

Observations Regarding HIV/Aids and the Youth in South Africa

Dr. Janet M. Ferguson

Professor

Canisius College

2001 Main Street

Buffalo

New York 14208

Abstract

This paper is based on personal observations and experiences while traveling in South Africa, during Spring, 2008. The children in this country are affected by the HIV/AIDS epidemic on a number of levels, from losing their parents and being orphaned, to contracting the disease through their birth mother. Sexual abuse, rape, or making uninformed choices and engaging in high risk behaviors that expose youth to the virus results in spreading the disease again and again. Extreme poverty, lack of medical resources and the social stigma attached to HIV/AIDS compounds the problem. While in Cape Town, I volunteered in an orphanage, a prison for young offenders, several high schools and visited families living in the Townships. This is an account of my first hand experiences and observations of the devastating impact of the HIV/AIDS epidemic in South Africa.

It is estimated that some 5.5 million South Africans are HIV-positive, more than in any other country (1). The children are perhaps the most affected, because they are the ones left behind when their parents die of HIV/AIDS. The lucky ones are cared for by extended family or get into an orphanage. The unlucky ones are left to fend for themselves on the city streets and in the villages, or die of the disease themselves after contracting it from their birth mother. While in Cape Town, South Africa, a city of 5 million people, one of my first observations was that there is a great need for education about the HIV/AIDS virus, how it is spread and how HIV can be treated with ARV (antiretroviral drugs). The young people at the high schools that I observed in Cape Town are aware of HIV/AIDS, but are often misinformed about how it can be contracted. For example, one young girl was told by her older boyfriend that you can't get it 'the first time'. Another misconception is that heavy people don't have HIV/AIDS and thin people are more likely to be infected. Another observation was that there is still a tremendous stigma attached to HIV/AIDS in South Africa and the majority still refuses to admit they have the disease because they don't want to be ostracized by their family and community.

While visiting a Cape Town high school, the principal, said that "out of a student population of 1200, only 1 had tested positive for HIV". (2) This was very surprising to hear, considering the rate of infection among the general population is closer to 1 out of 3. I learned later that the reason the principal reported such a low incidence of infection was because the students were not getting tested and simply did not know, or did not want to know their HIV status. Therefore, when they were asked, did not self-report their status. The same reluctance to be tested because of the stigma attached to the disease was observed at a prison for young offenders. The prison Chaplain said "only 3 of our inmates are HIV positive" (3). Again, getting tested was not a priority for the inmates, despite pre and post-test counseling, a free test at a clinic, and government subsidized drugs. Despite the HIV/AIDS epidemic in South Africa, testing is completely voluntary, but many do not get tested because of the fear of testing positive and the social stigma related to HIV/AIDS.

I also observed that there seems to be a distrust of the medical community among the South Africans. Last summer, the Minister of Health, Manto Tshabalal-Msimang, was quoted as saying that garlic, herbs and beetroot would cure a person with HIV. "The minister is known as "Dr. Beetroot" after telling people with HIV to eat beetroot and garlic while expressing doubts about the efficacy of anti-retroviral drugs"(4). The distrust of modern medicine is reflected in the fact that 90% of South Africans have been to a Sangoma, a traditional healer, or 'witch doctor'. This may also be because of economic reasons and availability; the poor can't afford a trip to a clinic or the cost involved for treatment and the Sangomas are local and cheap.

Nevertheless, without being tested for HIV/AIDS, medical treatment cannot be given, and the reluctance to be tested because of the stigma attached to a positive result is exacerbating the problem. Another tremendous problem facing this developing country is how to care for the children whose parents die at a young age from HIV/AIDS. According to Annie Chikwaza, director of the Kondanani orphanage, "the extended family system has collapsed and HIV has become the single largest cause of death among South Africans between 15-49 years of age" (5). The Department of Social Development will award grants to individuals who agree to care for parentless children (6). But this is on the condition that the child has a valid birth certificate. At the "Ark" the orphanage where I volunteered, there were many children with "no identity", in other words, no known place of origin, no known birthday, no known relatives and no birth certificate. One bright young lady from the orphanage has a sponsor and is completing high school; however she cannot get a driver's license or a passport or enter university because she has no identity. She does not know where she was born, nor does she have a birth certificate. She does not know of any living relatives. She referred to herself as a 'non-person', with no papers to prove that she even exists. Without this information, this child, and thousands like her, are ineligible for government grants and cannot, therefore, be fostered by another family.

I learned that some, not all orphanages, have a "secret door", where babies can be dropped off by desperate mothers who are too sick or too poor to care for them. If the mother was HIV positive during pregnancy, there is a 1 in 3 chance that the baby is also infected. If an HIV positive mother breast feeds her baby, (most do because they cannot afford formula) there is a high risk the baby will become infected. Once fed breast milk from an infected mother, it is extremely important to give the baby breast milk only, with no water or other foods. This is because their digestive system could be irritated, creating tiny fissures which could allow the virus to enter their system. Education about this important fact is desperately needed. A baby born with HIV in South Africa does not have a life expectancy beyond 8 and most die before they are 2 (7). Learning about these bleak statistics, I turned to the questions: "How did this all come about"? And "How can it be stopped"? These questions can be answered, in part, through an understanding of the cultural climate of those most affected; the poor.

The principal of one Cape Town high school gave me an inside look at the lives of her students and their families, which encapsulates their cultural climate. During an interview with this principal, I asked whether the high walls and multiple layers of razor wire surrounding the school courtyard were to keep others out, or the students in? Without hesitation, she answered "to keep the students at the school during the school day". Apparently, there is a serious problem of girls going 'over the wall' during the school day to local neighborhood bars called "Shabeens", which are set up in residents' shacks. Here, the girls sell sex in return for alcohol, then return to school. She also reported those children as young as 9 are sexually active and that "having sex is no big deal". Of course, pregnancy and HIV infection are often the result of such high risk behavior. Another sobering fact revealed during this interview was the extreme poverty in which the children live. One shack in the Townships (slums) would not uncommonly house 10-15 people, with everyone sleeping in a common room. A visit to one of the Townships gave me a firsthand look at the living conditions. There was no running water or toilets in the shacks, which were constructed of bits and pieces of cast away metal or plywood. There was no electricity, unless they could steal it by running a wire from the city electric lines. Razor wire surrounds every shack and laundry drying on the lines had to be guarded to prevent it from being stolen. Children would not be allowed to walk or play on the "streets", which were really sandy paths, because they would also be stolen. The incidents of child abuse, rape and incest are very high in these overcrowded conditions.

An HIV/AIDS counselor for Ambassadors in Sport reported in her newsletter that an 11 year old girl from the orphanage approached her and asked to be tested for HIV (7). Obviously something had happened to make her fearful of having been exposed to the virus. This is the cultural climate that the youth are coming from and it was not surprising to learn that the schools in South Africa were reported to be the most dangerous in the world (8). There was a distinct feeling of despair and hopelessness among the people I met and talked with and I think this might contribute to their high risk behaviors, which in turn, contributes to the spread of HIV/AIDS. While in South Africa, I also volunteered at a prison for young offenders. Young men, under the age of 17, were serving sentences for crimes such as rape, murder and armed robbery. I worked as a volunteer in an HIV/AIDS educational workshop for 22 prisoners who were on the prison soccer team. The workshop included educational activities that revealed a great deal about the attitudes and misconceptions held by these young men about HIV/AIDS. One activity had three people holding up the signs of "Yes", "No", and "Not Sure". The leader read a statement about HIV/AIDS and the participants had to group around the sign that expressed whether they agreed (Yes), disagreed (No) or were not sure whether the statement was true or not.

Statements such as "It's not safe to play on a soccer team if one of the players is HIV positive" were read. I remember that when this statement was read, most went and stood beside the "Yes" sign and a few went to "Not Sure". Not one went to "No", even though the odds are: 1 out of 3 has HIV. The stigma around HIV was played out before my eyes. The misconception that use of a condom will protect you 100% was also revealed. Most agreed with the statement that "condoms will protect you from HIV", not realizing that any sort of lubricant (oils) would break down the barrier enough to allow the virus to pass through. Many of the inmates had belonged to gangs and shaving your head was a condition of membership. Most were unaware that sharing razors presented a risk for contracting HIV. Most did believe the misconception that kissing your girlfriend could pass on the infection if one was HIV positive. Amidst this misinformation, I was absolutely astounded, as mentioned earlier, to learn that the South African Minister of Health made a statement that refuted the claims of an HIV/AIDS epidemic and went on to say that "beetroot" and other ancient tribal herbal remedies were all that was needed to cure the sick. The Deputy Minister of Health, Nozizwe Madlala-Routledge was fired last summer for disagreeing with these statements, which fueled the controversy between the politicians and the medical community (9).

Misinformation about how HIV is contracted, the social stigma attached to an HIV infected person, political corruption, lack of medical facilities and thousands of orphaned children were among my first hand observations of the problems facing this country's battle against the HIV/AIDS epidemic. Add to this the cultural climate of extreme poverty, child abuse and unsafe schools, and one wonders how this battle can be won. I believe the key is educating the youth in the schools, the orphans and the young offenders in prison about this disease so that the next generation will not be decimated as their parents' generation has been. Nelson Mandela helped end Apartheid in South Africa 14 years ago, which made blacks, coloreds and whites equal in the eyes of the law, but in the "eyes of reality", the unfairness of the social situation, the lack of education and medical care, mocks his famous quote "Never, Never and Never again shall it be that this beautiful land will again experience the oppression of one by another" (10). The HIV/AIDS epidemic is making his dream difficult to fulfill, however Mandela is also quoted as saying "Education is the most powerful weapon which you can use to change the world" (11). Certainly education becomes the most powerful weapon available to fight against the spread of HIV/AIDS to the next generation.

Notes

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