HIV and AIDS: Education, educators and learners

Introduction

This is a literature review on HIV and AIDS commissioned by Soul City as part of the research and development process for the Soul Buddyz 3 series.

The terms of reference of this literature review were to comment on literature covering the topic of HIV and AIDS and education, focusing on the size of the problem, measures of prevention and control, best practices in effective interventions, and community or advocacy actions.

This paper will deal with the size of the problem in South Africa, and how it affects young people, particularly learners and educators. Young people account for 60 percent of new HIV infections. [1] Schools are generally viewed by the community as a trusted and important place for young people to learn about HIV/AIDS. In this context, educators become all important in teaching young people about HIV/AIDS. [2] Yet the literature reviewed suggests that in the context of HIV/AIDS, both educators and learners face many barriers in attending school and/or being part of a school environment where conditions are conducive towards changing attitudes about HIV/AIDS.

Educators 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 have the time and are not adequately trained. Lack of basic services in communities and schools is particularly severe. 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."[3]

Other problems experienced by educators are found in farm schools and in a lack of interaction or a failure to interact with the family or caregivers of learners.

Learners can be affected in several different ways by HIV/AIDS. A learner can 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.

The situation that many learners live in is 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

[1] Young men and HIV: Culture, Poverty and Sexual Risk, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001/The Panos Institute 2001

[2] "The sound of silence: Difficulties in communicating on HIV/AIDS in schools - Experiences from India and Kenya" by Tania Boler, Amina Ibrahim, Ranjin Adoss, Margaret Shaw published by ActionAid, 2003

[3] ACESS website, 2003

parents, and not having a uniform were the major problems cited by learners as reasons for not attending school.

This review also looks at gender inequality in schools and communities and the developing sexual attitudes of boys as factors in the problem.

Finally, the review examines barriers to change, successful and unsuccessful communication interventions both locally and nationally, relevant state policies that help or hinder, the existing government strategies that may or may not address the issue, and the key debates.

The Scope of the topic and the key areas and issues of concern

Size of the problem in South Africa

According to United Nations figures, five million of South Africa's 46 million citizens are carrying the HI Virus, which led to 360 000 deaths in 2001. The Economic Policy Research Institute argues that there are 5 million 0-5 year olds living in poverty (60 – 70% of the children population).[4] 660 000 South African children have been orphaned as a result of Aids.[5] By 2015, the Medical Research Council estimates that 1.85 million children under 15 would have lost their parents to AIDS. The Nelson Mandela/HSRC study of HIV/AIDS[6] published in December 2002, found that 5.6% of children in South Africa between two and 14 years old were HIV-positive. South Africa is one of the countries that seems unlikely to achieve universal primary school enrolment by 2015 and also one of the 45 worst affected by HIV/AIDS.[7] "In the KwaZulu-Natal Province, it is estimated that this year there will be between 197 000 and 278 000 HIV/AIDS orphans – between 5,8% and 8,8% of children in the province."[8]

[4]

[5] Daily News, December 2nd 2002

[6] The 2002 HSRC study is the first systematically sampled national survey of the prevalence of HIV and behavioural risk, coupled with mass media and communication impacts in South Africa. The study encompassed 14 450 participants composed of 4 001 children, 3 720 youths and 6 729 adults were selected for the survey and 13 518 (93.6%) were actually visited. 88.7% of those who agreed to be interviewed also gave a specimen for HIV testing.

[7] "School is the front line against AIDS: The youngest generation", Gene Sperling, 28/5/2003, Campaign for Global Education

[8] Ministry and Department of Education (2000). Education in a Global Era: Challenges to Equity, Opportunities for Diversity-Globalisation, Values and HIV/AIDS. Fourteenth Conference of Commonwealth Education Ministers, Halifax, Nova Scotia, Canada, 27-30 November, Country Paper: South Africa.

Children are particularly adversely affected. The "Snapshot of Children in South Africa" by the Children's Movement of South Africa (an NGO with child members from many communities across the Western Cape) reveals that 65000 babies were born HIV positive in 1997.[9] Children aged between 0–9 years make up 22 percent of the population, yet poor facilities and inadequate learning conditions in the early grades of school make it difficult for children to benefit from schooling.

How does the problem affect young people?

- Newspaper reports[10] indicate that people living with HIV and Aids are 36 times more likely to kill themselves than any other group in South Africa.
- 300 000 households (one million people, or 3.3% of all South African households) are headed by children aged between eight and 18 years old.[11]
- In Cape Town, over 51 000 children will have been orphaned by HIV/AIDS by 2006.[12]
- According to Idasa, 14,3 million children under the age of 18 live on less than R400 a month. Of these, only 15 percent receive a child-support grant.[13]
- The number of children orphaned by HIV/AIDS is growing rapidly. In one instance, a social worker Florah Mogano reported in May 2003 that she cared for 228 children orphaned by AIDS, up from 163 children five months earlier.[14]
- There is no state system to deal with these orphans who are becoming more vulnerable since they tend to be cared for by poorer families with less resources. "Nearly 15% of the poorest households in South Africa were estimated to be caring for orphans in 1995 vs. only 5% of less poor households." [15]
- In a recent survey of the impact of HIV/AIDS on 728 AIDS-affected households in South Africa, researchers reported that 11% of girls and 6.5% of boys of school-going age had either dropped out of school or never enrolled[16].
- In cases where children are looking after sick adults living with HIV/AIDS, the "bulk of the responsibility of care fell first on the oldest girls." [17]

[9] Children's Movement of South Africa website, 2003
[10] Jo-Anne Smetherham, Cape Times, September 11 2003, quoting conclusions of a research overview by Lourens Schlebusch, of the department of medically applied psychology at the School of Medicine, University of Natal, Durban.
[11] HSRC, 2002
[12] Jo-Anne Smetherham, Cape Times, April 8th 2003 quoting by University of Cape Town actuarial professor Rob Dorrington
[13] Institute for Democracy in South Africa (IDASA), 2003
[14] Lynne Altenroxel, The Star, 13/5/03
[15] "The role of schools in addressing the needs of children made vulnerable in the context of HIV/AIDS" by Sonja Giese, Helen Meintjes, Rhian Croke, Ross Chamberlain, Children's Institute, 2002
[16] Giese, Meintjes, Croke & Chamberlain, 2003 quoting Steinberg et al., 2002b
[17] ibid

Most devastating and far-reaching, perhaps, is the epidemic's impact on education systems. “Schools are struggling to survive the strain of reduced teaching capacity, reduced community support, lack of adequate planning and reduced public funding” writes Ntswake Senosi.[18]

Yet, “schools are essential to AIDS prevention because they provide the best way to reach the next generation with the motivation to change behavior. Even though half of all new HIV infections are among 15 to 24 year-olds, prevalence rates are lowest among those in the 5-14 age group. This generation provides the greatest window of hope for preventing the spread of the AIDS virus.” [19]

“Even the most effective school-based prevention program cannot work where children attend school,” says Sperling. 275 000 school-age children from KwaZulu-Natal are not in school [20], and first grade enrolment in KwaZulu-Natal has dropped since 1998, because “AIDS-generated pressure on the limited cash resources available to families means there is less likely to be less money available for education”.[21]

The topic of the review: problems facing learners and educators living with HIV/AIDS

According to a document prepared for the Department of Health by the Childrens' Institute, University of Cape Town[22], the school environment is important in either “significantly increasing or diminishing children’s experiences of vulnerability”. Previous Soul City research revealed that educators can play a very positive role. In interviews with children, one said “Some (teachers) care and help you with the little that you need and show love. On another occasion even the funny ones change their hearts and begin to warm towards you.” [23] Yet at the same time, HIV+ learners and educators face many barriers to attending school regularly.

Problems facing educators

SADTU found that 378 deaths out of 1000 in the 20-50 age group of educators were AIDS-related, and estimate that they lose two members per day to AIDS-related deaths. The Department of Education estimated that 12% of all educators are living with HIV/AIDS. [24]

[18] Quarterly Review of Education and Training, December 2002, University of Witwatersrand Education Policy Unit.
[19] “School is the front line against AIDS: The youngest generation”, Gene Sperling, 28/5/2003, Campaign for Global Education
[20] Peter Babcock-Walters, University of Natal
[21] Quarterly Review of Education and Training, University of Witwatersrand Education Policy Unit, December 2002 quoting from “Educators Voice” by SADTU.
[22] Giese, Meintjes, Croke & Chamberlain, 2003
[23] ACESS website, 2003
[24] Ministry and Department of Education (2000). Education in a Global Era: Challenges to Equity, Opportunities for Diversity-Globalisation, Values and HIV/AIDS. Fourteenth Conference of Commonwealth Education Ministers, Halifax, Nova Scotia, Canada, 27-30 November, Country Paper: South Africa.

"According to a research report by the University of Natal's Health Economics and AIDS Research Division, a serious shortage of teachers is imminent". [25] This research, the "Educator Mortality In-Service in KwaZulu Natal" study into the impact of HIV/AIDS, [26] aimed to answer these questions:

- How important is educator mortality and attrition in the face of declining enrolment?
- What is the current rate of educator mortality in-service in the KwaZulu Natal (KZN) education system, by gender and age?
- What trends can be observed in the data?
- How much will the projected rate of attrition increase the demand for new educators?
- What implications will this have for teaching and learning?

The study concluded that the cumulative attrition rate may require the replacement of as many as 60 000 educators or 5% of all educators by 2010 in KZN, the worst affected province. Among educators under the age of 49, 80% of all deaths under this age are attributable to HIV/AIDS. This is worrying given that the average age of educators is 37.6 years while the average age of death is 37.8 years! This was calculated by establishing that 2 124 of the total of 2 313 educators died over a four-year period – these educators were 49 years of age or under.

SADTU says "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." [27]

The Department of Education and SADTU also suggest that, in the context of HIV/AIDS, educators will leave the profession in search of higher-paid jobs or in order to move closer to health services. This coupled with the increasing number of deaths of educators means that "for every teacher leaving education, approximately 2.6 educators would have to be trained to keep up with demand. Even then educator: learner ratios are expected to decline to 1:50 by 2006."[28]

In addition, there is disruption caused by "absent educators who are either ill or caring for others, or seeking more profitable work outside the school in order to support numbers of family members afflicted with the disease."[29]

---

[25] Quarterly Review of Education and Training, December 2001, Education Policy Unit, University of Witwatersrand

[26] "Educator Mortality In-Service in KwaZulu Natal - A Consolidated Study of HIV/AIDS Impact and Trends" by Peter Badcock-Walters, Christopher Desmond, Daniel Wilson & Wendy Heard - Mobile Task Team (MTT[26]) on the Impact of HIV/AIDS on Education, HEARD, University of Natal, presented at the Demographic and Socio-Economic Conference, Tropicana Hotel, Durban 28 March 2003

[27] SADTU President Willy Madisha quoted in Sunday Independent newspaper, 5th October 2003

[28] Ministry and Department of Education (2000). Education in a Global Era: Challenges to Equity, Opportunities for Diversity-Globalisation, Values and HIV/AIDS. Fourteenth Conference of Commonwealth Education Ministers, Halifax, Nova Scotia, Canada, 27-30 November, Country Paper: South Africa.

[29] Ntswake Senosi, Quarterly Review of Education and Training, December 2002, Education Policy Unit, University of Witwatersrand

In a study of educator mortality in KZN, research has shown that "Educator mortality usually signals the end of a long and debilitating period of illness, depression and trauma, usually in-service. The cumulative loss of teaching contact time, quality, continuity and experience may have equally important implications for teaching and learning, and is certainly harder to monitor and measure. There is also the associated cost of replacement educators, and in KZN this impact is already clearly evident. In addition to the significance of permanent loss therefore, issues of declining capacity to teach effectively and the loss of contact time, experience and institutional memory are all features of associated impact. These are all issues of quality and affect the process of learning, transition and the quantity and quality of the system's output, in the form of its matriculants and potential entrants to the tertiary sector and the world of work. Temporary educator absenteeism (for reasons including personal illness, trauma, family care or bereavement) as well as permanent loss (through resignation, retirement or death) are therefore a dual assault on the system, and may be equally 'expensive' in the long-term." [30]

The study pointed out the impact of educator mortality on an average primary school:

> The KZN teacher demand and supply model suggests for example that in an average primary school in this Province, with an enrolment declining from around 1310 in 2001 to around 1075 in 2010, only about 11% of the teaching staff in-service in 2001 will still be in that school in 2010. This equates to about 4 educators out of an original cohort of 38 remaining in service in this 'model' school, the result primarily of the 'normal' attrition described above, exacerbated by growing AIDS mortality. Reducing the level of impact to this more tangible and local setting makes the point: Beyond the loss of trained and expensive human resources, teaching and learning will become an increasingly stressed process, located in a more and more traumatised social environment. The cost in educational attainment may be profound, and must certainly point to the decreasing ability of the basic education system to feed the tertiary sector and world of work with the preparatory skills they require. The socio-economic impact of this dynamic would be difficult to quantify, and it may be simpler to consider the hard cost of training replacement educators and the policy options that now confront the authorities in terms of balancing supply and demand. Simple arithmetic tells us that we cannot produce sufficient new educators, in time, to replace those likely to be lost to the system. [31]

The study also highlights the financial costs of replacing educators:

> In 2000, the cost of putting a trained educator in front of a class in South Africa was estimated to be at least R100 000. If we only take the cost of training a new educator and apply it to the replacement of the just those 1700 educators of 49 and under, who died of illness in the last four years, we arrive at a figure of R170 million in year-2000 Rands. [32]

[30] Educator Mortality In-Service in KwaZulu Natal" Badcock-Walters, Desmond, Wilson & Heard
[31] ibid
[32] ibid

It has also been publicly recognised for the past three years that educators across South Africa are suffering from low morale.[33]

The Children's Institute identified this low morale being the result of:

- **High learner to educator ratios in classrooms, lack of basic services in schools, lack of access to adequate social welfare services**

The 1996 school register of needs dataset found that most primary schools had no access to adequate sanitation facilities (nearly half the schools had pit latrines), 56.2% of primary schools had no electricity supply, and 12.5% of schools had buildings that required urgent attention (Department of Education, 2000a)."

By 2001, the Register of Needs Survey found that the situation had worsened as far as buildings were concerned. The number of schools that reported weak or very weak buildings increased from 4 377 in 1996 to 9 375 in 2000. Over two-thirds of schools now had pit latrines, and 43% of schools have no electricity.[34]

Educators also complain that dysfunctional social services are a barrier to adequate schooling for children affected by HIV/AIDS and poverty. "Teachers complained that they felt it was of little use to refer children to social workers for assistance because these support services were overloaded or dysfunctional." [35]

SADTU prioritises "provision of basic services in all institutions to assist the application of universal precautions and hence rule out the possibility of spread, as well as provision of security services in schools to deal with endemic violence in, which is partly sexual and directed at girls in the schools." [36]

- **"Vast numbers of needy children", particularly those suffering from poverty, HIV/AIDS, living with parents/siblings with HIV/AIDS, being orphaned by HIV/AIDS.**

"It's really traumatising," commented a teacher in Cato Crest, in reference to the numbers of poor, hungry children she deals with every day. Said another: "Sometimes you feel like since so many children face the same problems, it is better if you just assist anyone." "I feel helpless and discouraged," said a third. "The fact is that most children we teach are from poor families." [37]

Many educators seem to be bringing food to school for needy children since feeding schemes have proven inadequate. The Education Rights Project (ERP) reported that "in almost every case educators gave up their lunches to really poor, hungry children.

> We have food. Previously, the food was for grades 1-4. Instead of bread, we are now getting biscuits, jam and peanut butter. We are perplexed regarding whether biscuits can be eaten with jam or peanut butter. But we give children what is provided. The biscuits have gotten very small now – the size of 'eet

[33] Department of Education, 2000.
[34] University of Witwatersrand Education Policy Unit, Salim Vally 2001
[35] Giese, Meintjes, Croke & Chamberlain, 2003
[36] "SADTU's Perspective – What's been done in education?" South African Democratic Teacher's Union, 2000.
[37] Giese, Meintjies, Croke and Chamberlain 2003

> sum more'. Previously, they gave bigger and square-shaped biscuits. It is so difficult to decide how many should be given to each child. Many children eat in the morning before coming to school, to an extent that last week I had no children in grades 1-3. We have to give children our own lunch boxes – otherwise, they get headaches. We rather not eat. [38]

- **Being required to take on additional roles for which they do not have the time and are not adequately trained**

Educators feel that they are required to perform additional "extensive caregiving roles, particularly in the absence of sufficient support from other service providers:

> 'We are parents 100% because we as teachers have to contribute in everything of 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…!' [39]

> All these learners, one finds that 50% come to school hungry, rape cases, they have live-in partners as young as Grade 8, a lot, a lot no money, nothing, parents passing away, HIV/AIDS, everything … Now you need professionals to deal with those cases! But at the end of the day, you end up going [to your colleague] 'Noxolo, can you help me, this is a girl, can you deal with her in your office?' [40]

Educators also complain "It is often difficult to find a slot for AIDS education in an already full and overcrowded school curriculum, especially when there are many issues competing for space."[41]

In a review of Minister Kader Asmal's Education Priorities carried out in 1999 by the Education Policy Unit based at the University of the Witwatersrand, it was pointed out that "The lifeskills teacher training programme conducted by provincial Health and Education Committees in collaboration with NGO's had reached 13 000 educators" but that many of the educators who had been trained to deal with life skills had resigned or had been redeployed. [42] At the time, SADTU also claimed that the training had "not involved teachers at different levels" and that "as a result of this neglect teachers failed to effectively implement the programmes because their prejudices and stereotypes were not considered and adequately dealt with. An important lesson to be learnt is that training programmes should first build on the teachers' understanding of and attitudes towards the disease before addressing the pedagogical issues." [43]

---

38 Interview with an educator from "Children's right to basic education," Ramadiro & Vally, 2003, published by the Education Rights Project

39 Giese, Meintjies, Croke and Chamberlain 2003

40 ibid

41 UNAIDS, 1997

42 "Re-assessing Policy and Reviewing Implementation: A maligned or misaligned system?" by S. Vally, published in the Quarterly Review of Education and Training, April – June 2000

43 ibid

SADTU has suggested to government that they need to "ensure an adequate supply of teachers, compensating for higher teacher mortality and absenteeism by increasing teacher training rates." [44]

- **Problems educators face on farm schools**

The ERP took testimonies from educators about the conditions at farm schools:

> The other problem here is that the children and myself have no toilet. The pit-latrine over there has been full for years now, and we have no other alternative. Some things are getting better in farm schools. We have this feeding scheme, for instance. But other things are getting much worse – there is no chalk, no paper. When I go to the circuit office, there is just nothing there. [45]
>
> There is nothing here with regard to infrastructure. Even water we get from the stream down there. It was better when the farmer was here, because the tap worked. But now we are trying to mould children in these difficulties. No electricity! [46]

- **Gender inequality in schools**

In an article exploring options to integrate gender equality and HIV risk reduction interventions, Morrell, Moletsane, Karim, Epstein and Unterhalter write that "Schools are also gendered institutions with their own complicated histories, positions within the community and specific gender regimes. They cannot simply be treated as neutral venues for AIDS education. It is therefore important in developing school-based interventions to consider not only what is general about schools, but also what is specific to particular schools and classes. Developing a particular and nuanced intervention for each situation is a key factor in the success of attempts to reduce the spread of HIV and change sexual behaviours."[47] The article goes on to point out that some of the earliest interventions by community based organisations in schools helped educators to produce materials, run workshops and conduct interventions with attention on the gendered aspect of the disease.

- **Lack of interaction or failure to interact with family/caregivers of learners**

"In the urban sites school staff indicated their reluctance to visit children at home. The main reason given was crime and/or anxiety about caregivers' responses for the intrusion." [48]

---

[44] SADTU Website, 2003
[45] Interview with an educator from "Children's right to basic education," Ramadiro & Vally, 2003, published by the Education Rights Project
[46] ibid
[47] Moletsane et al, 2002, quoted in "The school setting: opportunities for integrating gender equality and HIV risk reduction interventions", by Morrell, Moletsane, Karim, Epstein and Unterhalter, published in Agenda 53, 2002.
[48] Giese, Meintjies, Croke and Chamberlain 2003

Regarding either the number of sick HIV-positive caregivers or HIV-positive scholars, teachers were clear. "*Eish*, we can never know that!", exclaimed one. "They will hide that one! It's impossible! Even if there is a teacher, they will hide it." His statement was reiterated by teachers across the sites. "They [caregivers] won't be happy if this is known," commented a teacher from Cato Crest.

A teacher in Tzaneen was outspoken regarding the identification of HIV- positive children: "Parents never tell us whether they found out if their child is HIV-positive, they won't bring the report to us from the doctors. If the doctor tells the parent that the child has HIV the parents would never tell the school. They actually may stop the child from coming to school because they do not want people to know that their child is HIV-positive and for it to be a scandal."

This makes it difficult for children to disclose to anyone outside of the home. The silence and stigma so widely associated with HIV/AIDS present particularly difficult issues for the identification and support of affected or infected children. [49]

"Teachers at all the sites repeatedly articulated their need for training in basic counselling skills in order to assist them to cope better with the difficulties learners experienced…in the light of the roles and responsibilities that educators are being asked to assume in the context of HIV/AIDS and poverty, it is critical that this issue be addressed… (since) for many children who had been orphaned or who were at risk of being orphaned, being noticed by a perceptive and compassionate teacher represented their best chance of a referral to any other form of assistance." [50]

Problems facing orphan learners who head households, HIV+ learners and learners living with HIV+, sickly parents

- **Exhaustion**

14 year old "Tiko" gave his thoughts on this topic:

> "It was last year when I was doing Grade 8 when my mom left to Gauteng without anyone knowing where she was. She left me behind with my 3 sisters – the first one was 6 years, the second one was 3 years and the last one was 2 months. Last year in September I discovered the younger ones are HIV-positive. I couldn't sleep at night because the one who was 2 months was crying for my mother's breast-feeding. I would go to school very tired, feeling so ashamed and planning to kill myself. But I couldn't because I would ask myself who will take care of my sisters. I was cleaning and cooking and caring for my sisters. There was no time for books. The teachers at my school will always shout at me because I didn't do my homework. And on top of that I sleep in class. Sometimes I didn't go to school because I was tired. I couldn't tell them what was wrong. I was scared to tell them." [51]

[49] Giese, Meintjies, Croke and Chamberlain 2003
[50] ibid
[51] ibid

The National Children's Forum convened by ACESS in 2001 found that breadwinning children find it very difficult to care for sick parents and young siblings as well as attend school. Says Thembisa, who is 13 years old: 'It is hard to look after a sick parent and younger siblings and try to be at school.'

Lumka, 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.'

Nthabiseng, who is 16 years old pointed out that learners with sick parents have such high stress levels that it affects their concentration: 'Children stop going to school because they do not concentrate when they think that they left their parents in bed. They think that anytime they can 'clocksa' [die].'"

- **Sexual abuse of children and child labour**

According to the Children's Movement of South Africa, children in one third of households are exposed to domestic violence. The extent and severity of violence against children is increasing. In January 1997 alone 1800 sex crimes against children were reported to the South African Police Child Protection Unit. [52] A recent AIDS Review pointed out that "For many children, the loss of parents often also translates into a loss of income, forcing them on to the streets and making them vulnerable to exploitation and crime."[53]

Young men and boys more likely to be involved in sex work than their older counterparts. The younger the male sex worker is, the less likely he is to be able to protect himself from HIV infection. The lure of payment, physical or emotional force from the client, or the craving for a drug that the money will buy, can all force young men to agree to sex without a condom. In Africa there are over 10 million street children, and most of these are boys. In South Africa street boys engage in sex work, and their clients often insist on unprotected anal or oral sex.[54]

Children living in poverty, particularly rural children and orphans, also face situations where they are exposed to rape and sexual abuse while walking long distances to school. According to the ERP, "in rural areas, in particular, children walk through deserted velds and along busy roads…wilful acts of violence occur often". [55]

An educator told the ERP that:

> There is sexual abuse of children in the area. Even we adults are in danger. Last month, two women were raped on that path where we also walk. As a result, children are now afraid to walk through those shrubs. Before this I used to walk to school. But I am now compelled to hire transport that fetches and drops me off at school. Children are just not safe here, especially girls. We

[52] Children's Movement of South Africa
[53] "Whose right?", AIDS Review 2002, by Chantal Kisoon, Mary Caesar and Tashia Jithoo, University of Pretoria 2002
[54] Young men and HIV: Culture, Poverty and Sexual Risk, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001/The Panos Institute 2001
[55] Interview with an educator from "Children's right to basic education," Ramadiro and Vally, 2003, published by the Education Rights Project

> suggested that children should walk in groups so that they can protect each other.[56]

Children affected by HIV who live on farms face the additional problem of being forced to work. As one educator told the ERP:

> Children here attend school regularly. What we know is that during the potato-harvesting season, they are nowhere to be found. When pressed, they say they are helping their parents during harvesting. Harvesting can take up to 2 months. Right now, there is this child who only comes to school once a week. I was asking him the other day, "Hey wethu, why weren't you at school yesterday?" He is a big boy, you know. In reply he says, "Miss, I had no soap to wash my clothes". Then I asked, "Are you aware that you only come to school once a week, and there are five school days? Why is that you do not wash your clothes on Saturday or Sunday?" To this he said, "I have to look after my family's livestock, Miss. I have no chance to wash my clothes. I only got time yesterday to do this." I asked him what would happen in December when we write exams now that he only comes once a week to school. He just said. "I do not know, but I have to look after the animals". Such things you cannot control, you hardly know how to respond to them.[57]

Children as young as seven years old drew artwork at a National Children's Forum on HIV/AIDS convened in August 2001 by ACESS that reflected "their outrage at the high levels of child sexual abuse in South Africa. Some of the children who attended the forum are HIV+ as a result of sexual abuse and they shared their experiences of services and of the discrimination they face as a result of their HIV status." [58]

Children are living in unsafe conditions. As Mary, an eight year old told the National Children's Forum:

> I stay here. This is my house. There is a bush. No one likes this bush. Snakes and ugly men are there. They hurt children. There was a helicopter flying above the bush, the children ran. They found children who were dead. We must chop the bush down. They put the children in bags and took them away. He was my brother.[59]

Clearly, the need to work and the stress from being abused or living in the midst of dangerous situations mean that these children are highly unlikely to be able to attend school.

- **Absenteeism**

The literature reviewed showed that learners who head households are absent from school because of exhaustion, needing to do domestic work at home, giving care to

[56] ibid
[57] Interview with an educator from "Children's right to basic education," Ramadiro & Vally, 2003, published by the Education Rights Project
[58] Report from National Children's Forum on HIV/AIDS convened in August 2001 by ACESS
[59] ibid

siblings living with HIV/AIDS and having to work or beg for food because of overwhelming hunger. [60]

This table [61] gives a comparison of absenteeism in different HIV/AIDS affected households:

Household type		N° with children not attending school	Total N° of this type of participant household	Proportion of household type with children not attending school
Households in which a caregiver was sickly[62]	Caring for orphans only or biological/other children only	5	25	20%
	Caring for orphans in addition to their own biological children[63]	3	6	50%
Households in which caregivers were caring for orphans in addition to other children (excluding households in which a caregiver was sickly)[64]		9	47	19%
Households where children live alone		2	5	40%
Households with children in care of healthy remaining parent after death of one parent		0	2	0%
Households with healthy caregiver where the only resident children were orphans		0	28	0%
Total		19	113	17%

- **School fees**

According to a number of sources[65], problems related to school fees are a huge problem for children living in poverty, especially those who also face the illness and death of caregivers.

[60] Ministry and Department of Education (2000). Education in a Global Era: Challenges to Equity, Opportunities for Diversity-Globalisation, Values and HIV/AIDS. Fourteenth Conference of Commonwealth Education Ministers, Halifax, Nova Scotia, Canada, 27-30 November, Country Paper: South Africa.
[61] Giese, Meintjes, Croke & Chamberlain, 2003
[62] A caregiver was classified as a 'sick caregiver' if s/he was HIV-positive or very sickly/bedridden. Old age alone did not constitute being classified as a 'sick caregiver'.
[63] Either their own biological children and/or other children who were not orphans.
[64] Unfortunately it was not possible from the data collected to determine in every instance whether the children who were out of school were children who had been orphaned or children who's biological parents were resident in the household.
[65] ERP, AIDS Review, Childrens' Institute.

According to Education Minister Kader Asmal, no child should be denied the right to attend school for not paying school fees. “I require and expect school governing bodies and school principals to comply with legislation, to act responsibly and compassionately to ensure that all children are able to remain at school, particularly those that are not able to pay school fees because of their circumstances” - National Conference on HIV/AIDS and the Education Sector (May 2002). Despite these sentiments, learners across the country continue to report to various NGOs, social movements and the ERP that they are being sent home from school for not paying fees, and even totally excluded from school.

According to the Coalition for Health and Education Rights, 2002, “Research demonstrates that user fees continue to deny children’s rights to basic education and health care, despite international commitments to make these services free and universal.”

> Similar to other research findings (Ainsworth & Filmer, 2002; Kinghorn et al., 2002; Steinberg et al., 2002b; The Coalition for Health and Education Rights, 2002), the most prohibitive and widely shared barrier to school attendance for the children who participated in this research was the requirement that all children pay school fees, unless exempt. This was consistent with the experiences of children who attended the National Children’s Forum on HIV/AIDS in Cape Town in August 2001 (Giese et al., 2002). Eighteen-year-old Sibongile Mlilo, living alone with her 3 younger siblings in a village in Umzimkulu, explained how “early in the morning as teachers and pupils gather for morning prayers and announcements, those children whose fees are outstanding are told to go back home to collect the outstanding fees. It seems to me,” she continued astutely, “like schools are punishing pupils for being poor. It seems like if you are poor then you also lose the right to an education. [66]

The Alliance for Children’s Entitlement to Social Security (ACESS) found that some children whose school fees are not paid were being forced to sit on the floor instead of at a desk.

> The teachers shout at you. They say that we cannot sit on the seats at school because we do not pay school fees. People who sit on the chairs are those who pay school fees. The teachers like to swear at us. They do not have a good way of approaching children. They keep on teasing us about the school fees. It is not nice because we also like to pay we just do not have money. - Girl, 11, Limpopo Province [67]
>
> Mawabo, 11 years old: “My mother is not working. She has got HIV and my little sister too has got it. I am worried because I have not paid school fees in the past three years. I am sent back home every time they want school fees and I do not have.”

[66] Giese, Meintjes, Croke & Chamberlain, 2003
[67] ACESS website, 2003

> Nonceba, 16 years old: "I come from Limpopo Province. Problems that I have at home are that my parents are not working and they have HIV together with my baby sibling. I have not paid school fees that year, last year and this year. When I was supposed to go to grade 3 they made me repeat grade 2 because I had not found school fees. When they want school fees I go home. They send me home. [68]

- **Lack of housing and other basic services**

"There is a worrying lack of attention to the 'shelter and service needs' of families with members who are HIV-positive or living with AIDS," said Professor Richard Tomlinson in his paper "An exploration of the Shelter and Services Needs Arising from HIV/AIDS.[69] Tomlinson argues that "one does not find programmes that deal with changes in shelter needs (of families with ill members) during the period from infection to death and then to household recomposition." Also that "without adequate water and sanitation 'there is greater risk of HIV and other infection through contact with bodily fluids during care of people'." Tomlinson also pointed out that in informal settlements where basic services are scarce, stigma can cause community members not to allow HIV positive people access to 'shared ablution facilities'. Tomlinson calls for local government to deliver "extra water to HIV/AIDS affected households, including slums" and to work in partnership with NGO's and faith based or community organisations to "begin to address shelter and services needs arising from HIV/AIDS". UN-Habitat Africa point to the same issues. "Poor families are forced to live in cramped and squalid conditions, increasing the chances of rape." In informal settlements, "young girls are left alone at home while their parents go to work and these girls become victims of violent crimes."[70] These issues were also identified by children themselves, some as young as seven years old, at a National Children's Forum on HIV/AIDS convened in August 2001 by ACESS.

- **Unrealistic expectations of the sickly parents**

Sometimes, learners' roles as caregivers threaten their right to be educated because the learners are victimised and punished by their parents/older relatives for going to school instead of doing domestic work at home. [71]

- **Trauma and Grief or imminent death of the remaining parent/caregiver**

"According to Ainsworth and Filmer (2002), the factors most likely to differentiate between enrolment rates among children who have been orphaned and other poor children are grief and the demands on children's time at home. These factors are closely linked to the experiences of children living with sick and dying adults. It seems likely therefore that the impact of orphanhood on schooling will be at least as great, if not greater, during the period preceding the death of a child's caregiver." [72]

[68] Proceedings of National Children's Forum convened by ACESS, August 2001
[69] Mail and Guardian newspaper, October 10th – 16th 2003
[70] Alione Badine of UN-Habitat Africa quoted in This Day newspaper, 9th October 2003
[71] Giese, Meintjes, Croke & Chamberlain, 2003
[72] ibid

"Children who experience continuous traumatic stress (such as poverty, mental stress from witnessing illness and death, and low self-esteem and depression) are more susceptible to participating in criminal activity, drug abuse, experiencing homelessness, child prostitution, and of course, HIV infection." [73]

- **Punishment and discrimination by educators**

In some cases, educators are sympathetic and concerned that HIV positive children or those affected by HIV do not attend school regularly. The concerned principal of a school in Ingwavuma told Giese, Meintjes, Croke & Chamberlain that:

> Sometimes they (learners) absent themselves from school because they have to care for a parent. Or you'll notice sometimes that there are 3 in the family, but only 2 are coming to school each day. When you ask, 'Where is your sister?' they say 'My sister is at home because my mother is sick, she can't cook.

In other cases, learners were reluctant to return to school or faced difficulties in doing so after being absent for long periods of time, often as a result of caring for a sick or dying member of the household. [74]

But the National Children's Forum convened by ACESS in 2001 revealed that many children are also punished by educators because of their HIV positive status:

> Nokuxola, 12 years old: 'School is okay but there isn't much peace there. Teachers like to look and call children names and tell children 'You're dead due to AIDS and will never get to my age'.
>
> Themba, 9 years old: 'The school teachers treat you differently. In class they won't shout at you or beat you like the rest of the class.'
>
> Lefa, 10 years old: 'Other teachers try to find out about you. Other teachers discriminate against you. They make you responsible for every wrong thing that goes on in the classroom because they like you.'
>
> Ncediswa, 14 years old: 'Sometimes a teacher finds that he has sweared at you about AIDS. Then after school he calls you privately to ask for your forgiveness. In class you become a joke because children believe things when they are said by the teacher.'
>
> Ithumeleng, 11 years old: 'A child was expelled from school because he was HIV/AIDS infected from birth. He told his friend, who told other children. The other children would gossip about him, when he comes they call him names like 'pin code'."[75]

[73] H. Jackson, AIDS Africa: Continent in Crisis, quoted "Whose right?", AIDS Review 2002, University of Pretoria
[74] Giese, Meintjes, Croke & Chamberlain, 2003
[75] Report of proceedings from the National Children's Forum, August 2001, ACESS

- **Lack of School uniforms**

The government's school uniform policy states that "uniforms are not obligatory for the poor. Schools will be prohibited from taking any action against, or marginalizing in any way a learner who does not comply with the school uniform, where there are grounds to suspect that the reason for non-compliance is economic hardship in the household of the learner concerned."[76]

However, the literature reviewed suggests that the lack of access to uniforms is a major impediment to regular school attendance. A 17 year old orphan in Guguletu, Cape Town, unable to afford school fees and uniforms, was not allowed into high school.[77] The literature showed that the high cost of uniforms means that many learners do not attend school. Giese, Meintjes, Croke & Chamberlain interviewed Joseph, a ten year old orphan from Limpopo province:

> My problem at home is that I do not have parents. I herd people's cattle so that I can pay for school fees. The time I did not have a uniform, I used to stay at home and envied other children when they went to school. This year I have paid school fees and I have a uniform. I have paid with the money I earn … I have uniform and I have books, and I am able to go to school in peace.

Other uniform related problems cited by Giese, Meintjes, Croke & Chamberlain are that "relative to other household expenses, the cost of uniforms is exorbitant. To compound matters, at many of the schools that children who participated in the research attended, standard uniforms were being replaced with uniforms of different colours. Many of these needed to be bought from specialised shops at great cost. In some instances children were refused admission or were sent home and told not to return until they had obtained a uniform or shoes.

Children in some households reported sharing uniforms with neighbours or relatives, and in a couple of instances with siblings, attending school on alternate days. "The children use each other's uniform wherever possible. The young ones use uniforms bought for the older ones, and children who have more than one shirt lend to those who do not have."

- **Lack of transport**

In one ERP survey, "all the parents in the survey group have had their children denied entry into the bus because of the inability to pay for bus fares. Two parents' children have not taken a bus ride for a total of seven months this year. The vast majority of parents have been unable to pay for the bus fare for between two to three months (the majority cited three months as the average for this year)." Many of these learners then attend school or else walk great distances, compounding exhaustion. It follows that learners orphaned by HIV/AIDS will have virtually no possibility at all of paying transport fees.

[76] Department of Education, Tirisano plan, 14th June 2003.
[77] Giese, Meintjes, Croke & Chamberlain, 2003

The testimony of Bongani and Mlungisi, interviewed by the ERP, highlights the high cost of education, and how small children are unrealistically expected to travel as far as secondary school learners:

> Bongani and Mlungisi are grade 10 learners. Their schools are located approximately 12 kilometres from Durban Roodepoort Deep (DRD); the taxi fare is R13 for a return trip. Uniforms costs between R80 - R300, and lunch is about R5. These learners simply go to school when they do not have taxi fares, and they know of children from DRD who have stopped going to school during the first term of school owing to an inability to pay taxi fares. Bongani and Mlungisi thought that it will probably take long for the state to build a school, and that in the meantime, containers should be set-up to house a primary school - so that smaller children do not have to travel far to school. They also believe that a clinic should be established because many people in DRD only go to clinics when they are extremely ill and this is a time when chances of recovery are slim.[78]

The Alliance for Children's Entitlement to Social Security (ACESS) also found that "often children are forced to walk very long distances, sometimes through areas that are unsafe."[79]

- **Lack of food/inadequate feeding schemes**

Many HIV positive caregivers are unemployed, yet in order to qualify for a disability grant, the caregiver must have a CD4 cell count below 50, and a major opportunistic disease. This is problematic in that it implies that only HIV positive people with full-blown AIDS qualify for disability grants, and this qualification could come at a period where the lengthy delay in grant processing means, bluntly, that the applicant dies before receiving anything! Apart from the disability grant, which is not available to HIV positive, poor parents on any kind of practical level, there is no unemployed grant or other social welfare available, unless it is the minute Child Support Grant. The difficulties of accessing the CSG are reviewed further on. So the general difficulty of accessing the disability grant greatly reduces the possibility for the caregiver to find any way of providing food for the family.[80]

"For many children, the meal that they receive at school is the only meal they eat that day.

> Nosi, 10 years old: 'I do not have parents. They are chasing us away where we are staying now. My grandmother does not stay with us. She sleeps out at work. We do not have food or money for rent.'
>
> Bheki, 17 years old: 'Once when my sister collapsed at school, the other children laughed at her and teased 'awubuke lokhu kuwiswa indlala' [Look at this, it falls from hunger]'[81]

[78] Interview with an educator from "Children's right to basic education," Ramadiro & Vally, 2003, published by the Education Rights Project
[79] ACESS website, 2003
[80] AIDS Law Project, University of Witwatersrand
[81] Proceedings of the National Children's Forum convened by ACESS, August 2001

Children and learners seem to access food mainly through begging and exploitative situations of child labour. For example, the United Nations Children's Fund reported in July 2003 that AIDS was pushing a large number of children into hazardous labour even in South Africa. A number of young girls were forced to engage in prostitution. These children engage themselves in income-generating activities to support their families and in the process, they become vulnerable to exploitation and worst forms of child labour.[82]

Both the studies done by Ramadiro and Vally, and Giese, Meintjes, Croke & Chamberlain highlighted the inadequacies of school feeding schemes.

> We get some food, but it is not enough. We do not get it that often. It has been months since we received any food. So, we have to learn even when we are hungry. [83]

Food also arrives late and sometimes not at all. "In April 2002, a principal of a school in Tzaneen said similarly that his school had not received money for the feeding scheme since January that year 'so the children went without food until 2 weeks before Easter'." Since the feeding scheme had stopped at his school, a principal in Umzimkulu commented that absenteeism had increased. [84]

A young boy in Limpopo Province spoke of his life of poverty: "For my side the biggest problem is food. Sometimes we end up not getting any food at home and do not know what to do. We feel sad because my grandmother do not have money to buy food. The other problem is to have school shoes."[85]

- **Difficulties for orphans in accessing social grants and inadequacy of the grants**

The Star newspaper reported [86] that many children orphaned by AIDS are unable to access child support grants because the monthly sum can only be paid over to a "primary adult care-giver who has to be at least 21 years of age. Older siblings are also often too young to legally foster their brothers and sisters in order to obtain the R500-a-month foster care grant. Foster parents, too, have to be at least 21.

The South African Human Rights Commission writes that "Children in child-headed households have not been in a position to initiate the process of applying for child-care grants because they do not have the assistance of adults. HIV/Aids orphans are in most instances not provided with the traditional support and protection."

The South African Non-Governmental Organisation Coalition points out that "The fact that there is no social security for unemployed adults creates a situation where individuals and households structure themselves around the grant recipients, namely the elderly or children, thus undermining their benefits.

---

[82] June 2001 report by the Mandela Children's Fund
[83] Interview with an educator from "Children's right to basic education," Ramadiro & Vally, 2003, published by the Education Rights Project
[84] Giese, Meintjes, Croke & Chamberlain, 2003
[85] SADTU Website
[86] Lynne Altenroxel, The Star, April 30th 2003

Thus it is the failure of the entire social security system to cater for the needs of vulnerable people that undermines the benefits to children of the existing child grants."[87]

"Research by the South African Congress for Early Childhood Development (SACECD), which is a member of Global Campaign for Education-SA, revealed that over "two million children under seven years old go hungry every day". SACECD spokesperson Leonard Saul pointed out that "Poverty is hardest in the Eastern Cape, with over 400 000 children out of the over one million children going hungry." In the Eastern Cape with 416 392 of its 1 127 150 children going hungry, the poverty rate for children under the age of seven stands at 75%. In KwaZulu-Natal with 503 463 of its 1 411 845 children going hungry, the poverty rate is 63.9%. The child support grant is R140 per month for children under seven years old and, according to SACECD, in the Eastern Cape alone 638 969 children did not receive their grants last year." [88]

The Alliance for Children's Entitlement to Social Security (ACESS) says that only 42% or 2.1 million children under six years receive the CSG. ACESS campaigns for the "extension of the CSG to all children up to the age of 18 years; improvement and expansion of the Primary School Nutrition Programme; scrapping of the means test which is part of the qualification process for the CSG, amendment of regulations guiding the delivery of grants to allow applicants to submit alternative identity documents; improving the access of children and caregivers to identity documents and birth certificates; provision of effective access to subsidized schooling, school uniforms and transport to and back from school for children, and a basic income grant for all in South Africa". Children have complained to ACESS that lack of security at pay points is also a big problem for them. [89]

The question of grants was extensively researched in January 2000 by Louise Footner & Marie-Therese Naidoo in a paper entitled "Comprehensive Social Security for Children" written for the Black Sash. The paper focused on the availability of social welfare for children living with HIV/AIDS or those affected as a result of the infection of another family member.

Naidoo and Footner point out that, at the 23rd Session of the UN Committee on the Rights of the Child, the UN Committee had concerns that South Africa was not complying with the convention, mainly because the existing Child Support Grant is not enough to support a child, let alone a child living with HIV/AIDS who requires additional medical attention. The UN also concluded that Poverty Alleviation Programmes have failed, and that this has led to a situation where children over seven cannot access free primary health care, lack the money to attend school, cannot access the Child Support Grant, which makes "this category of children one of the most vulnerable in our society."

[87] "South Africa: A Dismal Country for Children", by Children's Rights Centre, published by the South African NGO Coalition, June 2002
[88] SADTU, Educators' Voice, November – December 2002
[89] ACESS Website, 2003

The Black Sash submitted to Parliament that:

- the state expand the Child Support Grant programme
- that there are not enough care facilities for orphans and abandoned children and that the state needed to inject more resources into facilitating children accessing primary health care
- that since the Child Support Grant is also underfunded by central government, the saving of four hundred million per year made by the state from the phasing out of the SMG and the consequent slow take up rate of the CSG, should be "automatically allocated to the CSG budget."

With regards to social security for caregivers, Naidoo and Footner write that the plans by the Department of Social Development to limit the definition of primary caregiver to those who are over 18, are "a retrogressive measure and therefore unconstitutional. It will also exclude all child headed households. No valid reason has been put forward for this proposed change that is counter to the Department's commitment to prioritising HIV/AIDS orphans. Child headed households will become an increasing reality with the increasing numbers of AIDS orphans - instead of withholding assistance from these children the State should be taking proper measures to care for them . This includes, at the very least, continuing to provide the Child Support Grant and ultimately looking to other forms of social assistance."

- **No access to highly active anti-retroviral therapy (HAART)**

There is no national, free treatment plan for either HIV positive educators, parents, learners or anyone else. The Harvard Consensus Statement submits that the number of orphans will only be reduced if parents and children have access to HAART. "Besides having the desired effect of maintaining family support, it will also contribute to stabilising social structures." [90]

Giese, Meintjes, Croke & Chamberlain interviewed 'Sindi', a 15 year old learner who falls into most of the problem areas listed above. Sindi's mother died of AIDS in 2000 and whose baby sister died shortly after from hunger. Sindi cared for both her mother and sister up until their deaths.

> "The emotional impact of losing her mother and sister has devastated Sindi," comments Sister Grace, the manager of a local faith- based organisation that does what they can to help the struggling family. Sindi now lives with her father, her 3 remaining younger siblings and her father's 76-year-old mother, Pheladi - who moved to live with them after Sindi's mother died.

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

While her father collects the firewood and water, Sindi is responsible for all the other chores, the care of her siblings and, more recently, of her elderly grandmother. Sindi's drawings reflect her life. She wakes up at 6.00 am to make a fire and warm water for bathing herself and her siblings. While the others wash, she prepares porridge, then sweeps the house before going to school. When she returns from school, she is responsible for preparing the evening meal. "Sindi has had to take over the role of mother," explains her sickly father, "and her schooling has suffered".

Sindi has already been expelled from school once for not paying school fees and this, together with the responsibility she bears at home and the impact of the loss of her sister and mother, makes her continued schooling unlikely. "As soon as her father dies," Sister Grace fears, "Sindi will give up going to school and take on responsibility for the household full time."

- **Gender inequality and growing up into a culture of commodified relationships**

"In South Africa, women are estimated to comprise 56% of those living with HIV/AIDS. In KwaZulu-Natal amongst 15-19 year olds, the vast majority of whom are in school, it is estimated that 15.64% of African girls are likely to be HIV-positive compared to 2.58% of African boys of the same age".[91] The article goes on to argue that "those interventions that attempt a transformation of gender relations in schools are most likely to succeed in preventing and reducing HIV infection among young girls. The authors recommend that particular attention be given to school education aimed at reducing coerced sexual intercourse, which includes "transactional sex" and "survival sex"; to the phenomenon of young women seeing "relationships with sugar daddies" who can provide them with expensive commodities as desirable; and that young girls be given HIV/AIDS education that focuses on awareness and self-esteem.

- **Boys and their developing sexual attitudes**

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), young men under 25 currently account for up to a quarter of the world's people living with HIV. "Perhaps one of the most persuasive arguments for targeting boys and young men is the fact that they are receptive to influences while they are still in the process of developing their attitudes and sexuality." [92]

The PANOS/UNAIDS report defines boys aged below 14 as children and points out that many are already sexually active. "Half of the world's population have had unprotected sex (sex without a condom) before the age of 16. Although most risky behaviour is found among young men over 15, this is often shaped in the younger years.

[91] "The school setting: opportunities for integrating gender equality and HIV risk reduction interventions", by Morrell, Moletsane, Karim, Epstein and Unterhalter, published in Agenda 53, 2002.
[92] Young men and HIV: Culture, Poverty and Sexual Risk, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001/The Panos Institute 2001

Sexual health information programmes for boys below the age of 15 need to be sensitive to local cultural ideas about youth and sexuality, while also engaging realistically with adolescent needs."

The PANOS/UNAIDS report highlights the following areas of concern for boys:

- They are under pressure to have sex as a way of expressing masculinity and may find it difficult to refuse sex.
- Boys reaching puberty who ask questions about the changes in their bodies are often advised by older males to start sleeping with women.

- "Boys find themselves reaching manhood in a society where expectations are high but opportunities are rare. In a World Health Organisation study, the most pressing needs of young men were thought to be training and employment, followed by sexual health services, with other issues relating to masculinity, identity and relationships coming later. The fact that training and employment were seen as more important than health indicates how poverty and lack of opportunity are the key issues for many young people." [93]

The PANOS/UNAIDS report emphasises that boys and young men must be included in HIV/AIDS interventions but that in no way should this detract from focussing on girls and young women. "Any argument for broadening the response to HIV to include young men needs to begin with acknowledging that young women are far more vulnerable than young men to HIV/AIDS. Their bodies offer less physiological resistance to contracting HIV, and socially their status and gender roles put them at greater risk from the virus. In sub-Saharan Africa, the HIV infection rate among teenage girls is five times the rate among teenage boys. In Latin America, where services targeting young men are relatively developed, some organisations avoid the issue of competition between programming for boys and programming for girls by presenting both within a unified gender approach – helping them understand that their attitudes and behaviour towards each other are frequently determined by the gender roles that society imposes." [94]

It is also recommended that boys need different HIV/AIDS education from girls – education that focuses on "a critical awareness of themselves and an empathy towards others." [95]

- **Specific problems for orphans**

UN-Habitat Africa claims that the "biggest development challenge on the continent is AIDS orphans," and that there are differences in the way boy and girl orphans are treated. "Girl orphans are viewed as difficult to handle and are sent to rural areas to take care of their extended families. Boys are left in urban areas and when they are

[93] Young men and HIV: Culture, Poverty and Sexual Risk, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001/The Panos Institute 2001
[94] ibid
[95] ATICC, 1995 quoted in "The school setting: opportunities for integrating gender equality and HIV risk reduction interventions", by Morrell, Moletsane, Karim, Epstein and Unterhalter, published in Agenda 53, 2002.

old enough, they are sent on the streets to beg." [96] Judging from this, orphans could also face the trauma of being separated from their siblings after their parents die.

ACESS has also worked with orphans and people who know orphans in participatory research workshops:

> A participant gave the following description of one such child: 'She works hard in that house and she is very sad. She does the washing for ten people in that house. And she must clean that house too while the aunt's kids play. I think she sleeps without eating.'
>
> Another said, 'My father died a long time ago. My mother died last year. It's a pain that will always stay in me because the life that I am living is not a good one. I stay with my aunt. Sometimes I used to fight with my aunt's child. At the end I will be punished more than her. Living in that home… I feel like I could go somewhere to people who will love me.' Girl 11, KwaZulu [97]

- **Problems for caregivers where there is no remaining parent**

Some literature outlined the problems faced by caregivers, especially grandparents, which then adversely affect the learner's possibilities of attending school and impacts negatively on the opportunity to have a normal life. For example, the caregivers themselves, especially grandparents, but also aunts and uncles are also likely to be suffering from extreme trauma and grief having witnessed the death of their child or sibling. "Various studies have found that the death of an adult child may be the most emotionally distressing of any of life's experiences. AIDS as the cause of death may make the experience even worse, given the intense suffering that accompanies the illness" [98]

Financial factors also play an enormous role. A typical scenario would be that a grandparent caregiver surviving off a meagre pension. In all likelihood they would already be supporting unemployed family members, bearing medical expenses related to their dying child. This financial burden would be compounded later by the high costs of the funeral, and then the consequent long terms costs of becoming a caregiver to one or more grandchildren.

A UNAIDS Case Study shows that there are different levels of willingness on the part of grandparents to be caregivers, which will then affect the emotional security of the children as well as their options to remain in school.

These "levels of willingness" are affected by whether the fostering is planned or unplanned (i.e. has been discussed before the death of the parent with the children and

[96] Alione Badine of UN-Habitat Africa quoted in This Day newspaper, 9th October 2003

[97] ACESS press statement about participatory research in which children described their situations in their own words, 30 November 2002

[98] Parents providing care to adult sons and daughters with HIV/AIDS in Thailand, UNAIDS Case Study, November 2001, quoting studies done by (Aldwin 1990; De Vries, Lana and Falck 1994; Moss, Lesher and Moss 1986-87; Sanders 1989).

the parent) and the extent to which the grandparent depended on the deceased parent for financial support before he/she became ill.

The UNAIDS case study in Thailand asserts that "Some are determined, even before their adult child's death, to take on the responsibility. Others appear to inherit the responsibility in an unplanned fashion, more as a result of circumstances beyond their control than anything else and, in still others, the fostering of the grandchild is done only reluctantly. If the grandchild was infected with HIV, medical costs and the need to provide care could create a particularly difficult situation for the grandparent." [99]

Since South Africa has similar family structures based around the extended family, the same scenarios are likely to be already playing out in this country.
Other serious problems that will face children after the death of their parents arise from these scenarios:

- The grandparents take out high-interest loans from micro-lenders to cover the medical needs for their dying child, and the high costs of the funeral.
- If there have already been other HIV/AIDS related deaths in the family, this increases trauma and poverty, as medical costs increase and the possibilities of having wage earners in the family decrease.

> My two sons both died here. I took them to see doctors until I didn't have any money left... I have been looking after (my granddaughter) since she was eight months old. I wanted to give her to her mother's parents but they didn't want her... I told them to take her so that I could make a living... I had to sell everything that I could. I sold a television set, everything to buy medicines and food. I borrowed from everyone. I was struggling...When my sons all died, I did freelance work like growing pineapples, chopping pineapples. I can't work like that anymore. I will faint. [60-year-old mother, Rayong] [100]

- Children who are forced to live with other relatives after the death of their parents and/or other siblings are often faced with a negative response from their new caregivers. A grandmother who took in her orphaned grandchild, was already living with another of her children and his children. She reported that her son's family "are afraid of getting infected from the boy, even though he has tested negative for HIV. The son and his wife insist that the boy eat separately from their own children and use separate dishes and utensils..."[101]
  Although this is a case study from Thailand, the University of Pretoria's AIDS Review 2002 agrees that "children who are infected or affected by HIV/AIDS suffer serious discrimination at the hands of family members, educators, peers and the community."

[99] Parents providing care to adult sons and daughters with HIV/AIDS in Thailand, UNAIDS Case Study, November 2001
[100] ibid
[101] ibid

- **Problems facing learners who are left with one, HIV+ parent**

Giese, Meintjes, Croke & Chamberlain interviewed 'Charles':

> Charles's wife and youngest child died of AIDS in 2000 and 2001 respectively. He is very sickly himself and the sole caregiver and breadwinner for his 4 remaining children. Charles spent his savings and mine pension on medication for his wife and child and, as a result, has nothing left. He earns a nominal income by making and selling brightly coloured rainbows as part of a small income-generating project run by a local faith-based organisation. The money he makes from the rainbows is not enough to pay his children's school fees. His eldest child has had to repeat Grade 3 twice over, and, he said "none of the children have been given report cards in ages". Charles described how he had visited the principal of the school to explain their circumstances and informed the principal that he was aware of the government policy on exemptions and would like to apply. Soon after this visit, his children were expelled from the school. Charles sought help from the organisation running the income-generating project. They intervened and the children were re-admitted.

- **Issues related to School Governing Bodies and HIV/AIDS**

The effectiveness of school governing bodies is monitored by the National Association of School Governing Bodies (NASGB). The School Governing Body (SGB) has the powers to decide on school fees – indeed, whether there should be school fees or not, and implements the exemption policy (which dictates which families can be either fully or partially exempt from paying school fees). The NASGB identified these problems with the current functioning of SGBs:

- Establishment of SGBs in Farm Schools (small schools) is difficult because the fate of the communities in farm areas is totally under the control of the farmowners. "The farmer would also keep workers engaged for ever such that they would not have time for SGB matters. Most of such schools seem to be closed down by these farmers and government seems to be helpless in this regard."[102]

- Shifting responsibility to local schools and school communities for financing and support of education, in the context of scarce resources, can destabilise SGBs. For example if an SGB identifies that the majority of learners at a school cannot afford to pay school fees but at the same time needs to raise enough funds to pay the school's electricity or water bills, they will be forced into credit control measures against poor parents which will totally alienate them from the community. This alienation will make effective involvement in HIV/AIDS education impossible.[103]

[102] "SOUTH AFRICAN SCHOOLS ACT no 84 of 1996 and the SCHOOLGOVERNING BODIES" by Victor Mathonsi, NASGB- Paper presented at SADTU National Education Policy Conference, 17-21 April 2001
[103] Education Rights Project

- The laborious exemptions policy, where parents who cannot afford to pay school fees need to make affidavits and then be means tested, and then receive a visit from members of the SGB to further ascertain whether they are really poor or not, has also been criticised by SADTU: "The politics of exemptions is complex and I believe totally unnecessary in most of our country where it is believed that close to 29 million people are regarded as poor. It is obvious, then, that the exemption system is premised on the assumption that the majority of people can pay, and that those who get an exemption will be the minority. This is patently untrue. The system could be inverted and only those who can afford to be made to pay, but managers say that then no one will pay. "Human nature", they say, dictates that this is so."[104]

According to the results of fieldwork done by the Education Rights Project, poor learners, especially children caring for sick HIV+ parents face tremendous difficulties with the exemption policy, since they are unlikely to be able to go through the processes necessary to apply for an exemption from school fees, and are reluctant to disclose their home circumstances to the School Governing Body who assesses all exemption applications. "Visits by SGB members could potentially be a very invasive procedure, particularly in contexts of HIV/AIDS. On the basis of the home visit, the SGB is tasked with determining whether or not the family can pay school fees or part thereof."[105]

Some principals will refer such cases to social workers. According to Giese et al, "reliance on social workers to assess whether households qualify for school fee exemptions is problematic in contexts where there are few social workers with large caseloads. Social workers commented that these cases were usually referred to them at a late stage, after the child had already missed long periods of schooling or been repeatedly threatened with suspension."

"In several instances schools made it clear to the children and caregivers that they would only be exempt from paying school fees until such time as pending grant applications (from the Department of Social Development) were processed. At that stage the caregiver would be required to reimburse the school for the full amount." [106]

According to the ERP, the exemptions process is "fundamentally flawed", since very few poor learners qualify for exemption. The ERP also argues that the exemptions process does not take into account the "comprehensive accounting for school fees or the cost of education," which includes not only fees but also uniforms, transport, textbooks and stationery.

[104] SADTU Educators' Voice, by Hassen Lorgat, 2002
[105] Giese, Meintjes, Croke & Chamberlain, 2003
[106] ibid

Measures of prevention and control

While it would be important to teach prevention to the Soul Buddyz audience while they are still young enough to change behaviour patterns, the imminent orphanhood currently being faced by over one million children is the most immediate problem these children will face. Clearly for Soul Buddyz young audience, the only way to control or prevent the major disastrous impact of the pandemic – the imminent death of their parents, orphanhood and its accompanying problems – is a massive rollout of HAART to all people infected with HIV/AIDS.

Should this not happen, then other measures of control can be taken. For example, it is during the period in the process of orphanhood immediately prior to the death of a sick adult, that differences between enrolment and attendance rates between children experiencing orphanhood and other poor children may be observed. Schools need to be aware of – and institute measures to accommodate – children who are absent during this period. The challenges to instituting mechanisms to support children during this phase in the process of orphanhood are exacerbated by the silence and secrecy surrounding HIV and AIDS, and reluctance on the part of children and caregivers to notify educators of illness in the home. [107]

Best practices in effective interventions

A review of the literature shows that an effective intervention would mainly happen through abolition of school fees, provision of food to HIV+ households, and a rollout of anti-retroviral medicines. In Uganda the government has managed to substantially reduce dropping enrolment numbers, including of orphans, through abolishing school fees in primary schools.[108] As far as the provision of food is concerned, the World Food Programme's executive director James Morris “food is the critical ingredient in keeping an individual healthy to resist Aids.” [109] The HSRC report named HAART as a best practice, and called on government to roll out the provision of HAART to people living with Aids as soon as possible.

Support from principals and educators for learners and partnerships between principals/educators are also recommended, as are partnerships between schools, NGO’s and other institutions.

Michael Kelly of the School of Education, University of Zambia, argues that schooling in the context of HIV/AIDS needs to be “radically altered”.[110] He recommends that “the new structure incorporate aspects of non-formal education provision,” such as providing other basic community services as well as education. This requires minimally:

- involving young people in programme design and delivery, with a firm focus on promoting peer education;

[107] Giese, Meintjes, Croke & Chamberlain
[108] Ainsworth & Filmer, 2002 quoted by the Childrens Institute.
[109] July 18 2003, Reuters
[110] Quarterly Review of Education and Training, December 2001

- involving community members, especially local leaders, parents and youth with standing among their peers in content specifications and delivery;
- draw heavily on the quasi-modern youth culture and the traditional culture of a region or people; using participatory methods and experiential learning techniques;
- approach sexual and reproductive health education from the broader perspective of human sexuality [111]

School-based AIDS prevention programs can be effective in engendering an understanding of HIV/AIDS amongst learners. "In Cameroon, for example, more than 90 percent of teenagers have heard of AIDS, but not even 30 percent know how to avoid contracting the AIDS virus. Beyond basic knowledge, recent research has found that to be most effective at getting kids to actually change their behavior interventions need to teach specific skills that enable children to make safe choices in difficult, real-world situations. One such program in Uganda managed to reduce the percentage of sexually active students in their last year of primary school from 43 percent to 11 percent in just two years." [112]

Peer education and school-based intervention have also proven effective. A number of sources cited 'peer education' as a successful intervention, especially with boys.

> In adolescence boys tend to break away from the dominating influence of their parents and start turning to friends for social and emotional support. This may mean spending time on street corners or some other space away from the authority of adults. Nearly all boys talk about sex at this stage, and for many this is one of the key methods for attaining information about sexual relations and HIV/AIDS. Several studies have shown how young men tend to get sexual health information from their peers, whereas women tend to get it from a health service, or from their families.[113]

In Namibia young people have reached 100 000 of their peers both in and out of school with life-skills training aimed at reducing teenage pregnancy and preventing HIV/AIDS. This can be done in partnership with organisations who commonly work with children: in Ghana, the Red Cross and Scout Associations have organised a peer-education programme that provides training in negotiating safer sex and other life skills.

> One Brazilian organisation tells this story:
> 'One young boy, age 13, came to work as an outreach/peer worker. He was shy and had problems expressing himself; low self-esteem. Staff worked with him during the group, particularly on his self-esteem, encouraging his participation and helping him see his potential. His improvement was notable, he began to express himself and participated more in the group. He has taken

[111] ibid
[112] "School is the front line against AIDS: The youngest generation", Gene Sperling, 28/5/2003, Campaign for Global Education
[113] "The State of the World's Children 2003" by UNICEF; Masters Thesis, Fazel Khan, University of Durban Westville, 2000

on increasing responsibility in the peer outreach group, making presentations in groups with as many as 40 teenagers.' [114]

The literature emphasised that peer education should not be confined to learners in schools. It must "be extended to street children, children in juvenile detention centres, and other groups of vulnerable children." [115] There are estimated to be more than 115 million children out-of-school worldwide. These children are likely to come from more vulnerable sectors of society and are potentially more at risk of HIV infection than young people who are in the formal education system.[116] This is where media, especially radio, can play a successful role.

School based intervention is highly effective. According to the UNICEF, "the largest intervention in resource-poor countries is school-based education. A review of 12 evaluations of school-based sex education from developing countries around the world found all of them increased pupils' knowledge, changed their behaviour and their attitudes. In school-based education one of the key points emerging from a number of evaluations is that 'chalk and talk' is not enough. In Zimbabwe, for example, researchers compared a lecture on AIDS prevention with a session in which students put a condom on a model and practised negotiating condom use. When interviewed four months later, those who took the practical skills course knew more about condoms and reported having fewer sexual partners than did those who had only attended the lecture. In Zimbabwe there are high-school quizzes that form a National League with prizes awarded for pupils displaying the most reproductive health knowledge. Zambia is using child-to-child education methods in the school setting, and supporting extra-curricula anti-AIDS clubs. These are all methodologies that could be promoted by Soul Buddyz, and indeed the Soul Buddyz Clubs are already effectively using child-to-child education methods. [117]

School-based intervention also takes the form of newsletter producing projects run by learners themselves. In Brazil, the 'Culture and Communication Project' has been operating in 400 schools in 97 cities since 1987. Through the project, learners have published and distributed more than 900 000 newsletters and newspapers on HIV/AIDS, reproductive health, human rights and advocacy issues. About 2000 learners are involved in this project, which is a partnership with UNICEF. [118] This kind of project has also happened in South Africa, under the direction of the Children's Movement of Cape Town.

Teachers' trade unions can also play a positive role. SADTU "has allocated a considerable amount of money to its own HIV/AIDS programmes (including making HAART available for infected educators). It is also involved in a collaborative project with the Departments of Health and Education, Education International and the World Health Organisation.

---

[114] "The State of the World's Children 2003" by UNICEF

[115] "Whose right?", AIDS Review 2002, by Chantal Kisoon, Mary Caesar and Tashia Jithoo, University of Pretoria 2002

[116] "The sound of silence: Difficulties in communicating on HIV/AIDS in schools - Experiences from India and Kenya" by Tania Boler, Amina Ibrahim, Ranjin Adoss, Margaret Shaw published by ActionAid, 2003 quoting Bundy, 2002

[117] Young men and HIV: Culture, Poverty and Sexual Risk, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001/The Panos Institute 2001

[118] "The State of the World's Children 2003" by UNICEF

The programme is aimed at in-service training for Grades one and four teachers and a pre-service Curriculum Design initiative focussing on HIV/AIDS and Health issues as part of the core curriculum for student teachers." [119]

In Jamaica, the Ministry of Education in partnership with UNESCO, is addressing the rising number of children who do not attend school because their principal caregiver is HIV-positive. These children often experience stigma and discrimination from their classmates and, sometimes, their educators. Resources are being developed to help educators deal with issues of confidentiality and discrimination and develop practical responses to other issues surrounding learners infected and affected by HIV/AIDS. [120] This practice could be made known and relevant to South African teachers, especially since South African learners have raised concerns about all of the same issues affecting learners in Jamaica.

The difficulties of communicating HIV/AIDS in schools in Kenya and India were explored in a recent ActionAID report. [121] The report found that 87% of Indian teachers and 90% of Kenyan teachers viewed their profession as having responsibility for teaching young people about HIV and AIDS. Teachers and television were also cited as being among the top three sources for learners to learn about HIV/AIDS.

Yet the report found that teachers were reluctant to discuss HIV/AIDS with students, or would teach HIV/AIDS in an 'overly scientific' way, and 'only within the 'acceptable' boundaries of abstinence.' "The occurrence of selective teaching is alarming. Discussion of HIV without reference to sex, or advocating abstinence without mentioning safe sex, cannot work, " said ActionAID.

The report revealed that:

- 45% of Kenyan teachers said they did not have enough knowledge to teach about HIV/AIDS, compared to 20% of Indian teachers.
- The majority of teachers in both countries reported never having been on a training course on HIV/AIDS (70% in India, 54% in Kenya).
- About half of the teachers in both countries said they did not have enough time to teach HIV/AIDS (52% in India, 54% in Kenya).
- 24% of Kenyan students stated that teachers did not set good role models when it comes to sexual behaviour, compared to 12% of students in India.

Giese, Meintjes, Croke & Chamberlain, 2003 also found that NGOs in Ingwavuma, Gugulethu and Cato Crest were "providing lifeskills education and support to children during and after school hours."

[119] "HIV/AIDS and Education", by S. Vally, published in the Quarterly Review of Education and Training, April – June 2000.
[120] UNESCO
[121] "The sound of silence: Difficulties in communicating on HIV/AIDS in schools - Experiences from India and Kenya" by Tania Boler, Amina Ibrahim, Ranjin Adoss, Margaret Shaw published by ActionAid, 2003

A recent study in Uganda found that over the course of the 1990s, people who finished secondary education were seven times less likely to contract HIV - and those who finished primary education half as likely - as those who received little or no schooling.[122]

Giese, Meintjes, Croke & Chamberlain, 2003 interviewed an Ingwavuma principal who:

> "described several mechanisms that her staff had developed to identify vulnerable children and to learn more about their home circumstances in unintrusive ways. These included: setting essay topics that provided children with opportunities to talk about personal experiences if they wanted to; using drawings and other forms of expression in the classroom to find out more about children's experiences and coping strategies; introducing a suggestion box at school where children could anonymously post letters to teachers about anything they wanted the school to know; introducing 'communication books' where caregivers and teachers could communicate with each other about concerns regarding the child[123]; and holding regular meetings with children's caregivers during which information and support is provided."

SADTU has recommended that government and educators together develop "innovative approaches to reach out-of-school children, exploring distance education as well as community school and other non-formal alternatives to provide education to rural or other inaccessible areas, for counteracting the flight of teachers to urban areas (partly to get better health treatment)." [124]

Sport has also been successfully used as the base from which to teach learners about HIV/AIDS in Zambia, where 400 boys have taken part in residential soccer camps where they are also taught about HIV/AIDS, puberty, masturbation, relationships, gender stereotyping, negotiation and decision-making skills. There is also a focus on fatherhood and local fathers participate in many of the activities. [125] The locally based Shosholoza project aimed at young men of school going age has also been positively evaluated. "Young, African, working-class soccer players give the learners the knowledge and analytical tools to make sense of their worlds and consequently, to produce significant changes in sexual behaviour. Evaluations of their work bear eloquent testimony to the changes that these young men make in their lives and how these impact on those close to them". [126]

---

[122] "School is the front line against AIDS: The youngest generation", Gene Sperling, 28/5/2003, Campaign for Global Education

[123] This obviously requires caregiver literacy and children's compliance; however, the school principal said despite low levels of caregiver literacy in her area, she found it a useful mechanism for identifying and supporting children needing support.

[124] "SADTU's Perspective – What's been done in education?", South African Democratic Teacher's Union, 2000.

[125] Young men and HIV: Culture, Poverty and Sexual Risk, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001/The Panos Institute 2001

[126] Shosholoza AIDS Project's own evaluation, 1999/2000.

In Kenya, the Mathare Youth Sports Association has involved 9000 boys "from the poorest slums in Kenya". The 9000 boys are organised into football teams and "a 10- to 15-minute talk is given to both players and supporters before each game." Girls have also joined the teams.

Over time, the boys and girls have developed "equitable relationships. Recently, while the female players are out on the pitch, the young male football players have started to help looking after the girls' siblings. Evaluations of these types of sports programmes do show improved knowledge on sexual health issues. However, the extent to which they actually change behaviour, for example increase condom use, is unclear. [127]

Sport is clearly a relevant method of education in South Africa too, as would be the Stepping Stones package. Stepping Stones is said to be an example of a successful "gender-based intervention" although it is based on the ABC approach (Abstain, Be Faithful, Condomise). It was developed between 1993 and 1995 in Uganda and uses an approach of first learning about the basic facts of HIV, then sharing thoughts and ideas with parents, children and neighbours, and then caring for sick people in the community.

The Stepping Stones package has this to say about its own work:

> Through an examination of gender and sexuality it fosters constructive roles for men in gender relations and greater personal control and responsibility for both males and females. Through 18 sessions over a three to four month period it creates group co-operation, ways to change existing behaviour and adoption of safer sex practices. Participants are able to challenge gender stereotypes and redefine gender identities, and develop communication and negotiation skills to enable both men and women to reduce their vulnerability to HIV and or/violence.

The programme was reviewed by the Inter-Agency Gender Working Group and positive effects were found:

> Young men said they used to ignore or laugh at the people sick with AIDS in their village but now they realise that HIV affects everyone. They began to visit sick people and support their carers. Generally, women and girls are brought up to serve and care for those around them. But enabling young men and boys to feel good about caring for others without being laughed at by their peers was a breakthrough – both in their attitudes to others, and in their sense of self-esteem and masculinity. [128]

[127] Young men and HIV: Culture, Poverty and Sexual Risk, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001/The Panos Institute 2001

[128] "Stepping Stones: shifting gender inequities to combat HIV" by Alice Welbourn, published in Agenda 53, 2002.

Community/advocacy actions

- "The earliest interventions in schools were conducted by organisations such as the AIDS Training, Information and Counselling Centre (ATICC)."[129]

- The Cape Town based Children's Movement has an HIV/AIDS programme which focuses on developing the capacity of children to develop skills to deal with HIV/AIDS issues and problems throughout their community. This includes training children to do participatory research surveys into the problem of children affected by HIV/AIDS. The Children's Movement's HIV/AIDS programme is run in conjunction with its existing community-based children's groups and school-based Child-to-Child health centres. Their 40 Child to Child health centres in primary schools focus on personal hygiene, HIV/AIDS, anti-bullying, values, and respect for others. The Children's Movement also has a "Girl Child Campaign" to create awareness about abuse of girls and the problem of boys forcing girls to have sexual intercourse. They also hold mass HIV/AIDS awareness rallies attended by hundreds of young learners.

- The Alliance for Children's Entitlement to Social Security (ACESS) represents "children themselves as well as more than 200 children's NGOs. ACESS campaigns for the extension of the Child Support Grant, Access to Education and for a Basic Income Grant for all and holds participatory research workshops with children themselves. ACESS was formed 'in March 2001, over 100 representatives from non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), government and services providers across South Africa met in Cape Town to examine the current social security system for children. The workshop was convened by the Children's Institute at the University of Cape Town, Children's Rights Centre (CRC), Soul City and the Committee of Inquiry into a Comprehensive Social Security in order to enable the children's sector to start engaging in a coordinated way with the government initiated social security policy and legislative reform processes."

  ACESS is coordinated by a Task Team of the Children's Institute, University of Cape Town, Children's Rights Centre (CRC), and Soul City Institute for Health and Development Communication. ACESS and Soul City have a working partnership with the Department of Social Development to increase awareness and knowledge around the currently available children's grants, how to apply for them, and how to improve, within the current legislative confines, service delivery in respect of these grants.

[129] "The school setting: opportunities for integrating gender equality and HIV risk reduction interventions", by Morrell, Moletsane, Karim, Epstein and Unterhalter, published in Agenda 53, 2002.

- There are several university based projects focussing on HIV/AIDS and education such as the Education Rights Project, based at the University of Witwatersrand's Education Policy Unit. Groups like the ERP and the Centre for the Study of AIDS at the University of Pretoria, play an advocacy role. The AIDS Law Project at the University of the Witwatersrand takes up legal cases around HIV/AIDS discrimination and also plays a high profile advocacy role in partnership with the Treatment Action Campaign social movement.

- The AFXB is a Gauteng based non-governmental organisation working with 1500 AIDS orphans and 190 families or caregivers. It supports 50 AIDS affected/infected children in Alexandra primary schools with after-school life skills training, food and HIV/AIDS awareness. AFXB also provides daily meals at two Pimville primary schools for 400 children.[130]

- The Child Justice Alliance was formed recently, bringing together 95 childrens' rights organisations, shelters, non-governmental organisations, counselling telephone lines, relevant university institutes and welfare organisations.

- Other provincially based initiatives exist, such as the AIDS Babies Battling AIDS (ABBA) project in the Eastern Cape, which focuses on the rights of HIV positive mothers, demanding access to HAART for all and prevention of any mother to child transmission. The Children's Rights Centre based in KwaZulu-Natal that has been performing HIV/AIDS services for children since 1992. The Children's Rights Centre has prepared a model for community help for children living in an HIV positive world which recommends that "Child Help Forums" be set up in every community – with two or three neighbours joining together and drawing in other resource people, such as women's groups, youth groups and nurses. The Children's Rights Centre has prepared a guide book that offers practical advice such as how to appoint a legal guardian, how to access funding as a registered organisation providing community care for people affected or infected by HIV/AIDS, what rights and needs children have, how to identify children at risk, how communities can arrange alternative care for newly bereaved children and how to help these children recover from grief, how to register as a foster parent, advice on getting home affairs documents and how to access the various forms of state support or grants.[131]

- "Children in Distress" or CINDI is a Pietermaritzburg based NGO founded in 1996. CINDI has 80 member organisations who work together to assist children affected or orphaned by AIDS in the Pietermaritzburg area (where it is estimated by practitioners in the field, that the numbers of orphans in the municipal area range from between 8 000 - 10 000).[132] CINDI focuses on

[130] "Aids orphans increase in schools", City Press Newspaper, 29th September 2002
[131] "Community Help for Children living in an HIV Positive World," published by the Childrens' Rights Centre in partnership with Unicef, 2002
[132] CINDI Annual Report 2003

these key areas:

- Child Intervention Panel (CHIP) - a monitoring and advocacy peer group panel that secures administrative justice for children.
- The Home Based Care Consortium has developed an isiZulu Home Based Care Training curriculum for use by communities.
- The Thapelo Medical Supplies Working Group accesses supplies (eg. disinfectants, vitamin and cough syrups etc) on behalf of home based carers, foster parents and institutions who are caring for children.
- Children Helping Children Working Group encourages the participation by relatively privileged local primary schools in programmes that raise awareness of HIV/AIDS, eradicate prejudice and provide practical help to children affected by HIV/AIDS.
- Local Government Working Group - CINDI staff and numerous CINDI Members form part of the Pietermaritzburg/Msunduzi AIDS Task Team, for collaborative action at Local Government level.
- CINDI's Housing Access Working Group - lobbies the Municipality and Provincial Housing Department to ensure that their policies make allowance for child-headed households, orphans and vulnerable children.
- The Nutrition Working Group enhances people's access to groups in Pietermaritzburg who are providing emergency food aid. A nutrition database of organisations that distribute food parcels was prepared by students from the School of Dietetics at the University of Natal and is available from Life Line.

Barriers to change

Apart from the barriers that learners and educators face as listed above, the literature review revealed these additional problems:

- **Schools do not have mechanisms to identify vulnerable learners**

Very few of the schools at any of the research sites had implemented any kind of formal mechanisms for identification of vulnerable learners. Although some basic information about children's home circumstances was routinely collected by most schools at the beginning of the school year, this tended to focus on determining who would be responsible for paying school fees.

- **Schools do not keep adequate records on teacher mortality**

"Only some 24% (24 of 100) of the sample schools kept anything approaching comprehensive and accessible records. The balance (76 of 100) relied on the principals concerned consulting other staff, picking through apparently random notes and papers or simply recalling events as best they could. Thus, the key outcome of this experience was to call into question the reliability of data capture generally, given

the patent failure of school-level record keeping in many schools."[133]

- **Poverty Alleviation Programmes have not assisted**

According to the South African Human Rights Commission, Poverty Alleviation Programmes "have benefited only a few and appear to have had negligible impact on the lives of children. A proper assessment needs to be carried out to determine whether they should continue to operate and how they can be improved and linked with family based social assistance." [134]

- **The Curriculum is not adequate**

The South African Democratic Teachers' Union has demanded "an immediate intervention to ensure that the learning on HIV/AIDS is not limited to the lifeskills area of learning, but it permeates the curriculum," which should include "the roping in the organised profession in the fight against HIV/AIDS not only at national level but in a manner that ensures maximum impact in the classroom."[135]

Teachers have argued that NGO-driven lifeskills programmes were able to achieve results which were not possible with the life orientation classes that are part of the school curriculum. At present, national school-based support programmes for children in the context of HIV/AIDS and poverty are limited largely to HIV/AIDS Lifeskills programmes and the school-based nutrition programme.[136]

UNAIDS has made recommendations for educators who want to teach HIV/AIDS in the absence of a decent curriculum:

> There is great potential in involving or developing external resource groups. Governments could encourage the formation or strengthening of mobile groups, such as those that use theatre, song, dance or storytelling, which can be supported to tour around schools in each district. Specific incentives may be offered to such groups whether at national or district level for them to develop work on HIV/AIDS and make links with schools. The use of different forms of creative communication can humanise HIV/AIDS, bringing home key messages more powerfully than merely reading from textbooks. Positive speakers (people living with HIV) may be invited to schools to talk about living positively with HIV. Not only will these speakers help to add that crucial human element, they will also help break down stigma and discrimination, as young people see that it is possible to live positively with HIV.'[137]

Examples of such successful interventions are listed below.

---

[133] Educator Mortality In-Service in KwaZulu Natal" Badcock-Walters, Desmond, Wilson & Heard
[134] South African Human Rights Commission
[135] "SADTU's Perspective – What's been done in education?", South African Democratic Teacher's Union, 2000.
[136] "The role of schools in addressing the needs of children made vulnerable in the context of HIV/AIDS" by Sonja Giese, Helen Meintjes, Rhian Croke, Ross Chamberlain, Children's Institute, 2002
[137] UNAIDS, 2002

Successful and unsuccessful communication interventions both locally and nationally

Soul City has spoken out against conveying messages through fear. “It has been shown that messages conveyed in a manner that maximises fear, often results in audiences ignoring or blocking that message by finding some way to convince themselves that it applies to people other themselves.”

The 2002 HSRC study [138] looked extensively at the impact of communication aimed at curbing the spread of HIV, researching among a large sample the impact of the broadcast and print mass media as well community media (which includes slogans and billboards) on awareness of HIV/AIDS.

The study found that “children were most likely to receive HIV/AIDS information at school, whilst adults were more likely to receive information from a health facility. Health facilities rated highly across all ages, and were the most important source for HIV/AIDS information. Faith-based organisations are an important source of HIV/AIDS information for children, youth and adults.”

With regards to accessing and internalising information through the broadcast and print media, 5047 respondents (56.6%) said “they had taken the problem of HIV/AIDS more seriously because of television programmes on HIV/AIDS.” 52% or 5278 said they took the problem more seriously because of radio programmes, with 31.7% and 30.4% respectively saying the same for magazines and newspapers.

Apart from broadcast and print mass media channels, the HSRC also did a survey of HIV/AIDS related information needs, although this seems to have been done only for ages 15 upward and not for children younger than 15. They discovered that the following were the priority need to know issues in the 15-24 age group:

How to protect young people from sexual abuse:	90.4% need this information
Staying healthy if one is HIV positive:	88.6%
Talking to a partner about condoms:	87.7%
Rights of people with HIV/AIDS:	87.0%
Getting counselling about HIV/AIDS:	86.9%
Contact information on AIDS organisations:	84.7%
Caring for a person who has AIDS:	84.3%
Sexual abuse and rape	84.5%
Caring for a person who has AIDS:	84.3%

The report found that “the flow of information and spread of knowledge about HIV/AIDS is not evenly spread across South African society. It seems that the sub-populations which show deficits in knowledge match the sub-populations with poorest media and communications programme coverage of HIV/AIDS.”

[138] The 2002 HSRC study is the first systematically sampled national survey of the prevalence of HIV and behavioural risk, coupled with mass media and communication impacts in South Africa. The study encompassed 14 450 participants composed of 4 001 children, 3 720 youths and 6 729 adults were selected for the survey and 13 518 (93.6%) were actually visited. 88.7% of those who agreed to be interviewed also gave a specimen for HIV testing.

A study by University of Durban-Westville Political Science Lecturer Fazel Khan noted "One of the main problems in the developing world is that the media, in general, does not focus on the distribution of wealth, the rising national debt and other crucial social and economic issues that affect the very existence of every society. Thus, they educate public opinion."[139]

The study made the following recommendations about communication:

- There must be more interactive and community-level media, especially in the areas where people understand less about HIV/AIDS, given the lower levels of access to mass media channels in rural communities and poorer households. This community level media could include dialogue partnerships between organisations working on local levels like faith based groups, HIV NGO's and health organisations."
- Since radio was rated consistently higher than other mediums as informative for HIV/AIDS, it needs to be used more to reach audiences of different languages. This is a positive sign for Soul City, which uses radio in eight different languages as a medium for HIV/AIDS education.
- HIV/AIDS Communicators need to bear in mind that "mass media communication is constrained by a unidirectional approach to messaging and there is little opportunity for audience feedback. In contrast, small media can play a facilitating role as a communication resource, whilst folk media and dialogue-oriented approaches specifically foster two-way communication. Whilst it is argued that mass communication approaches stimulate dialogue, and that the provision of information and issues raised contributes to this, it does not necessarily follow that such responses specifically bring about behavioural or social change."
- That "television, radio, billboards and leaflets should be presented in home languages of intended audiences to ensure they are understood"
- Campaigns need to emphasis "all aspects of the epidemic, including, for example, voluntary counselling and testing, nutrition, treatment, home-based care, laws and rights."

The PANOS/UNAIDS report also examined the role of the media and concluded that "more work is needed on making messages appropriate for young men on the margins of society, for example street boys." [140]

On the issue of community-level media, there are examples of successful communication interventions both locally and internationally. The Cape Town based Children's Movement has trained several child broadcasters, who have produced a radio programme on HIV/AIDS which has been broadcast through the National Community Radio Forum's community radio station network. [141]In a remote area of Ceará, Brazil, a network of 50 radio-trained communicators broadcast information about sexually transmitted infections, AIDS prevention and reproductive health, and a

[139] Masters Thesis, Fazel Khan, University of Durban Westville, 2000
[140] Young men and HIV: Culture, Poverty and Sexual Risk, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001/The Panos Institute 2001
[141] Children's movement of South Africa

theatre group has presented plays entitled 'Radioman against AIDS' and the 'Theatre against AIDS'. [142] The Soul Buddyz interactive and multilingual on South Africa's major regional radio stations represent a radio intervention on a much higher level, given that these broadcasts reach audiences of hundreds of thousands of people. However, since the South African community radio network is strong and vibrant, partnerships could be developed between the Soul Buddyz clubs on a local level and the radio stations in each community.

Khan's report highlights the role of community media in HIV/AIDS awareness amongst a sample of 40 youth in Cato Manor, Durban. "With regard to the effectiveness of small media in HIV/AIDs awareness and prevention, the study concludes that theatre, T-shirts, pamphlets and posters are most popular amongst the youth." [143]

> In the places we live around here there are no real things to entertain us and make us learn. Very few people have TV sets and in most homes there is no electricity. This is why whatever happens to people in terms of drama, dance and such things in their townships is very important for them because they learn a lot of things. This is what I learnt from the movie SARAFINA, when they showed it to us at school. I thought I learnt a lot from it. [144]

The success of other interventions has been evaluated, such as the work of DramAidE, an NGO using drama to address issues of HIV and gender.

> Their modus operandi is to work for 15 sessions or about one month with learners to open up space for gender sensitivity and candid talk about issues of sexuality. Their work suffers from being 'one-off' and though some learners seem to be strongly sensitised around gender issues during the duration of the intervention, many are passive. [145]

"The Soft Cover Project", an initiative of the Canadian Society for International Health, the Cape Town Centre for the Book and a group of youth from eight schools in the Western Cape has also been positively evaluated. Soft Cover involved the convening of a symposium in March 2002 called "Getting the Word Out: Spreading the Message to Youth on their Terms". The symposium was followed by book-making workshops with the youth and included work with the gender directorate of the Department of Education to draw up a booklet on gender-based violence for educators. The aim was to seize "on the significance of youth culture – television, magazines, advertising, popular literature and graffiti" and ascertain how the youth themselves responded to this culture – this approach based on the premise that over-emphasis of HIV/AIDS knowledge that young people are already familiar with simply leads "to a dulling of interest in HIV/AIDS issues". Some of the creative methods employed were collaborations with young adult writers, a local community radio station's HIV-Hop project and the director of Yizo Yizo.

---

[142] Health Institute and Social Development (ISDS)
[143] Masters Thesis, Fazel Khan, University of Durban Westville, 2000
[144] Interview in Masters Thesis, Fazel Khan, University of Durban Westville, 2000
[145] "The school setting: opportunities for integrating gender equality and HIV risk reduction interventions", by Morrell, Moletsane, Karim, Epstein and Unterhalter, published in Agenda 53, 2002.

Youth in this pre-teen and teenage youth group were found to be impressed by the use of graffiti and photography to represent HIV/AIDS, as well as the participation of poets such as Righteous the Common Man, Teboho Mahlatsi of Yizo Yizo and Shaheen Ariefdien “a former hip-hop emcee who now runs a hip-hop curriculum with a focus on HIV/AIDS”. Continuity was seen as very important and follow up workshops were held with the youth where different “approaches in the arts were used by the learners to create the types of messages about sexuality and HIV prevention they were interested in seeing. [146]

Soul City and Soul Buddyz employ exactly the type of multimedia approach combined with targeted education at specific age groups that the research above suggests would be successful. An independent evaluation of the first Soul Buddyz series for small children concluded that “the project reached two out of three children between the ages of 8-13 years and successfully impacted on knowledge, attitudes and practices of those exposed. "90.5% of parents exposed to the Soul Buddyz material, felt that Soul Buddyz made it easier for them to discuss difficult and sensitive issues with their children wards. A similar proportion of teachers agreed with this statement." [147]

Relevant policies that help or hinder

According to the HSRC report, “current efforts of the Department of Health and the Treasury to cost the provision of antiretroviral therapy may need to be fast-tracked and funds allocated to prolong the lives of those who are living with HIV/AIDS. It is crucial that the government uses the gains it made in winning the case against pharmaceutical companies to produce generic versions of antiretroviral drugs. South Africa has the capacity to produce drugs to treat its people and even export them to neighbouring countries. It is important that the government remove value added tax (VAT) from medicines, to increase affordability of these medicines.

According to the Education Policy Unit, “There is a great need for interaction between the education system, other government departments and communities.”[148]

And, “if the education system is to be an effective vehicle to prevent the further spread of HIV/AIDS, then improving the basic functioning of the system is a prerequisite. A massive injection of financial resources is needed at every level;

[146] “The Soft Cover project: youth participation in HIV/AIDS interventions” by Walsh, Mitchell and Smith, published in Agenda 53, 2002.

[147] The Soul Buddyz project encompasses a series of Soul Buddyz Television 26 part drama series broadcast on SABC 1 - South Africa's most popular television channel; Soul Buddyz Radio broadcasts encompassing child-acted dramas and a phone in show hosted by a young person; a Grade 7 Lifeskills book as well as half a million parenting books distributed free of charge through mainstream newspapers and NGO’s. Arising out of demands by children after the first television series and the need for continuity, Soul Buddyz clubs were set up in communities (schools and libraries) across the country. Each series is based primarily on the inputs of children to select appropriate topics, after which an 18 month research and development process ensues.

[148] Ntswake Senosi, University of Witwatersrand, Education Policy Unit presentation to Medunsa, 2002

internationally, nationally, in communities and in schools themselves to provide good quality education. Only on this foundation can HIV/AIDS adequately be addressed in schools." [149]

What government strategies exist to address the issue?

Ntswake Senosi of the University of the Witwatersrand's Education Policy Unit gives a brief overview of the government's strategic response to HIV/AIDS since the formation of the National Co-ordinating Committee of South Africa (NACOSA) in 1992, in "HIV/AIDS in the World of Work: The Education Sector".[150] Senosi writes that the government's 1994 National AIDS Plan recognised that "the school would be one place where major HIV and AIDS education and prevention programme could be developed."

In 1997, the Department of Health published its White Paper on an Integrated Disability Strategy that specifically acknowledged that most people with disabilities, including AIDS, receive no grant at all.[151]

"The White Paper recognises the importance of social security as an integral part of social welfare strategy, noting that children with chronic illnesses, diseases and HIV/AIDS have the same rights as all other children and promising the initiation of urgent legislative reform and an education programme to ensure the protection of the rights of people with HIV/AIDS to employment, social security and tolerance (paragraph 189). In addition, the White Paper committed the Welfare Department to assisting families disadvantaged by HIV/AIDS to social relief and concessions such as nutrition, transport, rent, burial costs and schoolbooks. Home carers caring for children with HIV/AIDS would be given both emotional and financial support (paragraph 195)." [152]

Also in 1997, a new curriculum policy, Curriculum 2005, was introduced to implement outcomes based education. This was supposed to have seen HIV/AIDS education being installed as part of the Life Orientation Area – one of the eight OBE learning areas. The Life Skills component has been criticised for being given as only one lesson per week, and because "in many schools it is used for other purposes and in some it is delivered in a half-hearted fashion by teachers who have the appropriate training". The article concludes that the life skills training merely did no harm. [153]

In 1999, the Ministry of Education announced a "National Policy on HIV/AIDS for learners and educators in public schools and students and educators in further

[149] ActionAid
[150] Ntswake Senosi, University of Witwatersrand, Education Policy Unit presentation to Medunsa, 2002
[151] "Comprehensive Social Security for Children" by Louise Footner & Marie-Therese Naidoo, January 2000
[152] "Comprehensive Social Security for Children" by Louise Footner & Marie-Therese Naidoo, January 2000
[153] James, 2002, quoted in "The school setting: opportunities for integrating gender equality and HIV risk reduction interventions", by Morrell, Moletsane, Karim, Epstein and Unterhalter, published in Agenda 53, 2002.

education and training institutions." The policy was a schedule added to the National Education Policy Act of 1996.

The policy noted that "more and more children who acquire HIV pre-natally will, with adequate medical care, reach school-going age and attend school" – in other words that primary schools needed to begin considering how to cater for the needs of young HIV positive children in the form of a planned strategy. Apart from this, the policy primarily focused on protecting constitutional rights of learners and educators, integration of life-skills and HIV/AIDS education into the whole curriculum, provision of enough educators to be able to educate learners about HIV/AIDS, prohibiting the denial of admission of learners and appointment of educators with HIV/AIDS, prevention of HIV/AIDS during play and sport, issues around learners and educators not being forced to disclose their status, and interestingly, health issues related to a safe school environment – especially that "skin exposed to blood should be washed with running water and soap", and that "washing should always be done with running water and not in containers of water". However the policy goes on to says that schools without running water must keep a 25 litre drum of water on hand for this purpose. This appears to be a contradiction. [154]

Also in 1999, "the National Inter-Ministerial Committee decided to cluster the departments of Education, Health and Social Development into the Social Cluster in order to collaborate in the process of dealing with HIV/AIDS and its affects among youth." [155] The three Ministers then launched the National Integration Plan for children infected and affected by HIV/AIDS with the aim being to "integrate all services related to HIV/AIDS in a holistic manner." [156] However, it also seems that just two months later the Minister for Social Development released a 10 Point Plan which made a commitment to the provision of services and support for children living with HIV/AIDS as well as children orphaned by HIV/AIDS. It is not clear from any of the literature reviewed how the various plans dovetailed.

In February 2000 the Finance Minister announced a three-year budget of R450 million for HIV/AIDS. This commitment was reiterated in the Department of Health's Five Year Plan which signalled a commitment to improved care and treatment and promised measures to reduce the impact on families of caring for an HIV/AIDS infected family member. [157]

The Minister for Social Development also undertook to prioritise children orphaned by HIV/AIDS. "The draft National Strategic Framework for Children Infected and Affected by HIV/AIDS stresses the principle of community and family preservation throughout, provided that the family is provided with the necessary support and resources to enable them to care for their children. The Strategic Framework concluded that families caring for children infected with or affected by HIV/AIDS need to be strengthened and this includes linking these families with poverty alleviation programmes and social assistance grants.

[154] Schedule to the National Education Policy Act, 1996 (Act No. 27 of 1996)
[155] "The Department of Education's Life Skills, Sexuality and HIV/AIDS Programme", interview with Sophia Ngcobo of the KZN DOE, AGENDA Issue 53, 2002.
[156] ibid
[157] "Comprehensive Social Security for Children" by Louise Footner & Marie-Therese Naidoo, January 2000

This approach is to be welcomed as it is not only cost effective for the Government but has been shown to be the most beneficial in terms of the child's development and is in line with the international policy and practice discussed above." [158]

The February 2001 National Plan on Higher Education [159] was criticised by Professor Jonathan Jansen, Dean of the Education Faculty at the University of Pretoria. "It is a serious flaw in the NPHE that it did not make an explicit and extended analysis of HIV/AIDS and its implications for higher education enrolments in the future."[160]

In 2002, the Department of Health released a 'National Integrated Plan for Children Infected and Affected by HIV/AIDS' which aimed to implement better life-skills programmes in schools, and to create opportunities for children to access "their basic needs for shelter, health care, family or alternative care, information, education and protection from abuse and maltreatment."

The three-year budget of R450 million set aside by government in 2000 was also to cover the implementation of the national strategy.

The plan outlined the role of the education sector in combating HIV/AIDS:

- The Department of Education was to be central in addressing the pandemic
- Programme objectives were outlined as part of the Tirisano implementation plan, and the structures for driving Tirisano were said to be in place (under the Department of Education). These were appointing HIV/AIDS co-ordinators in each province; establishment of an Inter-Ministerial Committee on AIDS; launching of multi-sectored partnerships; developing a National Policy on HIV/AIDS for Learners, Students and Educators which would lead to schools becoming centres of care, and making HIV/AIDS part of the curriculum.

However, Senosi concludes that that the Department of Education has not adequately monitored the implementation of the Tirisano policy, or "responses from the schools"; that it is not clear whether the policy has assisted in decreasing the stigmas and prejudices associated with HIV/AIDS; that questions remain around the content of the lifeskills curriculum as well as the content of HIV/AIDS training for educators, and whether educators have enough support and resources to deal with HIV/AIDS. The DOE itself admits that the Life Skills Programme has problems particularly in "farm and resource poor schools," and until 2003 it would aim to train one teacher per grade as well as provide general education and training but only to grades five to nine (11-15 year olds). [161]

---

[158] ibid

[159] Towards a New Higher Education Landscape: Meeting the Equity, Quality and Social Development Imperatives of South Africa in the 21st Century (CHE 2000).

[160] "Does the National Plan Effectively Address the Critical Issues Facing Higher Education?", Editorial in South African Journal of Higher Education by Jonathan D. Jansen, University of Pretoria, 2002

[161] "The Department of Education's Life Skills, Sexuality and HIV/AIDS Programme", interview with Sophia Ngcobo of the KZN DOE, AGENDA Issue 53, 2002.

And at the Education for All conference held in Dakar, Senegal in 2000, educationist Carol Coombe suggested that the Ministries would do better to "in a cross-sectoral way, concentrate their minds on service delivery in terms of the inability of parents to cover the costs of education, and staff and capacity losses and projected replacement costs." [162]

Key Debates - Conclusion

The debate around universal provision of HAART to all infected with HIV/AIDS continues to be the single most important area of struggle for many poor and working class people, especially the members of groups such as the Treatment Action Campaign and National Association of People Living with AIDS. Institutions like the Education Policy Unit have pointed out that the state's refusal to provide universal HAART, and the lengthy delay in beginning a prevention of mother to child transmission programme, while spending R50 billion on armaments is "bluntly, obscene and chicanery of the most extreme sort". [163]

In the 2000 National HIV/AIDS Strategy, the government undertook to streamline all HIV/AIDS initiatives into a national programme to "guide the country's response to the pandemic." The aims of the strategy were to:

- Prevent the spread of the disease
- Provide treatment, care and support in health facilities and in communities, with an emphasis on developing the provision of care to children and orphans.
- Support research, including the development of an AIDS vaccine and investigating other treatment options
- Protect legal and human rights of those affected by HIV/AIDS

The plan was criticised by the Education Policy Unit of the University of the Witwatersrand for seeing the pandemic "primarily in medical and health terms instead of also in a broader social context rooted in social dynamics and relations. Flowing from this perception, a practical multisectoral response was neglected. For political analyst Hein Marais, South African society was trapped between two misfortunes:

> 'On the one hand, there is the health and medical establishment's failure to deal with the disease in the form of service, treatment and counselling. On the other, there is the ideological failure of politicians, intellectuals and AIDS workers to decipher the social, economic and political mechanisms of the disease. Instead of remedying these failings, the moralistic overtones of prevention messages have an alienating effect…'"

The Education Policy Unit in fact concluded that the National plan had failed. "Some of the banal but very real contributory factors include inaccessibility of drugs and

[162] "HIV/AIDS and Education" by Salim Vally, published in the Quarterly Review of Education and Training, April – June 2000.
[163] "Re-assessing Policy and Reviewing Implementation: A maligned or misaligned system?" by S. Vally, published in the Quarterly Review of Education and Training, April – June 2000

their high costs, and the fact that, since 1996, the Finance Ministry has, through fiscal austerity, not only prevented the Health Department from providing free drugs to pregnant mothers, but also prevented the building of an adequate primary health infrastructure in order to make drug distribution and monitoring successful." [164]

Overall, the government's choice of message was also criticised for imposing morals. "The state's choice of ABC (Abstain, Be faithful, Condomise) unashamedly promotes a new sexual morality in its hierarchicisation of sexual practice. While this offers some choice, it is preachy. In gender terms, one might say that these kinds of interventions use patriarchal modes of communication where learners are expected to heed the wisdom of the all-knowing patriarch".[165]

Clearly the issue of universal, free access to HAART is a critical area for the Soul Buddyz team to include in the series, since the major problem faced by children in the target group is orphanhood – a situation which can only be prevented at this late stage by a massive rollout of HAART to all. There is no other way to prevent half of Soul Buddyz target audience from becoming orphans in the next few years other than to offer free HAART to their parents.

It is also clear from the literature reviewed that there is no practical or emotional way possible to "cope" with orphanhood. While schools and the education system can be safe havens, this is by and large not the case generally as the literature review shows. A practical and unavoidable need for the basic survival of orphans is food and shelter. While schools cannot be expected to provide accommodation for one million orphans, the general failure of the school feeding schemes nationally are a severe blow to all orphans, for whom the prospect of a daily school meal is the only thing that stands between them and starvation. Soul Buddyz will have to find a way to address the food and malnutrition crisis being experienced by their audience, who constitute the most vulnerable group of hungry people in South Africa.

Access to school remains a huge unknown factor in the lives of the majority of Soul Buddyz viewers, with its massive current problems of lack of transport, and the high price of all costs associated with education – fees, uniforms, books and school shoes. Given the plethora of existing problems it is unsurprising that 60% of pupils drop out of school between Grade One and 12. This is according to a report titled "Education Statistics in South Africa at a Glance in 2001" which was released by the Department of Education after a long delay in October 2003. Many of the factors that lead to such a high dropout rate have been detailed earlier in this review (high cost of uniforms, transport and books as well as lack of basic services and food at schools).

Partnerships with organisations such as the Education Rights Project and continuing relations with social movements such as the Treatment Action Campaign that support communities in their bid to access free education, address social security issues and stamp out these barriers to education is desirable. The Soul Buddyz series can play a vital role in ensuring that more children get into school and remain in school.

---

[164] "HIV/AIDS and Education" by Salim Vally, published in the Quarterly Review of Education and Training, April – June 2000.

[165] "The school setting: opportunities for integrating gender equality and HIV risk reduction interventions", by Morrell, Moletsane, Karim, Epstein and Unterhalter, published in Agenda 53, 2002.

Key stakeholders and their contact details

- *Alliance for Children's Entitlemet to Social Security*
  Office 1
  1st floor
  Findlay and Tait House
  corner of Main and Gabriel Roads
  Plumstead
  7800
  Tel: (021) 761 0117

- *Children's Institute, University of Cape Town*
  Child Rights Programme Manager / Advocacy Co-ordinator
  Paula Proudlock
  University of Cape Town
  Tel: (021) 689 5404

- *Children's Movement of South Africa*
  3 Milner Road
  Rondebosch
  7701
  Cape Town
  Tel: (021) 6866898/3

- *Children's Rights Centre*
  1st Floor
  480 Smith Street
  Durban, S.A.
  Tel: 031-3076075

- *Education Rights Project*
  Wits Education Campus
  University of the Witwatersrand
  Johannesburg
  Telephone: 011 717 3071

Important readings

These readings have been emailed to Soul City or are attached:

1. "The role of schools in addressing the needs of children made vulnerable in the context of HIV/AIDS" by Sonja Giese, Helen Meintjes, Rhian Croke, Ross Chamberlain, Children's Institute, 2002

2. "The sound of silence: Difficulties in communicating on HIV/AIDS in schools - Experiences from India and Kenya" by Tania Boler, Amina Ibrahim, Ranjin Adoss, Margaret Shaw published by ActionAid, 2003

3. Educator Mortality In-Service in KwaZulu Natal - A Consolidated Study of HIV/AIDS Impact and Trends, by Peter Badcock-Walters, Christopher Desmond, Daniel Wilson & Wendy Heard, Mobile Task Team (MTT[166]) on the Impact of HIV/AIDS on Education, HEARD, University of Natal

4. The 2002 HSRC/Nelson Mandela Children's Fund study into HIV/AIDS

5. Masters Thesis, Fazel Khan

6. Young men and HIV: Culture, Poverty and Sexual Risk, Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001/The Panos Institute 2001

[166] The Mobile Task Team (MTT) is a network of Southern African professionals in complementary disciplines, currently working in 12 African countries, to assist MoEs to manage and mitigate the impact of HIV/AIDS through the strategic planning and implementation of sustainable and systemic interventions. It operates from the Health Economics & HIV/AIDS Research Division (HEARD) of the University of Natal and is funded by USAID.