HIV positive

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

sickness
sadness
stigma
death
grief

by The Media in Education Trust

for children up to nine years
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You can help

HIV/AIDS touches us all even if we are not infected ourselves. As a caregiver, HIV/AIDS touches you more deeply.

Firstly, you might work with children who are infected with HIV/AIDS and with children whose family members are infected.

Secondly, because the disease has progressed much further in KwaZulu-Natal than in other provinces, many people are now dying of AIDS. This means that you also work with or care for children who are sick and dying and whose families are dying.

Part of the problem is people's attitudes towards HIV/AIDS. People are scared, they are ignorant about HIV/AIDS and there is a lot of discrimination against infected people and their families. Many people do not want anything to do with infected people. As a result, children living with HIV often have very low, or no self-confidence (they do not feel good about themselves).

How can you, as a caregiver, help change attitudes towards HIV/AIDS?
How can you help children with little or no self-confidence?
How can you help children come to terms with sickness and death?

These are difficult questions with no quick and easy answers. This book offers some ways to help children with these emotional hardships. We hope that by the time you have finished reading it, you will have a greater understanding of the issues and some practical ideas to work with.
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Attitudes to HIV/AIDS

Here are some examples of attitudes towards children living with HIV/AIDS:

The people whom I live with discriminate against me because I am infected with HIV. They do not want to share their lives with me anymore; they do not even want to share anything with me. Some people have said that I must be killed so I will not spread AIDS to their children. At school some of the students are not prepared to be in class with me. Sometimes the teachers gossip about me. Life is very difficult for me to live because when I go to some churches they do not want me to worship with them.

If you are HIV-positive, some taxis don't allow you in. People move away from you in taxis and they wipe the seat.

Priests don't want to have HIV-positive people in the church and don't even want to discuss it in their sermons and most people believe in their preachers.

While I was passing by, I saw a nurse who had tested me for HIV/AIDS. I greeted this nurse and the nurse pointed at me in front of the people and said 'this is the one'.

As a caregiver, your attitude is important.
How do you act?

△ How do you feel about people who are HIV-positive?
△ Do you lead by example?
△ Do you treat people without discrimination?
△ Do you act in the same way towards all the children in your care?
△ Do you help create a safe and caring environment for all the children in your care?

Negative attitudes and discrimination

Most discrimination comes from fear and ignorance. We can try to fight discrimination by talking to people about HIV/AIDS and how HIV/AIDS is spread.

Changing attitudes and building self-confidence takes time. There is no quick solution. Here are some ideas to get you going – but you will have to talk about these things over and over again.

What is self-confidence and why is it important?

Self-confidence means feeling good about yourself. Feeling good about yourself is the most important part of emotional health. A person who feels good about him/herself is able to talk to other people, deal with the good and bad things that happen in life and have a love for life. It is important to help children to feel good about themselves and to see themselves as special.

Talk about HIV/AIDS
Tell stories

Aim: to educate children about HIV/AIDS in an interesting way to teach children empathy (supporting and caring about other people)
Age: two - nine years

What to do:

△ You can teach children a lot by telling stories. Use stories to teach the facts about HIV/AIDS. Stories are also very good for exploring feelings. They can help to show how people are hurt by unkindness. Stories work well when trying to deal with discrimination.

△ Use real stories or traditional stories, or make up your own stories. You will have to change your stories to suit the particular age group you are working with.

△ If the story is a long one, you can stop at different parts and talk about what has happened so far. You could ask the children things like: “What is happening? How does that make the girl feel? Are the people being nice to her? Why not? How would you feel?” and so on.

△ Have group stories where you set a scene and the children carry on the story and decide what happens.

On the next page is a story about discrimination against people who are HIV-positive and about some of the ways you can’t get HIV. You can make up your own stories to deal with other things. Find some facts about HIV/AIDS on pages 29-33.
Nandi makes a new friend

Nandi and her friends were playing together on the playground. Buhle was sitting all alone.

Nandi said to her friends: Let’s ask Buhle to play with us!

One by one all the friends said the same thing. They didn’t want to play with Buhle.

Friend 1: No! We don’t want to play with her. She is HIV-positive. She will infect us all.
Friend 2: No! We don’t want to play with her. She will give us AIDS!
Friend 3: No! We don’t want to play with her. My mother said she will give me AIDS!
Friend 4: No! I am scared to play with her. She will make me sick. Then I will die!
Nandi: Okay, but she seems so lonely.

Poor Buhle was left all on her own.

Later that day, Nandi was walking home from school. She fell and hurt her arm. There was no one to help her. She sat crying on the side of the road. Then Buhle walked past.

Buhle: What is wrong? Can I help you?

Buhle helped Nandi home. Nandi’s mother, Thobekile, was so pleased.

Thobekile: Thank you for helping Nandi. Come in and have some juice. I will take Nandi to the doctor as soon as you have both had something to drink.

So Buhle did have some juice and she was so happy.

The next day Buhle and Nandi walked to school together. Nandi had her arm in a sling. Nandi’s friends were so shocked.

Friend 1: Why are you with that girl? Now you will get AIDS!
Friend 2: How can you be friends with her? She will make you sick!
Nandi: Buhle is a good friend. She helped me yesterday when I hurt my arm. You cannot get HIV/AIDS from being friends! You cannot get HIV/AIDS from sharing food! You cannot get HIV/AIDS from hugging! The doctor told me. I can be Buhle's friend and I will not get HIV/AIDS from her. The doctor said so and he knows!

Use a story like this to talk about:

- misunderstandings about HIV;
- attitudes towards people infected with HIV;
- appropriate behaviour – don’t discriminate;
- how everyone has feelings;
- making choices (like whether to be kind or cruel).

You could ask these types of questions:

- How would you feel if no one talked to you?
- How did Buhle feel when no one talked to her?
- What did the doctor say about being friends with someone who is HIV-positive?
- Can you get HIV from eating with someone who is HIV-positive?
Make puppets

Aim: to make your stories more exciting
Age: two years and older

You can use dolls or puppets to help make your stories more exciting. Once you have made a set of dolls or puppets, you can use them over and over again in different stories.

How to make puppets:

Paper puppets
Cut out pictures of people from magazines and stick each person onto a stick.

Sock puppets
Draw faces onto old socks or make faces by using things like string, buttons, old material and cotton wool and sticking them onto the socks. Socks make good animal puppets.

Glove puppets
Use old woollen gloves that fit your hand. Make faces by sticking on pieces of material for eyes and mouths. Gloves make good people puppets.

Stick puppets
You can make these by putting a ball shape (like crumpled-up paper) onto a stick and then draping a piece of cloth over it. Make a face using crayons or by sticking pictures onto the ball. These make good scary monsters. If you want to show prejudice, fear or death, you could make a stick puppet.

Vegetable puppets
You can make these by taking a stick and placing a vegetable onto it for a head. You can use a potato, a tomato or even a fruit. You can draw a face onto the vegetable or fruit, or stick little pieces of material or buttons onto it for eyes and a mouth. If you have material, you can drape this over the stick for clothes.
Build self-confidence

Here are some games and activities that help to develop the emotional good health and self-confidence of children.

Magic box

Age: three – nine years

What to do:

△ Think of something positive and unique about each child you look after. Use words such as beautiful, clever, strong and kind. Try not to use the same description twice.

△ Make a box. Stick a mirror onto the bottom inside of the box. (If you cannot find a mirror, use the shiny tin lid from the top of a coffee tin or tin foil). Decorate the box and write Magic Box on the top lid. Close the box so no one can see inside.

△ Ask the children: “Who is the most special person in the world?” Listen to all their answers. Then tell them that you have a magic box that can tell them who the most special person in the world is. Ask them if they would like to see the most special person.

△ Take one child aside at a time and ask each child to lift the lid and look inside the box. They will see themselves.

△ Ask them what they think of that person. Then tell them why you think they are special (tell them the positive thing you thought of). Ask them not to tell the rest of the children about what they have seen.

△ Once everyone has had a turn to look in the box, ask everyone who the most special person is. They will all answer: “Me”.

△ Discuss the idea that because everyone is different, everyone is special.
Circle game

Age: three – nine years

What to do:

△ Sit in a circle with the children. Tell the children you want each of them to think of something good about themselves. Give them some examples such as “I have beautiful hair.” “I am kind to other people.” “I like to share my things.” “I am strong.”

△ Now go round the circle and ask each child to say their name and something good about themselves. You can start.

△ Now ask the children to think of something good about the person sitting next to them.

△ Go round the circle again, but this time the children must say something good about the child next to them. You can start.

△ Talk to the children about the fact that we all have different strengths and each person has different, but equally good, qualities.

Pride plants

Age: seven – nine years. Children need to be able to write.

What to do:

△ Make a tree or plant out of dried branches.

△ Each child should cut out a piece of paper to look like a leaf. They must write something positive about themselves on the “leaf”. For example: “Cindi likes to help people.”

△ Stick all the “leaves” onto the tree.

△ Talk about the fact that everyone has good qualities and different strengths.

△ You could also ask the children to write something positive about another child and stick that on the tree.
Dealing with sickness

As HIV progresses and full-blown AIDS sets in, a person becomes very sick. If this person has always been healthy, it is difficult for children to understand what is going on. Children can get very scared and worried if they get sick or if a close friend or relative becomes sick. This is especially the case if the person has to go to hospital for a long time.

Children do not always feel comfortable expressing their feelings. Boys might find it more difficult than girls if they are brought up to believe that men do not talk about or show their feelings.
Tell stories

Aim: to talk about subjects that children may feel embarrassed about or frightened to talk about
Age: two years and older

What to do:

△ Read the section on telling stories and puppets on pages seven to 10.

△ Here is a story that deals with a child's fear of a blood test. You can make up your own stories to deal with other issues. Find some facts about HIV/AIDS on pages 29-33.

△ After the story, remind children that they must NOT try to take or touch their own or each other's blood. This is for nurses and doctors only. This would be a good time to talk about how HIV/AIDS is and is not spread.

Siyabonga has a blood test

Siyabonga needed to have a blood test at the clinic. He felt very scared.

Siyabonga: No! No! No! You can't take my blood. It will be sore! I will bleed to death! I need my blood!
Nurse: Of course you do Siyabonga. Here, let me show you what will happen. I promise I won't take all your blood. You might feel a little prick.
Siyabonga: I am scared.
Nurse: Everybody is scared of new things, but you really don't need to be scared of a blood test. I will tell you everything as we go along. I have done many of these. You will be just fine.
Siyabonga: What are you doing now?
Nurse: Your blood travels around your body in your veins. I am tying this tube around your arm so I can find a vein.
Siyabonga: Oh, okay, this isn't sore!
Nurse: No, it isn't sore. Now, I can see the vein. Do you see it?
Siyabonga: Yes, there it is. Now what?
Nurse: Now I am going to clean a little spot where I will be working so no germs can get in. Now I am going to take this needle and pop it into the vein. There, it's in! Here comes the blood just as we want it.
Siyabonga: Gee! That was also fine. I just felt one tiny little prick. Now I can't feel anything. That looks quite funny. I can see all my blood going into the tube.
Nurse: There we are, there is one tube full. I am putting it to one side, and I am going to fill one more tube.
Siyabonga: But I need my blood! Aren't you taking too much?
Auntie: No, I am taking just enough so we can do the tests we need to do. There we are, I've got all the blood I need. You're nearly ready to go now.
Siyabonga: So quickly? But how will you stop it bleeding?
Nurse: That's easy. Look, I am just putting a little bit of cottonwool on the spot and this tape will keep it in place. When you get home, you can take it off and there will be no bleeding. By tomorrow there might be just a very small mark. Otherwise, no one will even know you've had a blood test!
Siyabonga: Oh no! So I can't show my friends? I want to show my friends!
Nurse: Okay, leave the cottonwool on till you show your friends if you like. You've been a very good and brave boy Siyabonga! Well done! That wasn't bad was it?
Siyabonga: No, it wasn't bad at all. I won't mind if I have to have another blood test.
Nurse: Good, I am very pleased to hear that. Goodbye!
Siyabonga: Bye Nurse!

As soon as Siyabonga got home, he raced off to show his friends and to tell them that the nurse said he was a very good and brave boy. He felt very proud.
Show that you care

Aim: to show a sick person (child or adult) that other people care. This will make the sick person feel wanted and not neglected. to allow children to express their feelings for sick people.

Age: two years and older

What to do:

Make care pictures
△ Ask the children to draw a picture for the sick person. If they are old enough, they can write a message too. Take these to the sick person and put them up around their bed.

Visit the person
△ If the sick person is a child in your care, arrange for all his/her friends to make a short visit. It can be as short as five minutes.

Take a gift
△ Get the children to take something you know they will like to the person. It might be a bunch of flowers, hot soup or a certain type of cold drink. It can be anything, even something very small. The children will feel good about giving and so will the person who is receiving.

Offer to help
△ If the children are old enough, get them to do something to help the sick person. It can be anything small like reading to him/her, going to the shop or cleaning something.
"My brother was diagnosed with HIV five years ago and he died in January this year. This came as a shock to the family. He was a man of honesty and diligence..... He made one mistake of having unprotected sex and this cost him his life and career. Our family was shattered and torn apart."

(Source: How AIDS affects me - Children speak. CINDI 2000)
Many people are dying of AIDS-related illnesses and more and more people have to deal with the early death of close family and friends.

How do people react to death?

Everybody feels differently and reacts differently to the death of a loved one. There is no right or wrong way to act. Some people might have strong feelings straight away; other people might feel nothing for some time. They might feel numb or not seem to realise what has happened. The main thing to remember about grief is that it takes time to heal.

These are some of the feelings people often have.

Anger  Denial  Depression  Fear  Guilt
Hope  Loneliness  Sadness  Shock  Acceptance

While all children grieve differently, there are some common reactions. Children find it hard to explain how they are feeling. Here are some of the ways children act at different ages and some ways in which you can help them. Remember, not all children will act in this way. If they don’t behave like this, it doesn’t mean they are not grieving. Some children might be very naughty. Try to be patient with them because this is their way of showing how much pain they are in.
The infant (up to one year old)

Babies will accept care from anyone, although it is better if it is given by the same person most of the time. Give them regular feeds, cuddles and comfort.

One – two years old

Small children will be shocked by the sudden disappearance of someone they depended on. They may cry much more than normal. They may be sad and very quiet and lose interest in things. After a time, they will turn to someone else to provide for their needs. Like infants, it will help if the same person looks after the same child all the time.

Two – five years old

At this age, children cannot fully understand death. They will search for the missing person and ask the same questions over and over again. Their anger may show itself as tantrums and very naughty behaviour. Although it can be difficult, especially if you are grieving as well, try to be patient and remember that this is their way of expressing grief.

Try not to send a child away to a new environment to try to protect him/her. It is better for him/her to be with the family so that a routine can be maintained as much as possible.

Five – nine years old

Now children understand more about death although not yet at an adult level. They may not show how they are feeling and may act as if nothing has happened. This does not mean they are not upset. It may help to talk about the dead person with them, and for them to see you grieve. Some children may feel guilt and as if they have some how caused the death. You need to talk about this with them. Always encourage children to talk about their feelings.

(Source: Grief and Bereavement, Understanding Children, The Highway Hospice Association)
Children’s emotional needs

No matter how children show their grief, their basic needs are the same. Obviously, children need food, clothes and shelter. But they also need emotional support.

**Love, care and affection**
Children need love and affection. They need to know they are loved. Try to give some time each day to doing something the child enjoys. It might be cuddling, reading a story or playing a ball game.

**Patience**
Children need to be treated with patience. They might behave in a very angry or naughty way. But remember that children find it hard to talk about their feelings and this is their way of grieving.

**Routine**
Children’s lives will be changed completely when someone they love dies. They need a stable routine. In other words, the same things should happen every day. This helps children to feel that their lives are normal. Children also need to know that you are not going to go away and that you are there for them.

**Someone to talk to**
No child is too young to notice that an important person is no longer around, and it is important to tell children, in simple language, that the person has died and is not coming back.

Children need someone to talk to about death. If nobody talks about death, children’s imaginations and fears take over. They sometimes blame themselves and feel responsible for the person’s death. Even though it is difficult, talk to them about death and listen to their questions. Try to answer them honestly. Tell the child that they did not cause the death.

**Faith and religion**
Religion can offer comfort and support and can help children to deal with their feelings and questions.
Activities to help children deal with death

All of the following activities are aimed at helping you and the children in your care to deal with losing someone close to you.

Memory box

**Aim:** to give children something to remember their parents by

**Age:** three – nine years

If you, as a parent, know you are dying, you can make a memory box for your child or children (or friends and family). The child can look at it while it is being made and you can tell him/her about what is being put in the box and why. The child will always be able to look at the items in the box and remember you.

**What to do:**

Anything can go into a memory box.
Some ideas are:

△ Stories: these can be about anything, for example a walk you had together. Write down how you felt about spending time with your child.

△ Photographs: put a photograph of yourself in the box. Write the date on the back.

△ Familiar things: put in something you like, like a cup or plate or favourite scarf.

△ Drawings: draw a picture for your child.

△ Messages: write a letter to your child telling him/her how much you love him/her and about important things you want the child to know.

△ A family tree: write down as much as you know about your child’s ancestors and relatives. It will give the child a sense of identity and belonging to a family, and it could also help with the placement of children after your death.
Garden of remembrance

Age: two years and older

What to do:

△ Make a garden in memory of the person who has died. You can make and put up a plaque (board) dedicated to that person. You can also plant a tree or a shrub for the person. Try to involve all the affected children in the ceremony and in making the garden.

Circle activity – informal memorial service

Age: three years and older

What to do:

△ Ask all the children to sit in a circle. Tell them they can each have a chance to talk about the person who has died, to cry if they need to, or to be glad that that person’s suffering is over. You can start to get them going. You can end with a snack.
Burning ceremony

Age: eight to nine years

What to do:

△ Ask children to think of someone who has died and how they feel when they think of that person. Ask them why they feel like they do.

△ Encourage them to write their feelings down on paper. Once they have finished writing, gather all the children together in a group outside.

△ Make a fire and ask the children to throw their "feeling" papers into the fire. This is meant to show that they are letting go of their feelings.

Rituals of remembrance

Age: two years and older

What to do:

△ Remember the person who has died by getting the children to light candles on the anniversary of their death.

△ Remember the person who has died by visiting your garden of remembrance.

△ Celebrate the life of someone who has died by singing one of their favourite songs or visiting one of their favourite places.

△ Perform a ritual that is from your culture to remember the person who has died.
Tell stories

Aim: to talk about subjects that children may feel embarrassed about or frightened of; to talk about death
Age: two years and older

What to do:

△ Read the section on telling stories and puppets on pages seven to 10. Below is a story for older children that deals with the death of someone’s aunt. You can make up your own stories to deal with other issues. Be careful you don’t make your stories too gloomy. Try to make sure they have a positive message.

Nkosi’s special Auntie

Nkosi always helped his Auntie bake bread. He loved doing that. While they were waiting for the bread to be ready, they used to wash the dishes and smell the delicious smell of baking bread. And, as soon as the bread came out of the oven, they would cut the first two slices, and each eat a steaming hot slice with jam. Auntie always had the crust, and Nkosi had the next slice, the soft one. It was one of Nkosi’s best things in the whole world.

Then one day Auntie suddenly got very sick. After some time, she died. Nkosi was very sad. He cried and cried.

The family spoke about Auntie for days and days. They spoke about the good times they had had with her and all the kind and clever things she did. Nkosi told them about the bread he and Auntie used to bake together and how, as soon as it came out of the oven, they would eat the first two slices, steaming hot, with jam.

Crying and talking made Nkosi feel better. After a while, he didn’t feel so angry anymore. He found he could think of Auntie without crying.

Now Nkosi and his little brother bake bread. While they wait for the bread to be ready, they wash the dishes and smell the delicious smell of baking bread. And, as soon as the bread comes out of the oven, they cut the first two slices and eat them steaming hot, with jam. And each time Nkosi does it, he smiles and thinks of Auntie, and how much he loved her.

(The idea for this story is from The Saddest Time by Norma Simon, Albert Whitman & Co., 1986)
Games and play

Drawing and playing are good ways for children to express their feelings. Children can draw themselves, their friends and family. Sand and water play are also very good. Physical activity helps children to release anger and sadness. Doing things with other children helps build self-confidence and gives children a sense of belonging.

Here are some ideas:

Dancing

Age: two years and older

You can use dance to help children express their feelings.

△ Play music and ask the children to dance. You can also teach them dances.

△ Ask children to copy different types of animals or to copy nature. For example, an elephant will stomp and a rabbit will jump. Children can move like trees in a breeze or show rainfall.

Music

Age: six years and older

What to do:

Make your own basic instruments. Older children can help.

Shakers

Collect containers that will not break, for example small cardboard boxes with lids, tin cans or plastic bottles. Fill them with things that will make a sound, such as small stones, seeds or rice. Stick the lid on tightly. Decorate the container. Shake the shaker.
Clappers
Get two pieces of wood the same size.
Stick a handle onto each.
Hold the handles and bang the wood together.

Bells
Collect metal bottle tops from beer and other bottles.
Make a hole in the middle of each by holding them against a piece of wood and hammering a nail through the middle.
Thread the bottle tops onto a piece of wire.
Attach the wire to a piece of wood.
Shake these to make a bell sound.

Rhythm sticks
Collect rods of the same length.
Decorate them with paint.
Clap the sticks together to make a sound.

(Source: In-service Training Programme for Grade R Educators, Module Three, KZN DEC/UNICEF/MiET)

Playing the instruments and singing
Now that you have some instruments, you can play music.

Age: three years and older

What to do:

△ Ask the younger children to move in different ways to a simple beat. They can walk, run, skip, hop and jump.

△ Ask the older children to make up rhymes or songs and to play their instruments while they sing or speak.

△ Teach the children traditional and popular songs so everyone can join in and sing.
What about you?

Are you coping?
Just as it is good for children to grieve and express their feelings, so is it important for adults to grieve. Many of the ideas on dealing with death in the previous chapter are relevant for adults as well. Examples are the Faith and religion, Garden of remembrance, Rituals of remembrance and the Memory box activities. Read How do people react to death? (pages 18-19) and Activities to help children deal with death (pages 21-26). Some other ideas for adults are:

**Memorial service**

Have a memorial service in which everyone who knew the person who died has a chance to speak about him/her.

**Start a support group**

There are many people dealing with the same issues as you are. You can be sure that if you are feeling isolated and overwhelmed, there are many others feeling the same way. Try to get together a group of people who can meet regularly. At your group meetings you could talk about your feelings, fears and worries and your experiences. You could share ideas on how to cope.

If you don’t know where to find other people, you could ask at your church, at a clinic or AIDS centre.

**Someone to talk to**

If you feel alone, find someone to talk to about your fears and worries. If there is no close friend or family member, talk to someone at your church or speak to the clinic. There are many support organisations that have been started due to HIV/AIDS. Look on page 36 for some contact numbers. If the people at these numbers cannot help you, they will try to put you in contact with someone near to you who can help.

**Talk about HIV/AIDS**

Talk about HIV/AIDS with as many people as you can. The AIDS challenge is enormous and there is no easy way to beat it. One of the biggest problems is the silence surrounding it. Every person who talks openly and without discrimination about HIV/AIDS is taking a positive step.
The facts about HIV/AIDS

- You can't tell from looking at someone whether they have HIV.
- When you first have HIV, you can look and feel fine for many years.
- You cannot get HIV through skin that is not broken.
- Once it is in your body, HIV never goes away. It leads to AIDS. There is NO cure.
- You CANNOT cure HIV by having sex with virgins or with children. You CAN pass HIV/AIDS on to them.
- HIV dies quickly outside the body. It cannot survive outside the human body. Other viruses such as 'flu can.
What is HIV and AIDS?

HIV stands for Human Immunodeficiency Virus. It is a virus that gets into a person's body and attacks their immune system.

Our bodies are protected by our immune system. This system protects us from getting sick. It keeps us healthy by fighting off viruses and diseases. The immune system is like our body's army. To defend us against diseases, the army must be strong.

HIV works by killing our immune system. It takes quite a few years for the virus to make the body weak. We only start to get sick when the virus has killed most of our immune system. This means that our body has lost its power and strength to fight diseases. This gives diseases a chance to get into our body because there is no army (immune system) to keep them out. There are many diseases that start to infect our body when our immune system is so weak.

Once the immune system starts to collapse and infections start, a person gets very sick. We then say that they have AIDS. There are many symptoms to indicate AIDS. These include thrush or candida (whitish spots) in the mouth or vagina, swollen lymph glands in the neck and under-arms, appetite loss or unexplained fever and diarrhoea.

When these symptoms won't go away, it COULD indicate AIDS. AIDS sufferers die from AIDS-related diseases such as pneumonia, TB, wasting (getting very thin, when the body cannot absorb nutrients and rebuild itself), brain infections and some cancers.

VERY IMPORTANT:
IF YOU ARE INFECTED, YOU MAY HAVE SOME OF THESE SYMPTOMS. IF YOU HAVE THESE SYMPTOMS, IT DOES NOT AUTOMATICALLY MEAN THAT YOU HAVE HIV/AIDS.

What is the difference between HIV and AIDS?

A person can live with HIV for quite a few years with no sign that they are sick. The virus is busy fighting their body's army (immune system). A person cannot see or feel this war going on in their bodies.

When the virus begins to win the war against the immune system, the body becomes very weak. Eventually, the body cannot defend itself against any other germs and viruses. This is when AIDS sets in. AIDS stands for Acquired (something you picked up outside your body) Immune (your body's defence system) Deficiency (something you lack) Syndrome (a group of illnesses or diseases). The person becomes ill with lots of other diseases.
How is the virus spread?

This virus spreads through four types of body fluid: blood; semen (sperm); vaginal fluids; and breast milk. HIV is spread when these fluids are exchanged between people.

△ Sex is the main way in which the virus is spread. HIV is found in the sperm or vaginal fluids of a person who has HIV. It is passed from one person to another through sex when a condom is not used.

△ Pregnancy and breastfeeding is another way it is spread. It can be passed from an HIV-infected mother to a child during pregnancy, birth or breastfeeding.

△ Infected blood is the third way the disease is spread. HIV can pass through blood from an infected person to the bloodstream of another person. This can happen: during sex; through a blood contaminated needle; razor blade; or other sharp object from clinic; hospital or traditional healer; sharing a needle or syringe while injecting illegal drugs.

How is the virus NOT spread?

HIV cannot be spread by:
△ sneezing, breathing or coughing on someone;
△ eating food cooked by someone who is HIV-positive or sharing cups, plates, knives, etc.;
△ kissing and hugging someone;
△ tears or saliva;
△ toilet seats;
△ mosquitoes or other insects and animals;
△ sharing swimming pools, baths or showers;
△ looking after and caring for people with HIV/AIDS.

Body fluids such as vomit, faeces (poo), urine (pee), tears, sweat and saliva do not contain a high enough concentration of HIV to transmit the disease. It is safe to take care of someone who is sick and to come into contact with these body fluids, but it is advisable to always wear gloves – there may be other germs that could be dangerous.
How long will you live once you are infected?

Everybody reacts differently to HIV/AIDS. The World Health Organisation (WHO) has developed a guide for the way the disease progresses.

**STAGE 1:** When a person is infected, it takes 10 to 21 days for him/her to develop a reaction to the virus. This can be ‘flu-like symptoms, sore joints, swollen glands or tiredness. These symptoms then go away and, depending on your lifestyle, there will be no sign of the infection for many years.

**STAGE 2:** On average, after having the virus in your body for seven to nine years, the infection starts to show again. By this time, the virus has broken down the immune system so much that the body repeatedly becomes infected with many different types of diseases. There are often mouth ulcers, weight loss, skin rashes, fungal infections and infections of the throat and airways.

**STAGE 3:** Many of the symptoms from stage two get worse and more noticeable. Other symptoms also appear, such as severe lung infections, diarrhoea for longer than a month and sores in the mouth, throat and/or female genitalia. At this stage, the disease is called AIDS.

**STAGE 4:** This is the most severe part of the disease before death occurs. There may be constant diarrhoea and brain malfunctioning, while weight loss progresses to severe wasting. Someone with a healthy immune system could overcome “opportunistic” diseases that also attack the body. Some include tuberculosis in the lungs and other parts of the body, thrush in the gullet (swallow pipe), herpes, pneumonia, diseases carried in the blood and types of cancer. The average time for survival after being diagnosed with full-blown AIDS is about 18–24 months.

If symptoms are treated, they may go away for a while, but the person will eventually die.
What can you do to prolong your life?

It is very scary to find out that you are HIV-positive, but there are things you can do to take charge of your life. It is important to live as well and as healthily as possible.

Know yourself
After finding out that you have HIV, you will experience many intense feelings such as anger, sadness, denial (pretending it’s not true) and wishing for a quick death. These feelings are normal. Understanding your feelings is the first step in dealing with the disease.

Get support
Quickly find someone to talk to. Sometimes it is easier to talk to someone outside your family. If you can’t think of anyone, call the free AIDS helpline: 0800 012 322.

Get the facts
HIV/AIDS is a very complicated disease. There is a lot of information available, as well as many untrue stories. There is no cure. Find out the best way to live with it and get the most out of life. Find out what you can do to strengthen your immune system so your body can fight for as long as possible.

Take care
If you have HIV in your body, you need to take special care of your health. This includes having a healthy diet; doing regular exercise; keeping busy and mentally alert and improving your spiritual life so you can focus on hope and healing. Many people start giving care and support to others in the same situation. Take care not to pass the disease on to others.

Get preventative medicine
Speak to your clinic about what drugs are available.

Live in hope
Living with HIV is not a quick death sentence and you could live a long life with the virus. Some infected people never develop AIDS. A cure might be found. None of us know when we will die (whether we are HIV-positive or not), so it is best to make the most of each day.
How to identify children who need help

Be observant.
Notice the appearance of the child, and his or her behaviour, including his body language.
Ask yourself: Do I feel worried about this child? If you do feel worried, follow up on this feeling.
How to identify children who need help

The following could be signs of a child who needs help:

**General appearance**
- Dirty – self and clothes
- Does not stand up straight or walk tall
- Does not play with other children
- Does not appear interested in what is going on. Appears withdrawn.

**Some of the signs of not enough food**
- Reddish dry hair
- Dark patches on skin
- Thin – no fat under the skin and bones showing
- One or two years smaller in size than others of that age

**Some of the signs of ill health**
- Coughing and very rapid breathing
- Diarrhoea
- Runny nose, sore eyes, pus from ears
- Swollen belly (especially in very young children and babies)
- Sores around the eyes and mouth, or on the legs
- Skin problems in general
- Weakness, tires easily

**Behaviour that goes on for a long time, showing a child in need**
- Sadness, signs of fear, withdrawal
- No talking
- Aggression
- Too talkative
- Restless
- Repetitive of one activity
- Cries easily, gets irritable and angry quickly
- Bedwetting
- Sleeping disorders
- Not being able to enjoy/express feelings (psychic numbing)
- Behaviour different to the child’s normal behaviour

If you are an educator, it is important that you keep accurate data regarding illness and absenteeism through registers and records. Learners should be measured and weighed regularly, especially in Grade R, to keep track of normal development. This will help you to identify children needing help. Encourage children to play games that will help identify the withdrawn, or aggressive child.
Where can you get help?

All numbers that start with 0800 are free.

Welfare organisations
 National Council of Child Welfare will help you find your local Child Welfare Society or your local State Welfare Department Office (011-33957411)
 Department of Welfare (033-3456201) hands-on helpline for caregivers (033-345 7812/3/4)
 Pietermaritzburg Child Welfare offers legal foster placement for children with special needs (033-3428 971)
 Childline for help for abused children (08000-55555)

Hospices
 Hospice Association of South Africa – find your local hospice for home-based care and training
 Highway Hospice (031-208 6110)
 Howick Hospice (033-3305257)
 Home-based care consortium at Howick Hospice (033-398 8698)

Aids centres
 AIDS Consortium (011-403 0265)
 McCords Hospital AIDS Centre – Sinikithemba Programme – for training of volunteers (031-268 5718)
 UMsGeni AIDS Centre for help at all stages of HIV/AIDS (033-343 5137)
 AIDS Training Information and Counselling Centre (033-395 1612) – offers free testing and training in counselling services and has offices in Pietermaritzburg, Durban and Pretoria

Psychological Services
 Rob Smetherham Bereavement Service for Children – counselling, play therapy, personalised stories and other resources (Liesl Jewitt – 083-3626057 or 033-343 1545)
 Thandanani – works with communities setting up informal structures to help vulnerable children remain in their communities (033-145 1857)
References


