abused by strangers.

Some threats which perpetrators use to keep the child quiet are:

- Nobody will believe you
- I will kill you, or your mother
- I will molest your little sister/bother
- You will be sent away
- I will tell everybody its your fault

There has been a shift away from teaching children to say no - the risk is that the implication is that the child is able to control the situation, which is not the case. Children may even feel guilty that they did not say no forcefully enough - child abuse is never the child's fault.

There has also been a shift away from the teaching of "good touches and bad touches" children targeted by abusers often have a low self esteem and the attention paid to him/her may feel good at times - especially the aftermath of the event. Children are sexual beings and may get conflicting messages from their bodies.

### *Preventing violence*

**Alcohol** - the possible restrictions on advertising and price regulation as well as opening hours for alcohol sales would all have an impact on alcohol consumption and thus violence.

**Weapons** - restrictions on gun ownership have been shown to reduce deaths from homicide and suicide. There needs to also be a societal shift about the seriousness of ownership and use of firearms ( especially by adolescents)

Guns can: kill you by accident, kill a member of your family by accident be taken from you and used to shoot you by a criminal

**Community action** - when families and communities maintain a sense of coherence and durability in the wake of violence the consequences of violence are generally less severe.

The Centre For Peace Action in Eldorado park attempts to improve this cohesion through a "people's history programme" - a programme aimed at bringing together oral histories of the community.

They also provide counselling services for women and families, as well as youth and school programmes aimed at developing leadership, interpersonal skills and non-violent recreational, social and behavioural alternatives.

### **Audience Research**

Accidents reported on by children reflected the literature, the accidents discussed in the home were burns, drowning, fires and falls.

#### **Burns**

*I burnt myself in the kitchen (with a pot of hot water) I had to go to the hospital.*

*This is me, I pulled a pot with hot water and I burnt my hands, it was very painful*

*I burned from the cooking. The water jumped out and burned me here.*

*My cousin she was playing with a lighter, she burned her hair.*

#### **Fires**

*Our Primus stove exploded and burnt the wall, nobody was hurt*

*A house was burnt into ashes when a candle fell and the house was on fire*

*I once saw a shack on fire. The fire was caused by a candle.*

*At home our fridge is close to the electric stove, so when you hold on to them both, they shock*

*My mother was burned by loose electrical wires*

*My father made fire into a tin stove and put it inside the house and the smoke killed him. He died*

*Some people sleep with their 'tin stove' in the house and the smoke can kill you. We always keep it outside when going to sleep.*

*Many children recounted stories about paraffin poisoning, mainly stories about younger siblings:*

*My friend was sent to the shop to buy paraffin and his brother drank it thinking it was cool-drink. With bottles like Sprite bottle you can't tell if it is paraffin or cool-drink.*

### **Drowning**

*Sometimes we play near the water tank and children fall in and drown*

*XX lives in Fleurhof, the maid left the sliding door open and his brother ran out then he fell in the pool and he drowned.*

*This is where we walk, there is a dam here along the side of the road, when going to school we have to cross here and sometimes the dam is full and we can't cross. Last year a school child drowned on that dam.*

*My cousin fell in the dam and I was shocked, I took off my shoes and everything. I jumped in it was flooding, and I couldn't get him out - I also washed away with the water and then Duncan and my Uncle came and got me out and my cousin.*

### **Falls**

*These were varied and mostly not serious:*

*I fell off the top of the toilet*

*They closed the sliding door and we were playing hide & seek and I ran into the door. I had a massive bump on my head, my head still has a dent.*

*I fell from a tree while getting wild berries*

*I was chasing my brother and I dropped off a 3 meter wall and cut my chin open here*

*This is my brother he fell into a hole. It was dark and he was running back from watching TV. He could not get out. He was dug out the following day and he was found dead*

### **Looking after younger children**

Many children looked after their younger siblings after school, many had mature approaches to the care of the younger children, though some strategies were in themselves dangerous:

*I teach him to play with toys and not dangerous things when playing*

*You've got to do something constructive, the children are too fiddly. If their mother is really responsible she will give the child something constructive to do 'cos you can't always trust them to watch TV. So there has to be something in the house even if you've got visitors. You have to have books.*

*I look after my brother. I lock him in the house to keep him safe and I go to play.*

*I lock her in the house and not let her go outside (to look after her properly)*

### **Road Use**

For many children the journey to school is the most hazardous part of their day.

*This is the freeway and I'm afraid of the cars and its not easy to cross when I come to school.*

*I'm afraid of cars that drive past here, they don't let us cross they run too fast.*

*I'm afraid of the car accidents, cars hit children on my way to school*

*This other boy.. was once knocked down by a car crossing the street in the morning coming to school*

*I travel to school and I'm afraid of trains that hit children when they are going to school*

*I'm afraid of cars that hit and run. Yes, I have seen a hit and run*

While playing in the street:

*These children were playing on the road the car appeared and drove on to them*

*Tshepo kicked the ball under a car and tried to pull it out with his legs and the car run over his legs, he can no longer walk properly.*

In car accidents:

*Broke my arm in a car accident I was in hospital for along time*

*I was once in a bus that crashed on a taxi and I was scared.*

*I overturned with a taxi with my younger sister and we got injured and rushed to hospital.*

### **Violence:**

The level of violence that children are exposed to on a daily basis was shocking. Much of it was revealed in the section dealing with sex identity (page 17)

*There was a fight in this house next to mine, this woman took a burning Primus stove and burned her friend and she died.*

*I know someone who was burned with acid. Her husband threw it at her. She had marks all over her face.*



*They've already knocked me with oil. I was sitting on the wall and then they threw me with oil.*

*I witnessed somebody being assaulted, beaten in the bush. I was scared they would come to me.*

*My mother was shot and she died*

*His car was hit by another car. The man came out and shot with a gun*

*This is where I walk when I come home from school and at this corner there are boys who gamble and fight. This morning one had a knife and a gun in the other hand. I don't know who he was fighting.*

*Here at school the After Seven gang comes and harass and jackroll them especially on Fridays and Mondays.*

*We had a female teacher at school who was killed by her husband last year. He beat her up and drove over her body with his car. He then shot himself. He was a policeman when he died, they left two children without parents. The whole school was mourning some teachers couldn't stop crying. She was a nice teacher who loved children. We were sad for a very long time after her death.*

*On my street there is always shooting at night. One night one guy was being chased and ran into our yard and broke my house windows.*

## **Bullying**

*I feel unsafe at the dam. My sisters, I always go and fetch them there at the dam, here below in the vlei and there are lots of older guys who swim there and then they throw the children in the water.*

*We rode our bikes and these juveniles stole our bikes. One of them bit my hand because I refused to let go.*

*The gangsters at the soccer field are very dangerous you must keep out of their way - keep away from them. They are the Homeboys, the Lacostas and the CNB's. they fight about women.*

## **Underlying themes**

### ***Gender***

Gender issues are central to each of the topics which we address in Soul City and to children's lives generally. Soul City tries to promote positive role modelling of both boys and girls who do not conform to gender stereotyping, as well as a positive approach to gender equality.

### ***Community Action Joint action***

Through the action of Soul City series we try to encourage the community or joint perspective of the issues, avoiding a victim blaming approach. Soul City tries to develop a socio-economic understanding of the many problems which beset children, and to encourage a joint problem solving approach.

### ***Children's Rights***

The entire series will be rooted in the convention on the rights of the child. In addition a number of underlying issues will be emphasised:

- ❖ valuing and respecting other children
- ❖ advocating respect and sensitivity for culture
- ❖ creating a sense of history
- ❖ role modelling good behaviour towards older people
- ❖ promoting alternate values to the dominant individual, consumerist set of values
- ❖ encouraging exploration and interaction with the environment
- ❖ encouraging a positive view of science and technology
- ❖ viewing children as proactive, valuable and productive members of the community

### ***Non - Racism***

Soul City believes that the Apartheid era has been very effective in separating races and causing deep seated racism in many of the people of

the country. *Soul City* needs to attempt to break down this racism and encouraging the recognition of each person as a valuable member of society.