

Children, HIV/AIDS and Communication in South Africa

A Bibliographic Review



CADRE

CENTRE FOR AIDS DEVELOPMENT,
RESEARCH AND EVALUATION

Children, HIV/AIDS and Communication in South Africa: A literature review

Compiled by

The Centre for AIDS Development, Research and Evaluation (Cadre)
Johannesburg, South Africa

© Cadre

May 2002

Research and Writing

Susan Fox, Salome Oyosi and Warren Parker

Cover Photograph

Kevin Kelly

Commissioned by

This report was commissioned by the Johns Hopkins University Center for Communications Programs (www.jhuccp.org) with support from the United States Agency for International Development (USAID)

Literature Review

This bibliographic review supports a review of texts related to children, HIV/AIDS and communication. The literature review is available as an Acrobat document from the Cadre website – www.cadre.org.za. It is also available in searchable database form.

Contact information

The Centre for AIDS Development, Research and Evaluation (Cadre) is a South African non-profit organisation with offices in Johannesburg, Grahamstown and Cape Town, South Africa. Contact details as well as other reports relating to HIV/AIDS and the media are available on our website at www.cadre.org.za. Comments on or additions to this report can be sent to susan@cadre.org.za.

Contents

Policies, rights and statistics	4
Community and family impacts	9
Community and family responses	21
Children and communication	43
HIV/AIDS communication	45

Boisrouvray A et al (2000)

Orphan Alert: International perspective on children left behind by HIV/AIDS
Association Francois-Xavier Bagnoud, Switzerland

The Association and Foundation Francois-Xavier Bagnoud developed this volume to serve as a resource for a broad range of readers interested in orphan issues. Orphan Alert is intended to be accessible and useful both for those who are already deeply involved in efforts to assist orphans and for those who are just beginning to learn about the orphan crisis. This volume is comprised of two sections, each containing three articles. Through the articles compiled here, FXB seeks to fill gaps in present discourse and to advance knowledge and practice in the field.

Chinyangara et al (2000)

Indicators for children's rights: Zimbabwe country case study
Childwatch International, Zimbabwe

The basic principle of this report is that children's rights should be monitored in a holistic and systematic fashion, using a regroupment of the articles of the Convention on the Rights of the Child as the framework. This recognises the interrelatedness of rights and also stresses the importance of viewing children themselves holistically by integrating the data about them rather than separating data on different aspects of childhood, such as health, family and work. The Zimbabwe Country Case Study Team identified two main issues that ran through all six groups of articles in the Protocol document and which must be taken into consideration in any future development of a national system for monitoring children's rights. The second is the influence of ethnicity and religion on children's lives. This chapter examines some of the factors involved in both these underlying influences on the way data are produced. It ends with a brief discussion of an important absence in existing data, which reveal a resounding silence on the topic of children's participation, for which provisions exist in Articles 12-15 of the Convention.

Diop W (2000)

From government policy to community-based communication strategies in Africa: Lessons from Senegal and Uganda
Journal of Health Communication 5

Everatt D and Orkin M (1993)

Growing up tough: A national survey of South African youth

Farquhar C & Kanabus A (1998)

AIDS and children: What's it got to do with them?
AVERT

This booklet gives some simple information about HIV and AIDS and about how to reduce the risk of all infections. It also gives some practical suggestions about talking to children. The authors hope it will be useful for anybody concerned with the welfare of children.

Foster G (1998)

Today's children – challenges to child health promotion in countries with severe AIDS epidemics
AIDS Care, Supplement, 10(2): S17-24

This article focuses on the rise in infant and child mortality (IMR and CMR) rates in southern African countries due to AIDS. Also addresses: Lowering of life expectancies; resurgence of adult and paediatric tuberculosis; consequences of AIDS-induced poverty; efforts to reduce the number and vulnerability of children and adolescents to HIV infection.

Government of National Unity, South Africa (1997)

Initial Country Report, South Africa: Convention on the rights of the child

This is a country report on the convention of the rights of the child. It deals with an overview of measures

taken by the South African government, building on the work previously undertaken by civil society, to meet the requirements of the Convention, spelling out the constitutional rights of the child and lists legislation passed in the last two years, the legislation currently tabled in parliament, definition of a child, general principles relating to the rights of the child, civil rights and freedoms, basic health and welfare, family environments and alternative care, education, sport, leisure & cultural activities and special protection measures.

Gregson S, Garnett GP, Anderson R (1994)

Assessing the potential impact of the HIV-1 epidemic on orphanhood and the demographic structure of populations in sub-Saharan Africa

Population Studies 48(3):435-458

Gruskin S & Tarantola D (1998)

Children confronting HIV/AIDS: The convergence of rights and prevention and care needs

International AIDS Conference 1998, 12:966 (abstract no 44143)

Objectives: To develop an agenda for governmental action on HIV/AIDS in children which respects, protects, and fulfils the rights of the child. Method: As the pandemic pursues its course, its impact on the lives of children is increasingly being felt. Infected by HIV, affected by the impact of the HIV epidemics, and vulnerable to acquiring HIV infection, infants, young children, adolescent girls and boys are confronting new challenges to their health and development. In 1990, the first human rights document to focus specifically on the rights of children – the Convention on the Rights of the Child (CRC) – came into being. States are responsible for not violating rights directly as well as for ensuring the conditions that enable us to realise our rights as fully as possible. This is understood as an obligation on the part of governments to respect, protect and fulfil rights. While these principles are applicable to governmental obligations as they relate to every right, every person – adult or child – and every action taken, this analysis uses these obligations to consider the rights of the child as they apply to governmental action that may concern children infected, affected or vulnerable to HIV/AIDS. This research charts the determinants of risk and vulnerability of the child to HIV/AIDS and their relationships to specific articles of the CRC within an international human rights framework. Results: An agenda for governmental action can be created by recognising the convergence of the three situations in which children are confronting a world with AIDS (children infected, affected and vulnerable) and the three levels of government obligations which exist for every right (respect, protect and fulfil). This analysis sheds new light on government responsibility for ensuring that children no longer be the objects of decisions affecting them, but subjects taking part in these decisions as their capacity evolves. Conclusion: This approach incorporates the promotion and the protection of rights of the child into the diversity of responses needed to bring the pandemic under control and mitigate its impact.

Hawethorne P (2000)

AIDS in Africa: Fatal destiny

Time Magazine, July:30-35

Hodgkin R & Newell P (1996)

Effective government structure for children

Calouste Gulbenkian Foundation, London

Johnson V (1996)

Starting a dialogue: Children's participation

PLA Notes Issue 25, February

Jupp M (1987)

AIDS and the rights of the child

In Action for Children II (4):9 [Cf. 8.2 Child/Juvenile Rights]

Office of National AIDS Policy (1999)

Report on the presidential mission on children orphaned by AIDS in sub-Saharan Africa: Findings and plan of action

Office of National AIDS Policy, Washington, DC

Petty C & Brown M (1998)

Justice for children: Challenges for policy and practice in sub-Saharan Africa

This book is written for individuals and organisations working to promote the rights of children in the justice system. It explores practical problems relating to youth justice reform, drawing on the work of government and non-governmental agencies in nine countries of sub-Saharan Africa. Core themes include: child law reform; influencing practice within the formal justice system; urbanisation and issues of justice; traditional systems; and conflict, war crimes and children.

Pierret J (2000)

Everyday life with AIDS/HIV: Surveys in the social sciences

Social Science & Medicine 50:1589-1598

Research on persons infected with HIV is critically assessed by using the notions developed in the sociology of illness. Has this research stimulated new questions or led to reformulations in research paradigms?

Methodological problems related to data collection are pointed out, namely: the recruitment of HIV-positive participants for such studies and the stance they adopt during interviews. The contributions made by studies that have focused on adjustment strategies or resorted to the notions of stigmatization, identity and illness trajectory are also discussed. In conclusion, questions are raised about what implications the new HIV/AIDS treatments will have on this field of social science research.

Save the Children UK (1999)

Child protection policy: working better with children. Ensuring protection and the prevention of abuse

Save the Children UK, London

Smith MJ et al (1999)

The Second Kaiser Family Foundation Survey of Health Care in South Africa

Kaiser Family Foundation

The following summarises the findings from the Second Kaiser Family Foundation National Household Survey on Health Care. Overall, the survey documents real initial progress in improving health care for historically underserved populations in South Africa. For example, approximately one-third of Africans report that public health services are better than they were four years ago. Solid majorities of South Africans also expressed strong support for the government's major health policies. On the other hand, many South Africans have not seen positive changes in health care, and virtually everyone regards the HIV epidemic in South Africa as a very serious national challenge. Perhaps surprisingly, South Africans perceive the health of children and adults to be somewhat poorer than five years ago. Whether this reflects a true decline in health status or growing expectations about health and quality of life is difficult to determine.

Strode A & Barrett GK (2001)

Children, HIV/AIDS and the law

Save the Children, UK

HIV/AIDS's social effects are as dangerous and debilitating as its physical effects. Until the stigma and discrimination suffered by people living with AIDS and their families is addressed, the pandemic will continue to grow. Prejudice and fear prevents people seeking proper care. For those infected with HIV/AIDS, there is little incentive to be open about their condition if it results in isolation and hostility. Ignorance, prejudice and fear help HIV/AIDS to spread. Openness, acceptance and support are essential for its containment. This publication clearly illustrates the importance of children's rights. Addressing the HIV/AIDS pandemic requires a strong and coordinated response from all sectors of society – government, NGOs, churches, communities and children, as well as the international community. But this response has to be a rights-based response if it is to protect our children and youth.

Swart-Kruger J with Clacherty & Associates (2000)

A four-site study within the process to transform greater Johannesburg into a child-friendly city

Report submitted to the Greater Johannesburg Metropolitan Council, December, South Africa

Tarantola D & Gruskin S (1998)

Children confronting HIV/AIDS: Charting the confluence of rights

Francois-Xavier Bagnoud Center for Health and Human Rights, Boston, MA

From a child rights perspective. HIV/AIDS serves to illuminate how cultural norms and legal precepts facilitate or constrain the protection of the child from HIV infection and from its individual and collective impacts.

The Orphan Project (2000)

The White Oak Report: Building international support for children affected by AIDS

The Orphan Project, Clarkwood Corporation Printers & Lithographers, New York

Treseder P (1997)

Empowering children and young people training manual: Promoting involvement in decision-making

Save the Children, London

A manual to help professionals empower children so they can contribute to the decisions that affect them as individuals and as a group, at unit, local and national levels. It will help to ensure success by providing a training tool for both professionals and young people. It examines: the importance of empowerment to children and young people; the benefits of empowerment to children and professionals alike; the barriers to empowerment; and the need for workers and organisations to understand their own intentions. All the material is photocopiable and, in particular, the checklists and exercises have been designed to be photocopied as handouts.

UNAIDS (1999)

Call to action for children left behind by AIDS

UNAIDS, UNICEF and National Black Leadership Commission on AIDS, Inc (BLCA)

A plea for communities, governments, civil society, the private sector and international partners to vigorously address the plight of children who are affected by the AIDS epidemic.

UNAIDS (1999)

Guidelines for children participating in HIV/AIDS programs

UNAIDS, Geneva

UNAIDS (1999)

The UNAIDS Report: A joint response to AIDS in action

UNAIDS, Geneva

UNAIDS (2000)

AIDS in Africa: Country by country

UNAIDS, Geneva

UNAIDS (2000)

Report on the global HIV/AIDS epidemic, June 2000

UNAIDS, Geneva

UNAIDS (2001)

Children and young people in a world of AIDS

UNAIDS, Geneva

UNAIDS and World Health Organization (2000)

AIDS epidemic update: December 2000

UNAIDS, Geneva

UNICEF (1999)

Growing up in Zimbabwe: Considering the rights of Zimbabwean children and their families

UNICEF, Harare

UNICEF (2000)

Adolescents and STD, HIV: UNICEF Mozambique support to the National Strategic Plan

UNICEF

UNICEF (2000)

The Progress of Nations 2000

UNICEF, New York

UNICEF (2001)

UNICEF Annual Report: 2001

UNICEF, New York

This *Annual Report* shows that partnerships are key to giving every child a better future. The record for 2000 speaks for itself. An unprecedented 550 million children under five were immunised against polio during special campaigns; schools opened their doors to hundreds of thousands of young people affected by AIDS and learned about HIV-prevention and life skills; and 12 million women at risk of dying from tetanus during and after childbirth were immunised against the disease.

UNICEF (2002)

The state of the world's children: 2002

UNICEF, New York

This issue of UNICEF's *The state of the world's children* calls for leadership from all continents and all sectors of society. It illustrates the many and varied ways that people have shown their commitment to children's welfare, and it emphasises the need to give children the best possible start in life, to ensure that every child completes a basic education, and to involve children – adolescents in particular – in the decisions that affect their lives.

Van der Riet M (2000)

Communicating HIV/AIDS: An audit of provincial responses to HIV/AIDS in South Africa

Beyond Awareness Campaign, Department of Health, South Africa

Over the past decade South Africa's response to HIV/AIDS has intensified and diversified in line with the progression of the epidemic. For the most part these activities have been located within the government sector, NGOs and CBOs. This study involved an audit of provincial government communications campaigns in South Africa.

Venier JL, Ross ML & Akande A (1998)

HIV/AIDS-related social anxieties in adolescents in three African countries

Social Science & Medicine 46 (3):313

World Vision UK (1999)

Children and HIV/AIDS: A millennium time bomb

World Vision, UK

This paper comments on the rising global infection rate of HIV/AIDS among the world's children and its impact on wider development issues. It gives reasons why children are particularly vulnerable to the spread of HIV/AIDS, the impacts on their lives and offers challenges for a child-focused, integrated approach to tackle the issue, with a commitment to long-term funding.

Yach D, Padayachee GN, Cameron N, Wagstaff LA & Richter LM (1990)

Birth to Ten – a study of children of the 1990s living in the Johannesburg-Soweto area

South African Medical Journal 77:325-326

Ainsworth M, Beegle K & Koda G (2000)

The impact of adult mortality on primary school enrolment in Northwestern Tanzania
World Bank, Washington DC

The impact of the AIDS epidemic on school enrolment in Africa is often superimposed on countries with already low enrolments and low incomes. The average gross primary enrolment ratio (GPER) – the number of children enrolled as a percent of the total number of children of school age – was only 77% for sub-Saharan Africa in 1996. Despite low incomes, some of these countries have seen marked improvements in enrolment ratios. Both Malawi and Zimbabwe, for example, raised their GPER to over 100%. On the other hand, the GPER has been stagnant in Zambia and declined in both Kenya and Tanzania. The drop in Tanzania has been particularly large; it now has the lowest GPER (67%) of any of these countries. All of these countries are hard-hit by the AIDS epidemic, with infection levels ranging from 8% of adults in Tanzania and Uganda to 25% of adults in Zimbabwe. While AIDS may have contributed to declines in enrolment rates within these countries, when we look across countries, it does not appear to be the driving force: with the exception of Malawi, the countries with higher HIV prevalence have higher 1997 enrolment rates. Most of the differences in enrolment ratios are no doubt due to differences in income and public spending: Zambia and Uganda spend less than 3% of GNP on education, while Zimbabwe spends more than 8%.

Ali S (1998)

Community perceptions of orphan care in Malawi
Southern African Conference on Raising the Orphan Generation, Pietermaritzburg, South Africa

In 1993 the Ministry of Women, Youth & Community Services carried out a needs assessment study on orphans. Results of the study revealed that the main focus of orphan care was on the physical needs with little or no consideration for psychosocial needs. They also noted that there was no proper documentation on orphans. In 1995, figures showed 140 000 orphans in Malawi leading to the projection of about 300 000 orphans by the year 2000 with the majority living in rural areas. In 1997 the University of Canada and Malawi in conjunction with the Ministry of Women, Youth & Community Services, UNICEF (Mw), World Vision International (Mw) and Save the Children Federation USA (Mw) embarked on Starting from Strengths – Caring for Orphans in Communities project as a response to these findings. The project is a child-focused and community-based research aimed at identifying strengths in the community that would promote psychosocial needs of orphans and provide documentation on the situation of orphans in Malawi and encouraging communities to implement interventions using locally available resources that would assist orphans with their psychosocial needs. Data collection was done using focus group discussions, key informant interviews and the triple A cycle. The research targeted the three main administrative regions of Malawi to provide for cultural differences. Some of the results of this research indicated that the community has their own definition of an orphan that is quite different to the official definition as well as their own checklist on vulnerable orphans. Existing programmes were not seen to be effective and traditional practices do consider the psychosocial needs of a child even if they have some negative implications. The most positive elements of the research are the orphan care programmes, set up by the communities. These are having a ripple effect especially in their realisation that psychosocial needs are an important element of child upbringing, particularly orphans.

Ankrah EM (1993)

The impact of HIV/AIDS on the family and other significant relationships: the African clan revisited
AIDS Care 5:5-22, cited in Forehand et al, 1999

Aronson S (1996)

The bereavement process in children of parents with AIDS
Psychoanal Study Child 51:422-35

AIDS has left tens of thousands of children with dead or dying parents. This epidemic is forcing us to take a new look at loss in childhood, paying attention to the impact of the social and cultural forces in these children's surroundings on their internal/psychological worlds. This chapter is a preliminary attempt to examine these factors, integrating psychoanalytic concepts, the sociocultural context, and treatment issues. Clinical vignettes are used to illustrate throughout.

Aspaas HR (1999)

AIDS and orphans in Uganda: Geographical and gender interpretations of household resources
The Social Science Journal 36(2)

Ugandan households provide crisis fostering for the orphans of relatives who have died of AIDS. Using the household as the basic unit of analysis, this research noted the gender of the household head and the location of the household on a rural to urban continuum in order to determine differential outlays of the household's resources for the education of orphans. Significant differences were identified. Indigenous children in men-headed households were enrolled in school at a higher rate than school-age orphans in the same households. In contrast, rural women, who have the lowest levels of education, showed no partiality in enrolling both indigenous children and orphans in school when they were the household heads.

Bauman L, Silver EJ, Camacho S, Hudis J & Draimin B (2000)

Self-reported depression among children of mothers with HIV/AIDS
International AIDS Conference 2000

Background: Children of mothers with HIV/AIDS are at risk for depression. The objective is to identify factors that increase risk and protect against depressive symptoms in children whose mothers have late stage HIV/AIDS. Methods: The study recruited a consecutive sample of 134 mothers with late-stage HIV/AIDS disease at first entry into NYC's Division of AIDS Services. All had to have an HIV-child aged 8-12. 93% of eligible women and their children were interviewed. Children completed the Children's Depression Inventory (CDI, Kovacs, 1992). Results: Scores on the CDI were high ($x = 9.6$, $sd = 7.7$) and 36.9% had symptom scores >11 , indicating clinical depression. Hierarchical regression showed that CDI scores were higher when children were younger ($B = -.25, p > .01$) and had experienced more stressful events ($B = .19, p > .05$), and were lower when the child reported a strong parent-child relationship ($B = .46, p > .001$) and the parent reported a strong relationship as well ($B = .17, p = .06$). Child self-reported depression was unrelated to child's gender or physical health; child's support from friends, classmates or teachers; maternal depression; severity of mothers' HIV illness; or maternal stigma from HIV/AIDS, use of illegal drugs, or ratings of family adaptability and cohesion. Conclusion. Children's depressive symptoms were high, but not directly related to maternal depression or severity of HIV illness. Younger children and those with other stressful events were most vulnerable to depressive symptoms. Children were protected by a strong parent-child relationship. However, if mothers die, children will not only face the task of coping with their loss, but will do so without their strongest protective factor.

Black M (2000)

Growing up alone: HIV/AIDS a global emergency
UNICEF, UK

Growing up alone is a UK committee for UNICEF campaign aiming to raise awareness of the worldwide phenomenon of children growing up alone. This publication, the second of three, examines how HIV/AIDS is forcing millions of children to grow up alone, often forfeiting their own childhoods to care for younger brothers and sisters. It sets out an agenda for action that emphasises breaking the silence surrounding the global HIV/AIDS emergency. The first title in the series considered the socioeconomic causes that lead to children growing up alone, the third will focus on war.

Bowlby J (1995)

The making and breaking of affectional bonds
Routledge, London and NY

Clacherty G (1998)

Research into selected health issues facing children in South Africa
Soul City's Multi Media Series, Johannesburg

Coombe C (2001)

HIV/AIDS and trauma among learners: Sexual violence and deprivation in South Africa
University of Pretoria, Faculty of Education, Pretoria

Cournos F (2001)

Mourning and adaptation following the death of a parent in childhood
J Am Acad Psychoanal 29(1):137-45

Czarniecki L, Oleske J, Passannante M, Barros J, Colabelli N & Boland M (1998)

Pain in children with HIV/AIDS

International AIDS Conference 1998, 12:350 (abstract no 22432)

Over 50% of children with HIV/AIDS have pain as a major feature of their disease. Adults with HIV report various types of pain but there is less information on pain in children with HIV/AIDS. An exploratory study was conducted in 1996, which aimed to describe and quantify the pain experienced by children with HIV/AIDS. Objectives: To describe and quantify the pain experienced by children with HIV/AIDS. Design: Prospective, descriptive. Method: Verbal patients 4 years and older with HIV/AIDS and their caregivers were interviewed regarding their pain experiences since their last monthly clinic visit and on the day of the interview using a questionnaire developed by the researchers. The Wong/Baker Faces Pain Rating Scale was used to rate the severity of any identified pain. Caregivers of children whose developmental level was below 4 or who were nonverbal were interviewed to determine whether they believed their child had pain. Each subject's medical record was reviewed to collect pertinent demographic and medical data. Both the Internal Review Boards of the New Jersey Medical School and United Hospital Medical Center gave approval for this study. Results: 40 children were interviewed: 21 (52%) reported having had pain since the last clinic visit. 60 caregivers were interviewed: 32 (53%) reported that their child experienced pain. There was no significant difference in pain by age although there was a slight trend towards more pain in older children. Patients in all three clinical classifications (A, B, C) experienced pain with a slight trend towards more pain in class B and C. There was good, but not excellent agreement between the reports of pain by patients and caregivers with no significant difference found. The types of pain reported included headache (9), leg pain (8), stomach pain (3) and back pain (2). Conclusions: The results of this study demonstrate that children with HIV/AIDS frequently experience pain. Pain occurs across the continuum of the disease rather than, as is frequently believed, only in the end stages. Caregivers' assessments of their child's pain can be taken seriously and when a patient is unable to report pain, caregivers should be utilised for the assessment.

Dawes A (2000)

Cultural diversity and childhood adversity: Implications for community level interventions with children in difficult circumstances

Address to the Consultation on Children in Adversity, Refugee Studies Centre, University of Oxford, September

Desmond C et al (1996)

The hidden battle: HIV/AIDS in the family and community

Health Economics & HIV/AIDS Research Division (HEARD), University of Natal, Durban

The AIDS epidemic will cause significant increases in illness and death in prime age adults. This will affect both households and communities. Prime age adult illness and death will manifest itself through negative social, economic and developmental impacts. The economic impacts at the household level of the epidemic are decreased income, increased costs, decreased productive capacity and changing expenditure patterns. Three coping strategies are observed: altering household composition, withdrawing savings or selling assets, receiving assistance from other household. Following death, the impacts break out of the family into the community, primarily through orphaning. In the near future, the sheer number of orphans may overwhelm the capacity of existing community resources to cope. The distribution of the impacts of the AIDS epidemic falls unevenly among the genders. Women have higher infection rate and bear a disproportionate burden of the care of HIV-positive people. Orphaned girls are more vulnerable to exploitation.

Dwivedi K (1993)

Group work with children and adolescents: A handbook

Jessica Kingsley Publishers, London

Anderson G, Ryan C, Taylor-Brown S & White-Gray M (Eds.) (1998)

HIV/AIDS and children, youths, and families: Lessons learned

Child Welfare Journal, Child Welfare League of America

Morton S & Johnson D (eds.) (1998)

Children & HIV: Supporting children and their families

This book assembles a range of experiences of those working with families affected by HIV in Scotland. It gives insight into day-to-day work with children, and considers how such work can be tackled and has been developed over time. It is the first book of its kind in the field.

Elizur E & Kaffman M (1983)

Factors influencing the severity of childhood bereavement reactions

The American Orthopsychiatric Association

Foster G (1997c)

Orphans

AIDS Care 9 (1):82-87

Foster G, Shakespeare R, Chinemana F, Jackson H, Gregson S, Marange C & Mashumba S (1995)

Orphan prevalence and extended family care in a peri-urban community in Zimbabwe

AIDS Care 7 (3):17

Foster G, Makufa C, Drew R & Kralovec E (1997a)

Factors leading to the establishment of children-headed households: The case of Zimbabwe

Health Transition Review 7 (suppl 2):157-170

Foster G, Makufa C, Drew R, Mashumba, S & Kambeu S (1997b)

Perceptions of children and community members concerning the circumstances of orphans in rural Zimbabwe

AIDS Care 9 (4):391-405

Fostera G & Williamson J (2000)

A review of current literature of the impact of HIV/AIDS on children in sub-Saharan Africa

AIDS 14 (suppl 3):S275-S284

Frost S (2001)

HIV positive: A book for caregivers to help children cope with HIV/AIDS

Media and Education Trust, Department of Education and Culture, KwaZulu-Natal, South Africa

Furman E (1974)

A child's parent dies: Studies in childhood bereavement

Yale University Press, US

Gannon B (ed.) (1994)

Children and youth at risk: HIV/AIDS issues, residential care and community perspectives

Presentation from the 9th Biennial, and 1st All-Africa Conference of the NACCW. Cape Town: National Association of Child Care Workers

Gregson S, Zaba B & Garnett G (1999)

Low fertility in women with HIV and the impact of the epidemic on orphanhood and early child mortality in Africa

AIDS 13 (suppl A):S249-S257

Recent studies provide consistent evidence of low fertility in HIV-positive women and we now have some clues as to the most likely cause: Excess partner morbidity and mortality; avoidance of pregnancy to prevent orphanhood and future childhood infections; HIV infections are more likely in women with low fertility; HIV has a direct influence on fecundity. However, most of the data currently available comes from populations where contraceptive prevalence is low and the degree of impact may be different elsewhere. Furthermore, considerable uncertainty remains concerning the relative contributions of prior subfertility among HIV-incident women and the various possible mechanisms by which HIV could affect the fertility of infected women. A good understanding of the pattern of impact and the mechanisms involved is needed to inform assessments of the consequences of HIV surveillance and for projections of key indicators of demographic impact. There continues to be very little empirical evidence on the population effects on fertility of wider behavioural changes associated with HIV epidemics, yet these effects could be at least as important as those of low fertility in infected women. Studying the impact of an HIV epidemic on orphanhood and early childhood mortality using purely empirical estimates is problematic. However, mathematical models can be used to assess the qualitative significance of various features of an epidemic in differing underlying demographic contexts. Low fertility in HIV-positive women would be expected to reduce the prevalence of maternal orphanhood and reduce under-5 mortality by an amount that depends upon the degree to which subfertility is a direct consequence of HIV infection. Reductions in perinatal HIV transmission will reduce early childhood mortality, which will also increase levels of orphanhood unless they are also associated with reduced fertility in HIV-positive women.

Guyer J (2000)

Voices of the children: Children speak about their own lives

International AIDS Conference 2000

Issue: The number of children whose lives have been affected by HIV is increasing at an alarming rate. Many organisations provide support but often it is the adults who decide what it is that the children need. Often what are emphasised are the physical needs such as food, scholarships to continue and education. While important, children's lives are more complex than this. Discussion: In order to learn from the children themselves – how they see their lives, their needs, their hopes, their sorrows – this project used a variety of techniques to communicate with children to help them express themselves. The methods used were varied, including different forms of art, conversation and photography. These communications took place in several settings, in the children's home communities, in the CCT AIDS Ministry office or at special events such as camps or picnics. Primarily they were one child with one adult but some times they also took place in groups. Conclusion: Children are able to communicate about their lives if people take the time to listen. Sometimes this takes a commitment of time and presence from the listener. The results of the children's insights can then be used to create a holistic programme addressing the child's needs as perceived by the child.

Haffajee F (1996)

Sex and the schoolgirl in South Africa

AIDS Analysis Africa 7 (3):9-9

A recent youth survey found out that one in three young women in South Africa has baby by the time she is 18 years old. But only one third of these teenagers planned their pregnancies and nearly half of them were still at school when they conceived. These figures reflect the lack of control young women have in sexual relations, something that puts them at risk of acquiring HIV. Statistics like this reinforce the need to provide adolescents with information on unwanted pregnancies and STDs.

Halkett R (1998)

Enhancing the quality of life for children without parents in the South African context

Southern African Conference on Raising the Orphan Generation, Pietermaritzburg, South Africa

Honig T & Honig CJ (1998)

The blue horse, a book for children affected by HIV/AIDS

International AIDS Conference, 12:1086-7

Finding ways to inform children about HIV/AIDS and help them to cope with the emotions involved; to enable adults to help children in this process. Project: A book has been written for children in the 8-15 years age group. It contains fictitious stories and interviews. The book explains what HIV is, why people become ill and what needs to be done to prevent HIV/AIDS. But even more important, it is meant to help children understand about the difficulties in coping with this disease. Topics raised are: grief and mourning; whether to inform children; losing a family member; The Names Project; children in Africa; adopted children in a strange country; AIDS Memorial Services; the doctor's feelings. The book is written with the Dutch situation in mind. The majority of children with HIV in the Netherlands are from foreign countries, with different cultural backgrounds. While writing the book the authors have consulted doctors, social workers and nursing specialists working with children in the HIV-field, patient organisations and organisations for people from foreign countries living with AIDS. The cultural backgrounds of different people with HIV has been acknowledged. The book also contains a list of other children's books about AIDS, with a short description and the themes that are raised. Results: The book is now available in the HIV-specialised hospitals in the Netherlands. The AIDS-consultant nurse can hand out a copy of the book to people who want to talk with children about HIV. This can be someone who is ill and wants to talk in his or her surrounding, it can also be a child being ill or a parent of a child living with HIV/AIDS. This project is sponsored by the Dutch AIDS Fonds in Amsterdam. There is not much literature on AIDS for children. Much of what has been written is outdated and cannot be used to inform children.

Hunter S & Williamson J (2000)

Children on the brink: Updated estimation and recommendations for intervention

USAID, Washington DC

Children on the brink 2000 tells a compelling story about millions of children who have fallen victim to the global HIV/AIDS pandemic. More than 44 million children in 34 developing nations will likely have lost one or both parents by 2010. Most of these deaths will result from HIV/AIDS and complicating illnesses. The human and social dimensions of these losses are staggering.

Hunter S (1992)

Orphans and AIDS in Africa

Africa Notes (Cornell University Institute for African Development), April, 5-7

Jackson E and Harrison A (1999)

Sexual myths around HIV/STDs and sexuality: The gap between awareness and understanding amongst rural South African youth

African Population Conference 3:153-176

Jacques G (1999)

Orphans of the AIDS pandemic: The sub-Saharan Africa experience

In: Kempe R (ed.), *AIDS and development in Africa: A Social Science perspective*. Hartworth Press, New York, 93-108

James JW, Friedman R & Matthews LL (2001)

When children grieve: For adults to help children deal with death, divorce, pet loss, moving, and other losses

Harper Collins, New York

Jewett C (1994)

Helping children cope with separation and loss

Free Association Books, London

Kamali A, Seeley JA, Nunn AJ, Kengeya-Kayondo JF, Ruberantwari A & Mulder DW (1996)

The orphan problem: Experience of a sub-Saharan Africa rural population in the AIDS epidemic

AIDS Care 8:509-515

Kedar L, Ball C, Hammond S, Kennedy M, Lofswold T & Menzer J (1996)

Life planning for HIV-affected children and families: Voices of the community

International AIDS Conference 1996, 11 (2):493 (abstract no Pub.D.1355)

An emerging issue in the AIDS epidemic is the care of children orphaned by AIDS and the challenges faced by HIV/AIDS parents in making plans for the care of their children when the time arrives that they are either too ill to be care providers or have died. Children orphaned by the death of a care-giving parent due to HIV/AIDS requires a broad range of services and legal protections not currently provided in most cities. Project: A year-long city-wide project was conducted to ascertain the legal and social service needs of HIV/AIDS-affected parents and their children and to bring together and mobilise the care-giving community to assure these needs are addressed. The project employed an ethnographic approach to both information gathering and community building and involved: 1) over 100 in-depth interviews with HIV/AIDS-affected individuals, social service and health care providers, lawmakers, legal professionals, policy analysts, plus representatives from involved community-based organisations, and local and federal government agencies; 2) public roundtable meetings open to all involved professionals and HIV/AIDS-affected parents, and; 3) focus groups targeting specific issues, including the experiences, perceptions and needs of affected children. The project culminated in a city-wide policy planning conference that drew together all participants in the process, including HIV/AIDS-affected parents and teens. Results: The project facilitated significant development of cooperative and collaborative policy and planning working relationships among hitherto disparate segments of the health care, legal, and service providing organisations of the city. The ethnographic approach gave voice to all parties involved by proceeding from client-centred interviews to community-centred meetings, and ultimately to policy recommendations formulated by participants themselves, including: the need for new legislation to guarantee custodial wishes of HIV/AIDS parents; protections against separating orphaned siblings; family-centred case management and family-focused services; and emotional support services for HIV/AIDS-affected children and families. Lessons learned: HIV/AIDS parents face many obstacles to providing effective life planning for their children, which will only be remedied through coordinated legislative protections, family-focused services, and improved legal counselling and information dissemination for affected parents.

Kelly K (2001)

Bambisanani: Community orientation to HIV/AIDS prevention, care and support

The EQUITY Project/USAID, Pretoria

A survey study was preceded by nine focus groups conducted with community members in deep rural areas, in and out of school youth, traditional healers, health workers, PWAs, and church members involved in home visiting of the sick. This was followed by a survey study conducted in primary (average age 13) and high schools (average age 18) and a household survey (average age 40) in each of three areas (n = 345). The study reports on community responses in terms of a wide range of indicators, and outlines the problems of developing an integrated response to HIV/AIDS in deep rural areas. The study is one of the few in South Africa that considers differences in responses across a broad age range and significant differences between the responses of early adolescents, youth and adults are described. The findings cover the following areas of risk and prevention: understanding of HIV/AIDS; perception of and response to risk; sexual activity; number of partners; age at sexual debut; age differences between partners at sexual debut; age differences between youth sex partners; factors affecting sexual decision making; condom use; condom acquisition; and abstinence. Care and support issues covered include: responses to people with HIV/AIDS; counselling, HIV testing and disclosure; care of the sick (including perception of health services and home care); and mobilisation of community resources (including role of PWAs, churches, traditional healers). Recommendations for project implementation, and for monitoring and evaluation are presented in the report.

Kingsley J (1998)

Good grief: Exploring feelings, loss and death with over evelens and adults. A holistic approach
Jessica Kingsley Publishers, London and PA

Kuhn L, Steinberg M & Mathews C (1994)

Participation of the school community in AIDS education: An evaluation of a high school programme in South Africa
AIDS Care 6 (2):161-172

Levine D (1992)

The impact of AIDS on children and youth: Anticipating needs, counting the costs
Child Care Worker 10 (8):3-5

This paper discusses the ability to render assistance to a vastly increased clientele and some indications of policy directions. It also compares the anticipated needs with future resources as the reality of AIDS orphans approaches. The following areas are addressed; family settings, substitute care, future needs and resources, present limitations, costs. The paper suggests adoption, foster care and residential care as the most logical and satisfactory options for orphaned and abandoned children.

Livingstone A (2000)

Vulnerability of the girl child to HIV/AIDS
UK NGO AIDS Consortium, London

Loewenson R & Whiteside A (1997)

Social and economic issues of HIV/AIDS in Southern Africa
SAfAIDS, Zimbabwe

The first section of this paper introduces AIDS as a public health problem and development issue. It explains succinctly the reasons why the epidemic is so serious. Data are then presented on HIV infection levels in different countries, particularly based on antenatal surveys. The second section introduces the concept of vulnerability and susceptibility to AIDS, viewed in the context of the risk environment. The analysis allows a sharp focus on the economic implications of AIDS measured from the perspective of a given sector, subsector, or organisation.

Madu SN & Peltzer K (2000)

Risk factors and child sexual abuse among secondary school students in the Northern Province (South Africa)
Department of Psychology, University of the North, Sovenga, South Africa

This is an investigation into the risk factors that could discriminate childhood sexual abuse (CSA) from non-abuse in the Northern Province (South Africa). Method: 414 students in standard 9 and 10 in three secondary schools in the province filled in a retrospective self-rating questionnaire in a classroom setting. Questionnaires included modified and adapted questions from the Finkelhor's (1979) Risk Factor Checklist, and asked for physical contact forms of sexual abusive experiences of participants before the age of 17 years with an adult or a person at least 5 years older or a person in a position of power. Result: It shows an overall (N 5 414) CSA prevalence rate of 54.2%. Only four factors (from eight) – ethnicity not Northern Sotho, mother employed and not as labourer, a step parent present in the family during childhood, and violence at home not seldom –

significantly discriminated CSA from non-abuse. Increase in the number of combination of the four significant factors also increases the probability of the discrimination in a linear manner. Conclusion: With some caution, the authors recommend the four significant risk factors for use while planning preventive strategies against childhood sexual abuse, and a massive campaign against child sexual abuse in the province. In addition, more job opportunities should be created in the province.

Matshalaga NR & Powell G (2002)

Mass orphanhood in the era of HIV/AIDS

British Medical Journal 324 (7331):185

Focuses on how AIDS has devastated the social and economic fabric of African societies and made orphans of a generation of children. The idea that orphaned children could grow into dysfunctional adults and further destabilise society; reliance of orphans on grandparents, who are often impoverished; initiation of community-based orphan programmes designed to strengthen the capacities of families and communities to provide care to orphans.

Mills JC (1993)

Gentle willow: A story for children about dying

Magination Press, New York

Monk N (2000)

Orphans of the HIV/AIDS pandemic: A study of orphaned children and their households in Luweero District, Uganda
Association Francois-Xavier Bagnoud

Mukwenu K (1998)

The effectiveness of providing skills training to older orphans to increase their ability to support themselves and their households

In: *Community-based AIDS prevention and care in Africa: Building on local initiatives*. Population Council

Nicholas S & AbramsE (1992)

The 'silent' legacy of AIDS: Children who survive their parents and siblings

The Journal of the American Medical Association 268 (24):3478-3480

A recent report estimates that 18 500 children have been orphaned by AIDS and that their numbers could increase to 82 000 by the year 2000. And it is likely that these are underestimates. In addition, the report did not address infants of HIV-infected women who are placed in foster care at birth. Many of these children will live in poverty, and may be unwilling to contact social service agencies because of the stigma surrounding AIDS. It is crucial to identify HIV-infected women and see that they get appropriate treatment. In addition, the health care professionals caring for the mother should encourage her to name a guardian to care for her children when she dies. Foster care programmes that follow HIV-infected children should be expanded to include uninfected children of HIV-infected mothers. These programmes could also train and certify guardians.

Ntozi JP, Ahimbisibwe FE, Odwee JO, Ayiga N & Okurut FN (1999)

Orphan care: The role of the extended family in northern Uganda

In: *The continuing HIV/AIDS epidemic in Africa: Responses and coping strategies*, IO Orubuloye, J Caldwell & JP Ntozi, eds. Canberra: Health Transition Centre, 225-236

Ntozi JP & Zirimenya S (1999)

Changes in household composition and family structure during the AIDS epidemic in Uganda

In: *The continuing HIV/AIDS epidemic in Africa: Responses and coping strategies*, IO Orubuloye, J Caldwell & JP Ntozi, eds. Canberra: Health Transition Centre, 193-209

Ntozi JP (1997)

Effect of AIDS on children: The problem of orphans in Uganda

Health Transition Review 7 (Suppl.):23-40

Nyamayarwo A (2000)

The dilemma of HIV positive parents revealing serostatus to their children

International AIDS Conference 2000

Issue: Over two million HIV positive children have been born to HIV positive mothers since the beginning of the epidemic in Uganda. Often these children do not know of their serostatus. There are children whose parents died or are suffering with AIDS. They live under very difficult conditions with trauma and stigma. Sometimes they are not given the correct information. They depend on rumours from children in their neighbourhood or from school. Is it violating of privacy and confidentiality to share such information especially their HIV positive parents? Project: Mulago Positive Women's Network (NACWOLA Branch) target these traumatised children who receive services at TASO Mulago. The project trains mothers to write memory books for their children. Mother and child write the memory book together and they record important family history and give personal information, even revealing their serostatus to their children. Parents take time writing the memory books because they are very sensitive issues, including the likelihood of loss and changes ahead. Results: The memory book has been impressive and effective to families infected and affected with HIV/AIDS in the communities. Children take interest in caring for their sick parents and ask questions regarding their health and that of their parents. These children take up the challenge of looking after themselves with determination when their parents die. Lessons learned: There is a need to give more attention to the impact of AIDS on the children in Uganda because available services do not cover them adequately. Children living in communities need social support not only to counter their trauma and stigma but also to prepare them for taking on responsibilities when their parents die.

Obisesan KA, Adeyemo AA and Onifade RA (1999)

Childhood sexuality and child sexual abuse in southwest Nigeria
Journal of Obstetrics & Gynaecology 19 (6):626

There is paucity of information and research on childhood sexuality and child sexual abuse in Nigeria. This low level of information may not be unconnected with the fact that generally discussions on sexual matters still remain a taboo in our culture. It is almost abominable to discuss sex with children. There is need for a radical departure from this position in view of the fact that at least 5% of the respondents in this study admitted having had sex between 6 and 10 years of age and 81 respondents (2.1%) were sexually abused in childhood. The urgent need for more research and a multidisciplinary problem resolution approach to childhood sexuality and child sexual abuse is stressed.

Oliveira C (1998)

The difficult condition of widowed women and orphaned children affected by HIV/AIDS epidemics
International AIDS Conference 1998, 12:500 (abstract no 24311)

Issues: When HIV/AIDS hits both parents it produces a strong impact on family relationship. Women and children are the most vulnerable to family impoverishment and risk of disintegration; they are exposed to different risks to their future: familiar, social, mental. Project: APTA's Home Support Group offers long term psychosocial assistance to PLWAIDS and their families, mainly among poor people. Through a continuous programme, health agents provide information, health education and emotional support from diagnosis to grieving period and family readaptation. Results: Death of husbands leaves young mothers alone to sustain children and the home. It is possible to address family needs over time, reducing the psychosocial impact. During the long time of crises brought by AIDS women and children deal better with multiple and different losses to face sickness/death and to adjust in bereavement period. Children receive special attention and the support to them still continues after losing both parents. All the orphaned children are adopted by relatives; even seronegative orphaned children can be rescued from social abandonment and lack of basic rights. Lessons Learned: HIV increases the needs and the impact of economic, social and emotional problems among HIV+ widows and children. It is necessary and possible to look at orphaned children of seropositive parents, to support them to deal with fears, losses and the bereavement process.

Reynolds M (1989)

Street kids and AIDS: Challenging youth workers
In *Youth Work 2*

Reynolds P (1996)

Traditional healers and childhood in Zimbabwe
Ohio University Press, US

Robertson A et al (1999)

School health education to prevent AIDS and STD: A resource package for curriculum planners. Teachers' guide.
UNAIDS, WHO, UNESCO

Save the Children (2001)

The role of stigma and discrimination in increasing vulnerability of children and youth infected with and affected by HIV/AIDS

Save the Children, UK; Arcadia, South Africa

Segu M & Sergut W (2000)

A mounting crisis: Children orphaned by HIV/AIDS in Bahir Dar, Ethiopia

Orphan alert: Association Francois-Xavier Bagnoud, Switzerland

This is a preliminary report from the study examining the situation of orphaned children in Bahir Dar, a city of approximately 130 000 people in central Ethiopia that has been heavily impacted by HIV/AIDS. Using focus group discussions and in-depth interviewing, researchers gathered data from three groups: Orphaned children heading households (20 children in 4 focus groups); family and non-family adult caregivers of orphans (19 caregivers in 5 five focus groups); governmental and non-governmental organisations that promote care for orphans.

Smart R (2000)

Children living with HIV/AIDS in South Africa: A rapid appraisal

Save the Children, UK

Outlines the severe shortcomings in health, welfare, education and other factors affecting children. Argues for the development of an integrated strategy.

Smith SC & Pennells M (1995)

Interventions with bereaved children

Jessica Kingsley Publishers, PA

Subbarao K, Mattimore A & Plangemann K (2001)

Social protection of Africa's orphans and other vulnerable children: Issues and good practice program options

The World Bank Africa Region Human Development Working Paper Series

Taha T (2000)

Natural history of HIV after the first year of age among untreated African children

International AIDS Conference 2000

Background: To study natural history of HIV disease among a cohort of Malawian children who have survived their first year of life and received no antiretroviral treatment. Methods: PCR confirmed HIV infected and uninfected children were enrolled in late infancy at the Queen Elizabeth Central Hospital in Blantyre, Malawi and followed to about 3 years of age. These children were seen at 3-month visits. Mortality and morbidity data were completed at each visit. A comprehensive physical exam was conducted every 6 months. Laboratory specimens to measure levels of viral load and CD4+ counts were obtained once at about age 12 months. Age adjusted morbidity rates were calculated. Person-year and Kaplan Meier (K-M) estimates of mortality, and proportional hazards analyses to identify major predictors were performed. Results: Overall, 702 children [155 HIV infected, 439 uninfected, and 108 not exposed (ie born to uninfected mothers)] were enrolled in this study at a median age of 8 months. 83 children (52 infected) died after one year of age. The mortality rate per 1 000 person years was 339.3 among HIV infected children; 46.3 among uninfected children; and 35.7 among unexposed children. By three years of age, based on K-M analysis of mortality and morbidity of infected children, 89% have died, 10% were in category B or C (CDC classification), and only about 1% were without HIV symptoms. Age adjusted morbidity rates were significantly higher among HIV infected compared with uninfected children. Among children older than one year, there were significant associations between mortality and log₁₀ viral load and CD4+%. Independent of the CD4+ value, a one unit log₁₀ increase in HIV RNA level increased the hazard of child mortality by more than 2-fold. Children with low CD4+ (>15%) and high viral load (<250,000 copies/ml median value) had the worst survival; children with high CD4+ (<15%) and low viral load (>250,000 copies/ml) had the best survival. Conclusions: Although coverage of childhood immunisations was adequate, morbidity and mortality were high among children who survived their first year of life. Progression from asymptomatic or symptomatic HIV disease to death was rapid. Management of these children should include aggressive antimicrobial treatment, and evaluation of prophylactic regimens should be considered.

The Lancet (2001)

Children as a saleable commodity

Editorial, *The Lancet* 358 (9299):2095

UNAIDS (1999)

Children orphaned by AIDS: Front-line responses from eastern and southern Africa

UNAIDS, Geneva

UNAIDS (1999)

Reducing girl's vulnerability to HIV/AIDS: The Thai approach

UNAIDS, Geneva

UNAIDS and UNICEF (1999)

Children orphaned by AIDS: Front-line responses from eastern and southern Africa

UNAIDS, New York, December

The vulnerability of orphans of the many vulnerable members of society, young people who have lost one or both parents are among the most exposed of all. And this is particularly true in sub-Saharan Africa, where few social support systems exist outside of families and where basic social services are largely inadequate.

UNICEF

Growing up alone: HIV/AIDS, orphans and vulnerable children

UNICEF, New York

Urassa M, Boerma J, Japheth T, Ng'weshemi ZL, Isingo R, Schapink D & Kumogola Y (1997)

Orphanhood, child fostering and the AIDS epidemic in rural Tanzania

In: *Health Transition Review* 7 (Supplement 2):1-5

The AIDS epidemic has caused an increase in adult mortality and consequently an increase in the numbers of orphaned children. Data were used from the Kisesa Community Study in northwest Tanzania, to assess the prevalence and consequences of orphanhood in the context of existing child care practices in a rural area with moderately high HIV-prevalence. This study was carried out in a ward with about 20 000 people with HIV prevalence of 6.2% among adults 15-44 years and slightly over one-third of adult deaths associated with HIV/AIDS. 7.6% of children under 15 and 8.9% of children under 18 had lost one or both parents. Child fostering was very common. Virtually all orphans and foster-children were cared for by members of the extended family, often the maternal grandparents: 14% of households had at least one orphan. Such households did not have a lower economic status, but had a less favourable dependency ratio. Households with orphans were also more likely to be female-headed. Follow-up mortality rates were similar among orphans, foster-children and other children, for both sexes. Mobility was much higher among orphans and foster-children, and orphans and foster-children had somewhat lower school attendance rates: lower enrolment and higher dropout rates. The problem of rapidly increasing numbers of orphans needs to be considered in the context of previously high levels of adult mortality, child-fostering practices and general poverty. The extended family seems to be able to absorb the increase in orphans, because caring for children of other members of the family is widespread, whether the parents are alive or dead. This study yields no evidence that orphans as a group are disadvantaged, although certain subgroups of orphans or orphan households may be more vulnerable and in need of support.

Vidojkovic N, Boras K, Lukic L, Lazic G (2000)

Social death of a seven year old HIV positive student: Case report

International AIDS Conference 2000

Issue: In the Federal Republic of Yugoslavia (FRY) there are currently 27 children living with HIV/AIDS. The social standing of these children is very poor. The relation of the social environment towards appearance of HIV/AIDS in their setting in FRY since the first case of HIV in 1985 until today was exceptionally negative. The most common reaction in the social environment upon the realisation that a child is HIV positive was total excommunication, especially by the parents of their peers. Above all, most of them were completely disregarded by their own family members due to the consequences they themselves might face. Description: The authors of this paper are describing the circumstances related to the HIV positive boy Marko,* entering the first grade. The paper is primarily focused on the self-organisation of the parents, his peers, and the analysis of the relation dynamics within this group. Also, this work gives the cross-section of the governmental response upon the appearance of this case in September 1997. This paper analyses the aftermath of a two and a half year period within which this boy attended classes separately from the peers. He was enrolled in the Nikola Tesla

Elementary School* in the City of Belgrade in FR Yugoslavia. Conclusion: Besides the efforts of the school faculty as well as the representatives of the Ministry of Education and health institutions, it was not possible to prevent the exclusion of the HIV student forced by the parents of his peers. Even with good basic knowledge of HIV/AIDS among the parents, irrational fear prevailed. This case implies that besides the fact that the general public is well informed of HIV/AIDS and of the willingness of the public and government institutions to help individual cases, unsatisfied awareness of this problem is the important determinant of the behaviour of social groups. (*Names of the boy and school have been changed.)

Walraven G, Nicoll A, Njau M & Timæus I

The impact of HIV-1 infection on child health in sub-Saharan Africa: The burden on the health services
Tropical Medicine and International Health 1 (1):3-14

HIV-1 infection in sub-Saharan Africa is resulting in substantial child mortality and an increase in the number of sick children presenting to health services. Many of the sick children come to health centres and hospitals, inflating numbers on paediatric wards. The presentations of childhood HIV-1 infection are many and varied so that HIV-1 infection is the new 'great imitator' of other conditions. Some other infections are more severe in HIV-1 infected children (specifically bacterial infections and measles). However, there is no clear evidence of consequent rises in the incidence of other childhood infections, though this is likely to be the case for tuberculosis. HIV-1 infected children with other infections often respond to locally available anti-microbials, but may require longer courses. Treatment is problematic because of the impossibility of distinguishing infected from uninfected children and because of shortages of medicines, which are being intensified further by the child and adult HIV-1 epidemics. Severe HIV disease in adult family members adds to child morbidity and creates substantial orphanhood. Staff fear nosocomial infection, while simultaneously experiencing falling personal incomes and lacking resources to care for their patients. Substantial numbers of trained staff are being lost because of HIV-1 caused disease and death. The reality of HIV-1 infection through breast-feeding is not yet appreciated. When this becomes generally apparent, there is a risk that a lethal increase in bottle feeding could occur in some areas. Reduction in the number of new paediatric HIV-1 infections in sub-Saharan Africa can be achieved only by ameliorating the adult HIV-1 epidemic, reducing unnecessary blood transfusions and ensuring a safe blood supply.

Wood K, Maepa J and Jewkes R (2000)

Adolescent sex and contraceptive experiences: Perspectives of teenagers and clinic nurses in the Northern Province
Unpublished paper

AIDSCAP (1998)

Making prevention work: Global lessons learned from the AIDS control and prevention (AIDSCAP) project 1991-1997
Family Health International, AIDSCAP, Arlington, VA

This publication documents the experience of the world's largest international HIV/AIDS prevention project, which was implemented by FHI and its partners in 45 countries. It describes lessons learned during AIDSCAP, with examples and project profiles, in 10 technical and programmatic areas: behaviour change communication, improving prevention and treatment of sexually transmitted diseases, prevention marketing, policy development, behavioural research, evaluation, gender and HIV/AIDS, management, AIDS care and support, and cross-border interventions.

AM Educational Consultants (1999)

Life skills and HIV/AIDS education programme. Teacher's resource guide.
Department of Health, South Africa

Asandi S, Andrei C, Batagui I & Dan S (1998)

A model of care for children and families affected by HIV/AIDS in Romania
International AIDS Conference 1998, 12:750-1 (abstract no. 34339)

Romanian Angel Appeal (RAA) is a non-governmental organisation whose projects are focused on improving living standard of Romanian children and families infected and/or affected by HIV/AIDS. Since 1991, RAA has closely cooperated with the local medical authorities, in order to implement a new model of day-care services in Romania: four day clinics for children with HIV/AIDS, located in the most affected regions (Constanta, Bucharest, Craiova and Brasov). These four day clinics (named the Sunflower Day Clinics) offer medical care, social and psychological support, as well as educational programmes to approximately 2 000 children and their families. Recently, RAA joined by Fondazione Franco Moschino (Italy), has decided to concentrate their efforts on establishing a network of such day services, plus a mobile unit in order to respond to the needs of infected and affected children. This project is based on the model provided by the already established Sunflower day clinics, and has the following objectives: 1) To ensure medical care, social support and educational integration for HIV positive Romanian children (regardless of their family/abandonment status) so that they can enjoy appropriate quality of life; 2) To prevent abandonment of HIV infected children in hospitals and orphanages; 3) To create competitive multidisciplinary teams of medical, social and educational staff aiming at a global approach to each individual case; 4) To create an open network of services, able to ensure continuous dissemination of information regarding standards of care among Romanian specialists, improved case management, access to the newest literature and to available services in the AIDS domain, for both specialists and affected families. The day clinics model proved the most suitable for a country like Romania, where socioeconomic conditions led to extreme poverty of the affected families, child abandonment and poor quality of medical and social services. Since RAA has started this programme, none of the children with HIV/AIDS has been abandoned in hospitals or institutions of care and quality of medical and social services has improved in these hospitals.

AVERT (1999)

AIDS education at school
AVERT

AVERT (2000)

Talking to Children about HIV and AIDS
AVERT

Banda M (1994)

Future strategies regarding children affected by AIDS
International AIDS Conference 1994, 10 (2):49 (abstract no. PS29)

The HIV/AIDS pandemic has had far reaching implications on many population groups world over, but more especially in developing countries. Children have not been spared by the pandemic. In Africa particularly, an increasing number of children are getting infected with HIV, being orphaned and experiencing numerous

stresses from the effects of HIV/AIDS. Data on the current situation and future projections concerning HIV and children are reviewed. HIV/AIDS impacts on children in many ways. Generally HIV disease progresses much more rapidly in children that are infected with HIV compared to adults. There is a profound emotional and psychological effect on children affected by HIV/AIDS. Other consequences include loss of schooling opportunities, lack of material support and greater vulnerability to being exploited. Current efforts: The paper identifies some approaches being followed to address the problem of children affected by HIV/AIDS in Africa. These approaches are classified as institutional and non-institutional. Institutional approaches mainly involve the provision of care and support through institutions such as orphanages or children's homes. Non-institutional approaches include the extended family system, foster parenting and adoption, skills training initiatives, day-care centres, support through older siblings and peer group support. Future strategies: Suggestions for future strategies for support to children affected by HIV/AIDS are offered. Three basic principles are identified in the development of strategies and these are: 1) the need to identify the most crucial needs of the children in a particular situation or locality; 2) the necessity of innovatively utilising existing resources and systems as much as possible; and 3) the need to invest in children in the HIV/AIDS campaign.

Bannon MJ (1995)

Teachers' awareness and role in childhood chronic illness

In: Spencer NS (ed.) *Progress in child health*, Churchill Livingstone, Edinburgh

Barlow J (1998)

HIV & children: A training manual

Aberlour Child Care Trust

The manual provides a framework for training in this complex and sensitive area. It looks at a range of issues including HIV awareness, working with drug-using parents, child protection, bereavement and loss. It is aimed at those with experience of training in related fields, as a supplement to other HIV training material.

Barnett E, De Koning K & Francis V (2001)

Education for survival: Better health and HIV/AIDS education for schools in Africa and Asia

ID21 Health database. <http://www.id21.org>

Barnett E, De Koning K & Francis, V (1995)

Health and HIV/AIDS education in primary and secondary schools in Africa and Asia – policies, practice & potential: Case studies from Pakistan, India, Uganda, Ghana.

DFID

Battles HB & Wiener LS (2002)

From adolescence through young adulthood: Psychosocial adjustment associated with long-term survival of HIV

Journal of Adolescent Health 30:161-168

Purpose: To examine the psychosocial factors associated with long-term survival of paediatric HIV infection. Methods: Children infected with HIV enrolled in clinical trials at the National Cancer Institute and their caregivers were interviewed and completed self-report measures 3 times, approximately 12 months apart, using the Child Behavior Checklist, Social Support Scale for Children, Self-Perception Profile for Children and Adolescents, and a structured interview designed by the investigators. Historical data were also extracted from patient medical charts. Average age of participants was 11.8 years at time 1 and 14 years at time 2; 56.3% of the original sample were male, racial composition was 72.2% white, 13.9% African-American, 6.9% Hispanic, and 6.9% other; 38.9% of participants contracted HIV perinatally, 34.7% through a haemophilia-related transfusion, and 26.4% through another type of transfusion. Results: Pearson product-moment correlations revealed that disclosure was found to be positively related to social support, self-competence, and decreased problem behaviour, except in the case of public disclosure, in which an independent sample revealed students' t-tests were negatively associated with global self-competence. Social support was significantly negatively correlated with problem behaviour. Chi-square analyses of the 5-year follow-up data indicated that participants aged 18 years and older were less likely to complete their academic education than their healthy peers (national norms). Adolescents who lost a parent were more likely to have suffered from depression during their lifetime. Conclusions: Social support and open communication about the diagnosis are essential, particularly at an age at which decisions about relationships, sexual activity, drug use, and plans for the future are the focus of adolescent development and individuation. With advances in medical treatment, HIV-infected children are more likely to survive into adolescence and beyond. Accordingly, their psychosocial needs are changing to

more closely resemble the needs of the chronically ill individual, rather than the terminally ill. Families of HIV-infected children should seriously consider preparation for independent living.

Berlin ED (1998)

A participatory approach to community-based HIV/AIDS awareness
Mvula Trust Workshop Report, Johannesburg

Boyd-Franklin N et al (1995)

Children, families and HIV/AIDS and therapeutic issues
The Guilford Press, New York

Buckingham RW & Meister EA (2001)

Hospice care for the child with AIDS
The Social Science Journal 38:461-467

Hospice care was established to provide palliative (ie, noncurative) services for the dying and their families. The advent of the AIDS epidemic has posed a challenge to hospice care, particularly for the child dying of the disease, and has adapted to modified palliative services. Parents, with a child dying of AIDS, must deal with many issues of disclosing the disease status to the child, coping with the emotions of losing a child, and when and where to incorporate hospice services into the dying process. Optimising home-based hospice care involves: 1) Nutritional management, 2) Prevention of opportunistic infections, 3) Pain management, and 4) Protection of non-HIV positive members of hospice care. For the dying, hospice strives to achieve a peaceful death and provide supportive intervention for the survivors.

Caldwell J, Caldwell P, Maxine Ankrah E, Anarfi JL, Agyeman DK, Awusabo-Asare K and Orubuloye IO (1993)

African families and AIDS: Context, reactions and potential interventions
Health Transition Review, Supp 3:1-15

This paper reviews publications and research reports on how sub-Saharan African families have been affected by, and reacted to, the AIDS epidemic. The nature of the African family and its variation across the regions is shown to be basic to both an understanding of how the epidemic spread and of its impact. The volume of good social science research undertaken until now on the disease in Africa is shown to be extremely small relative to the need.

Child Protection Society (1999)

How can we help? Approaches to community-based care
Child Protection Society, Zimbabwe

Children's Institute, UCT (2002)

Rapid appraisal of primary level health care services for HIV-positive children at public sector clinics in South Africa
Health Systems Trust, Cape Town

Colling J (1998)

Children living in a world with AIDS: Guidelines for children's participation in HIV/AIDS programmes
CAINN, Geneva

Connect (1993)

Basic counseling skills manual
Connect, 2nd Version, Harare

Cook PH, Ali S & Munthali A

Starting from strengths: Community care for orphaned children in Malawi
A final report submitted to the International Development Research Centre (IDRC)

Coombe C (2001)

HIV and education bibliography
University of Pretoria, Faculty of Education, Pretoria

Crawley M (2001)

Cribs and hugs for Africa's AIDS orphans

Christian Science Monitor 93 (173):1

Discusses efforts of groups to help AIDS orphans in Africa. Efforts of groups, many funded by United States charities, to care for children orphaned by AIDS; effect of the disease on the social structure and family customs of African countries; topic of the stigma of AIDS and death of children in Africa.

Delany A (2991)

The Children in Distress Network: A critical reflection

Children in Distress (CINDI)

Desiderio J & Peabody E (2000)

Kids Express: A program for HIV affected children

International AIDS Conference 2000

Issues: Learning of a loved one's HIV diagnosis can be a profoundly stressful event in a child's life, compromising normative development and creating a negative psychological impact that may continue into adulthood. *Kids Express* is a preventative mental health programme established to provide emotional and social support to children who are aware of their loved one's diagnosis. The primary goal of the group is to provide a safe and therapeutic setting in which children can explore their emotional isolation, anticipatory grief and fears regarding a loved one's HIV infection. HIV/AIDS education is also incorporated into the sessions with discussions about universal precautions, modes of transmission and prevention. Project: The defining criteria to be eligible for the support group are 1) HIV negative children, 2) who are aware of their loved one's diagnosis, and 3) without severe behavioural problems or developmental delays. The facilitators employ a variety of therapeutic activities and creative interventions in order to accomplish their objectives. Using the traditional play therapy model, some of the activities include arts and crafts, games, books/pamphlets, blocks, doll houses and puppets to describe family dynamics, role assignments, peer conflicts, and HIV/AIDS education. Food is used as both a nurturing and calming device while the celebration of birthdays and other special occasions is used to foster peer bonding. Poetry, music and drama encourage expressive and creative play on behalf of the child. Results: The group offers an innovative opportunity for support and a safe outlet for healthy adaptation in the short term with possible reduction of future risky behaviours. Based on the facilitators' observations, the children's feedback and the caregivers' survey responses, the results were as follows: 1) decreased feelings of isolation, 2) a sense of empowerment through acquired knowledge, 3) abatement of anxiety, 4) improved quality of life for child and family with clearer communication, and 5) a pre-emptive effort against future risky behaviours. Lessons learned: By giving the children accurate information and permission to explore their feelings, to channel their negative emotions into positive expressions and to acknowledge the stigma and discrimination associated with AIDS, the group achieved a level of acceptance and awareness.

Drew R (1999)

HIV/AIDS study pack for community development workers

Tearfund

Drew S (1999)

HIV/AIDS and children: Trainer's guide

This manual is structured around the theme of children's rights and responsibilities. Through the course, practitioners will understand HIV/AIDS in the context of these rights and responsibilities and the impact of HIV/AIDS on themselves, the children for whom they care, and the parents. They will be able to guide children to become confident, independent children who can take care of themselves and each other, and in their own way contribute to the prevention of the spread of HIV/AIDS in South Africa.

Edwards DN (2000)

UBUNGANI, a parent guide for life skills, sexuality and HIV/AIDS education

Department of Health, South Africa

Farm Orphans Support Trust (1999)

Farm orphans: Who is coping?

Farm Orphans Support Trust, Zimbabwe

Farmaner L (2001)

No excuses: Facing up to sub-Saharan Africa's AIDS orphans crisis
Christian Aid, London

The failure of the international community to tackle the AIDS crisis in Africa is a moral outrage. An immediate commitment of £3 billion annually is needed now to provide food, basic healthcare and vital HIV/AIDS prevention strategies across sub-Saharan Africa. In addition to international monetary support, this document calls for a community-based approach, where the people affected by HIV/AIDS – who are often taking the lead in programmes of care – have the strongest voice in determining how the condition is tackled and aid money is spent.

Flanagan D and Mahler H (1996)

How to create an effective peer education project: Guidelines for prevention projects
Family Health International, AIDSCAP, Arlington, VA

Fleming A (1994)

To protect our children: A South African perspective
AIDS Analysis Africa 4:13-15

Forehand R, Pelton J, Chance M, Armistead L, Morse & Morse PS (1999)

Orphans of the AIDS epidemic in the United States: Transition-related characteristics and psychosocial adjustment at 6 months after mother's death
AIDS Care 11 (6):715-22

This study has two purposes: 1) To describe the characteristics related to the transition to orphanhood for children whose mothers die from AIDS and (2) To examine the psychosocial adjustment of these children at six months following maternal death. 20 orphans and a control sample of 40 children from the same neighbourhoods, as well as their mothers or care-givers, served as participants. Two assessments occurred: (1) prior to the death of the mother in the orphan group and (2) six months after her death. The results indicated that relatives, particularly maternal grandparents, became the new care-giver of the orphans, no more than one residential move had occurred following the mother's death, and the new care-givers were providing a stable home environment. Child psychosocial adjustment did not change following maternal death.

Foster G, Makufa C, Drew R, Kambeu S & Saurombe K (1996)

Supporting children in need through a community-based orphan visiting programme
AIDS Care 8:389-403

Fox S (2001)

Investing in our future: Psychosocial support for children affected by HIV/AIDS
UNAIDS, Geneva

Friedman SY & Robertson BA (1990)

Human immunodeficiency virus infection in children – prevalence and psychosocial impact.
SAMJ 78:528-532

Fuglesang M (1997)

Lessons for life – past and present modes of sexuality education in Tanzanian society
Social Science and Medicine 44 (8):1245-1254

Gachuhi D (1999)

The impact of HIV/AIDS on education systems in the eastern and southern Africa region and the response of education systems to HIV/AIDS: Life skills programmes
UNICEF/ESARO

Gaskins S & Beard S (2000)

An HIV/AIDS awareness program for early elementary children
International AIDS Conference 2000

Issue: School-based HIV/AIDS prevention programmes that prepare students with knowledge, attitudes, and skills needed to avoid infection with HIV are encouraged and even mandated in some areas. Most programmes

target students in middle, junior, or high school. Early elementary HIV/AIDS education has been unfocused and general if done at all. Description: A comprehensive, age-appropriate HIV/AIDS Awareness Education Programme was developed and has been implemented yearly since 1995 to all students, kindergarten through fifth grade, at Alberta Elementary School. Teachers, parents, an AIDS service organisation, the health department, the Red Cross and faculty from The University of Alabama worked together to plan essential programme content. The students receive not only factual information about HIV disease, but also a message of hope, understanding and compassion for people living with the disease. The school counsellor is the coordinator and primary educator in the programme. A variety of teaching strategies are used including special videos, stories, and making a Living Quilt as an art project. The children participate in the yearly state AIDS conference and local World AIDS Day activities. In the fall of 1999 the programme was evaluated for programme-improvement. Each students' attitude and knowledge was assessed using a pretest-posttest design. In each age group (kindergarten and first grade, second and third grade, and fourth and fifth grade) there was a significant increase in the students' level of knowledge, and acceptance and attitude towards people who have HIV/AIDS. Conclusions: Classroom education for early elementary children is effective in increasing knowledge and changing beliefs and attitudes about HIV/AIDS. This population is an important target for future programmes.

Gausset Q (2001)

AIDS and cultural practices in Africa: The case of the Tonga (Zambia)

Social Science and Medicine 52:509-518

The fight against AIDS in Africa is often presented as a fight against cultural barriers that are seen as promoting the spread of HIV. This attitude is based on a long history of Western prejudices about sexuality in Africa, which focus on its exotic aspects only (polygamy, adultery, wife-exchange, circumcision, dry sex, levirate, sexual pollution, sexual cleansing, various beliefs and taboos, etc). The article argues that those cultural aspects are a wrong target of AIDS prevention programmes because they are not incompatible with a safer behaviour, and because their eradication would not ensure the protection of people. To fight against them might alienate the people whose cooperation is necessary if one wants to prevent the spread of AIDS. The major problems of AIDS prevention in Africa are not specifically African, but are similar to the problems existing in Europe or America. Therefore, anti-AIDS projects should not fight against one local African culture in order to impose another (Western), but should rather try to make behaviour and practices safer in a way that is culturally acceptable to people.

Gebru M & Atnafou R (2000)

Transitioning from institutional care of orphans to community based care: The experience of Ethiopia's Jerusalem Association Children's Home

FXB, Paris

Jerusalem Association Children's Homes was founded in 1985 as an indigenous NGO in response to the needs of Ethiopian children who were orphaned by civil war, drought, and the resulting famine of 1984. In its early years, JACH's objectives were to care for orphaned children and to enable these children to become self-reliant, active, productive members of their communities. JACH established four residential institutions for children during the height of the orphan emergency.

Gilborn LZ et al (2001)

Making a difference for children affected by AIDS: Baseline findings from Operations Research in Uganda
USAID, Washington DC

Many organisations provide support services to children affected by AIDS in East and Southern Africa. Yet few of these programmes have been evaluated. In Uganda, PLAN International, Makerere University, and the Horizons Programme are collaborating on a study to assess the impact of an orphan support programme on the physical, educational, and emotional wellbeing of children. The researchers are also studying a different programme, called succession planning, in which children are reached before the death of the parent. This intervention includes helping parents to write wills and appoint guardians, creating family memory books and other activities that promote the long-term wellbeing of children. The baseline sample includes 353 parents who are HIV-positive, 495 children of people living with HIV/AIDS (PLHA), 233 orphans, and 326 current and standby guardians.

Gossart WS & Moss N (2000)

An effective strategy for intervention with children and adolescents affected by HIV and AIDS

Child Adolesc Psychiatr Clin N Am 9 (2):331-45

This article demonstrates how effective groups are as a strategy to help HIV-affected children in dealing with the losses within their families and how to continue to grow into healthy adults.

Gregson S, Waddell H & Chandiwana S (2001)

School education and HIV control in sub-Saharan Africa: From discord to harmony?
Journal of International Development

Halkett R (1999)

HIV/AIDS and the care of children
South African National Council for Child and Welfare, Johannesburg, South Africa

This report deals with various issues regarding South African children living with HIV/AIDS, ie abandoned babies, orphaned children, the needs of AIDS orphans, child welfare – a flexible approach, the strength of the NGO sector, and the National Social Welfare plan on AIDS.

Harber M

Developing a community-based AIDS orphan project: A South African case study
CINDI, Durban

Havens JE, Ryan & Cicatelli B (1997)

Mental health issues and interventions with families affected by HIV/AIDS
National Conference on Women HIV 1997, May 4-7:151 (abstract no. 229.1)

Issues: HIV-infected parents and their children commonly struggle with pre-existing mental health problems associated with substance abuse and complicated, stage-specific individual and family mental health issues throughout the course of HIV illness progression. After parental death, new caregivers and affected children and adolescents often cope with complicated bereavements and adjustment to family re-configuration. Project description: With support from the federally-funded HIV/AIDS Training to Mental Health Providers programme, the authors developed a training curriculum in HIV-related mental health issues for children and families, substance abuse and social service providers. This curriculum uses a modular format covering both background mental issues in families affected by substance abuse and modules covering stage-specific issues occurring over the course of HIV progression, parental death and family reconfiguration. The curricular format includes didactic material and illustrative clinical material and utilises an interactive approach to improve the skills and knowledge of providers. Results/findings: Within the workshop format, specific material in the following areas will be presented: 1) mental health profiles of families affected by HIV and substance abuse, with emphasis on recognition and assessment of pre-existing mental health problems complicating adjustment to HIV illness; 2) therapeutic issues and interventions with parents to facilitate communication and planning with HIV illness progression; 3) the impact of parental HIV illness on children and adolescents with explication of normative and non-normative responses in different developmental stages; 4) therapeutic issues and interventions with children and adolescents to facilitate adjustment to parental illness and; 5) therapeutic issues and interventions with children and adolescents and new caregivers after parental death, with emphasis on complicated bereavement and adjustment to re-configured families.

Henriques HN, Vilaca MT, Schmalb MB & Prevencao A (1998)

Playing again: Psychology and affection in an intervention with children affected by AIDS in poverty stricken areas
International AIDS Conference 1998, 12:162 (abstract no. 13377)

Issue: In the Northeast of Brazil, 90% of the children affected by HIV/AIDS live in a very needy social and financial situation, reflecting in their nourishment, which, together with a permanent condition of deep depression, form a set of factors impairing their therapeutic process. Project: GAPA-BA (Support Group for the Prevention of AIDS in Bahia, Brazil) has set up a programme to care for children affected by HIV/AIDS. This programme aims at a better and more effective therapeutic process for these children which would reflect in their higher quality of life. The work tries to re-insert them into children's realm through the use of recreational therapy strategies that strengthen their self-esteem, and protect their right to express their fantasies and feelings. Other strategies that comprise the project methodology are: psychological care for the children and their families; training courses on nutrition, nursing, psychological and affective aspects offered to families and housing institutions; and the organising of a network to donate food for the poorest children. Results: The programme has an ever-growing acceptance among medical doctors, families, and particularly, children. It was noted that about 80% of them (about 90 children) has showed a crescent interest and participation in the activities offered which work as an auxiliary therapy supplementing medical and nursing

care. During the first six months of the projects, 45 families were registered and attended to, 160 monthly food-supply baskets were distributed among the poorest 20 children, and 30 health professionals took part in first training course offered by the programme. Lessons learned: This programme shows the need to set up recreational activities for children with HIV/AIDS through which the authors could manage children's stress, help medical intervention as well as promote the reunion of different publics involved in caring for them.

Henry K (2000)

Building community-based partnerships to support orphans and vulnerable children
Family Health International, Impact on HIV 2 (1)

As the growing number of children losing parents to AIDS overwhelms fragile social nets, strengthening community-based efforts is the only hope for building effective, sustainable support systems for orphans and other vulnerable children.

Horizons (2001)

Survey summaries: Horizons evaluating the impact of HIV prevention programs in schools
The Horizons Survey Instrument Databank

Humuliza Project (2000)

Report of the seminar with orphans
Humulisa Project and Terre des hommes, unpublished paper

An article reporting the seminar with orphans that was held on Igabiro Farm, Nshamba Muleba in Tanzania. The input of children from this seminar formed the basis of Humuliza's orphan project.

Hunter S (2000)

Reshaping societies 1: HIV/AIDS and social change
Hudson Run Press

A resource book for planning, programs and policy making Vol I: HIV/AIDS and the people it affects; children and families; HIV/AIDS and communities; systems of coping and care; approaches and methods; national programme assessment; demographic methods and data.

Ireland E & Webb D (2001)

No quick fix – a sustained response to HIV/AIDS and children
Save the Children

Joe A & Becker S (1993)

Punishing children for caring: The hidden cost of young carers
Children & Society: 376-387

Kaggwa M, Mukasa SM, Ssebanja P, Nsubuga Z, Nsubuga Y, Mutyaba R & Mayambala E (1998)

The dilemmas of counseling children infected and affected by HIV/AIDS: The moral and ethical aspects
International AIDS Conference 1998, 12:481 (abstract no. 24205)

Issue: According to UNAIDS, every day, 1 000 children get HIV and that by the end of 1997, 1 million children under 15 years were living with HIV/AIDS, and that since the beginning of the epidemic well over 2 million HIV-positive children have been born to HIV-positive mothers. Often these children do not know of their serostatus. They are kept guessing what is happening to their bodies. Then there are children whose parents either died or are suffering with AIDS. These live under very difficult circumstances with trauma and stigma. Sometimes they are not given the correct information. They depend on rumours from children in their neighbourhood or from school. Is it violation of privacy and confidentiality to share such information? Project: Mawanga Rural Women Development Association was formed to, among other things, target these traumatised children and members of their families. The authors visit these homes to offer counselling particularly to the children. Results: Through sensitisation seminars and visits, the community's awareness on the rights of these children has increased. More children are now coming up to ask questions regarding their health and that of their parents. Counselling has also made them firm to accept those conditions and when some of them their parents die they take up the challenge of looking after their younger ones with determination. The author's association took a lead role in mobilisation of the community during the 1997 World AIDS Campaign, which focused on children living in a world with AIDS. Lessons learned: There is a need to give more attention to the impact of AIDS on the children because available services do not cover them adequately. Children living in

communities with high HIV prevalence need social support like counselling not only to counter their trauma and stigma but also to prepare them for taking on responsibilities when their parents die.

Katamujuna EP, Sendi EK, Gitta P & Otolok T (1998)

Primary school education support for HIV/AIDS vulnerable children: The TASO experience
International AIDS Conference 1998, 12:737-8 (abstract no. 34267)

AIDS as a problem has left too many children orphans. As a result, TASO started a project that aims at raising the literacy level of orphaned children by providing basic education and easing the burden upon already overstretched extended family systems and to address the gender imbalance of 2:1 as far as boys and girls are concerned. Methodology: The project scheme is designed to facilitate primary school education for 400 AIDS vulnerable children throughout their primary education. Vulnerable children are assessed by counsellors according to their needs and resources available. Every end of term counsellors, children and caretakers hold meetings to discuss problems faced by the scheme and children. Monitoring and sustainability of the project is also observed through counselling and home visits by counsellors. Results: Presently TASO has managed to support 258 vulnerable children in its different centres. Some of these children have managed to progress to higher institutions of learning and some are currently being employed by TASO centres and other organisations. Through this scheme, TASO has also been able to increase their knowledge about HIV/AIDS and methods of prevention. All in all, it can be said that the scheme greatly helped to ease the burden upon an already overstretched extended family system and it has provided an opportunity for the vulnerable children to get education and could be recommended for further donations.

Kelly K, Ntlabati P, Oyosi S, van der Riet M and Parker W (2002)

Making AIDS our problem: Young people and the development challenge in South Africa
Save the Children, Pretoria

This study involves an exploration of the challenges of HIV prevention in two different communities, based on the findings of *Pathways to Action*, a literature review of youth behaviour in South Africa. The study includes exploration of the mediators of HIV/AIDS response in each of these communities; engaging young people in the challenges of reorienting their personal, interpersonal, communal and social lives in a way that is conducive to HIV prevention and engaging the community context through exploring and addressing the community and social dynamics (including service delivery) that impact on young people's responses to HIV/AIDS.

Kelly K & Parker W (2000)

Communities of Practice: Contextual mediators of youth response to HIV/AIDS
Beyond Awareness Campaign, Department of Health, South Africa

Reports on results of an investigation of youth response to HIV/AIDS in six sentinel sites across South Africa. The sites cover rural and urban communities and the study draws on a sample of 760 youth and young adults (15-30 years of age). Firstly, the study examines the media and communication contexts in which youth response to HIV/AIDS is embedded. Secondly, the study looks closely at factors that mediate HIV infection risk management practices amongst youth. Specific issues covered include factors influencing: sexual activity and frequency; age at sexual debut; age differentials between sex partners; sexual negotiation and decision making; condom acquisition and use; and prevention choices. Thirdly, in examining social mobilisation and care trends, the following issues are examined: attitudes and changes in attitude to people directly affected by HIV/AIDS; interpersonal communication and advocacy; and community level mobilisation. The study points to the need to move beyond largely untheorised and unresearched message-based education efforts that have characterised South African attempts to respond to the AIDS crisis amongst youth. The study rather endorses a framework for development oriented intervention, which is action research based and which is proactive in identifying and addressing the contextual factors that mediate youth response to HIV/AIDS.

Kelly M & Coombe C (2001)

Education as a vehicle for combating HIV/AIDS
Unpublished

Kerrigan D (1999)

Peer education and HIV/AIDS: Concepts, uses and challenges

UNAIDS, Horizons/Population Council, FHI, Jamaican Ministry of Health, PSI/AIDSMARK, PATH, USAID, UNICEF

Khokho SRO (1998)

The identification of community needs for AIDS health education

MSoc Sc, Department of Nursing, University of the Free State (UOFS), South Africa

Kim YM, Kols A, Nyakauru R, Marangwanda C & Chibatamoto P (2001)

Promoting sexual responsibility among young people in Zimbabwe

International Family Planning Perspectives 27 (1):11-19

Klepp K, Ndeki SS, Leshabari MT, Hannah PJ & Lyimo BA (1997)

AIDS education in Tanzania: Promoting risk reduction among primary school children

American Journal of Public Health 87 (12):1931-1937

Lea A & Price D (1998)

Challenges in being a non-profit, community organisation for children infected with/affected by HIV/AIDS

International AIDS Conference 1998, 12:972 (abstract no. 44176)

Being able to respect rights of confidentiality and privacy while providing support for children infected with/affected by HIV/AIDS and their families in the greater Vancouver area, British Columbia, Canada. Project: In 1996, the Hummingbird Kids Society (HKS) was established to respond to the needs of children infected with/affected by HIV/AIDS. The name of this organisation is derived from the stories of British Columbia's aboriginal people: It is said that Hummingbird conjures up love as no other medicine does, and that the Hummingbird feathers open the heart. If Hummingbird appears during a time of great sorrow and pain, healing will soon follow. This vision to minimise the suffering of children in a world of HIV/AIDS has been hampered immensely by the need to raise funds without exploiting the vulnerability of children or families and the lack of accurate statistics about the number of children affected by HIV/AIDS. Results: Care and attention was needed to provide support that allows families to celebrate life occasionally free from HIV-related troubles. Social events organised can neither be publicly hosted by HKS, nor acknowledged as events funded by companies that supply anti-retroviral medications because children may not know that they or their family members live with HIV. Lessons learned: Unique challenges exist because families want to protect the well-being of their children from AIDS-related stigma and health care professionals want to protect the privacy of their clients.

Leclerc-Madlala S (1997)

Infect one, infect all: Zulu youth response to the AIDS epidemic in South Africa

Medical Anthropology 17 (4):363-380

The province of KwaZulu-Natal leads South Africa in HIV/AIDS infection, with over two thirds of the currently estimated 1.8 million cases. Recent studies show that the spread of HIV is accelerating especially among young people under the age of 25. For Zulu township youth, HIV infection has come to be accepted as a new and inevitable part of growing up. This response to the growing HIV/AIDS epidemic is examined against the cultural ethos of ubuntu and the strategies once used by youth to forge solidarity in the struggle against the former white regime. The social impact of this response, which may include increasing rape incidence is discussed.

Ledward A & Rakesh R (1999)

Placing children at the centre of analysis: HIV/AIDS programmes in the interests of children

Issue Paper 33, Harvard Center for Population and Development Studies

Lee T et al (2001)

FOCUS programme case study

UNAIDS, Geneva

This case study describes and analyses the Families Orphans and Children Under Stress (FOCUS) programme. FOCUS is one of the community-based programmes operated by Family AIDS Caring Trust (FACT), an AIDS service organisation based in Mutare, the provincial capital of Manicaland, in the Eastern Highlands of Zimbabwe.

Leonard A & Muia E (1998)

Community-based AIDS prevention and care in Africa. Building on local initiatives. Results of four action-research interventions in East and Southern Africa

Population Council and Positive Action

Lewis EG (2000)

There's room in my class: Pre-school children with chronic and terminal conditions

Education Development Center

This technical report provides helpful information about including preschool children with chronic or terminal conditions in regular education classrooms. The report offers insights into young children's understanding of illness and death, and provides strategies and resources that teachers and parents can use to answer children's questions.

Lewis S et al (1994)

Living beyond the odds: A psychosocial perspective on long-term survivors of pediatric Human Immunodeficiency Virus Infection

Developmental and Behavioural Paediatrics 15 (3): June

Lyon ME & D'Angelo LD (2001)

Parental disclosure of HIV status

Journal of Pediatric Hematology/Oncology 23:148-150

Madorin K (1999)

Manual psycho-social support of orphans

The Salvation Army Masiye Training Camp, Zimbabwe

This manual addresses issues of psychosocial support for orphans, concept of childhood, children and grief, basic concepts, interventions strategies and facilitation in an African context.

Marcus T (1999)

Wo! Zaphela Izingane – It is destroying the children – Living and dying with AIDS

CINDI (Children in Distress) Network, Durban

Mathews C, Everett K, Binedell J, Steinberg M (1995)

Learning to listen: Formative research in the development of AIDS education for secondary school students

Social Science and Medicine 41 (12):1715-1724

Mathews C, Everett K, Lombard C and Swanevelder S (1996)

Students get wise about AIDS: The acceptability, feasibility and impact of an AIDS education programme in a suburban school in Cape Town

South African Medical Journal 86:1494-1498

Mbaye I & Mbaye N (1998)

Management of children in families affected by HIV/AIDS: Community issues

International AIDS Conference 1998, 12:710 (abstract no. 34119)

Management of children affected by HIV/AIDS is becoming one of the most crucial social problems in sub-Saharan Africa. Within the framework of a prospective study on the psycho-social situation of children in families affected by HIV/AIDS in Senegal, the authors aimed to know how to improve the community involvement. Project: Since January 1996 they have followed 16 families where at least one parent is HIV positive and had received proper counselling. Every 3 months, the study team visits each family and collects information by observation and parent interviews about the intra-family relations, the economical impact of HIV/AIDS on the household and the health situation of the children; special attention was given to the community implication in the coping mechanisms of the family management of the children. Results: Their findings confirm that the community involvement is the best culturally acceptable and affordable way for societies to cope with the increasing number infected or affected children. But they revealed also the decline of the traditional networks of solidarity and the unawareness of the needs of the children affected by HIV/AIDS. Lessons learned: It raises the issues of the shared confidentiality and the necessity of training the community to improve its perception of HIV/AIDS and to identify the specific needs of children affected by HIV/AIDS, and the external support for the caregivers.

Miller J (1996)

Never too young

Save the Children, London

This practical handbook shows how young children under the age of eight can participate, make decisions and take responsibility for their actions. It provides early years workers with information about why participation works, and explores tried and tested techniques for involving children in the decisions that affect them.

Monk N (2000)

Dangers of incorrect targeting for interventions in aid of AIDS orphans
International AIDS Conference 2000

Background: Research commissioned by AFXB would be carried out in February 2000 to assess total numbers and special needs of children orphaned as a result of AIDS mortality, in two sub-counties of Luwero District, Uganda. Methods: Studies of households including orphaned children in two areas would be undertaken to estimate numbers of 'AIDS orphans', which can then be compared to official statistics. From collected data it will be assessed as to whether children found to be in need of orphan care are categorised as 'orphans' within existing criteria used by major donors. Expected results: While it would be wrong to make sweeping predictions of results before research is undertaken, one problem in particular is expected to be highlighted. The definition of 'orphan' as used by UN organisations and other international agencies and donors includes maternal single orphans (children whose mother has died, while the father survives), but paternal single orphans are not included. However, research already undertaken in Uganda demonstrates that it is often the death of the father, rather than the mother, which instigates the period of orphanhood for the child. This is largely because of traditional views of the family, which are based around patrilineal structures. It has been observed that many women are forced to abandon their children when their husband dies (Hunter 1990). This research will also set out to identify other groups of children in need of orphan care, but neglected by current definitions.

Consequences of current definitions: Where targeted interventions that use UN criteria for defining orphans are put into place three major problems may emerge. Firstly, an ignorance of paternal orphanhood, combined with an emphasis on maternal orphanhood, can cause programme strategies to contradict existing social structures. Secondly, paternal single orphans, often the group most in need of care, may be missed completely by targeted interventions. Thirdly, orphan numbers may be greatly under-estimated. There is much evidence that in the case of AIDS orphaning it is often the father who dies first (Hunter 1990; Barnett & Blaikie 1992). In areas of high HIV sero-prevalence paternal orphans may well be more than 50% of the total orphan population (Obbo 1990). Therefore the UNAIDS projection of AIDS orphans, although an alarming estimate of 40 million by 2020, has neglected more than half of AIDS orphans in the worst effected areas.

Morrow V (1995)

Invisible children? Toward a reconceptualisation of childhood dependency and responsibility
In: Ambert A (ed) *Sociological studies of childhood* 7:207-231

Muhereza M, Hermans I, Gakuba R and Mukunzi R (2000)

Youth friendly methods of peer education
International AIDS Conference 2000

After the end of genocide that befell Rwanda in 1990-1994 the National University of Rwanda reopened in mid 1995. HIV/AIDS was estimated to be very high at university campus. Cultural factors and fatalism could be determinants in failure of behaviour change. Although students knew AIDS and how it is spread there were no mechanisms in place for behaviour change. Support and Promote Health Organisation (SUPHO) initiated training for 50 peer educators. In the training SUPHO instilled methods to use in behaviour change by increasing knowledge, dismissing myths, fiction and fear but showing reality and availing epidemiological data. Peer educators were trained on the following: Sex – a silent issue in Rwandan culture makes it liable to exploit especially the African girl. SUPHO trained peer educators in methods of delaying and negotiating sex; to say no when no is meant. SUPHO identified risk behaviours like sharing wives that are prevalent in the society and discussed methods of behaviour change. Training in condom use, voluntary counselling and testing and non-stigmatisation of people living with HIV/AIDS. At the end of the training SUPHO developed a form to monitor peer education. In conclusion, voluntary counselling and testing at the three centres: Centre de Sante de KABUTARE, Hospital Universtaire and Centre Universitaire du Sante Publique increased more than five fold between 95 and 99. The report forms from the peer educators indicated that 82% of the respondents reported having changed behaviour especially in risk behaviours such as unprotected sex, sharing wives, alcohol use and prostitution. There is no specific outlet of condom distribution. A system to monitor condom use at the National University of Rwanda is currently under discussion

Nakyonyi, MM (1993)

HIV/AIDS education participation by the African community

Canadian Journal of Public Health 84 (S1):S19-S23

National Department of Education, South Africa (1996)

National policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions

In: The National Education Policy Act, 1996 by the Department of Education, South Africa

Namagembe Nakku I, Kasolo S & Tageyalewo G (2000)

Approach for getting information from children with parents infected with HIV/AIDS

International AIDS Conference 2000

Issues: A total of 36 children were brought together from five different branches of the national community of women living with AIDS [Nacwola] in Kampala. The children ranged from 5 to 18 years. To determine if their parents disclosure and lack of transparency about their HIV/AIDS affects them. Methodology: Games and plays. The aim was to relax the children so as to enable the facilitators to familiarise themselves with the children. Exercises enabled the children to open up through sharing different experience. Results: Children expressed dislikes only a) Residents, lack of communication about AIDS. b) Lack of transparency of parents of HIV/AIDS status and fear of AIDS. c) Getting information about their parents status from relatives or friends after death. d) Fighting, beating of children, special cases of hatred were also encountered. Conclusion: a) Parents disclosure to children would create good communication for both parties. b) Economical, social, political and cultural empowerment would enable PLWA's make better arrangements for the future of their children. c) The approach can be used by other AIDS organisations to access the needs of the children in different situations.

Nhamo S (2000)

Desk study on sexual behaviour and reproductive health of children and young people in Zimbabwe

Save the Children (UK), Pretoria, South Africa

This publication illustrates the importance of children's rights. Addressing the HIV/AIDS pandemic requires a strong and coordinated response from all sectors of society – government, NGOs churches, communities and children, as well as the international community. But this response has to be a rights-based one if it is to protect our children and youth.

Nielson D (2000)

Extending the continuum of care from infected patient to affected children – coordinating health care and child welfare systems

International AIDS Conference 2000

Issue: In South Africa, KwaZulu-Natal province has the highest infection rate of 33.3%, and HIV prevalence rates at anti-natal clinics in high density townships in the Durban metropolitan area have increased from 17.5% in 1996 to 44% in 1999. With reducing age at infection and a median 5 years between infection and death, women of child-bearing and child-rearing age are the most affected, the inevitable result being an increase in the number of orphans, predicted to reach up to 250 000 by the year 2005 in the city alone. However, the social and psychological effects on the children begin long before the death of the mother, hence early identification and appropriate referral are essential preventive mechanisms. Description: Using intervention design and development concepts and processes, this pilot project has been started in several high need metropolitan townships. The aim is to establish effective referral systems between formal and informal health care systems, including home-based care, and the local child welfare organisation. Conclusions: The project is still at an early stage of development and it is expected that issues of confidentiality, personal and community attitudes such as denial and stigma, interprofessional communication and differing intersectoral priorities will have to be overcome. The presentation will report on the early processes and the progress of the pilot studies.

Nnko S and Pool R (1997)

Sexual discourse in the context of AIDS: Dominant themes on adolescent sexuality among primary school pupils in Magu district, Tanzania

Health Transition Review 7 (supp 3):85-90

Niebuhr VN, Hughes JR & Pollard RB (1994)

Parents with human immunodeficiency virus infection: Perceptions of their children's emotional needs
Pediatrics 93 (3):421-6

To investigate the likelihood of patients who have HIV/AIDS being parents and to identify concerns of these parents about their children. Design: A survey was conducted of parental status, demographics, perceptions of social/emotional needs of self and one's children. Responses were analysed for demographic differences. Participants: A total of 242 patients from the university HIV/AIDS clinics completed the survey. Main outcome measures: Parental status, number, and ages of children, parental concerns about their children related to their own HIV/AIDS. Results: Nearly one third (31.8%) of the sample of HIV/AIDS patients were parents, and three fourths (76%) of the female patients were mothers. Slightly more than one third of these were married, and these were not predominantly families who also had infected children. The percentage of women in the parent subsample (40.8%) was higher than the percentage of women in the overall patient sample (16.7%). Only half of the parents reported that their children >4 years of age knew of their diagnosis. Two thirds of the parents reported they believed their children did not need to talk to someone about their parent's health, and nearly half of the parents reported that they did not need help dealing with their children concerning issues related to AIDS. Conclusion: The percentage of HIV/AIDS patients who are parents is high, and parental status and emotional needs of parents and their children will likely become an increasingly important issue. Many questions are raised by our findings. Should we be concerned that many parents have been unable to talk to their children about their own health? Should we help parents acknowledge that their children may need some outside help to cope?

Petty S, Uppard S & Tamplin M

Working with separated children: Field guide, training manual and training exercises
Save the Children (UK)

The three volumes that make up this title together form the complete guide for NGOs on how to work with other NGOs, local authorities and the community to help children who become separated. The *Field Guide* gives a concise overview of the subject, targeted particularly at the staff who will have to set up and coordinate family tracing programmes: for example, senior managers in NGOs, international agencies and government departments. The *Training Manual*, and accompanying *Training Exercises* are aimed particularly at the NGO staff, government employees and locally-recruited staff who will actually carry out family tracing and related activities.

Piotrow P (1995)

Reaching young people worldwide: Lessons learned from communication projects, 1986-1995
Johns Hopkins University Center for Communication Programs, School of Public Health, Baltimore

Ramsden S

Working with children of prisoners: A handbook for teachers
Save the Children (UK)

It is estimated that over 125 000 children have a parent or carer in prison. For many children, especially younger ones, their teacher is the most important person to them outside of the home. *Working with children of prisoners* is designed to help teachers deal confidently and sensitively with this significant group. Drawing on the experience of SCF and other voluntary organisations working with children of prisoners and their families, this handbook also includes the views of 50 teachers from around the country, and of parents and carers. The resource aims to provide: a greater understanding of the criminal justice system and its impact on the children of prisoners in the education sector; models for good practice, especially around issues of confidentiality; advice on contact and communication with the carer; details of the practical support that is available; ideas for constructing greater awareness and a whole-school approach; and details of useful organisations, materials, and further reading.

Reeder-Bey V & Wilburn AM

My grandma has AIDS
Agouron Pharmaceuticals, Inc.

Richman N (1993)

Communicating with children: Helping children in distress
Save the Children Fund (UK), Development Manual 2, London, 1993

A manual designed for those working with children in conflict situations and emergencies to develop their listening and communication skills, in order to identify and help children with special needs. It deals with: the importance of understanding different cultural ways of communicating and coping with stress; overcoming blocks in communication; giving comfort; and talking to families.

Robertson A et al (1999)

School health education to prevent AIDS and STD: A resource package for curriculum planners. Handbook for curriculum planners.

UNAIDS, WHO, UNESCO

Rogers J (2000)

Teacher training: A response to HIV/AIDS that reaches 7 000 schoolchildren. A joint venture between the Zululand Chamber of Business Foundation, the private sector, and the Empangeni Region Department of Education

International AIDS Conference 2000

Issue: The increase in the HIV/AIDS incidence rate among young people in Zululand has reached alarming proportions. In addition, many children at school in this extremely poor area are faced with becoming the carers, as they may have a parent or a sibling terminally ill. In many cases because of the stigma of the disease, there is no-one to turn to for counsel and understanding. Effective, caring teachers have a key role to play in reducing HIV/AIDS impacts. It is important that teachers be equipped to not only creatively teach HIV/AIDS awareness and prevention, but that in addition they be equipped with the basics of counselling skills. Project: Two full weeks of training for 25 volunteer teachers from secondary schools in the Uthungulu Regional Council area took place. Teaching aids and information literature for distribution were included. The course was arranged and provided by the Health & Welfare Projects Department, Zululand Chamber of Business Foundation. Funding was accessed through the Zululand Chamber of Business Foundation's Education Trust, which is supported by the Hillside Aluminium and Bayside Aluminium smelters, part of the Billiton South Africa group. A follow-up system has been implemented through the Department of Education's Psychological and Guidance Services Section. The regional chief director of the local Department of Education was an enthusiastic and committed partner, demonstrating the department's concern for the wellbeing of learners. Conclusion: Implementation of the innovative and pro-active training programme will impact on approximately 7 000 school-children who will be reached by these teachers. Useful, creative joint ventures and partnerships based in the private sector result in constructive and pro-active means to join hands in the fight against AIDS. Teacher training is not only essential, but a highly cost-effective way of reaching a large number of people. Funding approaches have been made to several other organisations to expand the training to include all high schools in the region.

SAHRC (1997)

The right to education

SAHRC Policy Paper 2

Save the Children (2000)

Through children's eyes. Annual Report 1999/2000

Save the Children, London

Save the Children Fund (UK) (1991)

Communicating with HIV/AIDS infected children: A handbook for health workers

Save the Children Fund (UK), London

This book aims to assist health workers who interact most closely with children affected by HIV to look beyond direct medical provisions in order to compliment and enhance the impact of existing medical services. Health workers are encouraged and therefore must be supported in accessing other strategies beyond direct medical provision. According to the WHO definition, the optimum level of achieving well-being does not only imply the absence of illness but encompasses physical, emotional and spiritual health and access to all the necessary requirements related to the child's basic needs. These include love, security, sense of belonging identity, shelter and socialisation as well as the basic needs of shelter, food, medicine, care and education

Save the Children, UK (1999)

Learning from experience: Young people and HIV/AIDS.

Save the Children, UK

Seabrook M (2000)

From policy to practice – sexual health education in Zimbabwean secondary schools
University of London, MA Thesis

Sengendo J & Nambi J (1997)

The psychological effect of orphanhood: A study of orphans in Rakai district
Health Transition Review, 7 (supp):105-124

Sewpaul V (2001)

Models of intervention for children in difficult circumstances in South Africa
Child Welfare 80 (5): 571-587

This paper examines the models of intervention for children suffering from abuse and neglect and children affected by HIV/AIDS in South Africa. National Strategy on Child Abuse and Neglect; Gauteng Programme of Action for Children; Wholse School Multidisciplinary model; Isolabantwanal/Eye on the Children project.

Sigxaxhe T & Mathews C (2000)

Determinants of disclosure by HIV positive women at Khayelitsha mother-to-child-transmission pilot project
International AIDS Conference 2000

Back ground: People living with HIV/AIDS continue to be stigmatised, more so women in the South African setting. Living openly with HIV/AIDS is an assertion of identity but currently it is opposed by threats of physical, emotional and mental abuse. Methods: A descriptive study on 28 HIV women participating in the Khayelitsha mother-to-child-transmission pilot project; using a semi-structured interview method. The authors investigated reasons around disclosure and possible harms, benefits. Results: Women who disclosed felt the love they had for their partner would overcome the possible consequences of disclosure. There were no specific differences in condom use among the group which disclosed and the one which did not. Women who had not disclosed raised the issue of fear of rejection, discrimination, verbal abuse and concerns about public ignorance of the disease. Conclusion: Condom use should be emphasised more so in coherent couples at counselling sessions, in so bridging the gap of partner communication. After which disclosure can be made a lighter burden and an effective process.

Sikazwe A, Malambo I & Malyenkuku MR (2000)

The impact of HIV/AIDS on education: Recent developments in the fight against HIV/AIDS in the Ministry of Education in Zambia.
IEP/UNESCO, UNDP, UNICEF

Sinosizo Home Based Care (2000)

A training programme for volunteers offering home-based care to children living with HIV/AIDS
University of Natal, Pietermaritzburg, May

Srinivasan L (1990)

Tools for community participation
PROWESS/UNDP Technical Series

Swift A (1998)

Working children get organised
Save the Children (UK)

Working children's organisations have recently started to make their voices heard in international child labour debates. However, myths and misconceptions about these organisations abound. This report examines the history, philosophical and political orientations and activities of five organisations and movements in Africa, Asia and Latin America, focusing on their local and national work. It will make useful reading for anyone concerned with child labour issues or those interested in developing participatory ways of working with children and young people.

Sykes RB (2000)

Positive Action 2000: A long-term international programme of HIV education, care and community support
GlaxoWellcome, UK

This report highlights *Positive Action 2000* and its five initiatives: the HIV Community Support Initiative, the

Developing Countries Initiative, the Children and Young People Initiative, the Workplace Initiative and the Information and Policy Initiative. These programmes are designed to support innovative, effective community-based responses to the epidemic and to meet a number of distinct needs for people in Brazil, South Africa and in Malaysia.

Szewczyk L & Goldie R (1991)

Parents of children with HIV/AIDS: A model of advocacy, support, partnership and empowerment
International AIDS Conference 1991, 7 (2):414 (abstract no. W.D.4105)

It has been well documented that parents of ill children (chronic or acute) experience tremendous stress and loss, degrees of helplessness and loss of control. Parents of children with HIV infection or AIDS want to be considered team members with the medical and health care professionals in the care of their child. In order to address these issues two social workers from a pediatric HIV/AIDS clinic of a large metropolitan Canadian children's hospital developed and continue to facilitate an advocacy and support group for parents and family members of children with HIV/AIDS. The mode of transmission of HIV/AIDS in children is predominately through blood transfusions of haemophilia blood products. The social workers were able to combine their expertise of group process, psychosocial issues of pediatric HIV/AIDS and their understanding of the dynamics of larger hospital systems to develop and facilitate this group. This paper describes the formation, content and therapeutic aspects of the group. Group development is discussed in terms of tasks undertaken by the group (ie collaboratively with staff to lobby for funding from hospital administration) to the more recent development of other therapeutic aspects of dealing with loss, empowerment and the sharing of commonalities to problem solving. Conclusion: This model can be used not only in a therapeutic context but also as family centred care where parents and families of children are viewed as team members in the health care of their children with HIV/AIDS. What has been particularly noted is the reduction of isolation for the blood transfused members. Examples of group tasks will be shared to demonstrate the collaborative and empowerment nature of the group.

Tanzania Ministry of Education and Culture (2001)

A guide on how to establish a school based AIDS education intervention in a district.
Tanzania Ministry of Education and Culture

Telingator CJ (2000)

Children, adolescents, and families infected and affected by HIV and AIDS
Child Adolesc Psychiatr Clin N Am. 9 2:295-312, vi

An estimated 80 000 to 125 000 children in the United States will be orphaned by the year 2000 as a result of an HIV related illness. Studies have found that the support of a surviving parent is positively associated with the grieving child's ability to cope with the loss of the other parent. HIV/AIDS affected children often do not have another parent available to them. This article reviews some of the issues, struggles, and reactions of children and adolescents who have been affected and infected by HIV. The material is illustrated by two cases, one of a child and an adolescent affected by HIV and the second a child and an adolescent infected and affected by HIV/AIDS.

The Storyteller Group (1994/1995)

Open Talk – Talking openly about love and sex. Facilitators' pack
The Storyteller Group

UNAIDS (1997)

Integrating HIV/STD prevention in the school setting: A position paper
UNAIDS, Geneva

This position paper deals with Intergrating HIV/STD prevention in the school setting with a special emphasis on HIV/STD prevention and health promotion, policies, learning how to cope, age, life skills, response of school systems, UNAIDS action and the goals by the year 2000.

UNAIDS and SAfAIDS (2000)

The role of the social welfare sector in Africa: Strengthening the capacities of vulnerable children and families in the context of HIV/AIDS
UNAIDS, June

UNICEF (1999)

Children in need of special protection measures: A Tanzanian study

UNICEF, Dar es Salaam, June

UNICEF (2000)

Securing a future: Mekong children and HIV/AIDS

UNICEF, Bangkok

Securing a Future is a call to action for the Mekong subregion and beyond. It presents the basic facts about how HIV/AIDS affects children, the priorities, the strategies. It addresses some key issues – community-based care, education, emotional support – and looks at some successful projects within the subregion. Most of these examples come from Thailand, because it is the Mekong country with the most advanced epidemic and where most of the action for affected children has been taking place.

UNICEF (2001)

Listening to children: Child workers in the shadow of AIDS

UNICEF, Nairobi

UNICEF and SADC (1998)

Children in especially difficult circumstances in Zimbabwe

UNICEF, Harare, Zimbabwe

The overall objective of the study undertaken here is to provide better programming for CEDC by providing relevant information in order to stimulate policy dialogue. The specific objectives are to: provide estimates of numbers of children in each category of CEDC; describe reasons for children falling in each category of CEDC and their life situation; analyse existing programmes, strategies and policies in place to address the needs of CEDC with reference to the NPA, Convention on the Rights of the Child, African Charter on the Rights and Welfare of the Child, and other legal instruments; provide a basis for continuous assessment of CEDC in Zimbabwe; identify possible strategies as a basis for advocacy and programming, with reference to the 1994 study, and; recommend other areas for in-depth research and programming for the GoZ-UNICEF Country Programme.

UNICEF, USAID, UNAIDS discussion paper (2001)

Principles to guide programming for orphans and other vulnerable children

UNICEF, unpublished paper, Draft 3, January

This document aims to accelerate a process to build consensus on guiding principles for an expanded response to children and adolescents affected by HIV/AIDS. This effort is grounded in and driven by the firm conviction that children living in AIDS-affected communities have the right to protection, appropriate care and support. They have the right to protect themselves from becoming infected with HIV, and must not be forced into situations where they face risks of infection with HIV or other sexually transmitted diseases. Children have the right to grow up without taking responsibility for households, and they have the right to information, education and health care.

USAID (2000)

Children affected by AIDS in Zimbabwe: Situation analysis for USAID program design

USAID, Washington DC

The situation analysis of children affected by HIV/AIDS in Zimbabwe was commissioned by USAID/Zimbabwe in January-February 2000. It provides an information basis for actions to enhance capacity at the regional and local levels to support community responses to children and families affected by the epidemic. The assessment focused on three objectives, to: assess the extent of the problems faced by children affected by HIV/AIDS and their families; identify institutional and community responses and potential strategies for strengthening and supporting those responses, and; develop recommendations to support increased capacity of communities to respond to children and families affected by HIV/AIDS.

Van Dyk AC (2001)

Traditional African beliefs and customs: Implications for AIDS education and prevention in Africa

South African Journal of Psychology 31 (2):60-66

Van Eden K (1998)

Rites of passage as the basis of programme development for young people at risk in South Africa

Master of Arts, Institute of Criminology, University of Cape Town (UCT)

Attempts to understand the mechanisms which lead adolescents into socially unacceptable behaviour by exploring the potential for using the notion of de-labelling as the basis for intercepting and transforming juvenile deviance. Rites of passage are focal and are described in detail in an attempt to assess the value of rites of passage for youth at risk in South Africa. The research aims to understand rites of passage in order to formulate a framework of guidelines to make present programmes more effective and to strengthen the foundation for future work in programme development. The study also explores rites of passage in the development of a programme of de-labelling and designs a rites of passage programme. The main themes of the study are: looking at the consequences of self and public labelling in terms of labelling theory and Erikson's psychosocial theory of adolescent identity formation in an attempt to understand how young people redefine themselves; exploring the role of the mythical hero, and discussing traditional initiation; and describing and evaluating a pilot rites of passage project that serves as the basis for the development of a de-labelling programme. The findings of this study suggest it is possible to reinstate rites of passage in the form of a de-labelling programme. It is suggested that there is a need to go beyond an isolated programme by providing containment of young people in the form of community support and mentoring.

Van Niekerk JCH (1997)

Report: Life skills and HIV/AIDS education programme

Western Cape Education Department, South Africa

Vasani D (2000)

'Relationship marketing and HIV/AIDS' – A strategic response by Positive Art

International AIDS Conference 2000

Issues: Many AIDS NGOs and CBOs struggle with issues of developing sustainable models of income-generating activities and how to strive for financial independence. Strategies of raising visibility of the epidemic and reducing silence and stigma remain on-going challenges in sub-Saharan Africa. Description: *Positive Art* (founded August 1998) is a non-profit organisation that seeks to highlight the challenges of the HIV/AIDS pandemic in a creative and non-conventional manner. By selling handmade products that depict the 'Red Ribbon', *Positive Art* aims to increase the visibility of the AIDS pandemic. The products are all made by local artists. 25% of the sale price goes to an identified charity that provides care and support to children with HIV/AIDS. To date, *Positive Art* has raised R30 000 for the Ethembeni Home (run by the Salvation Army) in Johannesburg. This paper presents a model of how the organisation has: a) Raised over R30 000 for the Ethembeni Children's Home in Johannesburg; b) Developed positive messages to fight fear and stigma; c) Popularised the 'Red Ribbon' on hand crafted products made by local artists; d) Developed partnerships with government, the business sector, NGOs and the donor community; e) Marketed 'merchandise with a message' to customers in Africa, Europe, North America, Asia and Australia. Conclusions: *Positive Art* is an example of a financially self reliant organisation that is run principally by volunteers. It has aptly demonstrated that the products made by local artists are attractive and have wide consumer appeal. Enacting a relationship marketing approach has enabled the organisation to establish credibility with a wide range of partners and has secured a stable customer base. *Positive Art* has been supporting the Salvation Army and is exploring engaging with other partners on developing community-based interventions that reduce fear and stigma in society.

Wachsler-Felder JL & Golden CJ (2002)

Neuropsychological consequences of HIV in children: A review of current literature

Clinical Psychology Review 22:441-462

Pediatric HIV has reached epidemic proportions. In 1997, 1.1 million children younger than 15 were living with HIV or AIDS. The virus affects children cognitively and developmentally due to the immaturity of their nervous and immune systems. Studies in the area of neuropsychological deficits are as yet limited in number and less well developed than studies on adult HIV. However, despite methodological weaknesses, the literature has proven conclusively that pediatric HIV affects children cognitively, developmentally, emotionally, psychologically, behaviourally, and educationally. Although treatments are allowing these children to live longer, the effects of the virus remain, requiring special care. This review examines the mechanisms behind HIV in children, the neuropsychological findings to date, and the limitations of this work. Possible useful future approaches in understanding the neuropsychological course of the disorder, as well as directions for treatment and prevention are addressed.

Waring B (1998)

AIDS infected/affected children and families

International AIDS Conference 1998, 12:991 (abstract no. 44279)

The response to AIDS infected/affected children's issues at the international, national and local level has, to-date, been inconsistent and inadequate. Organizations and individuals concerned about AIDS infected/affected children and family issues have a key role to play in helping to address the needs of their constituency, but, must be more strategic and work in a more collaborative manner than has been the case to-date. Project: This project is an analysis of the key actions that must be undertaken by organisations and individuals, concerned and/or working in the area of HIV/AIDS, children and families, to raise the profile of issues pertaining to their constituency amongst decision makers at all levels, be they: decision makers within their own organisations, AIDS networks, politicians, policy makers, local, regional or national governments, or multilateral organisations such as UNAIDS, UNICEF and the World Bank. Results: Key actions that organisations and individuals concerned about AIDS infected/affected children's issues should take to ensure more effective action on this issue include: 1) documenting the impact of HIV/AIDS, the response to-date, and the capacity to address the needs of infected/affected children and families at the country (and eventually a community) level; 2) analysing the data from the above mentioned exercise to develop a country level strategy and action plan; 3) empowering children to participate in the development and implementation of the strategies; 4) collaborating with child-focused organisations and/or movements which are not HIV/AIDS specific; and 5) using the Convention on the Rights of the Child more effectively as an advocacy tool. Lessons learned: Major challenge will be to: 1) ensure that children themselves participate in a manner that is appropriate, ethical, and culturally sensitive; 2) build and maintain a mutually-beneficial, collaborative relationship between organisations currently working in the area of AIDS infected/affected children and child-focused agencies/movements that do not have HIV/AIDS as a major focus (ie, child rights, child sexual exploitation, and child labour); and 3) find the resources necessary to ensure effective and sustainable collaboration on this issue.

Welbourn A (1998)

A trouble shared. How people are learning to cope with HIV/AIDS the participatory way

TALC, Zimbabwe

WHO/UNICEF (1994)

Action for children affected by AIDS

New York, UNICEF

Williamson J (2000)

Finding a way forward: Principles and strategies to reduce the impacts of AIDS on children and families

Displaced Children & Orphans Fund / War Victims Fund, Washington DC

Developing effective interventions to mitigate the devastation HIV/AIDS causes among children and families requires giving careful attention to both ends of the epidemic's spectrum of impacts. It is vitally important to understand the problems on a human scale, what happens to parents, children, and orphans' guardians. But this perspective, by itself, is not adequate to guide a strategic response to these problems. It is also essential to keep in mind the magnitude and scale of the HIV/AIDS pandemic and its collective impacts.

Wilson, D, Nyathi B, Lamson N, Foster G, Dakwa F (1994)

Community interventions in Zimbabwe: Analysis of a multi-site replication

In: Focusing interventions among vulnerable groups of HIV infection: Experiences from Eastern and Southern Africa. Network of AIDS Researchers in Eastern and Southern Africa, Nairobi

Withayapanit S, Thanprasertsuk D & Dum-Auem MS (1998)

Educational support for HIV/AIDS affected children

International AIDS Conference 1998, 12:733-4 (abstract no. 34245)

HIV/AIDS has destroyed a huge number of families by killing fathers and mothers and left the orphans behind without any support. Project: To reduce the problem that affect children in HIV/AIDS families, Punyapiwat (Wisdom Development) Group (PG) initiated the project in 1995 in order to support these children's education. The concept of the project is to promote family ties and let these children have the longest possible education until they are grown enough to live normal lives. The PG started its project by making connection with hospitals and NGOs as well as groups of PWAs. Social workers working in these institutes are informed about the project and asked to identify cases who are in real need for continuous education. After

identification, referrals are made to the PG. A PG social worker will contact the cases and problem assessment is made by record review, interviewing and home visit. Consideration of support in detail are done through case conference. Results: During the 3 year period (1995-1997), PG has been contacted by 116 children. Among these, 96 children are receiving support from PG, while the other 10 children are in the process of assessment and case conference, 5 children were not provided with any financial support or support was terminated due to various reasons. The other 5 children were not contactable because of incomplete address information. Lessons learned: Problems in HIV/AIDS families are very complicated. The study found that continuous education of the children usually were combined with other problems such as economic problem, discrimination from other people, and fearing of loss of confidentiality. The formation of networks among relevant social service agencies is the most suitable solution for long-term support.

Witte SS & Lewis M (1997)

Mothers' disclosure of HIV status to her children

National Conference Women HIV 1997, May 4-7:177 (abstract no. P2.15)

Introduction: A mother's disclosure of her HIV status to her children and the attendant issues of anticipatory grief and bereavement associated with such disclosure are among the quality of life issues for HIV+ women requiring further exploration. The research literature is scant on issues of parental disease disclosure to children; most is borrowed from health care and cancer literature. None addresses the specific issues that complicate this process for HIV-infected mothers, including stigma, discrimination, and the social taboo of discussing issues such as drug abuse, sexual orientation and sexual behaviours with children. To date no literature explores mother, child, or family demographic and personality characteristics that may contribute to the HIV disclosure decision. Guardianship programmes and intervention programmes providing services to families living with HIV/AIDS are coming to the field, but to date little attention has been focused on the issue of disclosure as a critical first step to successful family treatment. The goal of this study was to gain some understanding about the salient issues and concerns involved in a mother's decision making process around disclosure to children, and in what ways the process effects the emotional and physical bond between that parent and child. Project description: This study incorporated a qualitative design, using semi-structured interviews and participant observation for data collection. A small, naturally-bounded, purposive sample was drawn from an ongoing support group of HIV+ women receiving services at an HIV/AIDS community-based service agency in suburban New York. All women had custody of their minor children, had disclosed their HIV status to their children, and were in the process of making permanency and guardianship plans for their children. Project results: Preliminary analysis suggests that disclosure strategies depend largely on the quality of relationship mothers have with their children, mother's level of social support, mother's own feelings of guilt regarding her infection, and mother's perceptions of children's coping abilities. Findings and implications: Findings will include recommendations from the study participants to other HIV+ mothers struggling with the decision to disclose. This presentation addresses the importance of incorporating the disclosure process into HIV/AIDS family treatment in order to facilitate healthier communication and relationship patterns and increased quality of life for HIV+ mothers and their children.

Zimbabwe Ministry of Education and Culture & UNICEF (1993)

Primary school teachers knowledge and understanding of AIDS.

Ministry of Education and Culture (Zimbabwe) & UNICEF

Advocates for Youth (2001)

The use of mainstream media to encourage social responsibility: The international experience.
Washington, DC: The Henry J. Kaiser Family Foundation.

Africa Summit on Children and Broadcasting (1997)

Africa Charter on Children's Broadcasting
Africa Summit on Children and Broadcasting, Accra Ghana 8-12 October

Balisa Educational Comics (1996)

Laduma – A story of love, sex and dreams
Balisa Educational Comics

Bryant, J., & Rockwell, S. C. (1994)

Effects of massive exposure to sexually oriented prime-time television programming on adolescents' moral judgment.
In D. Zillmann, J. Bryant, & A. C. Huston (Eds.), *Media, children, and the family: Social scientific, psychodynamic, and clinical perspectives* (pp. 183-195). Hillsdale, NJ: Lawrence Erlbaum Associate.

Chandler D (1997)

Children's understanding of what is 'real' on television: A review of the literature
University of Wales, Aberystwyth

Children Now. (1998)

A different world: Children's perceptions of race and class in media.
On-line: www.childrennow.org/media/mc98/DiffWorld.html

Coleman P (1999)

Media's impact on youth development.
Presented at UNESCO Conference Youth and Communication, Boca Chica, Dominican Republic

Collins J, Tønnessen ES, Barry AM & Yeates H (1992)

Who's afraid of the big bad box? Children and TV advertising in four countries
Educational Media International 29[4]:254-260

DiLeo, JH (1983)

Interpreting children's drawings
Brunner/Mazel, PA

This book shows drawings as AIDS that can assist in understanding the behaviours of children. Drawings should be used as a part of a general diagnostic and therapeutic procedure and may assist but not replace the clinician.

Garbarino, J.

Drawing our children's social maps: Television as a feature of the socially toxic environment.
In *Raising children in a socially toxic environment* (pp. 33-35). *Global Child Health News & Review. Children and television.* On-line: <http://edie.cprost.sfu.ca/gcnet/ISS4-21c.html>

Grube, J. W., & Wallack, L. (1994)

Television beer advertising and drinking knowledge, beliefs, and intentions among schoolchildren.
American Journal of Public Health, 84(2), 254-259.

Henry J. Kaiser Family Foundation (1997)

Reflections of girls in the media
On-line: www.kff.org/archive/media/general/gender/gendp.html

New studies on media, girls, and gender roles: Media reinforces some gender stereotypes, breaks others. Women and girls are under-represented across many media. Survey finds girls often identify male TV personalities as 'most admired.'

Hobbs R

The uses (and misuses) of mass media resources in secondary schools
Media Literacy Online Project, College of Education, University of Oregon

Johns Hopkins University (1998)

A report on the second international conference on entertainment-education and social change
Johns Hopkins University, Center for Communications Programs

Maslin P (1994)

Tuned in or tuned out? America's children speak out on the news media
A Children Now poll conducted by Fairbank, Maslin, Maulin & Associates

Mediascope and Children's Action Network (1998)

How television influences children
In L. Trotta (Ed.) *Building blocks: A guide for creating children's educational television* (pp. 33-35). Studio City, CA: Mediascope Press. On-line: www.mediascope.org/fpopcult.htm

Murray JP (1995)

Children and television violence
Kansas Journal of Law & Public Policy, 4(3), 7-14.

Ramakrishna J, Chandran V, Karott M & Murthy RS (2001)

Language and behaviour as media for enactment of desire among sexually exploited male children and street children in Bangalore, India
Paper prepared for the panel Masculinity and Gender Identities at the 3rd IASSCS conference Belief systems and the Place of Desire Melbourne, 1-3 October

Riffe et al (1998)

Analysing media messages using quantitative data analysis

Shepperson A (2000)

HIV/AIDS reporting in South Africa: An analysis of the response of the press
Beyond Awareness Campaign, Department of Health, South Africa

Singhal A & Rogers E (1999)

Entertainment-education: A communication strategy for social change
Lawrence Erlbaum Associated, London

Entertainment-education – the process of designing and implementing media messages to both entertain and educate, for the purposes of increasing an audience's knowledge about an educational issue, creating favourable attitudes, and changing overt behaviour – utilises the universal appeal of entertainment to persuade individuals to adopt behaviours that will lead to safer and healthier lives. Combining entertainment with education has existed for thousands of years, but the conscious use of the entertainment-education approach in mass communication is a relatively recent phenomenon.

Wartella E & Reeves B (1985)

Historical trends in research on children and the media: 1900-1960
Journal of Communication 35 (2)

Wartella E (1980)

Children and television: The development of the child's understanding of the medium
In: Cleveland Wilhoit & Harold DeBock (eds.) *Mass-Communication Review Yearbook 1*, Sage Publications, Beverly Hills CA

Welch RL, Huston-Stein A, Wright JC & Plehal R (1979)

Subtle sex-role cues in children's commercials

Journal of Communication 29 (3): 202-209

Airhihenbuwa C and Obregon R (2000)

A critical assessment of theories/models used in health communication for HIV/AIDS
Journal of Health Communication 5 (supp):5-15

Most theories and models used to develop HIV/AIDS communication are based on social psychology that emphasise individualism. Researchers including communication and health scholars are now questioning the presumed global relevance of these models and thus the need to develop innovative theories and models that take into account regional contexts. This paper discusses the commonly used theories and models in HIV/AIDS communication. Furthermore it is argued that the flaws in the application of the commonly used classical models in health communication are because of contextual differences in locations where these models are applied. That is to say that these theories and models are being applied in contexts for which they were not designed. For example, the differences in health behaviours are often the function of culture. Therefore culture should be viewed for its strength and not always as a barrier. The metaphorical coupling of culture and barriers needs to be exposed, deconstructed, and reconstructed so that new, positive, cultural linkages light the importance or deny the relevance of theories and models while at the same time addressing the importance of culture in the development and implementation of communication programmes.

Buckingham D (2000)

After the death of childhood: Growing up in the age of electronic media

CASE (1996)

Let the sky be the limit: Soul City I evaluation report
CASE, Johannesburg, South Africa

DeBord KB (1999)

Children: How they grow, elementary school children ages 6 to 8
Department of Human Development and Family Studies, University of Missouri, USA

Delate R (2001)

The struggle for meaning: A semiotic analysis of interpretations of the loveLive His&Hers billboard campaign
Unpublished.

Herdt G & McClintoc (2000)

The magical age of 10
Archives of Sexual Behavior 29 (6):587

loveLife (2000)

The impending catastrophe: A resource book on the emerging HIV/AIDS epidemic in South Africa
Abt Associates and loveLife, South Africa

Parker W, Dalrymple L and Durden E (1998)

Communicating beyond AIDS awareness: A manual for South Africa
Beyond Awareness Campaign, Department of Health, South Africa

This manual provides a comprehensive overview of communications approaches in relation to HIV/AIDS. The importance of developing integrated strategies is stressed and various case studies are presented. Approaches to communicating for social change are outlined and emphasis is placed on evaluation of interventions.

Pike LB (1997)

Talking with children about HIV/AIDS
Department of Human Development and Family Studies, University of Missouri, USA

Soola EO (1991)

Communication and education as vaccine against the spread of Acquired Immune Deficiency Syndrome
Africa Media Review 1 (3):33-40

Soul City (2000)

Soul City: Heartbeat of the nation: Series 4 – Impact evaluation – AIDS

Soul City Institute for Health and Development Communication, Parktown, South Africa

UNAIDS (1997)

Impact of HIV and sexual health education on the sexual behaviour of young people: A review update

UNAIDS, Geneva

This document summarises peer-reviewed research in the literature with a view to providing a comparative understanding of findings. It notes that influences on young people's sexual lives are not restricted to explicit messages about sex, and it is vital to engage these other influences. Educational programmes need to incorporate the features associated with previous successful interventions as well as incorporating evaluation of programme activities. It also emphasises that failing to provide appropriate and timely information and services to young people for fear of condoning and encouraging sexual activity is not a viable option.

Alie G, Bassett K, Crawford-Browne S, Scott L & Vilakazi T (1991)

The knowledge, attitudes and actions of caregivers of street children in Cape Town shelters, concerning human sexuality, HIV and AIDS

Dissertation submitted to the School of Social Work, University of Cape Town. Located at The Homestead Resource Library, South Africa

AVERT (1999)

Sex, Sexual Feelings and Young People: Having Sex for the First Time

AVERT

Beksinska MJ and Stadler J (2000)

A baseline KAB study of adolescent sexual and reproductive health and media in three sites

LoveLife research report. Johannesburg, RHRU, South Africa

Buga GA, Amoko DH and Ncayiyana DJ (1996)

Adolescent sexual behaviour, knowledge and attitudes to sexuality among school girls in Transkei, South Africa

East African Medical Journal 73 (2):95-100

In Transkei, South Africa, 25% of births are to teenagers, 75% of whom are unmarried. To investigate the factors associated with adolescent sexual activity and facilitate the design of preventative programmes, a self-administered questionnaire was provided to 1 025 females from 21 secondary schools: 74.6% were already sexually active; 18.7% had initiated coitus before menarche. Only 182 (23.5%) of these teens had ever used a modern method of contraception and 241 reported at least one pregnancy. Among sexually active teens, mean ages at menarche, first date, and first coitus were 13.91, 14.47, and 14.86 years, respectively. Major reasons cited for initiating coitus included forced by partner (28.4%), peer pressure (20.0%) carried away by passion (15.1%) to prove normality (11.7%) and to prove love of boyfriend (10.1%). The reasons provided by sexually inexperienced girls for delaying intercourse included religious values (24.4%), fear of pregnancy (23.8%), wish to wait for marriage (20.0%), fear of AIDS (15.6%), not emotionally ready (8.6%) and fear of STDs and AIDS (6.4%). Knowledge of reproduction was low, with only 19% able to identify the fertile phase of the menstrual cycle. The majority of experienced (64.0%) and inexperienced (73.5%) girls disapproved of premarital sex while still in school; only 27.6% and 11.4%, respectively, supported the inclusion of sex education in the school curriculum. Overall, these findings indicate the early sexual maturation, early onset of dating, and poor knowledge of reproductive biology and contraception represent risk factors for unprotected sexual activity in this population and suggest a need for school-based family life education introduced before girls initiate sexual activity.

Buga GAB, Amoka DHA and Ncayiyana DJ (1996)

Sexual behaviour, contraceptive practice and reproductive health among school adolescents in rural Transkei

South African Medical Journal 86 (5):523-527

The objectives of the study are to determine the patterns of sexual maturation, sexual behaviour, contraceptive practice and reproductive health among Transkeian adolescents. The setting was 26 schools in 22 rural districts of the Transkei. The subjects included standard 5, 6 and 7 pupils of both sexes. Demographic and social characteristics, maturational and sexual behavioural milestones and the prevalence of contraceptive use, pregnancies and STDs were the outcome measures. The authors concluded that sexual maturation occurs at an earlier age than previously among rural Transkeian adolescents. This is associated with early initiation and a high level of sexual activity, low contraceptive usage and a high rate of pregnancy and STDs which therefore expose adolescents to a high risk of HIV infection.

Burman E (1995)

Developing differences: Gender, childhood and economic development

Children and society 9 (3):121-41

Duangsa S, Duangsa U & Plianpadung Y (1998)

School children's perception of risk behaviours in the community

International AIDS Conference 1998, 12:418 (abstract no. 23385)

Issue: Primary school children are often lectured about HIV/AIDS without having opportunities to express what they know or think about the issue. This one-way communication is not effective. Project: The AIDS Education for School Children through the School Clusters, conducted during 1994-97, adopted a participatory approach of promoting AIDS awareness among primary school children in 5 provinces in upper northern Thailand. Altogether the project was conducted in 160 primary schools and trained 300 teachers who in turn worked with about 20 000 school children in grades 5-6. Results: Through the use of participatory rural appraisal (PRA) techniques conducted by the specially trained teachers, the school children proved themselves to be keen observers and to know much more about adult sexual behaviours than adults would believe. During PRA exercises, the school children could make a map of places in the community where risk behaviours could take place, list dozens of risk behaviours and risk situations common in the community, as well as categorise community members into groups, then score and rank these groups based on perceived risks for HIV infection in relation to their behaviours, and draw connections among the groups. Lessons learned: Using PRA enabled teachers to understand the school children's perceptions of HIV/AIDS and existing risk behaviours in the community, which would not have been possible if the teachers had continued to lecture about HIV/AIDS as a means of AIDS education. With this new understanding, the teachers could design and conduct AIDS education activities that would be more relevant, meaningful and effective for the school children.

Grunseit A (1997)

Impact of HIV and sexual health education on the behaviour of young people: A review update

UNAIDS, Geneva

Jameson CP and Glover PH (1993)

AIDS education in schools: Awareness, attitudes and opinions among educators, theology students and health professionals

South African Medical Journal 83 (September):675

A project was undertaken in Grahamstown to assess the levels of AIDS awareness and attitudes towards AIDS and opinions as to how and whether education programmes for schoolchildren should be planned. Opinions were canvassed initially by means of a questionnaire to three groups of professionals that could become involved in AIDS education programmes: student lecturers, and teachers, theology students and health care professionals. Each group was then asked to attend a lecture about AIDS at which slides were shown of actual cases. A slightly modified questionnaire was then administered after six weeks to assess any changes in awareness and attitudes.

Klepp KI, Ndeki S, Thuen F, Leshabari M & Seha AM (1996)

Predictors of intention to be sexually active among Tanzanian school children

East African Medical Journal 73 (4):218-224

This paper presents the results from a study of HIV/AIDS risk behaviour conducted among primary school children in the Kilimanjaro and Arusha regions of northern Tanzania. The study on the decision to have or abstain from sexual intercourse was guided by the theory of reasoned action.

Mendez I, Mendez S, Serafin M, Torres-Ortiz P (1994)

Children and HIV/AIDS: Emotional indicators mediating children's understanding of their disease

International AIDS Conference 1994, 10 (1):406 (abstract no. PD0232)

This is part of an ongoing study looking at pediatric HIV/AIDS patients. The study measured levels of emotional distress and stressors among Puerto Rican children carrying the HI virus. It associated these stressors with their knowledge of having the disease and their capacity to cognitively understand them. The data provides an emotional, cognitive and developmental map that will inform health care providers about the necessary information to handle the psychosocial aspects mediating the case-management of the HIV infected child. Methods: A sample of 22 children attending a health care facility participated in the study. They were administered two instruments: the Bender Visual Motor Gestalt and the Human Figure Drawing Test using Koppitz norms. These were analysed in terms of emotional indicators. These results were correlated with: 1) seropositivity status; 2) disease progression and 3) knowledge or lack of knowledge of having the disease. Results: As expected, visits to health care providers are a major stressor in these children's lives which can contribute to their emotional well-being. The younger asymptomatic children exhibited less emotional

indicators regardless of their knowledge about the disease. Older, asymptomatic children exhibited significantly more emotional indicators and scored a lower developmental age. Knowledge of having the disease plays an insignificant role among asymptomatic children but affects more seriously symptomatic ones. Conclusion: The assessment of emotional well-being is a central issue in the case management of the HIV infected child. Emotional well-being is at the core of defining their understanding and their constructions of their illness. A careful assessment of emotional status should be undertaken in conjunction to their medical care as it will reveal to health care providers how to minimise and alleviate the stress produced by illness and by medical treatment.

Ministry of Education and Culture (Zimbabwe) & UNICEF (1993)

What grade 7 pupils know and think about AIDS

Ministry of Education and Culture (Zimbabwe) & UNICEF

Pike LB (1999)

Sexuality and your child – for children aged 3-7

Department of Human Development and Family Studies, University of Missouri, USA

By the age of three, children usually begin asking for information about sex. It will help you to take care in preparing yourself for your child's sexuality. Knowing what to expect at different ages can help you to respond to typical questions young children ask. It also helps to know what behaviours you can expect.

Varga CA (1999)

South African young people's sexual dynamics: Implications for behavioural responses to HIV/AIDS

In: Caldwell J, Caldwell P, Anarfi J, Awusabo-Asare K, Ntozi J, Orubuloye IO, Marck J, Cosford W, Colombo R and Hollings R, National Centre for Epidemiology and Population Health, Australian National University of Australia, Canberra

HIV infection among South African youth is escalating rapidly. Recent (1998) estimates suggest that 21% of women between the ages of 15 and 19 years are infected, nearly double the previously recorded (1997) rate of 12.7% in this age group. This chapter explores the potential contribution of sexual dynamics to the spread of HIV among youth. Data were collected through focus-group discussions, narrative research method, and in-depth interviews. Study participants were Zulu-speakers aged between 11 and 24 years. Results suggest that safer sexual practices and partner agreement on means to prevent HIV infection are hindered by several factors, including sexual violence and coercion, condoms' negative symbolism, gender imbalance in sexual decision-making, and peer pressure concerning sexual performance. Nonetheless, there are signs of potential for behavioural change. Awareness of HIV's life impact and self-perceived risk of infection is growing. Young people are questioning gender stereotypes leading to unsafe sexual behaviour.

Wood K and Jewkes R (1997)

Violence, rape, and sexual coercion: Everyday love in a South African township

Gender and Development 5 (2): 41-46