The impacts of HIV/AIDS on children in two case study areas of KwaZulu-Natal: perspectives of different stakeholders.

Lucy Philipson

A thesis submitted in partial fulfilment of the requirements for the degree of Masters of Development Studies by the University of KwaZulu-Natal, Durban.

January 2005

Contents

Section	Title	Page
	Abstract	i
	Acknowledgements	ii
	Abbreviations	iii
Chapter 1	**Introduction**	**1**
1.0	The Global Issue	1
1.1	HIV/AIDS in Africa	1
1.2	HIV/AIDS in South Africa	3
1.3	The Research	3
1.4	Conceptual Framework	4
Fig 1.0	Conceptual Framework Diagram	5
1.5	The Case Study Areas	6
1.6	The Research Methods	6
1.7	The Need for Further Research	7
1.8	The Aims and Objectives of the Research	8
Chapter 2	**Literature Review**	**10**
2.0	Introduction	10
2.1	Orphans	10
2.2	Extended Family	10
2.3	Poverty	13
2.4	Crime	16
2.5	Vulnerability	16
2.6	Exploitation	19
2.7	Street Children	20
2.8	Education	21
2.9	Children as Carers	23
2.10	Emotional Impacts	24
2.11	Stigma and Discrimination	25
2.12	Conclusion	26
Chapter 3	**Methodology**	**28**
3.0	Introduction	28
3.1	Study Sites	28
3.2	The Context	28
3.3	Justification for the study	29
3.4	Data Collection/Research Process	29

3.5	Research Methods	31
3.5.1	Sampling	32
3.5.2	Quantitative Data	32
3.5.3	Qualitative Data	33
3.6	Limitations of the Study and Ethical Considerations	34
3.7	Summary	35
Chapter 4	**Data Analysis**	**36**
4.0	Introduction	36
4.1	**Household Impacts – Introduction**	38
4.1.1	Orphans	38
4.1.2	The Extended Family	39
4.1.3	Child-headed Households	45
4.1.4	Summary	47
4.2	**Economic Impacts - Introduction**	48
4.2.1	Poverty	48
4.2.2	Access to Grants and Welfare	50
4.2.3	Child Coping Mechanisms for Poverty	52
4.2.4	Child Labour	53
4.2.5	Criminal Behaviour	54
4.2.6	Summary	56
4.3	**Social Impacts - Introduction**	57
4.3.1	Stigma and Discrimination	57
4.3.2	Stigma in Schools	59
4.3.3	The Emotional Impact of Stigma	60
4.3.4	Deprivation of Education	61
4.3.5	Support Networks	67
4.3.6	Abuse	69
4.3.7	Physical Abuse	69
4.3.8	Sexual Abuse	70
4.3.9	Summary	71
Chapter 5	**Conclusions and Recommendations**	**73**
5.0	Introduction	73
5.1	Household Impacts	74
5.1.1	Extended Family	74
5.1.2	Child-headed Households	74
5.1.3	Children as Carers	75
5.2	Economic Impacts	75
5.2.1	Poverty and Health	75
5.2.2	Poverty and Education	76

Abstract

This dissertation aims to examine the impact that HIV/AIDS is having on children in South Africa by focusing on two case study areas in KwaZulu-Natal. The research study examines impacts such as increased poverty, emotional stress, vulnerability, stigma, deprivation of education and criminal behaviour and the coping mechanisms put into place to address these impacts.

HIV/AIDS is impacting on children in several different ways. HIV/AIDS increases child vulnerability and poverty and has a detrimental impact on child health and welfare as well as education and socialisation. The impacts discussed in this research study have been highlighted through data obtained from key stakeholders working with children in the HIV/AIDS field.

The research will argue that insufficient support is being provided for the future generation of South Africa and if the country is to minimise the damage, which will inevitably be caused as a result of this epidemic, policies aimed at child welfare must be implemented immediately. The future development of South Africa is at stake and it is the children of this nation who will feel the consequences of the present governmental failure to provide for the people, should they continue to ignore the severity of the epidemic.

Acknowledgements

The writing of this dissertation would not have been made possible without the extensive co-operation and kindness of the members of staff at iThemba Lethu and Hillcrest AIDS centre. These organisations are providing a much needed service to many people in KwaZulu-Natal, many of whom would not be here today without the support network that has been established through these two remarkable non-governmental organisations.

My supervisor Dr. Pranitha Maharaj has provided a vital guidance and encouragement at times when I thought I would never finish this piece of work.

As always, the unconditional patience and support of my parents has been fundamental to the completion of this dissertation.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV's	Anti-Retro Virals
HEARD	Health Economics and Research Division of the University of Natal Durban
HIV	Human Immunodeficiency Virus
HIVAN	Centre for HIV/AIDS Networking
HSRC	The Human Science Research Council
NGO	Non Governmental Organisation
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
WHO	World Health Organisation

Chapter 1
Introduction

1.0 The Global Issue

HIV/AIDS is a critical global concern that has been recorded in every country across the world. Despite efforts to address the epidemic, it continues to claim the lives of millions of people each year. There is no doubt as to the severity of the epidemic and the extent to which it is impacting upon the lives of numerous people the world over. There are an astonishing 40 million people worldwide who are living with HIV/AIDS, 2.5 million of whom are children (UNAIDS/WHO, 2003:3). Five million people across the globe were newly infected with HIV in 2003 and of this total number, 700,000 were children and the total number of AIDS deaths was 3 million, 500,000 of whom were children (UNAIDS/WHO 2003:3). These statistics clearly show that there are many more adults dying from AIDS related illness than children, however, it is important to consider the fact that the impact of the epidemic on the lives of adults will inevitably have an impact on their children. It is not only the adult population that is being severely affected by this epidemic but also the future generations of the world.

Ninety-five percent of people infected with HIV live in developing countries, primarily South Africa (Cornia, 2002:3) and each year the rate of new HIV infections is recorded as being highest in young people. The epidemic is resulting in seriously damaging consequences for many countries all over the world; however, it is sub-Saharan Africa where the majority of infections in the world occur (Barnet and Whiteside, 2002:9). A recent national survey in South Africa shows that the peak incidence of the epidemic occurs in 15 to 24 year olds (Pettifor et al, 2004:6). As the future generations of developing countries, it is essential that the health and welfare of youth be recognised as a high priority.

1.1 HIV/AIDS in Africa

For Africa as a whole, the HIV/AIDS situation has grown to be a major catastrophe and it signifies an unparalleled crisis for the continent (World Bank, 2000:64). The

epidemic has evidently expanded from a health issue to a development crisis, partially because it is the younger adult population who make up the majority of those who are HIV positive (Lyons, 2000:2). This group of people comprises the most productive members of society who should essentially make up the majority of the labour force.

The spread of HIV and the rising number of AIDS related deaths are resulting in the gradual destruction of sub-Saharan Africa's social capital, as production sectors such as agriculture and industry are destined for devastation (Alban and Guinness, 2000:2). This is likely to have severely detrimental consequences for the already struggling economies of the majority of countries in the region and further intensify poverty levels. A study undertaken by the World Bank found that a reduction in the growth rate of a country's gross domestic product is significantly linked to an increase in the HIV prevalence rate (Bonnel, 2000 cited in Alban and Guinness, 2000:3). HIV/AIDS is exacerbating problems of poverty and stretching the limits of social services, resulting in overcrowded health facilities and inadequate welfare systems.

AIDS in the developing world is perpetuating high poverty levels for the majority populations. A study undertaken in Rwanda showed that fewer than thirty percent of households were able to afford health care costs due to their low levels of income (Schneider et al 2000 cited in Alban and Guinness, 2000:10). The fact that people are struggling to pay for medical care has severe consequences for the epidemic, if people with HIV and AIDS cannot afford medical care their health will deteriorate rapidly. Despite global knowledge of the virus and its consequences, it continues to gain speed in Southern African countries (Barnet and Whiteside, 2002:9). The fact that this region of the world is one of the poorest and least developed is arguably one of the many explanations for the increased prevalence of HIV and AIDS.

The orphan issue is an obvious cause for concern in sub-Saharan Africa due to the high number of AIDS related deaths in the region. Eighty percent of all the world's children who are orphaned by HIV/AIDS are found in sub-Saharan Africa (UNAIDS/WHO, 2003:1). This percentage clearly indicates the extent to which the region's children are being impacted upon. Over 11 million children under the age of 15 in sub-Saharan Africa have lost at least one parent to HIV/AIDS and 34 million children have been orphaned overall (UNAIDS/WHO, 2003:1).

1.2 HIV/AIDS in South Africa

The spread of HIV/AIDS in South Africa is adding significantly to the exacerbation of poverty and the hindrance of development. Despite the country's transition from a nation characterised by oppression, inequality and racial segregation, aspects of the legacy of apartheid seem to live on in the governmental failure to treat the HIV positive population. Without progress in treatment and prevention, the likelihood of a 15-year-old boy dying as a result of AIDS in South Africa is almost 70% (UNAIDS 2002, cited in Bjokman, 2002:5). South Africa's future looks extremely uncertain judging by the predictions of HIV infections and AIDS related deaths. A national survey undertaken by the HSRC showed that KwaZulu-Natal has the highest provincial level of orphaned children (Brookes et al, 2004:20). The same study also showed that in South Africa, the children who were more likely to have lost both parents were black African children living in poor households. South Africa is experiencing a vast increase in the number of orphaned children. In 2002, UNAIDS estimated that approximately 660,000 children in South Africa have become orphaned to AIDS, (children under 14 years old who have lost either one or both parents to AIDS) (Brookes et al, 2004:19).

The South African Health Review (2002:203) stated that many households in South Africa are battling to cope with caring for severely ill household members, in addition to dealing with the economic consequences of the person's illness. The epidemic is having a huge economic impact on the South African population, indicating that there is a great need for governmental intervention in the form of financial support.

1.3 The Research

The principal elements that influenced the origin of this study lie predominantly in the statistics and extensive literature available on the subject. The research is justified because there has been so much research undertaken on the subject of HIV/AIDS and yet the epidemic persists. It is difficult to comprehend the lack of intervention being taken by many of the governments of African nations when the extent of the epidemic is so clearly apparent.

The focus on children was decided upon simply because children often go unheard and it is important that their needs are expressed to those who have the power to improve their situations. Children are the future, and their needs are already being neglected, perhaps by attempting to visualise these needs a change can take place which will allow for an overall improvement in the welfare and support available for these particularly marginalised and vulnerable members of society.

It is the intention of this study to provide a valuable insight into how severely HIV/AIDS is impacting upon children from the perspectives of people working with them in the community and in the education and health sectors. The impacts referred to here are those experienced by children who are both HIV negative and HIV positive. Although there are many children currently living with HIV in this province, there are also many more that, although their status is negative, are subjected to the consequences of the epidemic on a daily basis.

It is hoped that this research may be able to assist in highlighting the gaps in support for families affected by HIV/AIDS. If these gaps are found and valid solutions to the problems put forward, it may be possible to construct policy or programmes, which will efficiently assist AIDS sufferers and their carers both emotionally and financially.

1.4 Conceptual Framework

Based on the objectives of the study, a conceptual framework influenced by empirical research is proposed that addresses the relationships between different stages of the study. Figure 1.0 illustrates the main components and the hypothesised relationships between them.

The diagram shows the potential impacts of the HIV/AIDS epidemic on all children whether they are HIV positive, orphaned or living in a household where a member of that household is HIV positive. The impacts illustrated in the diagram vary in that they impact upon social and economic aspects of children's lives. The conceptual framework reflects impacts on the individual, household and national level. The diagram illustrates the ways in which these impacts are interrelated.

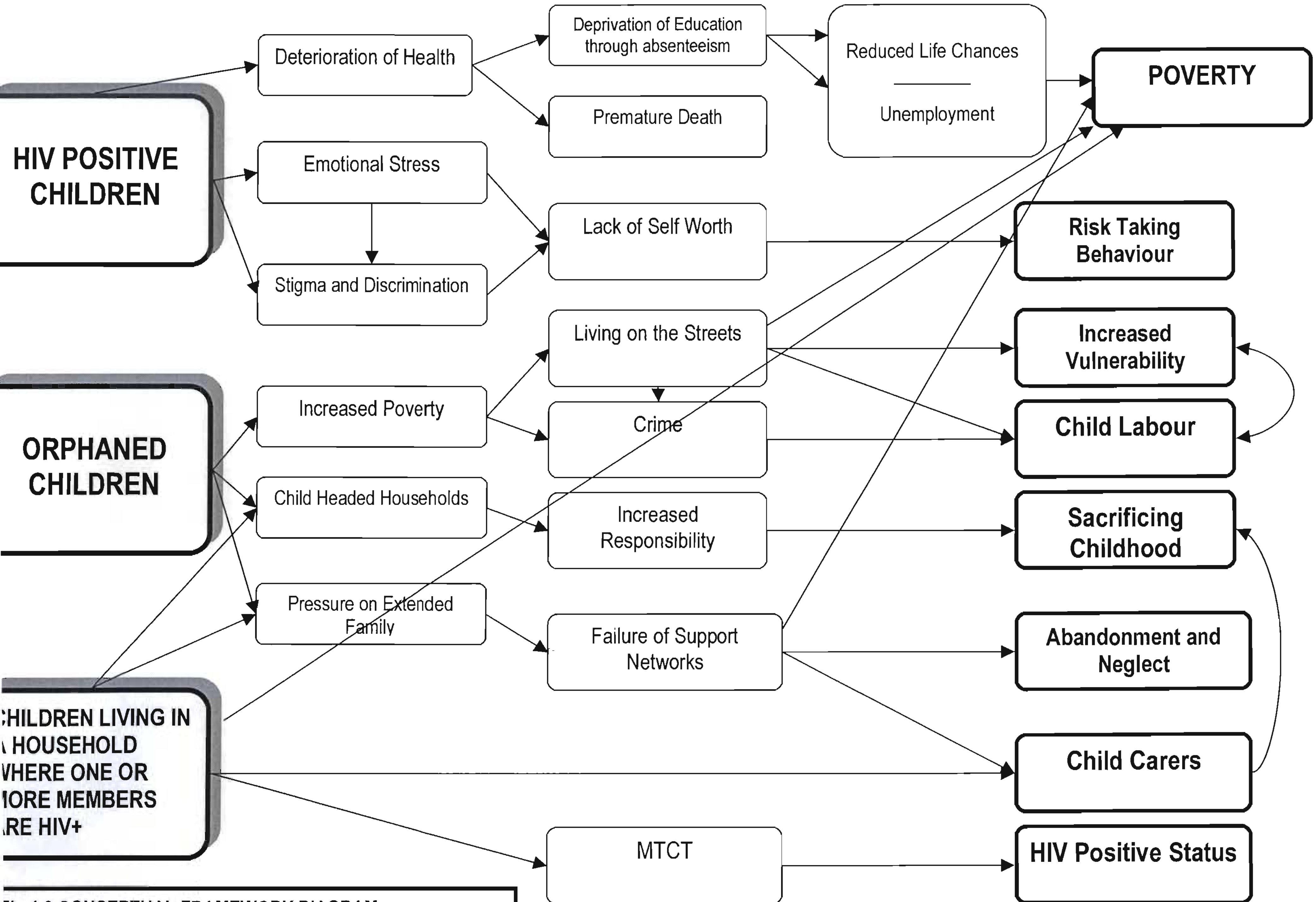


Fig 1.0 CONCEPTUAL FRAMEWORK DIAGRAM

1.5 The Case Study Areas

This study proposes to examine the impacts of the HIV/AIDS epidemic upon children in 2 case study areas in KwaZulu-Natal. KwaZulu-Natal has the highest estimated provincial HIV prevalence in South Africa; in 2002 the prevalence was approximately 30% (Quinlan (B), 2003:4). The lack of access to services combined with the high prevalence rates in the province makes KwaZulu-Natal a primary target for HIV/AIDS research.

The 2 case study areas were chosen through preliminary research undertaken prior to the writing of this dissertation. The early stages of research revealed certain difficulties attached to collecting data from children. The areas of Cato Manor and Hillcrest were chosen due to the presence of NGO's (non-governmental organisations) in the area who were willing to assist with the research study.

1.6 The Research Methods

The study is predominantly anthropological and therefore relies largely on qualitative data. The outcome of this study will be based on the findings from 18 in-depth interviews. Unfortunately, certain ethical issues and constraints meant that it was not possible to speak directly to children. This ultimately led to the decision to interview people who work and live with children in communities where there is an increased prevalence of HIV. Finding an area with a high prevalence of HIV was not difficult in KwaZulu-Natal due to the high provincial prevalence. These issues will be expanded upon in the research methodology chapter.

This study has identified several themes, which arise when looking at the impact of HIV/AIDS on children. The most damaging impacts of the epidemic on children are seen when a child loses a parent. The data analysis will show that orphanhood brings with it, increased vulnerability, child-headed households, barriers to education, extreme poverty and emotional problems. These impacts became apparent in the preliminary research for the study through previous studies and literature written on the subject of children and HIV/AIDS. These will comprise the themes used to provide a framework for the dissertation as a whole.

1.7 The Need for Further Research

There is a need for further research in this area as the number of children losing their parents as a result of AIDS is rapidly increasing and the need for social safety nets to be put in place has never been so apparent. Unfortunately this pattern is likely to continue and worsen with time, as argued by Dixon et al (2001:1) the total size of the disease pool combined with the length of the incubation period, means that HIV/AIDS will continue to have a major effect on African people for decades to come.

It is clear that HIV/AIDS is here for the long term and it is essential that government policy take notice of the research that has been undertaken in order to prepare for the future consequences of this epidemic. The family provides an essential social support system for children, from which they gain knowledge and guidance to influence their development. Once parents are removed from this system, children must find an alternative source of emotional support and guidance, without which their socialisation is at risk.

A rural hospital study undertaken in South Africa stated that, 66% of children in a sample of 35 families had experienced one or more deaths of a parent in the last 3 years (Quinlan (A) 2003:1). This percentage clearly shows that many children are losing either one or both of their parents prematurely. The fact that children are to be left without parents at a young age raises the question as to who will provide guidance and security for them.

The purpose of this research is to contribute to the research undertaken previously in the field of HIV/AIDS with a specific focus on the impact it is having on children. Although a great deal of research has been undertaken in this field, this study aims to look more closely through qualitative research into the impact of HIV/AIDS on children from the perspectives of those at a grassroots level.

The need for further research is essential to decipher what needs to be done by the government and policy makers in order to assist the many children in the country

affected by and infected with HIV/AIDS. It is apparent that the government has attempted to provide some welfare support and safety nets for children affected and infected by HIV/AIDS, however, this study will provide evidence that there are severe problems concerning the delivery of support.

1.8 The Aims and Objectives of the Research

The main objective of this study is to provide an insight into the impacts of HIV/AIDS on children at a grassroots level. It is the intention of the study to meet this objective through interviewing people who work directly with children who are both affected by and infected with HIV/AIDS. Through analysis of the data obtained, the study will make recommendations to reduce the severity of the impacts identified. The overall objective of the research is to highlight these impacts so that they may be addressed more efficiently to improve the lives of children in the future.

This study aims to explore the impacts of HIV/AIDS on children in 2 case study areas in KwaZulu-Natal. The impacts will be examined using data collected from in-depth interviews with community workers, health workers and educators. This data will be analysed, then summarised before making recommendations as to how to reduce the severity of the impacts discussed throughout the research.

The extent to which HIV/AIDS is prevalent in South Africa is undoubtedly a cause for concern for policy makers and the government. Although not everyone is infected, the number of people affected by the epidemic is phenomenal. The burden of care on a household is a major concern due to the lack of services available in the community and a lack of money to allow access to adequate care. There is no quick and easy solution to this disastrous epidemic. Even if the rate of HIV infections slows down, those already infected will inevitably contribute to the increasing devastation of the epidemic.

Although HIV/AIDS is a global concern, coping with it and providing support for those who are both infected and affected must start at the individual and household level. A more in-depth understanding of the way in which people are attempting to

cope with this epidemic is required in order to provide the support necessary. The following chapters will attempt to highlight these issues.

Chapter 2
Literature Review

2.0 Introduction

This chapter aims to provide a comprehensive review of literature concerning HIV/AIDS and its impact on children. The review refers to academic literature from books, journals, reports and newspaper articles and focuses mainly on African research. The major impacts identified through previous studies are numerous; however, one issue, which stands out above all others, is that of orphanhood. This study recognises the importance of addressing the orphan issue and therefore begins with an insight into the available literature on this particular group of vulnerable children.

2.1 Orphans

On a global scale, the total number of children orphaned by AIDS and living at the end of 2001 was approximately 14 million, 95% of whom live in sub-Saharan Africa (UNAIDS, 2000 cited Van Dyk, 2001:334). Giese and Meintjes (2003:42) argue that Sub-Saharan Africa is suffering the bulk of the epidemic, which is claiming the lives of so many people in their reproductive years that it is creating a generation of orphans. Lyons (2000:2) supports this argument in her statement that it is the 15 to 24-year-old members of the population who are becoming infected with HIV. The consequences of HIV/AIDS spreading throughout the youthful population are vast due to the severe depletion of entire generations and the consequential increase in orphans and children born HIV positive.

2.2 Extended Family

Traditionally, the care of a child in Southern Africa has been regarded as a communal function whereby grandparents and neighbours assist parents (Mbambo and Msikinya, 2003:62). Extended family and communities have provided support for children in the past and continue to do so now (Ewing, 2003:50; Guest 2003:10). Sunter and Whiteside (2002:80) found that South Africa has a very high percentage of children

who are not continually cared for by their parents, and there are very high rates of care by extended family. A lack of welfare in African countries means that extended families are often the only form of safety net available to orphaned children.

Giese and Meintjes (2003:45) argue that although the government is creating policies to accommodate this increase, the implementation and delivery of these policies is severely lacking. Van Niekerk and Dhabicharan (2003:8) also argue that one of the primary problems facing the children of South Africa is the non-existent or inadequate social security and income support available. A number of studies argue that lack of political will is the major problem hampering delivery (Desmond 2003(A):5, Ewing 2003:50).

By the year 2010, it is predicted that 40 million children in developing countries will have lost one or both parents to HIV/AIDS (Lyons, 2000:2). The number of orphans in sub-Saharan Africa is multiplying so rapidly that the resources available to provide adequate care are becoming increasingly scarce. In the case of South Africa, although the extended family is providing a vital service through the absorption of orphaned children, the majority of orphans reside in poor communities (Desmond, 2003(A):5). The poverty rates in South Africa are notoriously high therefore, many communities where people are dying of AIDS are extremely poor. Often the burden of care lies with poor women in poor households, in poor communities (Giese and Meintjes, 2003:47). This idea that it is women who are taking responsibility for orphans in Africa is reiterated throughout the literature and it is rarely suggested that men are accountable for the care of orphaned children. A study undertaken by USAID and Help Age International (2003:6) found that older women headed two thirds of households in their study in Juba in Sudan and argued that many older women are taking on the responsibility of caring for their deceased relatives children as a result of HIV/AIDS.

Concern for the traditional extended family form of orphan absorption has risen due to the rate and intensity at which parents are dying. Bernes-Lasserre (2002:1) found that in 15 years, AIDS has increased the pressure on the extended family support system in southern Africa and many people are struggling to cope with the number of orphaned children. Mbambo and Msikinya (2003:61) argue that the strength of the

extended family system has been eroded resulting in a decline in the methods of support available to a parent. In time, more parents will die and more orphans will be left alone, leaving fewer available options for the care of orphaned children. Extended family members from the same generation as the parents may also be lost to the epidemic, further reducing the sustainability of extended family orphan care.

Brown (2001:3) argues that despite the resilience and capabilities of extended family networks in Africa, more orphans will present a major challenge for this form of support. Evidence that the extended family network is already failing can be seen in the emergence of child-headed households. Mhone (2002:80) supports this argument in his statement that the increase in child-headed households suggests that the extended family as a coping mechanism is failing.

Presently there is a debate as to how substantial an issue child-headed households are and there is a need for further research into their existence. Desmond et al (2003:58) used data from the October Household Survey in South Africa in order to establish the extent to which the child-headed household phenomenon is a reality. The data showed that minors headed 0.25% of the households included in the 1999 survey. The data for this study was collected 5 years ago and more recent literature (Sunter and Whiteside, 2002:80) argues that the number of child-headed households is increasing. It would seem that child-headed households are in existence and although research may indicate that there are not many, they are clearly an increasing reality.

The Durban Children's Society annual report of 2002 claimed that they are unaware of any child-headed households within their area of operation; however, the report does predict that the situation will become exacerbated in the near future (Mlisana, 2002:1). Child-headed households are likely to increase as AIDS deaths continue due to increasing numbers of orphans and pressure on the extended family. Ewing (2003:50) supports this and claims that although previous child-headed household predictions were exaggerated, they are growing.

Child-headed households have resulted in the emergence of increased responsibility for the child at the expense of essential components of their childhood. Lyons (2000:5) states that children, who are forced to take on the role of parent, nurse and

provider, do so at the expense of their own health and development and many of them leave school. Mukoyogo and Williams (1991:3) found that children face a persistent battle for physical survival, education, love and affection, and for protection against exploitation, abuse and discrimination. These impacts can have a severely detrimental effect on a child's life and can increase their vulnerability. Undoubtedly children are sacrificing their childhood as they are forced into premature adulthood. Sunter and Whiteside (2002:95) agree that the number of child-headed households is growing and these children will receive little or no adult attention or parental guidance, which can be detrimental to child development.

Desmond et al (2003:57) state that a child may find themselves as the head of a household despite the presence of an adult, this occurs when the adult is too ill or too old to head the household. Using children as carers, parents and heads of households when a parent is suffering due to AIDS is a coping strategy, which can have severe repercussions for the child in the long run. Van Dyk (2001:307) recommends that styles of coping with mourning and the ways in which people defend themselves against unbearable pain should be discussed within the confidential and caring counsellor-client milieu. However, for many children in poor areas, a way of coping with mourning must be found by the individual due to the failure of welfare and support systems.

A study undertaken by the Population Council showed that the majority of child support programs in Uganda fail to reach children before their parents die (Hutchinson, 2003:1). This is also true of the programs available in South Africa, as implied by Desmond and Gow (2002:1) in their suggestion that the government must look at reconfiguring the welfare system to reach orphaned children. Alban and Guinness (2000:5) reiterate this argument in their statement that a child left without access to adequate care, is likely to suffer from little or no education and poor socialisation.

2.3 Poverty

A significant proportion of the impacts of HIV/AIDS are poverty related (Giese and Meintjes 2003:46). HIV is often described as an epidemic of poverty, as areas with

high HIV prevalence are often located in very poor developing countries (World Bank, 1997 cited in Gregson et al 2001:467). Ewing (2003:50) states that 72% of South Africa's children live in poverty. Bjorkman (2002:10) argues that, if a person in a poverty stricken household becomes HIV positive, the household's poverty situation will perpetuate, consequently affecting the health and welfare of children in that household. Poverty can cause children to have a low perceived quality of life causing them to believe that they have nothing to loose thereby increasing their vulnerability (Quinlan, 2003(B):21).

Poverty limits a person's choice and options, such as their access to health care, nutritional food and basic sanitation and it can result in a person being at a higher risk of HIV infection. This can be particularly true for poor women. Cohen (1998:2) states that due to poverty in African countries, sexual intercourse for women and girls is often seen as a form of survival rather than choice. Quinlan (2003(B):21) supports this in his statement that, due to the perception of women's roles in the African culture, women are often unable to negotiate safe sex practices. Despite many women acquiring the disease from their husbands or partners, for many it is impossible to negotiate safe sex practices if their male partner prefers to practice unsafe sex.

In the developing world, HIV/AIDS has disastrous consequences for the majority of people; being diagnosed HIV positive is viewed as a death sentence (Ewing, 2003:50). Poverty is the primary cause of the reduced period of time between diagnosis and death in the developing world. This is emphasised by the findings of a study undertaken in Zambia that found that one of the most prominent characteristics of the economic impacts of AIDS in Zambian households was the swift conversion from relative wealth to relative poverty (Barnett and Whiteside, 2002:190). HIV/AIDS undoubtedly places further economic strain on poor households.

If the main breadwinner of a poor household is diagnosed HIV positive, the poverty level will exacerbate, due to increased outgoings such as medical costs and reduced income due to the illness and death of a productive member of the household. A research project in South Africa showed that, for a household, AIDS cases can be disastrous and the infected individual will require medical care and nutritious foods, thereby increasing demands on household resources (Whiteside and Barnett,

2001:370). According to Whiteside and Barnett (2001:370) if an adult of a household dies the household production capacity will be depleted, resulting in an overall decline in household income. Hutchinson (2003:1) argues that, once a person in the family dies, the children often lose access to education, medical care, and adequate nutrition. These impacts result in the compromising of a child's health and future as a result of their increased vulnerability.

The consequences of reduced income and productivity in a household can be devastating and other household members will have to find a way of coping to maintain their own welfare. Hunter and May (2002:8) found that coping behaviour jeopardised the household's asset base, in that the members of the household were finding themselves poorer and more vulnerable as a result of the period of illness. Less money will be available for surviving family members to provide health care for themselves and pay for basic necessities such as food and water.

The surviving members of a household affected by HIV/AIDS are often children and increased poverty will become an additional burden for them. Hunter and May (2002:8) carried out an analysis of household strategies to cope with the anticipated production losses resulting from illness. The study found that the most frequently used coping mechanism was the reallocation of tasks among other household members, evident in the increase in child carers and child labour.

There is clear evidence of a gendered aspect of poverty in relation to HIV/AIDS. Hunter and May (2002:9) argue that unequal rights and obligations on the basis of gender and age lead to differences in the ability to cope with economic difficulties. The consequences of poverty for women and girls can be extremely detrimental to their well-being. Giese and Meintjes (2003:46) argue that the needs of children should be grounded within national poverty reduction strategies. Bjorkman (2002:1) reiterated this argument in his statement that HIV/AIDS must be integrated into poverty reduction strategies. Poverty alleviation is essential for African countries to lessen the impacts of HIV/AIDS on children.

2.4 Crime

HIV/AIDS combined with poverty is arguably resulting in increased criminal activity brought about through desperation and economic hardship. Pharaoh and Schonteich (2003:10) expand upon this argument by identifying two ways in which HIV/AIDS is enforcing the impact of crime on children. The first suggestion is that orphaned children are increasingly vulnerable to being victims of crime, as they have no parental protection. The second is that children who are forced to fend for themselves may be tempted into crime as a means of survival. Guest (2003:12) also suggests that the already rampant crime in South Africa could increase significantly as a result of HIV/AIDS.

A South African Department of Health publication predicts that the impact of stress on a child orphaned by AIDS could lead to delinquent behaviour (Pharaoh and Schonteich, 2003:10). Bray (2003, cited in Stein 2003:4) argues that these findings are unfounded and ill considered and that labelling orphans as criminals or delinquents simply serves to strengthen stigma. This concept requires further research; however, the suggestion that children are tempted into crime or suffer as victims of crime is an important issue to consider as it could lead to increased child vulnerability.

2.5 Vulnerability

Desmond and Gow (2002:3) state that the vast majority of children in South Africa are either directly or indirectly affected by HIV/AIDS in some way. Despite efforts to reduce the number of children and young people becoming infected, the African Regional Youth Initiative (2004:2) states that half of all new HIV infections in the developing world occur among people who are under the age of 25. Children are more vulnerable than adults, and these infection rates could be linked to child vulnerability. Chambers (1989:1 cited Davies, 1996:21) defines vulnerability as, defencelessness, insecurity, and exposure to risks, shocks, and stress. This definition emphasizes the relationship between HIV/AIDS and vulnerability, in that a child suffering as a result of HIV/AIDS will be exposed to risks and stress and they are likely to be increasingly vulnerable through defencelessness and insecurity.

One of the most common ways for a child to contract HIV is through mother to child transmission (MTCT). Newborn babies are vulnerable, as they are completely defenceless. If a child is born to an HIV positive mother, there is a 30 to 60% chance that the child will be infected (Cohen, 1998:7). The inadequacy of governments to supply nevirapine to HIV positive expectant mothers on any significant level is clear in Ewing's (2003:50) argument that most women in South Africa have only a 10% chance of being offered the drug to prevent MTCT. If a child is born without having contracted HIV, that child still has to face growing up without one, or perhaps both parents, which will increase their vulnerability to many aspects of life including HIV/AIDS. This is clarified in a study by Barnett and Whiteside (2002:201) who argue that although a child born to an infected woman has a 30% chance of being infected, the chances of that child becoming orphaned is close to 100%. There is clearly a difference between infected children and children who are affected by HIV/AIDS, however, similarities lie in their vulnerability and the unavoidable suffering and loss that they will inevitably feel.

Children are particularly vulnerable to HIV/AIDS because they are physically and emotionally immature and witnessing a loved one die can have major consequences for a child's social and emotional development. Fox (2002 cited in Stein, 2003:11) identifies fear, insecurity, and hopelessness as emotional traumas suffered by children confronting the death of their caregivers. These emotional implications combined serve to increase a child's vulnerability, as they will find themselves in an increasingly ineffectual state.

There is a strong gendered aspect of vulnerability which is supported in a paper written by Maharaj (1999:1) which states that, in South Africa, the majority of the poor are women, particularly rural African women, and poor women are most at risk from HIV infection. In support of this, Brown (2001:2) states that female infection rates are higher than those for men, resulting in a severe gender imbalanced population. Lewis (2004:1) also states that a study in Botswana revealed that the HIV prevalence rate for young women and girls between the ages of 15 and 19 was 15.4% compared to 1.2% for men and boys of the same age.

The World Bank have also come to the realisation that the effects of gender inequality related to the HIV/AIDS epidemic are clearly visible, particularly in the developing world (World Bank, 2000:34). Females are perceived as less powerful than males in African society, consequently they are more vulnerable and more at risk from HIV/AIDS. In his speech, Lewis (2004:1) stressed that gendered inequality is responsible for nurturing and sustaining HIV, ultimately causing a disproportionate infection rate for women.

One of the issues continuing to arise is that of safe sex practices and why young people fail to protect themselves from the virus and persist in risk-taking behaviour. Van Dyk (2001:22) argues that it is very difficult for women and young girls to insist that their partners use condoms for fear of rejection or violence from their partners. In a study undertaken by Maharaj (2001:257) it was found that many women engage in sexual activities as a means of economic survival and financial hardship is a major constrain to women as it reduces their ability to adopt risk-reducing strategies in their relationships. This is consistent with a study by George (2004:1) that argues that the status of women in sub-Saharan Africa is low and therefore it is often difficult if not impossible for them to have the option to negotiate safe sex practices due to female dependence on men.

George (2004:2) argues that women in sub-Saharan Africa are 1.2 times more likely to be HIV positive than men. Young sexually active teenage girls are extremely vulnerable; they often feel that they have no choice when it comes to engaging in sexual activity with men. George (2004:2) also states that women engage in sexual relationships at a younger age than men and their partners are often older. If a man is older, he can often influence the decision of a young girl to have sex with him. Young women and girls are extremely vulnerable and impressionable which often leaves them at a greater risk. Gender inequality within African households remains apparent, women have a lack of power and men are the main decision makers. Maharaj (1999:2) argues that male domination is reflected in the rapes, femicides and other sexual violence affecting mostly poor women that have today reached such crisis proportions. Maharaj (1999:2) goes on to say that, one in three women in South Africa are in abusive relationships, a woman is killed by her partner every six days and there is a rape every 35 seconds.

These relationship power dynamics often mean that women lack the power to say no or ask questions about their partner's sexual behaviour or HIV status (Ewing 2003:51). It is often men that decide on how to use the resources available to them and men who make decisions with regard to relationships and sex which can influence and increase the vulnerability of women. Hunter and May (2002:9) state that women are more likely to suffer from negative shocks than men. HIV/AIDS is one such negative shock, and some of the consequences of the epidemic result in economic shocks.

Women and children are clearly increasingly vulnerable as a result of this epidemic. Brookes et al (2004:3) argue that because children have to grow up so quickly they are becoming prematurely sexualised which heightens their risk of contracting HIV. This argument is supported by Lyons (2000:3) who argues that the majority of children in KwaZulu-Natal are vulnerable to HIV infection because they are poor, hungry and often exploited.

2.6 Exploitation

Child exploitation in Africa is increasing as a result of HIV/AIDS. Orphaned children have no one to account for their safety and well-being therefore, they are easier to exploit. Stein (2003:3) suggests that orphaned children are more vulnerable to exploitation as cheap labour and Desmond et al (2003:57) argue that children are being forced to go out to work, leaving them open to exploitation and abuse. Exploitation and abuse contribute to increased anti-social behaviour and criminality on the part of OVC's (orphans and vulnerable children) such as their involvement in commercial sex work (Schonteich, 2000 cited in Stein, 2003:3). There is a need to provide a safe and secure environment for these vulnerable children in order to lower the risks of their exploitation.

Ewing (2003:50) refers to a climate of hopelessness and fear for people affected and infected by HIV/AIDS and stresses that children, particularly girls, are at risk of rape or sexual assault and HIV infection. Orphans lack parental protection and are therefore vulnerable to exploitation as suggested in a UNAIDS report showing an

increase in sexual abuse of orphaned children (Stein, 2003:3). Van Dyk (2001:335) supports this argument by stating that because children orphaned by AIDS have no money, they suffer more frequently from malnutrition, illness, abuse and sexual exploitation than children who are orphaned by other causes. This is supported by a study conducted by Le Breton and Brusati (2001:2) who found that children affected by the epidemic are at a greater risk of engaging in risk-taking behaviour such as working on the streets and/or informal sex work. This emphasises the link between HIV/AIDS poverty and vulnerability, if a person has money they are likely to be less vulnerable as they will not be forced into work on the streets.

2.7 Street Children

There has been an increase in the number of street children in African urban areas, partially due to HIV/AIDS. Sekeleni (2003:5) interviewed a street child from Durban, who said that children leave home for different reasons ranging from stealing money to unemployment, poverty, rape by a family member and death caused mostly by HIV/AIDS. Situations of poverty combined with HIV/AIDS can result in children working on the streets for survival.

Hutchinson (2003:1) relates the emotional impacts of HIV/AIDS to poverty, stating that children who suffer emotionally and developmentally from grief and the loss of parental nurturing are more likely to live in poverty. The family provides a fundamental form of support for children without which, they are economically, physically and emotionally vulnerable. A report produced by Madorin (2004:1) states that if a child loses a mother they lose the person to whom they relate to emotionally and her absence leads to further difficulties for the child as their emotional support unit is removed.

In order to reduce the chances of a child becoming HIV positive they require a stable and supportive environment, such as their family home, in which to learn how to protect themselves (Le Breton and Brusati, 2001:10). Working and living on the streets puts the safety of these children at great risk, thereby increasing their vulnerability. Efforts must be made to accommodate the needs of these children, as the longer they are living and begging on the streets the higher the risk of HIV/AIDS

and sexual exploitation (Sekeleni, 2003:5). Often children are coerced into becoming sex workers due to the appeal of the money and a lack of guidance and security from a parental figure. When children work, they increase their vulnerability by missing school, thereby sacrificing their education and more importantly their knowledge of HIV prevention (Le Breton and Brusati, 2001:7).

2.8 Education

Children subjected to the premature loss of their parents and caregivers have to take on responsibilities for which they are inadequately prepared, often at the cost of their education (Desmond, 2003(A):4). Poverty combined with HIV/AIDS can have a detrimental impact on a child's education, which can also contribute to child vulnerability. If a member of the household is sick, finances are drained due to health care costs, which can lead to a family being unable to pay for their child's schooling (Garnett et al, 2001:399). If a child cannot afford school fees, they sacrifice their education and the possibility of a better future. Poverty levels can increase so much that children are perceived as being more productive if they are earning money or working in the home or on farmland. In a study undertaken in Zambia in 2000 it was found that, when an adult breadwinner dies, families are often forced to withdraw older children from school to maintain the household levels of food production (Mhone, 2002:80).

Several studies show that there has been a decline in the school enrolment figures in KwaZulu-Natal (Desmond and Gow, 2002:15, Hunter and May 2002:8). Hunter and May (2002:8) also found evidence of increased learner and educator absenteeism, leading to reduced contact time in school as increasing numbers of children lose their teachers to AIDS. A UNAIDS/UNICEF study has shown that 2% of children in Namibia, 3% of children in Zambia and Zimbabwe and 4% of children in Botswana have experienced the loss of a teacher to AIDS (Alban and Guinness, 2000:18). A recent study from UNESCO (2004:12) supports this argument in their report, which provides evidence to show that HIV/AIDS is resulting in an increase in teacher absenteeism, which is detrimental to a child's education.

Hunter and May (2002:8) found that if children neglect their education it would have a negative effect on household welfare in the long run. Children often have to neglect their education in order to cope with impacts of HIV/AIDS. The fact that this coping strategy may have a major negative long-term affect is of little concern to these children who must put their short-term needs first. Hunter and May (2002:9) also argue that children are leaving school as part of a household response to a shock. HIV/AIDS is a form of shock, just as war or famine; and this type of shock forces people to adapt their lifestyles for survival. If a person is too ill to work, their household income will drop and the household must find a person to replace the income-generating member, often a child.

Hunter and May's study (2002:9) also suggests that girls are more at risk of being taken out of school than boys. Investment in the future of boys is perceived as more important because girls will eventually leave the household through marriage. It is financially beneficial to educate boys, as they are more likely to find employment and provide an income for the household in the future and girls are traditionally regarded as being more suitable to take on the role of caregiver. This not only has a detrimental effect on the child's general education, but it prevents children from learning about HIV prevention (World Bank, 2000:11). This is especially disturbing when considering the heightened risk of young girls becoming HIV positive. A study in Zambia found that 21% of girls and 17% of boys had dropped out of school as a result of HIV/AIDS (cited in Bjorkman, 2002:6).

There are major long-term implications for the future of a country if education is declining. A reduction in the level of education will have a knock on effect on a micro level in that the level of poverty experienced by these children when they turn to adulthood will increase. A child without an education is unlikely to be able to compete in the job market consequently many will remain unemployed or perhaps employed in a low skilled, low paid job, thereby sustaining a life of poverty. On a macro level, the nation's economy will suffer with the expansion of a low skilled workforce.

2.9 Children as Carers

As mentioned previously, a lack of support networks in the developing world has resulted in the need for children to assume responsibility for the care of household members who are sick (Giese and Meintjes, 2003:42). If a child takes on the responsibility of caring for a member of their household, it is possible that they will have to sacrifice their education in order to do this. This is supported by Ewing (2003:53) who found that children are affected not just as orphans but as caregivers to dying family members.

A study undertaken in Uganda has shown that death from AIDS is associated with reduced schooling for children (Hunter and May, 2002:8). When a person begins to develop AIDS, their condition severely deteriorates, and eventually it is impossible for that person to travel to a hospital, in the unlikely event that they would be able to afford to go. Consequently, home-based care is essential for an AIDS patient. When a parent is ill in the later stages of AIDS, there is little or no support available. Sunter and Whiteside (2002:95) state that if a parent is lost due to AIDS, child suffering is intensified by prejudice and social exclusion and often the additional loss of education and health care.

Pharaoh and Schonteich (2003:9) state that caring for an HIV positive person puts an emotional and physical strain on the caregiver. The fact that many caregivers are children is a grave concern in that the child will not only be emotionally and physically strained through the provision of care, but they will also have to witness their parents die. A child living in a household where someone is HIV positive is likely to suffer from long periods of stress, suffering or depression even before that person dies (Sunter and Whiteside, 2002:96). Families affected by HIV/AIDS will have to cope with psychosocial factors including bereavement and depression (Mhone, 2002:80). These effects will also apply to children, and if the death was of their primary care giver, the impact will be significantly emphasised.

2.10 Emotional Impacts

The impact of HIV/AIDS emotionally and psychologically is extremely difficult to measure, especially when looking at the impact on children. Despite these difficulties, a significant amount of literature available on the subject implies that a child is at risk of being psychologically and emotionally distressed if they loose someone close to them to AIDS (Stein 2003, Madorin 2004, Pharaoh and Schonteich 2003). Pharaoh and Schonteich (2003:10) claim that the dynamics surrounding orphanhood can leave a child emotionally and psychologically vulnerable.

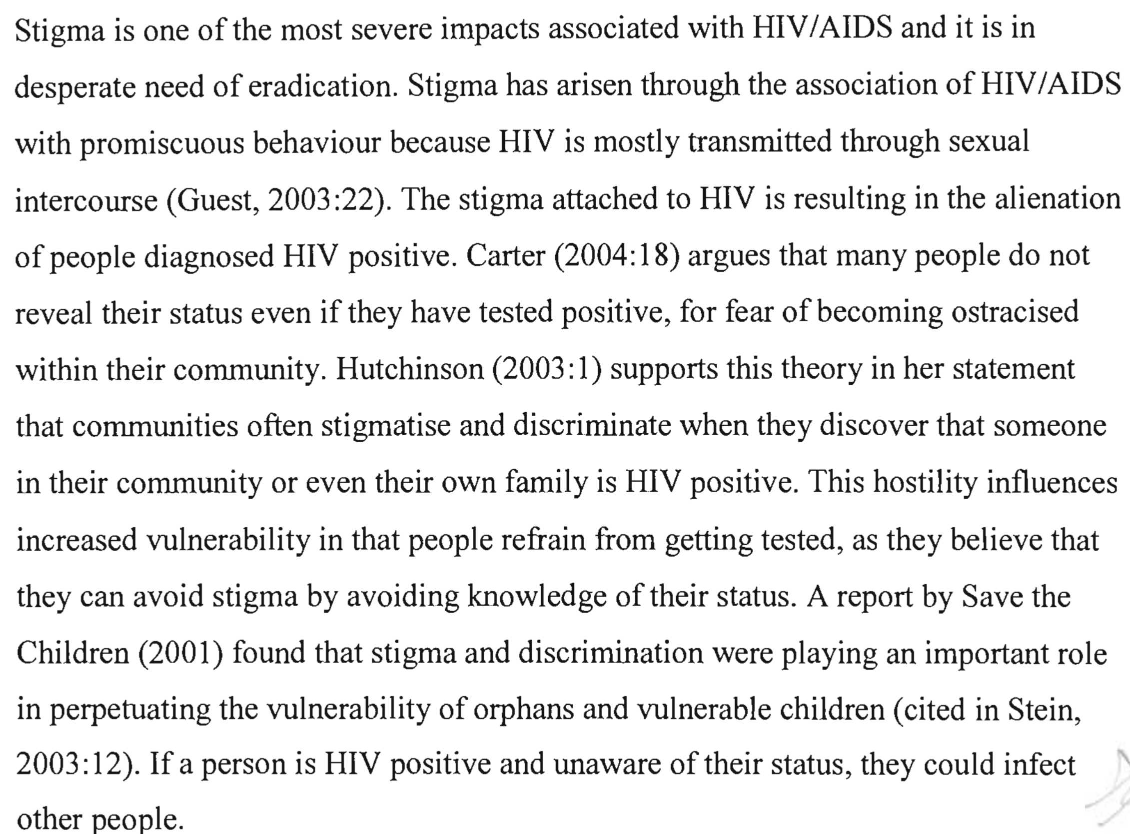
Sunter and Whiteside (2002:95-96) argue that the psychological impact on a child who witnesses a parent dying of AIDS can be more intense than for children who lose their parents to more sudden causes. AIDS results in the gradual deterioration of a person's health, they loose weight and their physical appearance can change substantially. If a child is subjected to watching their parent slowly deteriorate and then die, the psychological effects are likely to be extreme, especially if there are no social support systems in place. This is emphasised by the report written by the Durban Children's Society (Mlisana, 2002:3) which found that there are rapidly increasing numbers of children who are living in distress because of a parent or primary caregiver dying due to HIV/AIDS.

Often parents will not reveal their status to the family for fear of discrimination. Lewis (2001) argues that stigma often influences a parent's decision to refrain from disclosing their status to their children (cited in Stein, 2003:18). The fact that many parents do not disclose their status can add to the damage caused when they die. In 2001, a study undertaken by Horizons, in two districts in Uganda, found that less than half of the parents in the study had revealed their positive status to their children (Hutchinson, 2003:2). Children are denied the opportunity to come to terms with the predetermined death of a parent and the shock can have a traumatising effect on all members of the household. In addition, children whose parents die as a result of HIV/AIDS have the added stress of thinking that they too might be infected. Despite this, the study in Uganda found that, the children who took part in the study would prefer to know a parent's HIV status. The children believed that if they were aware of

the truth, they could learn from their parents about how to avoid contracting HIV/AIDS (Hutchinson, 2003:2).

It is almost certain that the death of a parent will have a negative emotional impact upon a child due to the traumatic nature of the experience (Madorin, 2004:1). Stein (2003:12) argues that children who lose their parents to AIDS suffer a qualitatively different set of traumas than children who lose their parents to other illnesses simply due to stigma.

2.11 Stigma and discrimination



Stigma is one of the most severe impacts associated with HIV/AIDS and it is in desperate need of eradication. Stigma has arisen through the association of HIV/AIDS with promiscuous behaviour because HIV is mostly transmitted through sexual intercourse (Guest, 2003:22). The stigma attached to HIV is resulting in the alienation of people diagnosed HIV positive. Carter (2004:18) argues that many people do not reveal their status even if they have tested positive, for fear of becoming ostracised within their community. Hutchinson (2003:1) supports this theory in her statement that communities often stigmatise and discriminate when they discover that someone in their community or even their own family is HIV positive. This hostility influences increased vulnerability in that people refrain from getting tested, as they believe that they can avoid stigma by avoiding knowledge of their status. A report by Save the Children (2001) found that stigma and discrimination were playing an important role in perpetuating the vulnerability of orphans and vulnerable children (cited in Stein, 2003:12). If a person is HIV positive and unaware of their status, they could infect other people.

Van Dyk (2001:334) states that stigma can result in negative consequences for children in communities where families do not want to care for children orphaned as a result of HIV/AIDS, therefore they are placed into the hands of the state who attempt to accommodate them in crowded institutions. Van Dyk (2001:334) also suggests that children placed into institutions are likely to feel socially isolated and will undoubtedly be denied access to basic social services such as education, which will compromise their future well-being.

2.12 Conclusion

Despite the numerous research studies, reports and statistics compiled here to indicate the severity of HIV and AIDS, the epidemic and its impacts continue to grow and intensify. Mukoyogo and Williams (1991:3) are not alone in their belief that finding a way of meeting the needs of orphaned children depicts a major new challenge to governments, international organisations, NGO's and communities. Van Dyk (2001:338) supports this argument in his suggestion that the orphans in Africa need us to be their advocates, and we must speak up in an attempt to seek recognition of the dignity, protection and basic human rights of a child.

Desmond and Gow (2002:18) argue that there are few studies, which actually look at the impact of being orphaned on individual children and the impacts on the extended family members who absorb the many orphans in South African society. This study has reviewed the available literature surrounding these issues. The data obtained through the research study will contribute to filling the gaps on research into impacts on individual children and extended family networks through the eyes of those who work alongside children in these communities with a high prevalence of HIV.

Ewing (2003:53) states that prevention and awareness campaigns focus mainly on orphans and often fail to address the impacts of AIDS on child carers. Desmond et al (2003:58) suggest that there is a need for further research on the burden of care placed upon extended family networks and the emergence of child-headed households. This study hopes to add to the knowledge of this subject through the research.

The conceptual framework referred to in chapter one, illustrated the way in which the main components of the study, although varied in social and economic origin, are interrelated. The framework attempts to conceptualise the complex relationships between the variables to provide a structure for the study in its entirety. This framework will be used to inform the following chapters in an attempt to sustain a concentration on the relationships between the different impacts that have been identified and the relationships between them. The conceptual framework shows the

impact of the epidemic as suggested by the literature review and the data obtained in this study and this will be used to maintain a focus on these issues.

This chapter has attempted to illustrate the numerous ways in which HIV/AIDS can impact upon the life of a child according to existing literature. The data analysis section will provide further insights into the impacts mentioned here with a view to suggesting recommendations for addressing the issues. The following chapter will examine the methodology used for this study in order to present an accurate description of the way in which the data collection took place.

Chapter 3
Methodology

3.0 Introduction

This chapter will give a description of the research methods employed in the study. The research aims to identify the impact of HIV/AIDS on children in KwaZulu-Natal. The objective of this study is to improve the understanding of how great the impact of the epidemic is on children who are both affected by and infected with HIV/AIDS. It is the intention to contribute to existing research and to examine the impacts of the epidemic from different perspectives. The impacts were identified through researching literature on HIV/AIDS and these impacts have provided themes to influence the structure of the study. The research will use findings from qualitative data to make valuable suggestions towards improvements for policy making.

3.1 Study Sites

The study was conducted in two areas in KwaZulu-Natal, Cato Manor and Hillcrest. Two NGO's in these areas agreed to assist with the research, which influenced the decision as to the choice of case study areas. These two organisations were essential to the provision of accurate information with regard to impacts of HIV/AIDS on children. In order to gain an extensive understanding of the impacts, the categories of stakeholders were chosen with the intention to obtain data referring to all aspects of the life of a child. The desired outcome of this research is to provide an insight into the overall impact that HIV/AIDS is having on children using qualitative data obtained from the case study areas.

3.2 The Context

KwaZulu-Natal has the highest level of deprivation with regard to access to services and perceived well-being (Klasen, 1997; Carter and May 1999 cited in Roberts, 2001). KwaZulu-Natal also has the highest provincial HIV prevalence rate in South Africa; consequently there are many AIDS deaths, resulting in an increase in the number of orphaned children in the province. A study by Sunter and Whiteside

(2000:80) predicted that KwaZulu-Natal would be home to nearly 500, 000 orphans by 2010. KwaZulu-Natal is home to a very young population; over thirty nine percent of the inhabitants in the province are younger than 15 (DBSA, 1998:1) and 80.9% are African (DBSA, 1998:35). KwaZulu-Natal has the largest concentration of people who are relatively poor and social indicators point to below average levels of social development (DBSA, 1998:15-17).

3.3 Justification for the study

The research process is justified in that HIV/AIDS has been the focus of attention for many academics in the development field since the 1980's yet despite the vast amount of research undertaken, the epidemic continues to threaten the lives of millions of people. Further justification for the study lies in the fact that sub-Saharan Africa has a significantly high prevalence of HIV and AIDS and the province of KwaZulu-Natal has the highest HIV prevalence in South Africa (Desmond and Gow, 2002(A): 6). It is also estimated that one third of the province is HIV positive (Kaisernetwork, 2004:1). Children are undoubtedly being impacted upon by the epidemic and it is essential that the extent to which these impacts are negatively affecting children be realised so that they can be addressed effectively.

3.4 Data Collection/Research Process

The original proposal for this research was to conduct interviews with children to establish an accurate conception of the impact of HIV/AIDS through the eyes of a child. In order to reach these children, it was necessary to contact various organisations working with children in KwaZulu-Natal. Although many non-governmental organisations (NGO's) were contacted with the initial research proposal, most of them declined due to sensitivity, stigma and trust issues. Many organisations in the province have worked to gain a relationship of trust with the communities in which they work. If these organisations were to allow an outsider into the community to ask questions associated with HIV/AIDS it could have a detrimental impact on the community as a whole.

Of all the organisations contacted, none of them were willing to grant access to children living in the communities. Despite this, two organisations agreed to assist with the research by permitting interviews with individuals working with them. The fact that it was possible to speak to individuals who work with children infected and affected by HIV/AIDS influenced the decision to focus the research on the perceptions of different stakeholders rather than children. The stakeholders had to be similar in that they all had to be working with children in communities with a high prevalence of HIV infection. The research strategy was formed as a result of this decision. Data was collected from different stakeholders to acknowledge the impacts of the epidemic from different perspectives.

A total of eighteen interviews were conducted in November and December 2003. Six health workers, six community workers and six teachers were interviewed in an attempt to depict a variation of different impacts from all aspects of children's lives. An interview schedule was used to guide the in-depth interviews; this schedule was comprised of key questions and areas of interest to the research. There was no time limit attached to the schedule, this was decided upon to allow for the participant to provide as much in depth information as possible without having adhering to any time constraints. A standardised schedule was used for each interview whether the participant was an educator, a community worker or a health worker. Slight alterations and adaptations were made to questions according to the responses from the research participant.

Each interview was undertaken individually and privately and the participants were selected to create an opportunity sample of purposely-selected respondents to obtain representative information (Mikkelsen, 19995:104). It was essential to the research that the candidates selected to participate were working in the HIV/AIDS field with children. It was also fundamental that the participants worked in different sectors so as to provide a wider variation of responses in order to extend the number of different perspectives and therefore strengthen the data.

All participants were assured that their responses were confidential and their identities would remain anonymous. They were also informed of the importance of recording the interviews on tape. Some of the participants were uncomfortable with being

recorded, in these cases the responses were recorded in writing. The tapes and notes were transcribed and extracts from these transcripts have been used throughout the data analysis chapters in order to depict the findings accurately.

Health workers were interviewed with the intention of gaining a perspective from individuals who talk confidentially to HIV positive patients and have an awareness of the impacts of the epidemic through their work. The health workers provided information about many aspects of children's lives that are being impacted upon as either a direct or indirect result of HIV/AIDS. All health workers interviewed were qualified nurses and they all work with children in areas where HIV prevalence is high.

Community workers were interviewed because they work at a grassroots level within the community. The community workers had developed a trust relationship with the children and have first hand knowledge of the impacts that children are experiencing due to HIV/AIDS. The community workers are from the same cultural background and race as the children; and they possess first hand knowledge of the issues on a community level and have strong trusting relationships with these children. The community workers were well informed about HIV/AIDS and many had attended workshops and their extensive knowledge with regard to children in the area was clear throughout the interview process.

Teachers were interviewed in an attempt to look at the impact of HIV/AIDS from an educational perspective. It has been suggested that children are dropping out of school and absenteeism is increasing as a result of HIV/AIDS. Education is fundamental to the social development of a child and as many children do not have stability at home, teachers are often their next port of call in a crisis. Teachers have first hand experience of the everyday lives of the children in these poor areas where HIV/AIDS is an everyday reality.

3.5 Research Methods

Babbie and Mouton (2002:80) recommend that when research is exploratory, such as this, it pays to adhere to a compliant research strategy and use methods such as

literature reviews, case studies and informants to lead to insight and comprehension. This study has used all of these methods to form a cogent research strategy. Literature has been reviewed on HIV/AIDS in general and focused on the impacts of the epidemic on a global and regional scale. Case study areas have been used in order to provide a more focused approach to the research and the areas are both located in KwaZulu-Natal, which has very high levels of HIV/AIDS prevalence and is therefore a viable case study area for this topic.

3.5.1 Sampling

The main sampling method used for the research was a snowballing technique, which refers to the process of accumulation as each participant suggests additional participants (Babbie and Mouton, 2002:167). Combinations of sources were utilised to locate NGO's currently working with communities with a focus on HIV/AIDS. Connections were made primarily through the Internet, fellow students and lecturers. Once contact was made, different NGO's and people working in the HIV/AIDS field then revealed other organisations and individuals who could possibly assist with the research. The snowballing technique was useful here in that once certain individuals had been identified the sample was extended through information they provided and their contact network (Robinson, 1998:385).

3.5.2 Quantitative Data

This dissertation used a combination of different research methods. A limited amount of quantitative secondary sources of data are used mainly in the form of general statistics. Websites, newspaper articles and academic literature such as journals and books have also been used. Generalised secondary data has been included to avoid becoming engulfed in the case study areas and present an accurate account of the situation on a global scale. As suggested by Bouma and Atkinson (1995:36) the secondary data is intended to inform the reader of the complexity of the issue thereby placing the more specific research question into the relevant context. Quantitative data statistics are advantageous in that they can be used to either emphasise or conflict with the findings of the qualitative primary data. Statistics provide empirical evidence to exemplify the extent of the issues examined in the research.

3.5.3 Qualitative Data

The principal research methods are qualitative methods of primary data collection. Qualitative methods provide an advantage in that they allow the voices of participants to be heard when the research is completed (Edwards and Talbot, 1994:159). The subjectivity of qualitative research allows for the depiction of people's personal views and opinions. Qualitative research methods, particularly interviews are versatile and flexible and allow the reader to see through the eyes of the participants (Struwig and Stead 2001:12). One of the primary objectives of this research is to study human experience from the ground up (cited in Blanche and Durrheim 1999:429) this has been achieved through the use of in-depth interviews.

It was essential to this study that the quality and accuracy of the data was of a high standard therefore in-depth open-ended interviews were chosen. Interviews are more accurate than questionnaires and telephone conversations as the presence of the interviewer tends to have a positive effect on the accuracy of the data (Struwig and Stead 2001:87). Interviews were used mainly due to the exploratory nature of the study and in an attempt to obtain information rich data (Unlin et al 2002:84). Interviews allow for further explanations or clarifications at the time of data collection therefore the ability to expand upon participants' responses are heightened (Struwig and Stead 2001:86). Due to their interactive nature, interviews encourage participants to take an active role in influencing the flow of the conversation (Unlin et al 2002:83).

The purpose of this study is to analyse the perceptions of the impact of HIV/AIDS on children and open-ended interviews allow for an extensive response from the interviewees allowing participants to interpret the questions themselves (Unlin 2002:86). The subject matter for this research can be uncomfortable; therefore all interviews were held at the place of work of the participant in an attempt to overcome this. The questions were informal, non-judgemental and open permitting the participant to give unrestricted answers, allowing space for more detailed responses (Unlin et al, 2002:86).

The literature review and previous studies undertaken on children and HIV/AIDS influenced the content and structure of the interviews. The interviews were semi-

structured, with the intention to extract the necessary information from the participant without limiting opinions and contributions. This form of research method generated empirical data by enabling participants to speak freely about their lives (Unlin, 2002:83).

3.6 Limitations of the Study and Ethical Considerations

There were some major limitations to the data collection methods in this study due to the difficulties associated with interviewing children. The initial intention of this research was to collect qualitative data obtained directly from children. The motivation for looking at the perceptions of different stakeholders was decided upon due to the difficulties in accessing qualitative primary data from children. There are certain ethical issues connected with researching HIV/AIDS, especially when it concerns children that posed major constraints to the data collection. It was decided that it would be more ethical to approach individuals who are aware of the issues in question but are not so immediately involved that the sensitivity of the questions asked would be directly personal to them.

Ethics are an essential issue to consider when researching, particularly with a topic as sensitive as this. Often an ethics committee has to be consulted with the research proposal for the researcher to obtain ethical approval and ensure that the rights and interests of the individuals involved in the research are being protected (Babbie and Mouton, 2002:528). This was true of this study in that access to health workers was difficult to obtain without approval from an ethics committee.

In order to ensure that the research was ethical, it is important to safeguard the welfare and rights of the research participants (in this case the children) (Durrheim and Wassenaar, 1999:65). The benefit of interviewing different stakeholders is that they have been exposed to the way in which HIV/AIDS is impacting on individuals at a grassroots level within the community. It is hoped that by conducting the research through adults who worked with children, reliable data could be collected without compromising certain ethical boundaries.

There are limitations in ascertaining accurate statistics when researching an issue as sensitive as this and it is important to remember that statistics refer only to what academics are aware of. The stigma attached to HIV/AIDS can result in under-representative data, therefore it is important to bear in mind that these figures could be significantly higher in reality. An additional difficulty is seen in that, depending on the literature, academics define children in different ways. For the purpose of this study children will be defined in accordance with the United Nations Conventions on the Rights of a Child as "every human being below the age of 18 years" (HIV/AIDS Policy and Law, 1999:2).

3.7 Summary

Despite the fact that it was not possible to conduct interviews with children, the expertise of the eighteen different stakeholders has resulted in the collection of accurate in-depth and detailed information. The data obtained from these interviews serves to provide an in-depth insight into the impacts of this epidemic on children in the case study areas. The participants have provided data on the social, economic, psychological and educational impacts of HIV/AIDS through their own personal experiences both at work and in their own communities.

Chapter 4
Data Analysis

4.0 Introduction

The objective of this chapter is to analyse the data obtained through the eighteen interviews conducted for this research study. The chapter has been divided into three sections and has chosen to analyse the data according to household, economic, and social impacts. Each section will use data collected from the interviews to illustrate the different impacts that children are subjected to as a result of HIV/AIDS. The most predominant impacts according to the data were similar to those mentioned in the literature review. Poverty and vulnerability were mentioned frequently, in addition to stigma, stress and the deprivation of education. Issues concerning the impacts according to gender will be referred to throughout the analysis, as will the coping strategies put into place by children suffering the impacts of the epidemic.

This analysis will show that if a child is orphaned by AIDS, their vulnerability and poverty increases, their schooling can suffer, they will be emotionally stressed and they increase their chances of being stigmatised and turning to crime. The interviews suggested that many of the impacts arise due to the loss of a parent as a result of the epidemic and the consequential increase in the number of orphans. The analysis will also show that impacts on orphaned children are interrelated and all are equally detrimental to the well being of the child. Orphanhood is fundamental to this study and it will be mentioned throughout the analysis, however, the study aims to discuss the impacts of the epidemic on all children. The impacts of HIV/AIDS on children who are infected is mentioned, although perhaps not as frequently as those faced by orphaned children. This is because participants saw orphanhood, rather than HIV status, as the primary cause of suffering for children. This may be due to the infection rates being highest in young adults as opposed to young children. All participants agreed that HIV/AIDS was a major problem in their community.

The analysis will begin by examining the impacts of HIV/AIDS on children in the household where the loss or illness of a parent can result in abandonment and the formation of child-headed households. This section will also discuss the consequences for a child once their household structure is compromised as a result of HIV/AIDS. It will also examine the role of the extended family as a network of support for orphaned children.

The second section will examine the economic impacts of HIV/AIDS on children and will focus on the relationship between poverty and HIV/AIDS and the implications of this. The main issues discussed in this section are centred upon the increasing number of street children, the emergence of a child labour force and the increase in crime.

The third and final section will analyse the social impacts of HIV/AIDS on children and will focus primarily on education, stigma and discrimination and the levels of physical and sexual abuse towards children. This section will also examine the emotional impacts of HIV/AIDS and will refer to the support networks available and the failure of these networks to reach children who are desperately in need of emotional support. This section will also provide evidence that this failure is leading to increased emotional stress for a child due to their increased responsibility. This will be followed by the fifth and final chapter, which will conclude the results of the research.

Household Impacts

4.1 Introduction

This section of the data analysis will examine the impact of HIV/AIDS on children within the household. The interviews revealed that AIDS was contributing to an increase in the number of orphans. Many children have to leave their home to live with extended family, or, remain alone in their home without adult supervision or guidance, suffering the burden of increased responsibility through having to fend for themselves. All participants believed HIV/AIDS to be a serious problem and they agreed that the epidemic was having a negative impact upon children, primarily as a result of orphanhood.

4.1.1 Orphans

Although every participant stressed that their primary concern regarding the epidemic was the increasing number of orphans, few were able to accurately state how many orphaned children there were in the communities. Despite this, responses suggested that there are so many orphans that communities are unable to cope. When asked whether there were any orphans present at a school in Cato Manor one educator said,

> *"Yes there are definitely, there are quite a few. I am not able to give an exact number but each class has about 38 to 40 learners and at least a few of them have lost either one or both parents" (Educator 1).*

When interviewing the educators, it was difficult to ascertain whether children were definitely orphaned as a result of HIV/AIDS. There is still a high level of stigma and secrecy surrounding HIV/AIDS and this is causing people to hide the truth.

> *"I have a class of 41, there are four orphaned children that I am aware of but there could be more, they do not always tell us. I know that some live with foster parents and grandmothers, that is very common. One of my learners lives in a*

home because his parents have died and many others live with extended family" (Educator 4).

This statement clearly shows the difficulty faced by researchers when attempting to estimate the number of orphans who have lost their parents to AIDS. When asked if these deaths were AIDS related, this educator said,

"I am not able to say for sure and I do not know if even the children know. I think maybe they were all AIDS related but I have no evidence" (Educator 4).

Despite these uncertainties, the educators believe that there are children who have been orphaned and they are fairly certain that this is due to AIDS. This speculation is based on the fact that many children's parents are dying at a young age. Often the cause of death is hidden through families stating that the parent died of tuberculosis or pneumonia.

"I think more of the deaths are due to AIDS than TB or pneumonia. We cannot know for certain because people do not want to say" (Educator 5).

4.1.2 The Extended Family

The interviews revealed that orphaned children are relying on the support of their extended family. In an attempt to establish how often extended family are relied on and the extent to which children are living in child-headed households, participants were asked what happens to children once they are orphaned. The general opinions of all participants were very similar, most believed that children were taken in by extended family, failing that, they were left alone and would either stay in their home with siblings or move to the city in search of work. One of the community workers at an NGO in Cato Manor said,

"They either stay in the houses by themselves or they go to live with relatives. If the child is too young to fend for themselves they have to be removed we try to get

them to fostered because with no parents obviously the children will not be able to take care of themselves" (Community Worker 2).

Although this culture of extended family members taking responsibility of children is assisting with the absorption of many children who would otherwise be homeless or unsupervised, this method is unsustainable. Taking in an additional child represents a considerable financial burden, which increases the hardship of the extended family household. Grandparents often take on the responsibility of a child once a parent has died and they are likely to have a limited amount of resources available to them.

"Often the grandmothers have to care for the children, which is very difficult as they are living on a pension of only R600. She has to supply food, fire... every little thing, children must go to school and it is too much for a grandmother. There are also sick children who need to go to the clinic and the grandmother must take them and it is really too much" (Health Worker 2).

Some respondents observed that an aunt might also look after children. A gendered aspect is clear, as it is the female members of society who take on the role of carer. The participants stressed that the majority of households within the province are female-headed, and none of the participants mentioned men as carers.

"The majority of households in this area and in most of KwaZulu-Natal are female- headed because the men come and go" (Community Worker 5).

The infrequent presence of a male father figure is commonplace in South Africa arguably as a result of the separation of men from their wives and children during apartheid. Despite the end of apartheid, gender inequality remains apparent on both a national and household level and continues to manifest itself in African society. For many women their role is to take responsibility for the children and the home and often they depend upon the income of a man for this. Poverty levels are so high in South Africa that African

women often feel that they must concede to their male partners to ensure their survival and that of their children.

> *"Sometimes women depend on men for their income, even if a woman is married they risk loosing their husband if they do not do as they are requested. This is wrong, but true of many couples. Women are more responsible than many men, they think about what is best for their family and being without the income of the male will make things more difficult. It is a question of survival" (Community Worker 4).*

The data revealed that men are still perceived as superior to women in African society and women are generally more accountable for the survival of the family. This gender power relationship implies that women are suppressed due to poverty. The perceived superiority of the male within the household can have severely negative implications for the female particularly with regard to the spread of HIV/AIDS.

> *"In our culture, it is the men who make the decisions. Men believe that they have rights over women so if he wants to have sex without a condom then she feels that she must do what he says and this can increase the spread of HIV" (Community Worker 3).*

This gender inequality impacts on children as they witness the relationship between their parents, which teaches them that male superiority is acceptable. These cultural, traditional gender role stereotypes are passed down to the next generation. The participants suggested that in addition to cultural traditions, aspects of apartheid remain apparent in today's society. Despite the official end to the apartheid era, remnants of its existence remain clear at a household level.

> *"There are many children living with their grandparents because either they have lost their parents or their parents have to work in the city for the whole day and*

are not able to care for them, these situations are all repercussions of history" (Community Worker 1).

The lengthy period of oppression for the Black community during apartheid meant that children were often left in the care of their grandparents whilst their parents attempted to find employment. This community worker also suggested that this change in family structure occurred due to cultural norms.

> *"There are certain cultural norms that influence the change that has taken place in the family. It is normal for grandparents to care for children when the parents go to work or get sick. Many children grow up with their grandparents as role models (Community Worker 1).*

There was also evidence to suggest the failure of household support networks. When asked whether the community provided support for children who lose their parents as a result of AIDS, one community worker said,

> *"in this community there are very slim chances of support unless they can benefit – like if there is a house and only one child living there people can take over the house people will take what they can and leave the child, the child will not be well fed and looked after" (Community Worker 2).*

In communities where money is so scarce and every day is a struggle, it seems that many people adopt a sense of selfishness as a means to survive. This belief that extended family and communities are not always supportive of orphaned children was reiterated throughout the interview process.

> *"Relatives take in orphaned children but they do not always treat them as their own, they will not necessarily be treated equally to the other children. If money is short then it is the additional child that will suffer" (Health Worker 6).*

Many people suffering as a result of HIV/AIDS live in very poor areas and have few if any resources to provide for their own children; therefore, taking on additional children is almost impossible.

> *"the extended family may not always afford to take on extra children, it puts more pressure on the money and sometimes they will be fostered or put into a home if a social worker is involved" (Community Worker 4).*

The government is providing certain welfare support programmes for orphaned children in the form of grants; however, the evidence obtained from the interviews suggests that they are failing. The pressure on the extended family is clear evidence of the inadequacy of government grants.

> *"I know of one woman who is taking care of five of her grand children because they are orphans, now her son is sick and he has three children, I do not know what will happen to them but she cannot take any more" (Health Worker 5).*

There is financial support available to extended family members who take on the responsibility of an orphaned child; however, the process is long and complex. To obtain financial support from the government, the extended family must apply to foster the child, which presents a considerable challenge.

> *"If the extended family want to foster, they can receive a grant but a lack of documentation can cause delays at best and no claim being made at worst" (Community Worker 1).*

Many children do not receive the benefits of the grants simply because they are unaware of what is available. Those who are aware of the existence of grants are often discouraged by the vast amounts of paper work and the time it takes to process the application. For a child to be considered eligible for foster care, they must provide their birth certificate, as

well as their parent's death certificate. Many parents will not apply for their child's birth certificate before they die and processing a death certificate can take time.

> *"There is still a lack of education around the grants that are available to people with HIV and their carers. The grant process is lengthy and often parents die before the grant application is completed" (Community Worker 3).*

Without documentation, relatives cannot foster a child and are therefore unable to qualify for a grant. If a relative cannot secure a grant, they are likely to abandon the child for fear that their poverty situation will worsen.

> *" poverty means that some people are restricted with the number of children they can take in. As the number of people dying increases, more and more children are left needing homes" (Community Worker 3).*

If a child has no relatives in the area, a neighbour might take them in if arrangements have been made prior to the death of the parent, however, many of the participants emphasised the fact that this does not compensate for the loss of a mother. The bond between mother and child is arguably impossible to duplicate and this loss can have severe implications for a child.

> *"Often the neighbour will be called upon to help if there is no close relative there, but it is not the same as having a mother" (Health Worker 3).*

It is evident that the extended family form of absorption is unsustainable due to the rate and intensity at which AIDS is killing people. The extended family from the same generation as parents, such as aunts and uncles, may also die leaving the burden of responsibility with the older generations of family.

4.1.3 Child-Headed Households

The death or severe illness of a parent, combined with government failure to provide adequate social services and welfare for the increasing number orphans has, to an extent, resulted in the formation of child-headed households.

> *"We have started to see more children who are left alone in the house and the older child will take care of the other children" (Health Worker 3).*

Essentially child-headed households seem to have emerged as a coping mechanism implemented by children who are left orphaned and alone. In order for a child to cope with losing the person who cares and provides for them, they have been forced to find alternate means of survival and coping.

> *"Child-headed households do exist although more so in the rural areas and there are often neighbours who oversee the running of the house. Child-headed households do exist and they will increase if the situation remains the same" (Health Worker 1).*

If children are living in houses unsupervised by adults, they are left in an increasingly vulnerable situation. Although an older sibling may be assigned to take care of the younger children, placing this amount of responsibility on a child is unadvisable.

> *"The older children care for the younger ones and it puts a lot of pressure on the older children, it is more a case of survival than coping" (Health Worker 6).*

Although all participants agreed that child-headed households exist and cause problems they were unsure as to the exact number of child-headed households in the case study areas. The community workers were able to provide more information on the situation as a result of their work.

"Child-headed households are in existence and the need for older children to provide for their younger siblings is on the increase" (Community Worker 1).

Although efforts are being made to find secure homes for orphaned children, it is not easy due to the complexity of the procedure, which takes time and involves screening. Also, for orphans to be considered for fostering or grants a family or community member must refer them. Unfortunately, a lack of education regarding the grants means that many children are not referred. In some cases, children are left without any family; therefore, they have no one to refer them.

"There are child-headed households where children live alone ... if they are very young, they will not be capable of caring for themselves. I am not too sure of the number or a percentage, I know of about 10 but there might be more. It is something that is happening because they have nowhere else to go" (Community Worker 2).

When children are left alone to provide for themselves, without adult protection they are increasingly vulnerable. One of the coping mechanisms implemented by children living in child-headed households is to go to the city to find work. When asked how child-headed households are coping, one health worker said,

"They do what they can, they have to cope, I do not know how. Sometimes they are taken away or they will leave to the city if it is too much" (Health Worker 2).

If children go to the city, they immediately increase their vulnerability. There are many dangers of living on the streets in a major city that children may not be aware of and a child might end up working on the streets or begging. Young girls, and to a lesser extent boys, often end up as sex workers.

"These children are vulnerable, they are too young and need role models and support and protection. HIV/AIDS is robbing many of these children of this

support, which makes them more vulnerable. There should be shelters and counselling for these children" (Educator 6).

Many of the respondents suggested that that there should be policies in place to provide support for vulnerable children whose previous support network has been eradicated through HIV/AIDS. The fact that the streets are the only option for some children affected by HIV/AIDS is clear evidence of governmental neglect. It is obvious that there are some significant gaps in the safety nets that have been put into place and consequently, many children are slipping through.

4.1.4 Summary

The data shows that HIV/AIDS is negatively impacting on children in the household primarily due to parental loss. The emergence of child-headed households is evidence that extended family networks are failing and children's needs are being neglected. Government welfare is also failing as many children are forced to sacrifice their childhood to become carers for their parents or parents for their siblings. Children are evidently in need of improved welfare policies and access to government grants. Without vast improvements in the delivery of welfare it will be difficult to avoid a future increase in child-headed households and an influx of street children into the urban centres of South Africa.

Economic Impacts

4.2 Introduction

This section will examine the economic impacts of HIV/AIDS on children in the two case study areas. Poverty is mentioned throughout the study, due to its severity in South Africa and its links to HIV/AIDS. The majority of this section will discuss how HIV/AIDS is serving to exacerbate the existing poverty issue thereby leading to an increase in street children and criminal activity. Poverty was mentioned throughout the interview process and it was clear that the children suffering the impacts of HIV/AIDS are from poor households.

> *"One of the main reasons that HIV/AIDS is such a big problem here is because the area is very poor. Poor people cannot afford to eat nutritional food to maintain a high standard of health" (Health Worker 1).*

4.2.1 Poverty

Poor people already struggle to pay for food and medication, adding HIV/AIDS to this situation can have devastating results. If a poor person is diagnosed as being HIV positive their options are extremely limited as they are unlikely to have the financial capacity to allow for a balanced nutritional diet in order to maintain their health. If a poor person is subjected to an opportunistic infection, it is unlikely that they will be able to afford the medication to prevent the deterioration of their condition. For the majority of the HIV positive population in South Africa, once their CD4 count reaches the level at which they should start taking ARV's, they will not be able to afford them, hence the high proportion of AIDS related deaths in the country[1]. The participants agreed that poverty was the most fundamental reason that HIV/AIDS is a major problem in the communities.

[1] At the time of writing, the government were not supplying free ARV's

"HIV/AIDS is a major problem in this area, it has hit the poor hardest because of the lack of health facilities. They cannot afford drugs and their diet is detrimental to their condition" (Community Worker 1).

The arrival of HIV into poverty stricken households will increase the pressure on household stability. For the poor, the space between diagnosis and death is considerably reduced due to their incapacity to maintain a healthy lifestyle. Poverty remains high as a result of mass unemployment levels and consequently, positive HIV status is viewed as a death sentence for the majority.

"Poverty is a major factor because there is so little work. Women might be able to find work as a domestic worker for a wealthy family. For the men, finding work is very difficult, most men work informally within the community" (Community Worker 4).

South Africa's welfare system is failing the unemployed population and there are few safety nets in place for people who cannot find work, this also impacts on children.

"Many parents are unemployed. Every day is a struggle for survival and parents lack the energy to discipline their children. For many parents, their sole concern is to provide for their families from one day to the next. There is a major financial issue attached to the problems that children in this area are suffering from" (Community Worker 1).

The interviews implied that the role of the parent is compromised as result of poverty and this is increased with HIV/AIDS. The poverty of the majority of people living in Cato Manor is visually apparent as a large proportion of the area is made up of informal settlements. Although the more rural settlements in Hillcrest do not appear to be so overcrowded, many of the homes share similarities with those in Cato Manor. The majority of these homes lack basic amenities such as running water and electricity. If a

member of the household becomes HIV positive, the difficulties increase therefore the pressure on the household also increases.

> *"The children in this community are already malnourished so HIV/AIDS just adds to this. If there was a higher income in this area there would be much fewer problems" (Community Worker 5).*

Poverty and HIV/AIDS are linked in that where there is poverty there is often malnourishment. The health workers emphasised the relationship between poverty and HIV/AIDS, stating that poverty serves to accentuate the epidemic. The life expectancy of a poor person with HIV is significantly reduced if they cannot afford to maintain a healthy diet or treatment.

> *"Poor people contract HIV and it goes untreated so they die. If they can't afford the treatment, death is inevitable" (Health Worker 1).*

4.2.2 Access to grants and welfare

The lack of access to grants adds to the severity of the impact of HIV/AIDS on children. If a parent has HIV, they will eventually become too sick to work, this means a considerable decrease in an already minimal household income. Reduced income induces food shortages, poor health and overall suffering for children. A disability grant is available, however, like the foster care grant, there are problems associated with its application and delivery. In order for a parent to qualify for the disability grant they must have developed full blown AIDS to such an extent that it prevents them from undertaking everyday tasks.

> *"There is a disability grant available for HIV positive patients but they have to be at a bad stage where they can be diagnosed as being physically disabled in some way" (Community Worker 1).*

Eligibility for the disability grant is often measured by taking a CD4 cell count allowing for an accurate analysis of a person's condition, however, patients must pay their doctor for this test which creates a barrier to access for the poor. In addition to financial constraints, failure in the delivery of this grant is also a major problem due to the time it takes to process.

> *"For a person to be officially classed as disabled they have to be assessed by a district surgeon and there is a 6 month waiting list for this" (Health Worker 1).*

There are insufficient district surgeons to serve the number of people who have developed full-blown AIDS. The six-month waiting list in Hillcrest could mean the difference between survival and severe deprivation for many children.

> *"There are safety nets in place to help with the problems but the problems caused by HIV and AIDS are so immense that the safety nets are failing for many people" (Health Worker 1).*

Although financial support is available, it is insufficient to cope with the extent of the problem. This lack of financial assistance from the government can be catastrophic in a country where the vast majority of the population is already living in poverty. It is the children who will suffer the brunt of this inadequacy, as their life chances will be reduced through their poverty and that of their parents.

> *"If a child has a parent who is sick they are more likely to suffer because there is less money, they have no money for food or clothes" (Health Worker 2).*

Poverty and HIV/AIDS combined evidently increases the pressure on resources, making it difficult for families to provide their children with essential items such as food and clothing. Although health care at clinics in South Africa is free of charge, those referred to hospital will have to pay for the care they receive, for many their financial status makes this impossible.

4.2.3 Child coping mechanisms for poverty

The combination of HIV/AIDS and poverty has forced many children to find a way of coping with their situation, which can influence their decision to enter into risk taking behaviour. When asked how children are coping with the impacts of HIV/AIDS combined with poverty, one community worker said,

> *"It is hard, some of them don't. If it is too hard they might go to the city hoping for work but it is much the same there. If no one can care for them they will not survive and maybe they will become street children in the big towns or cities" (Community Worker 4).*

Several of the participants argued that there has been an increase in the number of children working as sex workers through desperation to escape their poverty situation. This increasingly common occurrence of turning to the sex industry as a form of coping is leading to the increased vulnerability of children.

> *"Children and adults have AIDS as a result of poverty because some go out to find jobs and decide to take up sex work and that is how they contract the virus" (Health Worker 5).*

This ironic situation sees children and adults turning to prostitution for economic survival, when the reality is that they are reducing their chances of survival by subjecting themselves to HIV infection through their work. The data revealed that the increase in promiscuous activity, particularly in adolescents, has also come about through boredom brought on by poverty.

> *" because of the poverty rate people have got nothing to do so they end up releasing this tension by having sex most of the time...they have nothing to do and nothing to eat so the only thing that they can do is to enjoy themselves so many of*

them have sex, they have fun, even those who are married" (Community Worker 2)

This type of behaviour, occurring amongst adults and young people, provides a poor example for children. When asked why so many people do not practice safe sex one of the community workers said,

"There are myths about condoms; many people prefer skin on skin so they just don't use them. Sex in this community is like the holiday of the poor. They are filling this vacuum of boredom to escape their poverty. They overlook their poverty situation" (Community Worker 2.)

This statement implies that sex is used as a coping mechanism for the poor, suggesting that people turn to sex as a form of escapism from the harsh realities of life. The poverty levels of the majority are assisting in the perpetuation of HIV/AIDS through unsafe sex behavioural patterns. This can be particularly detrimental for women, who are often dependent upon men financially and are therefore forced to make a choice between economic survival and safe sex practices, this is also true for young girls.

"They (children) are largely dependent on family members who generate some form of income. The older children, particularly girls sometimes enter into sexual relationships in which they are financially 'rewarded' (Community Worker 6)

4.2.4 Child Labour

Orphaned children are often faced with the burden of finding a way to survive economically. Even if a child is taken in by the extended family, they may have to pay their way due to the pressure on household resources. The high unemployment rate makes it difficult to find work and many children end up begging and living on the streets.

"The begging is more in the city, some of the children go there and become street children, because of conditions at home, maybe their parents are dead and there is no one to take care of them. They drop out of school and go to the city" (Community Worker 2).

Life on the streets can be dangerous for any child whether they are working in a dangerous industry or not. Children who avoid working in the sex industry often find other work in the informal sector, some work in the taxi industry as drivers' assistants. Although work can improve a child's poverty situation, it increases their vulnerability because they are so young and they are working illegally without rights.

"Officially they should be 18 to work but they are much younger. They are often abused because they are under age. The employer sees cheap labour and there are no parents to stop them" (Community Worker 2).

Many children, who go to find work, are orphaned or abandoned and they lack the protection of a parent or guardian. Employers can mistreat children without concerning themselves as to what their parents might do. Many children cannot work legally and for those who can, jobs are very scarce.

"Children are desperate, there are no jobs available to them, often they turn to a life of crime just to put food in their stomachs" (Community Worker 1).

4.2.5 Criminal Behaviour

The interviews revealed that one of the impacts of HIV/AIDS on children is increased criminal behaviour both on the part of the child and the adults in their community. HIV/AIDS combined with poverty has resulted in an era of desperation for the majority of the population and this desperation is contributing to an increase in crime across the nation.

"A 17 year old was selling dagga to make money to go to school, ...when poverty is so bad, there's no wonder that young people turn to selling drugs. Some steal cars and radios and cell phones" (Community Worker 5).

It was suggested that high levels of crime are primarily due to a combination of unemployment and HIV as people have lost hope for their futures, especially young people who see that they have nothing to lose by engaging in criminal activities. When the combination of poverty, hunger and HIV/AIDS is considered, it is not difficult to believe that children have resorted to crime as a means to survival. Increased criminal behaviour is also a coping mechanism for children who find it difficult to deal with their personal circumstances.

"Many of the children in this area have certain problems that make them difficult to care for, often children are loitering around the streets and night, some are stealing cars" (Community Worker 1).

In areas such as Cato Manor there are high rates of physical and sexual abuse of children from family members, brought about mainly due to the excessive amount of alcohol consumed by those whose lives are dominated by negativity and lack of hope. The community workers stated that there are few if any organised activities for children, which can lead to boredom, particularly in the evenings. Parents are often unable to watch their children, especially if they are sick or working away and it is common to see children loitering on the streets.

"Older people teach children how to steal cars and car stereos, the young boys won't even get 50% of the money made from selling the stolen goods and they are risking getting arrested by the police" (Community Worker 5).

Adults take advantage of children due to their heightened vulnerability. Children are viewed as cheap labour people involved in risky criminal activities can use children to conceal their own involvement in illegal activities. It was suggested that violence is also

increasing due to boredom brought on through unemployment and lack of hope for improvements in the poverty situations of individuals.

> *"...because people have nothing to do when they are over stressed, they take out their tensions with violence...there was an incident that has just taken place where one woman was beheaded in this community and it is scary. Things are bad here" (Community Worker 2).*

Extreme violent crimes such as this are occurring in a community, which is home to many children who are already vulnerable due to HIV/AIDS. This incident in Cato Manor is not isolated. In South Africa violence and crime are huge problems. The dangers within the community add to the negative impacts on children and subject them to violence.

4.2.6 Summary

Poverty and HIV/AIDS are clearly linked and a combination of the two is negatively impacting upon children. Many people cannot afford medication and the health of HIV positive people deteriorates quickly, increasing the reliance on children as carers. Child carers sacrifice their education and their childhood to help parents cope with their illness. Poverty is forcing children out of school and into work in the informal sector increasing their vulnerability and negatively impacting upon their life chances.

It is clear that South Africa is in many respects a dangerous country judging by the high crime rate. This, combined with poverty and inadequate financial assistance for orphaned children is promoting crime as a means to survive. HIV/AIDS is also adding to a lack of hope for the future for many children and resulting in their disregard for authority. Poverty and a lack of access to alternative activities are resulting in children turning to crime to prevent boredom.

Social Impacts

4.3 Introduction

This section will analyse the social impacts of HIV/AIDS on children, with a focus on stigma and discrimination, the deprivation of education and physical and sexual abuse. This section will also analyse emotional impacts connected to parental loss and being diagnosed HIV positive. This section will also discuss issues concerning the collapse of a child's support network when a parent dies and the ways in which emotional impacts can lead to increased stress and the sacrificing of childhood.

4.3.1 Stigma and Discrimination

One of the fundamental issues connected to HIV/AIDS is the stigma attached to it due to its association with promiscuous sexual behaviour. This labelling combined with society's tendency towards sensitivity with regard to sexual morals has created a silence surrounding the epidemic. Stigma is so apparent that when health workers from Hillcrest AIDS Centre go into the community, they do not wear uniforms and they cover the name of the centre on the side of their vehicle. The health workers believe that the stigma issue must be acknowledged when working in a community if they are to reach those truly in need of their care.

> *"Stigma is still a major issue despite the efforts currently being made to attempt to reduce it" (Health Worker 1).*

Despite increased awareness that stigma exists and prevents people from openly admitting their status, it persists. Education surrounding stigma has increased but there remains a great deal of work to be done to overcome the problem.

> *"Even the neighbours may not be aware of their status. They may suspect that it is AIDS but they may not know for sure and they certainly will not ask because they*

would not want to get involved. A person may die and they still will not know the cause of death" (Community Worker 5).

Many parents refrain from telling their children if they are HIV positive due to stigma. Often if someone dies of an AIDS related illness, the family will put the name of the opportunistic infection on the death certificate. The number of tuberculosis and pneumonia related deaths are high in South Africa but it is likely that some of these cases were AIDS related, as suggested by one respondent.

"I see and hear of people dying and it's always TB or pneumonia but it is likely to be AIDS. People are completely in denial" (Community Worker 5).

As long as stigma persists, people will continue to deny the fact that AIDS is having such a huge impact and children are in danger of underestimating the seriousness of the epidemic.

"Often parents do not want to tell children that they have HIV due to its association with bewitchment and curses, as if they have done something wrong and the HIV is their punishment" (Community Worker 1).

The constant denial of HIV is having a detrimental affect on the spreading of the disease. By trying to protect their children, parents are actually harming them by keeping their status a secret. If people lived openly with HIV, awareness of the severity and prevalence of HIV/AIDS would increase and possibly reduce the number of new infections.

"It is often someone knows someone who has died of AIDS but many are still in denial and they do not believe that they have HIV some of them think they have been bewitched. Sometimes you can see that it is AIDS but they will say it is something else" (Health Worker 5).

During the interviews the concept of bewitchment was mentioned frequently suggesting the strength of stigma. People pass their illness off as a curse to avoid discrimination.

> *"Maybe if they knew it was AIDS this would increase the realisation that it is so real and people are surrounded by the epidemic. Some people still believe it won't happen to them! People are very scared of AIDS" (Community Worker 5).*

The participants stated that denial is used to cope with the reality of being diagnosed HIV positive particularly with men. More women than men get tested, as they prefer to know their status. More men than women attempt to disassociate themselves with the promiscuity of HIV/AIDS by stating that they are cursed or bewitched, or blaming their status on their partners.

> *"Many men must be infected but men do not have the courage, many say things like I was bewitched and they do not want to admit to it" (Community Worker 2).*

4.3.2 Stigma in Schools

The educators stated that stigma is a major problem in schools, as learners do not talk openly about HIV/AIDS with their educators.

> *"Our learners do not talk about it openly... you become aware and pick up on things with learners like if a parent has passed away. They do not openly discuss if a family member has AIDS" (Educator 1).*

Stigma is also resulting in the failure of HIV positive children to go to the clinics. If a child is aware of their status, it is unlikely that they will confide in their parents, therefore, they are denying themselves the help and support available from their parents and the clinic.

> *"Children do not want to come to the clinic because of the stigma. Often the parents do not know their child's status until it is too late. Anyway, there is nothing they can do because there are no drugs[2]" (Health Worker 5).*

The lack of medication available is a major cause of concern and it is another reason for people to avoid seeking medical advice. Children are afraid of telling people about their status and even admitting the reality to themselves. Stigma and discrimination force children to hide away from the realities of the epidemic and cope through denial.

> *"There is a big problem with people not disclosing their status because of the insults that they receive from others and the discrimination that they will be subjected to" (Community Worker 4).*

4.3.3 The Emotional Impact of Stigma

If a parent dies from AIDS it is likely that their entire family will be discriminated against, increasing the emotional stress of a child whether they are HIV positive or not.

> *"HIV positive children suffer discrimination because of stigma, if they lose a family member because of AIDS they will also suffer discrimination" (Community Worker 3).*

Stigma adds to emotional trauma for an HIV positive child, they feel ashamed of their status and are forced to cope without family support. This persistence of stigma and discrimination towards the HIV positive population in South African society is further contributing to the emotional impact of the epidemic on all children regardless of status. Children not only have to watch loved ones die or fear death themselves, but they will have to conceal their emotions, to avoid stigma.

---

[2] At the time of the interview the government had not made the decision to provide free ARV's.

4.3.4 Deprivation of Education

Education is not always viewed as a major priority in South African society. During apartheid, the Black population were denied access to education. The legacy of apartheid has left a generation of educationally deprived adults, therefore, some parents believe education is not as important as short-term survival and are often unaware of the potential damage caused by taking a child out of school.

> *"Very few parents have high levels of education, most of them will perhaps have primary school education but few will have continued passed there, they do not value education so much" (Community Worker 1).*

HIV/AIDS is negatively impacting on education through the increasing emergence of child carers and the expectation of older children to care for younger siblings.

> *"When a parent gets sick with HIV/AIDS, they need help and support generally provided by the child. Generally the mother is the breadwinner in the household and if she gets sick, the poverty situation gets worse and the children have to come out of school either to earn money, care for their mother or both" (Health Worker 6).*

When a parent becomes sick, they require constant care, the poverty levels of many African people suffering from HIV/AIDS mean that they cannot afford to pay for a caregiver so the child will take on this role. The child may have to leave school to provide care, thereby sacrificing their chance of an education and jeopardising their futures.

> *"People rely on their children to care for them, they become responsible for giving their parents medication and some come out of school to become care givers" (Community Worker 5).*

"There are several women I know who are HIV positive many of them keep their children at home as they are too sick to do daily chores" (Community Worker 3).

There is an argument as to the extent to which children are missing out on school through caregiving, because, some children will combine their caring with schooling.

"if a parent gets sick the child will try to stay at school and care for the parent at the same time. This can put enormous pressure on the children" (Community Worker 6).

Even if a child is attending school whilst simultaneously providing care for a sick family member, their education is likely to suffer regardless of their attendance. The emotional stress brought to a child through having to watch the gradual deterioration of a family member will undoubtedly affect their concentration at school. Children refrain from talking to either their fellow learners or their educators about HIV/AIDS. Many will go to school knowing that a family member is sick and they will carry the burden of keeping it a secret, which can be detrimental to their ability to learn.

"Children do care for their families but they usually do so after school but I imagine that if they are caring for a sick parent their education is likely to suffer anyway due to the stress involved with having a sick parent especially if it's AIDS"(Community Worker 2).

Even if a child carer stays at school they can still suffer from increased pressure at home and the disruption of their usual routines. The following statement helps to illustrate the extent to which HIV/AIDS can impact upon the life of a child, even if that child is not HIV positive.

"There is a massive change in the routine of children who become carers, for those that go to school, they no longer get to play with their friends, they care for their relatives instead" (Community Worker 5).

There is also a gendered aspect to child carers, as it tends to be the female members of the household who take on the role of caregiver and sometimes may involve them sacrificing their education. This is another example of the traditional role of the female in African society.

> *"It is the women who suffer the burden of caring more than men, and when it comes to measuring who is affected the most it is difficult" (Health Worker 1).*

It is not only child carers who are deprived of their schooling, HIV positive children might refrain from going to school due to a sense of hopelessness for their future, or perhaps they will become too sick to attend classes.

> *"If a child is HIV positive…it reduces their hopes for a future and learning is aimed at making a person better for their future. If a child is HIV positive they might not want to learn" (Educator 4).*

HIV positive children may also be afraid to go to school for fear of being discriminated against. It was difficult to ascertain from the interviews whether the educators had any HIV positive children present in their classes due to stigma.

> *"I have one learner in my class who has been absent for quite sometime, he has been very sick and he has been to the hospital but he has lost weight drastically and it is just an assumption but it could easily be AIDS. I have to be careful because I do not know for sure and I would not want to say anything when I don't know" (Educator 1).*

The educators stated that there were several learners they believed to be HIV positive, although they could not be certain. If a child begins to lose weight quickly, educators often assume it could be HIV/AIDS but they are unlikely to discover the truth. Whether a

child is HIV positive or caring for a person who is HIV positive they are often absent from school, which will have negative implications for their futures.

> *"They must struggle more and learn how to do the things that the mother did in the house, they must learn responsibility" (Health Worker 2).*

Children who are expected to become caregivers and breadwinners at a very young age reach a level of responsibility, which can increase pressure on a child and rob them of their childhood. Children must learn to cook and clean for themselves and their siblings if they are to survive parental loss. One health worker explained the extent to which children must learn to take care of themselves in the statement below,

> *"In February we found a 5 year old doing the cooking and the mother was lying on the floor and giving her instructions, telling her put this here and light the match like this. There was a three-year-old sister who she was caring for too. This happens in many homes" (Health Worker 2).*

If a parent is sick as a result of HIV/AIDS their capacity to carry out the everyday running of the household is reduced considerably. During apartheid, African men were separated from their families, creating a generation of female-headed households and it is likely that the mother will be the only parent so the option of passing on the responsibility to the father is remote.

> *"Children are suffering because of the increased pressure that is put on them from HIV/AIDS. If someone in their household is sick, the parents have to force their children to help more and have responsibilities that they are unprepared for" (Health Worker 6).*

This premature expectation of responsibility has a negative impact on children by depriving them of their childhood and education. When asked what kind of sacrifices

children make because of their parents being ill with HIV/AIDS many of the participants stated that it is their childhood, which is sacrificed.

> *"Children are deprived of their childhood; they have to step into this dimension of being an adult when they are still a child" (Community Worker 2).*

Children often have to become parents and care givers at a time when they should be experiencing childhood. The structure of African society combined with the increase in HIV/AIDS makes childhood almost impossible.

> *"Children have to take on the responsibilities of their parents such as running the home or earning an income. They are supposed to be children and they are being forced to grow up too quickly. Their childhood is what is sacrificed" (Community Worker 3).*

The process leading up to the death of a parent is clearly traumatic for a child. A child who is caring for an HIV positive parent or sibling has to watch that person's health decline, knowing that they are powerless to stop the inevitable. Losing a parent because of HIV/AIDS and having to watch their health gradually deteriorate can result in heightened emotional stress for a child.

> *"For a child to have to see their parent going down and down is very traumatic, I do not know how they cope. Many children do not cope. The child has to watch their parent die and also think who will take care of me when they are gone, it is so hard" (Health Worker 3).*

The psychological effects of this on a child have the potential to negatively affect their lives, particularly if there is no support available. It is likely that these children will have no one present to provide parental guidance and support.

"The death of a loved one obviously creates a great need for adjustment, the shock and grief combined means that there are even more problems arising for children who are already suffering" (Community Worker 1).

"Loosing your parents to any disease is difficult but AIDS deaths are often slow and difficult for the children to witness" (Community Worker 3).

As the welfare system in South Africa is so desperately inadequate, there is little or no support available for these children. Children cannot afford to go to a psychologist or grievance counsellor to help them cope with their loss.

"They cannot go to a psychologist because of the money, but at some clinics they might have a psychologist there I have heard of it once. I think all places should have this service because there is a need. There are some nurses and counselors in some places" (Health Worker 2).

Parents provide support, advice and guidance essential to a child's development and once that parent is gone, so too is the unconditional support for a child. The bond between a mother and child is very strong and once this is lost a child can feel very alone even if they have other family members around them, the role of a mother is difficult if not impossible to replace.

"It is even worse when it is the mother because children are close to their mothers and often the father is not around. I don't know about other races but with us, whether the child is a girl or a boy, the person they go to if they need anything is the mother this is always the case. When she is sick or gone, they are very much alone" (Health Worker 3).

The heightened levels of HIV positive women are due to a combination of factors. The female biological composition makes women more susceptible to infection and the suppression of women in African society adds to their vulnerability to the epidemic.

These factors help to explain the rapidly accelerating number of children losing their mothers to the epidemic. When a child is in need of comfort, food and care they go to their mothers, when the mother is taken from them the family structure is severely compromised, resulting in severe emotional stress for a child.

> *"It is very difficult for a child to see their parent and know that that parent is going to die, it is even worse when it is the mother. African children in this area tend to be closer to their mothers. When she is gone no one can replace her and this can have major psychological impacts on the child" (Health Worker 6).*

4.3.5 Support Networks

If a child is left alone to cope with the loss of a parent in addition to having to take on increased responsibility, the extent to which that child will suffer emotionally will be considerable. There are few facilities available to children who need to discuss their grief and the facilities that do exist are minimal.

> *"There are no places or people that the children can go to... There are community health workers who will hopefully notice any problems and tell a social worker or refer the children" (Health Worker 3).*

If a child is fortunate enough to live in an area where representatives from NGO's regularly visit, they can be referred to a social worker who will provide a limited amount of support for the child. There are, however, insufficient social workers to cope with the number of children in need of support; therefore, this form of support fails to reach many children.

> *"There is no support for children even the social workers only come on one day at a certain time. Social workers are very few and a child must be referred to them for them to do something. That is still very lacking" (Health Worker 3).*

Improvements need to be made in order to provide sufficient social workers to reach the children who are so desperately in need of their help. It is obvious that there is a heavy reliance on NGO's to provide essential child support where the government is failing.

> *"There is very little being done unless there is an NGO present. These communities rely heavily on the NGO's in the area. We need the government to help provide facilities for these children to get support" (Community Worker 3).*

If a child is left alone, they may not actively seek out the limited support available to them. A community worker from Hillcrest revealed that orphaned children do not often come to clinics and NGO's primarily because they are unaware of the support available.

> *"Children do not come to clinics alone so if their parents have died they will not access help. I can hope that they have someone to talk to but I know this is not the case" (Community Worker 3).*

Schools are also failing to provide support for children, primarily due to government failure to supply sufficient resources for educators to deliver support.

> *"The educators have facilities, but there are just too many learners to provide support regardless of the need" (Educator 4).*

This statement clearly illustrates the extent of the need for child support networks both in schools and in the community. Schools have a huge potential to deliver the necessary assistance to children. The argument that there are too many children to provide support for indicates that the government is failing the future generations of their country.

> *"There is very little emotional support available. Schools are potential sites for emotional support but do not provide the degree of support that is needed" (Community Worker 6).*

The provision of support networks for children orphaned by AIDS is severely lacking. If a child is aware that a parent is sick and will inevitably die, not only do they have the fear of loss and grief, but they also face possible abandonment.

4.3.6 Abuse

Abuse is an additional social and emotional impact of HIV/AIDS on children. HIV/AIDS is not solely responsible for the heightened levels of abuse in South Africa although it has contributed substantially through increased child vulnerability.

> *"It is not always safe for these children. Even if they live with their relatives, they are not always supervised so much as they would be with a parent and so their safety is at risk" (Health Worker 3).*

This is of grave concern in South Africa as the incidence of crime, rape and murder are so high. Many poverty stricken communities suffer from incidences such as these, and they are home to the most vulnerable children. Children living in poor conditions are already vulnerable regardless of HIV/AIDS.

> *"Children living in informal homes are vulnerable because it is often not possible to lock the doors which compromises their safety and well being" (Community Worker 1).*

It is factors such as these that contribute to the increased vulnerability of children and their exploitation in the form of abuse.

4.3.7 Physical Abuse

The participants reported incidents of adults, particularly fathers, drinking heavily and taking drugs to cope with HIV/AIDS and poverty, and consequently abusing children.

Many fathers start to drink heavily because they do not want to face up to their status and they take their anger and feeling of hopelessness out on their children.

> *"Children cannot fight back and I have seen many cases of children being physically and verbally abused by their fathers as a result of learning they are HIV positive" (Health Worker 6).*

> *"There was a girl in grade 7 who was beaten by her father when her mother was gone so she had to go to live away from her family. Abuse leads many children to run away, often to the streets making them vulnerable... Many children are abused sexually or beaten, people will deny that this is because of HIV/AIDS but it really is" (Educator 5).*

These statements suggest that some children suffer regularly from physical abuse at home. A child who feels unsafe and unloved as a result of physical abuse may grow up feeling neglected and unwanted, which could have a negative impact on the psychology of a child.

4.3.8 Sexual Abuse

Sexual abuse is also increasing, due to HIV/AIDS. The quote below shows how children can be subjected to sexual abuse, even from those members of society they are supposed to be able to trust.

> *"An uncle was taking his niece to school everyday because the parents could not due to their illness from HIV/AIDS and he was raping the child everyday after school" (Health Worker 1).*

An additional reason for increased sexual abuse is attached to the mythical belief that HIV can be cured if a person has sexual intercourse with a virgin. This belief has resulted in cases of adult men raping young girls and in some cases babies.

"There have been incidences of babies and children being raped by men with HIV because they believe that this will cure them. Some children are not safe at all in these communities, there are many people taking drugs and drinking alcohol and if children are around they are vulnerable to this" (Community Worker 3).

"HIV/AIDS makes people very depressed so they turn to alcohol and dagga[3] for an escape. There was a girl who was at home when her mother was away at work and that girl was sexually abused by the boyfriend of the mother" (Educator 5).

The combination of hopelessness, alcohol and drugs leads to behavioural changes and compromised clarity and judgment. It is proven that alcohol and some drugs can cause heightened aggression, which can leave a child in an extremely vulnerable situation if they are subjected to an adult who is in this state of intoxication.

"Most of the fathers, the solution for them is to drink and smoke dagga. There are many problems inside the house...this is life in Cato Manor. The children can be unsafe in their own homes. Many children are left alone, their parents might die and we still expect the children to turn up Monday morning tip top for school" (Educator 5).

4.3.9 Summary

Stigma and discrimination are denying children the opportunity to be aware of the extent to which the epidemic is a reality in their own communities. The fear of being subjected to stigma is forcing many children to hide their status, thereby having to cope alone with the fear of becoming sick and dying. Children are missing out on school as a result of HIV/AIDS, whether they are HIV positive or from a household in which an HIV positive person lives. HIV/AIDS is impacting upon the futures of children who are forced to

[3] 'Dagga' is a term used for marijuana

sacrifice their education either to take on the role of carer or to contribute to the household income through child labour.

Physical and sexual abuse are serious issues where primarily males are taking advantage of females and in some cases babies. Education surrounding HIV/AIDS is clearly lacking if men truly believe that they will cure themselves through raping a child. Abuse is leaving many children in a heightened state of vulnerability whereby some are not even safe in their own homes.

HIV/AIDS is clearly resulting in increased emotional stress for children. The fact that many children care for their parents when their health has deteriorated to a certain point means that children are subjected to the pain and trauma of having to watch their parents die. Children are forced to witness illness, and death and tragically, for these children many will have to find a way to cope with this distressing situation alone. The lack of support networks and the stigma suffered by these vulnerable children combine to create a situation of immense emotional stress.

what is
child abuse =
Types. =

Chapter 5
Conclusion and Recommendations

5.0 Introduction

This chapter will conclude the findings of the research according to the household, economic and social impacts that were highlighted in the data analysis. The chapter will begin by using the data obtained through the interviews to summarise the ways in which HIV/AIDS is impacting on children at a household level. Issues concerning extended family, child-headed households and child carers will form the structure for this section. Following this, the economic impacts of HIV/AIDS on children will be summarised with a focus on poverty and crime. Finally, the social and emotional impacts of the epidemic will be summarised, referring to issues such as stigma, gender, education and abuse.

After summarising all three sections of the data analysis, this chapter will propose recommendations as to how these issues can be addressed. The recommendation section will put forward suggested ways in which the impacts of HIV/AIDS on children can be addressed effectively. These recommendations will state that government intervention, NGO's, gender empowerment, poverty reduction, employment opportunities and increased and improved education are all necessary to lessen the impact of the HIV/AIDS epidemic on children.

Suggestions for further research will be made at the very end of this chapter, before the overall summary of the research study is presented.

5.1 Household Impacts

The research provided clear evidence to show that HIV/AIDS is having a negative impact on children in the household. In addition to the increase in poverty and child labour, many children are loosing their parents as a result of the epidemic. This complies with the argument put forward by Garnett et al (2001:399) that at the household level, deaths due to AIDS cause loss of income and labour, and are creating a generation of orphans. The data revealed that as the number of orphan's increases, so does the child-headed household phenomenon as extended family networks have been stretched to maximum capacity.

5.1.1 Extended Family

Members of the extended family have previously been relied upon to provide care for orphaned children, particularly the female members. Grandmothers and aunts are bearing the burden of care due to governmental failure to provide an adequate social system to absorb the increasing number of orphaned children. The pressure on this system has clearly increased and the failure of the extended family network has the potential to contribute significantly to the already detrimental impacts of HIV/AIDS on children. Van Dyk, (2001:337) suggests that if children cannot be placed in foster care programmes, then community and governmental support is essential to increase the chances of these children coping with their situation. It is clear that the policies in place surrounding HIV/AIDS are in need of improvement; children who are affected by this epidemic are in need of accessible economic and social support systems, which are currently unavailable or inefficient.

5.1.2 Child-Headed Households

The number of child-headed households is increasing, and improved welfare policies are essential if this phenomenon is to be reduced. Children living in a household without the care and guidance of a parental figure are likely to suffer considerably through increased

vulnerability and a lack of supervision. Moral, social and cultural values are unlikely to be transmitted through child-headed households due to a lack of parental guidance, the implications of which are profound.

5.1.3 Children as Carers

Government welfare is also failing children as many have to sacrifice their childhood to become cares for their parents or parents for their siblings. The South African Health Review states that thirty two percent of households affected by HIV/AIDS require intensive assistance to care for the person with AIDS, which indicates a large potential area of need (Johnson et al, 2002:208). This percentage is predicted to increase over the next five to ten years and the country needs to be prepared. The fact that children are being faced with this burden of care is having a negative impact on both the child and the quality of care for the patients. There is a desperate need for more home based carers to ensure that the level of care delivered is of a higher quality and children are not expected to suffer this burden and jeopardise their own futures.

5.2 Economic Impacts

Poverty a fundamental issue, which is significantly linked to HIV/AIDS. The World Bank stated that poor households are more vulnerable to the impacts that arise due to a person dying of AIDS and they suggested that antipoverty policies could serve to diminish the impact of AIDS (2000:33). The epidemic is clearly concentrated among poor communities already deprived of access to adequate health care and the resources required for the provision of basic resources and amenities.

5.2.1 Poverty and Health

Children living in poor countries are denied access to drugs and care and poor households are becoming increasingly overburdened by the costs of care required for HIV and AIDS patients. Desmond (2003(B):15) states that the children of the poor – who are sill

overwhelmingly black – continue to be excluded and children have fallen of the political agenda because they do not attract foreign investors. It is understandable that the present government wishes to improve economic growth in South Africa, however, neglecting the needs of the future generation is likely to prevent sustainable economic growth for the future.

5.2.2 Poverty and Education

Poverty is also linked to education in that, if the main breadwinner in the household dies, it is likely that there will be no money for school fees. AIDS is killing the most labour productive members of society resulting in children taking on the role of breadwinner, thereby sacrificing their education, which may have ultimately provided them with a way out of their poverty situation. Garnett et al (2001:399) stress the negativity of this impact in that the loss of educational opportunities for child carers is one of the most serious consequences of HIV/AIDS. If a child is denied an education in the short term, it can have devastating effects in the long term, as that child will be denied the opportunities that education can bring. If children are not educated, their future is compromised.

5.2.3 Crime

Decades of poverty and death in South Africa have resulted in the formation of a majority population who lack self worth. The poverty and desperation of these people is leading to increased crime. Children who are taking on adult responsibilities at a young age may be more easily tempted into a life of crime through poverty. Economic pressure is forcing many children to move into the cities to find work where they are likely to subject themselves to crime. Even if a child does not become involved in criminal activities, the chances that they might become a victim of crime are increased, if they become street children. The number of street children is increasing due to HIV/AIDS and this is leading to heightened child vulnerability. Many children are turning to crime for survival and essentially this form of rebellion is subject to subordination. Increased crime also impacts

upon child vulnerability as the heightened levels of rape and murder create dangerous communities where child safety is compromised.

5.3 Social Impacts

5.3.1 Stigma and Discrimination

The secretive nature of HIV/AIDS has assisted in the development and perpetuation of stigma and consequentially, the social isolation of HIV positive people. Stigma also causes a multitude of barriers to addressing HIV/AIDS effectively through preventing the accuracy of data. HIV/AIDS related deaths are not recorded; therefore researchers are unable to ascertain the exact number of people who are dying as a result of the epidemic. Without stigma, it is possible that more accurate data could be obtained resulting in more efficient policies to aid children and their families.

There are still problems with regard to research and statistics that are so desperately needed to get the government to sit up and listen. The extent of the epidemic is clearly significant but as long as stigma persists, people will continue to deny their status, therefore, the people with the power to change the situation will refrain from placing this issue at the top of their political agenda.

HIV positive children are also suffering from stigma and fear, resulting in their denial of their status. There is also a gender issue with regard to denial, as it is men who are coping through denial of their HIV status. Women are generally more accountable for the survival of their children and therefore want to know their status in order to prepare for the future. Organisations such as the treatment action campaign (TAC) and the many NGO's working in the HIV/AIDS field are attempting to eradicate the stigma surrounding HIV and AIDS; however, there is still a great deal of work to be done in educating people about the epidemic. Progress cannot be made until the issues surrounding HIV/AIDS are completely desensitised.

5.3.2 Deprivation of Education

Recent research on the impact of HIV/AIDS on education in KwaZulu-Natal, found that there had been a decline in enrolment, and an increase in learner and educator absenteeism, leading to reduced contact time and an increased number of orphans (Hunter and May, 2002:8). This was made clear in the interviews, particularly those with the educators who stressed the damage that absenteeism can cause to a child's education.

Children are clearly missing out on school as a result of HIV/AIDS. Whether children are HIV positive themselves or they are from a household in which an HIV positive person lives, it is likely that their education will suffer. HIV/AIDS is impacting upon the futures of children who are forced to sacrifice their education either to take on the role of carer or to contribute to the household income by finding work. The combination of poverty and HIV/AIDS has led to a struggle for survival so people believe that education is not a high priority in comparison.

There are major long-term implications for the future of the country if education is declining. A reduction in the level of education will also have a knock on effect on the level of poverty that may be experienced by these children when they turn to adulthood. Without an education, it is unlikely that they will be able to compete in the job market resulting in either unemployment or employment in a low skilled, low paid job. The likelihood that these children will live a life of poverty is almost certain if they have to sacrifice their education.

5.3.3 Risk Taking Behaviour

Decades of oppression through the era of apartheid have left a scar on South African society. Even since the end of apartheid in 1994, the majority population have been subjected to false promised and disappointment due to poor governance. This has led to an era of desperation for many, as the majority live in poverty. The high unemployment rates in the country serve to perpetuate the poverty of the masses and despite the

promises of a new South Africa, inequalities remain apparent. These factors mean that for many each day brings a struggle for survival and an air of desperation, influencing risk-taking behaviour. The interviews revealed that a lack of hope and increased boredom due to unemployment, has, for many people encouraged risk-taking and one research participant referred to sex as "the holiday of the poor". The interviews suggested that when poverty is so rife and every day is a struggle for survival, safe sex practices are not necessarily regarded as a high priority.

Both adults and young people are becoming HIV positive through risk-taking behaviour. Orphans and children, whose parents are sick, are increasingly vulnerable to risk-taking due to a lack of guidance. Children are adopting negative attitudes towards their lifestyles, often leading to promiscuous sexual activities thereby increasing the chances of becoming HIV positive. This also places a child's health at high risk as the availability of services is failing to reach those children who need them the most.

5.3.4 Emotional Impacts

There is a severe lack in the provision of support networks for children who are suffering as a result of HIV/AIDS. Whether a child is HIV positive or they know a family member or friend who is sick, it is vital that the necessary support is delivered to them effectively to prevent future obscurities. There is a need for the government to provide sufficient and adequate social security for the increasing number of orphaned children in the country. There are forms of government assistance in place; however, these will remain obsolete until drastic improvements are made to the efficiency, delivery and accessibility of grants and other forms of support.

5.4 Recommendations to Reduce the Impact

5.4.1 Government intervention

One particular recommendation to reduce the impact of HIV/AIDS on children which was evident throughout the interviews and is mentioned in almost all of the literature written on the subject, is the need for further and improved government intervention. The South African government have implemented policies and grants to assist those suffering as a result of HIV/AIDS but they are failing to meet the needs of the majority. The government has put into place, certain grants to help relieve the financial burden caused by AIDS, there is the foster care grant, a disability grant and a child support grant, however, these grants are failing thorough service delivery. There is a need to address the problems linked to the delivery of welfare such as the administration and paperwork concerning the available grants.

The decentralisation of the home affairs office in the city to the local areas would increase accessibility so that more people will get birth certificates for their babies so that they can claim government grants if necessary. More education surrounding the grants that are available and how to go about accessing them is essential otherwise they will remain obsolete.

At the present time, there are few governmental support structures in place for children affected and infected with HIV/AIDS. Those policies that are in place provide only limited financial support and fail to touch on social support at all. Desmond (2003:4) reiterates this point in his argument that the gap between HIV/AIDS policy and practice is not especially significant, as the South African government does not really have a policy. The South African government is regularly accused of failing its people through their lack of intervention in the HIV/AIDS crisis. Often people rely on NGO's rather than government to provide them with essential support. Although NGO's are serving the needs of the community with the limited resources available to them, the growing number of orphaned children requires a more large scale, national support network, if the needs of

these children are to be addressed effectively. The government must recognise that children are not only suffering financially, but emotionally and socially as well. It is imperative that the government and NGO's work together to provide care for the people.

5.4.2 NGO's

It would seem that welfare organisations and NGO's are providing a more efficient service to care for children affected by HIV/AIDS. This service provision should be increase through governmental authorisation for NGOs to intervene in the care and placement of vulnerable children. It is essential that policy makers and the government realise the importance of providing for the many children across the country who are suffering due to this epidemic. It is clear that what has been done in the past is far from sufficient and as a result, many people have suffered and died because of AIDS. Not only is it unacceptable that those in power continue to ignore and deny an epidemic, which is killing the population, but it is deplorable that they are doing so little to support the children and the future of this country. There is a need for a comprehensive social security system to act as a safety net for those who find themselves facing difficulties due to the loss of a family member to an AIDS related illness.

5.4.3 Gender Empowerment

Policies to encourage the empowerment of women and girls are essential for the future of South Africa. Women should be encouraged to make their own decisions in order to protect themselves from HIV infection and they should be encouraged to strive for economic independence so that they do not have to feel indebted to men (World Bank, 2000:34). Policies need to be aimed at women as they support the majority of households.

5.4.4 Poverty Reduction

HIV/AIDS and poverty are evidently interrelated and therefore addressing both of these issues simultaneously is imperative. The lack of social policies aimed at health and social security is assisting in the perpetuation of poverty for many African people.
Van Niekerk and Dhabicharan, (2003:8) state that one of the major problems facing the children of South Africa is the problem of non-existent or inadequate social security and/or income support for destitute and needy children. Children are suffering due to a combination of socio-economic problems; the fact that HIV and AIDS are very apparent in their communities simply adds another burden to their already perplexing adolescent years.

Income inequality remains a huge issue in South Africa and it is essential that the county move away from the present macro-economic system to a system whereby the needs of the majority are considered and there is a more equal distribution of wealth. As the productive members of society get sick and die as a result of HIV/AIDS, there will be less people to care for children and less people to make up the labour force particularly in manual labour sectors such as construction and farming. If no one farms the land there will be no food, and food shortages combined with HIV can only be catastrophic to South Africa.

5.4.5 Employment Opportunities

The income generation programme at Hillcrest AIDS centre has been successful and has assisted many HIV positive women to come to terms with their status, it has given them a sense of acceptance and also helped them to provide an income for their families and live positively with the virus.

Unemployment is extremely high in South Africa and this is causing the perpetuation of the poverty situation, which also assists, with the spreading of HIV/AIDS. The

unemployment issue must be addressed in conjunction with poverty and HIV/AIDS if the situation is to improve.

The data revealed that there is a need for more social workers, home based carers, health workers, peer educators and trained counsellors. The lack of social workers is slowing down the grant process so much that it is almost completely ineffective. It is the responsibility of the government, communities, schools and families to contribute to an improvement in their own lives. People must get tested and teach their children about prevention, accountability and responsibility. If testing is to be encouraged, support needs to be in place in the form of trained counselors to assist both children and adults in decision making and coping strategies.

Some NGO's have introduces schemes whereby peer educators are used to get important messages out to the children in communities where HIV prevalence is high. These peer educators can relate to the children in their communities and they can be trained to provide them with vital support and guidance.

5.4.6 Increased and Improved Education

Schools must help through teaching about the epidemic. Education should focus on three main areas, reducing stigma, prevention and encouraging testing. These three issues go hand in hand and children must be made aware that education leads to increased choice. Schools and communities need to join together to stop the silence around the epidemic. HIV/AIDS needs to be talked about more openly and more often if stigma is to be overcome. Eradication of stigma is essential if HIV/AIDS is to be monitored more accurately by researchers. If stigma and discrimination are addressed and eventually overcome, people may be more willing to disclose their status and this could in turn reduce infection rates. If a person is aware of their status, they can take the necessary precautions to prevent passing the infection on to others.

It is also essential that the lack of resources to deliver HIV/AIDS prevention programmes effectively in schools is addressed. HIV prevention is essential to the survival of the future generations of South Africa. This must be taught to parents and communities as well as children in order to reduce the spread of HIV.

There are organisations set up to address the issue of prevention; however, Ewing (2003:52) argues that this ignores the needs of the 5 million people who are already infected. The argument for treatment is quite clearly a priority for children in South Africa, not only because if will increase the life span of HIV positive children, but also because it will encourage people to know their status.

People must be encouraged to live positively with HIV rather than ostracising themselves from their communities. If treatment is made available and delivered efficiently, unlike the grants, people can live in hope even if they are HIV positive. If a person knows their status, they can choose to maintain negative status or manage their positive status (Ewing, 2003:52). The prevention of HIV will inevitably fail without a comprehensive treatment plan.[1]

5.5 Further Research

There is clearly a need for further research into the impacts of HIV/AIDS on children as uncertainties remain surrounding the extent to which children are suffering. It is essential that the voices of children are heard so that their needs may be met effectively. This research has shown the impacts of the epidemic on children from the point of view of different stakeholders rather than that of individual children. However, this has enabled the discussion of vital issues which might not have been highlighted had the participants been children. Talking directly to children would assist in further research. This study has provided evidence to show that the needs of many children suffering the impacts of HIV/AIDS are not being met and it is essential that this be realised so that interventions can be made to improve the situation.

---

[1] At the time of writing, there was no treatment plan in South Africa.

5.6 Summary

A misallocation of resources has lead to the inevitable neglect of children in South Africa. In some cases support structures are in place, but they are insufficient and delivery is very poor. Government have attempted to provide financial support to assist those suffering as a result of the epidemic, however, if a child cannot access what they are entitled to, the support becomes obsolete. Schools need to encourage children to talk about HIV/AIDS to reduce stigma and provide support for children at school. Education is a high priority for both reducing the number of infections through unsafe sex practices and reducing stigma. The possibilities for intervention are endless, however, it is the responsibility of government to provide resources, communities to provide support and the individual to empower themselves to make good choices and live positively regardless of their HIV status.

The needs of orphaned and vulnerable children are vast, they have been ignored by too many people for too long and now is the time to address them effectively. The number of orphans is clearly increasing beyond the capacity of the inadequate social support networks that have been put into place in South Africa. Without an improvement in support networks for orphans, it is likely that they will become increasingly vulnerable both socially and economically. If these issues continue to be ignored, children will be left abandoned and without care or support, often suffering from grief and trauma only to endure a short life of discrimination and neglect.

References

- African Regional Youth Initiative (2004) **Newsletter March 2004**, Dar es Salaam, Tanzania.

- Alban, Anita and Guiness, Lorna (2000) **The Socio-Economic Impact of HIV/AIDS in Africa**, ADF 2000 Presentation, UNAIDS.

- Babbie, Earl and Mouton, Johann (2002) **The Practice of Social Research**: South African Edition, Oxford University Press Southern Africa, Cape Town.

- Barnett, Tony and Whiteside, Alan (2002) **Aids in the Twenty-First Century: Disease and Globalisation,** Palgrave Macmillan, New York.

- Bernes-Lasserre, Philippe (2002) **Namibia-AIDS-Africa: Africa's extended family system in crisis,** AEGIS AIDS Education Global Information System, http://www.aegis.com/news/afp/2002/AF0211C4.html

- Bjorkman, Hakan (2002) **HIV/AIDS and Poverty Reduction Strategies**, United Nations Development Programme (UNDP).

- Blance, Martin Terre and Durrheim, Kevin (1999) **Research in Practice: Applied methods for the social sciences**, University of Cape Town Press (Pty) Ltd.

- Bouma, G. D. and Atkinson, G. B. J. (1995) **A handbook of social science research**, Oxford University Press.

- Brookes, Heather. Shisana, Olive and Richter, Linda (2004) **The National Household HIV Prevalence and Risk Survey of South African Children**, HSRC Publishers, Cape Town.

- Brown, Lester R. (2001) **HIV Epidemic Restructuring Africa's Population**; A missing generation...a population of orphans...a shortage of women, Earth Policy Institute.

- Carter, Richard Dr. (2004) article in, **Everychild Spring 2004**, HIV/AIDS Fighting to end stigma and discrimination, Everychild.

- Cornia, Giovanni (2002) AIDS, **Public Policy and Child Well-Being**, Chapter 1, Overview of the Impact and Best Practice Responses in Favour of Children in a World Affected by HIV/AIDS, UNICEF.

- Cohen, Desmond (1998) Socio-Economic Causes and Consequences of the HIV Epidemic in Southern Africa: A Case Study of Namibia," **UNDP HIV and Development Programme Issues** Paper No. 31. http://www.undp.org/hiv/publications/issues/english/issue31e.htm

- Davies, S (1996) **Chapter 2 Adaptable Livelihoods: Coping with food insecurity in the Malian Sahel**, MacMillan Press, London.

- DBSA (Development Bank of South Africa) (1998) **KwaZulu-Natal Development Profile**.

- Desmond, C. Richter, L. Makiwane, M. and Amoateng, A. (2003) Child-headed Households: Dissecting our understanding of who is at risk in **Children First – Special Issue –Reviewing the Status of Children's Rights**, Children First Editorial Board, Durban, South Africa.

- Desmond, Chris and Gow, Jeff (2002) Chapter 6 - The Current and Future Impact of the HIV/AIDS Epidemic on South Africa's Children, in, Cornia, G. A. (ed) (2002) **AIDS, Public Policy and Child Well-Being** UNICEF.

- Desmond, Cosmas (2003:A) Editorial "Focusing on the last 2 years" in **Children First – Special Issue –Reviewing the Status of Children's Rights**, Children First Editorial Board, Durban, South Africa.

- Desmond, Cosmas (2003:B) article entitled, "It's Just Not Good Enough" in **The Big Issue,** Issue 69, Cape Town.

- Dixon, Simon. McDonald, Scott and Roberts, Jennifer (2001) HIV/AIDS and Development in Africa, in, **Journal of International Development,** Vol 13(4).

- Durrheim, K. and Wassenaar, Douglas (1999) Chapter 4, Putting design into practice: writing and evaluating research proposals, in Blanche, M. T. and Durrheim, Kevin, **Research in Practice: Applied Methods for the Social Sciences**, University of Cape Town Press.

- Edwards, A. and Talbot, R. (1994) **The Hard-pressed Researcher**, Longman.

- Ewing, Deborah (2003) Children and HIV/AIDS – the struggle for treatment, in **Children First – Special Issue –Reviewing the Status of Children's Rights**, Children First Editorial Board, Durban, South Africa.

- Garnett, G. P. Grassly, N. C. and Gregson, S. (2001) AIDS: The Makings of a Development Disaster? in, **Journal of International Development**, Vol 13 (4).

- Giese, Sonja and Meintjes, Helen (2003) The challenge lies in implementing policy, in **Children First – Special Issue –Reviewing the Status of Children's Rights**, Children First Editorial Board, Durban, South Africa.

- George, Sue (2004) **Where are we now?** Article in The Guardian Unlimited Global, pages 2-3, Special Supplement, HIV/AIDS, are we doing enough? Published 29th November 2003.

- Gregson, Simon. Waddell, Heather and Chandiwana, Stephen (2001) School Education and HIV Control in Sub-Saharan Africa: From Discord to Harmony? in **Journal of International Development** Vol 13 (4).

- Guest, Emma (2003) **Children of AIDS; Africa's orphan crisis**, University of Natal Press, Pietermaritzburg, South Africa.

- HIV/AIDS Policy and Law Newsletter, (1999) **HIV/AIDS and Children's Rights** Volume 5, Number 1, Fall/Winter 1999

- Hunter, Nina and May, Julian (2002) **Poverty, Shocks and School Disruption Episodes among Adolescents in South Africa**, CSDS Working Paper No. 35, Centre for Social and Development Studies, University of Natal Durban.

- Hutchinson, Sherry (2003) **Horizons Report: Studies in Brief,** Luwero and Tororo, Uganda, Succession Planning Helps HIV-Affected Families Prepare for the Future, Population Council, cited at http://www.popcouncil.org/horisons/newsletter/horizons(6)_5.html visited 03/09/03.

- Johnson, Saul Schierhout, Gill Steinberg, Malcolm Russell, Bev Hall, Katherine and Morgan, Jonathan (2002) **South African Health Review (2002), Chapter 11: AIDS in the Household**, The Health Systems Trust.

- Kaisernetwork, (2004:1) **Kaiser Daily HIV/AIDS report**, Wednesday May 26th 2004, South African Government Failure to Disburse Global Fund Money, Executive Director Says, Threatens to Withdraw Funding, cited at www.kaisernetwork.org.daily_reports on 26/05/04

- Le Breton, Sarah and Brusati, Annalisa (2001) **Child Labour and HIV/AIDS: exploring the interface**; A brief overview of recent literature, research and organisational commitment, Policy and Practice Unit, October 2001, Save the Children.

- Lewis, Stephen (2004) Keynote, **UN Special Envoy on HIV/AIDS in Africa, to the "Microbicides 20004" conference in London**, Tuesday March 30th 2004.

- Lyons, Miriam (2000) **The Impact of HIV and AIDS on Children, Families and Communities: Risks and Realities of Childhood during the HIV epidemic**, Issues Paper number 30, HIV and Development Programme, United Nations Development Programme (UNDP).

- Madorin, Kurt Dr. (2004) **When Parents Die of AIDS: The children of Kagera, Tanzania,** http://www.novartisfoundation.com/en/projects/right_health/tansania/children_aids_tanzania.htm

- Maharaj, Pranitha (2001) Male attitudes to family planning in the era of HIV/AIDS: Evidence from KwaZulu-Natal, South Africa, in **Journal of Southern African Studies**, Vol 27 Number 2 June 2001.

- Maharaj, Zarina (1999) **Gender inequality and the Economy: Empowering Women in the new South Africa**, Keynote speech at the Professional Women's League of KwaZulu-Natal, August 9th 1999 cited at www.sas.upenn.edu/African_Studies/Urgent_Action/apic_82299.html

- Mbambo, Buyi and Msikinya, Nombulelo (2003) Are children's rights undermining parents, in **Children First – Special Issue –Reviewing the Status of Children's Rights**, Children First Editorial Board, Durban, South Africa.

- Mhone, Guy (2002) The Economic Impact of HIV/AIDS in Africa, in Kelly et al. (eds) **HIV/AIDS, Economics and governance in South Africa: Key Issues in Understanding Response,** USAID, CADRE and Joint Centre for Political and Economic Studies, Johannesburg.

- Mikkelsen, Britha (1995) **Methods for Development Work and Research**: A Guide for Practitioners, Sage Publications.

- Mlisana, Koleka (2002) **The Durban Children's Society: Annual Report 2001-2002.**

- Mukoyogo, M. Christian and Williams, Glen (1991) **Aids Orphans**, A Community Perspective from Tanzania, Strategies for Hope No. 5, London, ACTIONAID

- Pettifor, A.E. Rees, H.V. Steffenson, A. Hlongwa-Madikizela, L. MacPhail, C. Vermaak, K. Kleinschmidt, I. (2004) **HIV and sexual behaviour among South Africans: a national survey of 15-24 year olds**, Johannesburg: Reproductive Health Unit, University of the Witwatersrand.

- Pharaoh, Robyn and Schonteich, Martin (2003) **AIDS, Security and Governance in Southern Africa, Exploring the Impact**, Institute for Security Studies, Paper 65, January 2003.

- Quinlan, Tim (2003:A) **Continuum of care: extending the meaning and scope of treatment for HIV/AIDS,** (Commentary on selected presentations at the South African AIDS conference, August 2003, Durban; for Aids Analysis Africa).

- Quinlan, Tim (2003:B) **Introduction to HIV/AIDS and Development,** Presentation, University of Natal, 30th May 2003.

- Roberts, Benjamin J. (2001) Chronic and Transitory Poverty in Post-Apartheid South Africa: Evidence from KwaZulu-Natal, in, **Journal of Poverty**, Vol 5 (4).

- Robinson, G. (1998) **Methods and Techniques in Human Geography**, Wiley.

- Sekeleni, Phumla (2003) Shelter gives street children second chance, in **The Mercury**, March 19th 2003.

- **South African Health Review** (2002) Health Systems Trust, Durban.

- Stein, Jo (2003) Sorrow Makes Children of us All: A Literature Review on the Psycho-Social Impact of HIV/AIDS on Children, Working Paper No. 47, Centre for Social Science Research, University of Cape Town.

- Struwig, F. W. and Stead, G. B. (2001) **Planning, designing and reporting research**, Masker miller Longman (Pty) Ltd 2001 Cape Town.

- Sunter, Clem and Whiteside, Alan (2002) **Aids: The Challenge for South Africa**, Human and Rousseau Ltd and Tafelberg Publishers Ltd, Cape Town.

- UNAIDS/WHO (2003) **AIDS Epidemic Update December 2003**, Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organisation (WHO).

- Unlin, Priscilla R. Robinson, Elizabeth T. Tolley, Elizabeth E. and McNeill, Erin T. (2002) **Qualitative Methods: A field guide for Applied Research in Sexual and Reproductive Health**, Family Health International, USA

- USAID and Help Age International (2003) **Forgotten Families: older people as carers of orphans and vulnerable children**, USAID.

- Van Dyk, Alta. (2001) **HIV/AIDS Care and Counselling: A Multidisciplinary Approach**, Second Edition, Pearson Education South Africa.

- Van Niekerk, Joan and Dhabicharan, Linda. (2003) Investing in Children: Child plight remains as serious as ever, in, **Children First**, Special Edition.

- Whiteside, Alan and Barnett, Tony (2001) The Third World Development Report 2000/01: HIV/AIDS Still not Properly Considered! in, **Journal of International Development,** Vol. 13(3).

- World Bank (2000) **Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis**, World Bank, Washington D.C.