

WORLD AIDS DAY SUPPLEMENT

Children living in a world with Aids

Real life experience

Onyango, a boy from Migori District, has experienced in his only 14 years of life what an unfortunate old person would experience in his life time.

It all started at the age of 12 when his father died of a strange disease. He had been working as a truck driver plying between Mombasa and Rwanda. His death deprived the family of the only salaried bread winner. Then Onyango was in Standard Seven. He misses his father terribly, especially his presents which were usually in form of clothes, bread and niceties. To Onyango, his father was an good dad — a real model.

His father's strange disease disturbed the family. When he had started coughing, nobody gave it much thought, after all everybody coughs. Diarrhoea then followed which never stopped but he continued with his job. Then the diarrhoea became serious. As if this wasn't enough, the body started itching and soon he was all wounds.

He could have borne this courageously but his self esteem was greatly injured when other children started whispering when he approached them and kept quiet when he joined them. This bothered him and it became worse when Ochola, his best friend, declared that he would no longer be his friend because other children had said his father was suffering from Chira (Aids), a disease which they said attached immoral people who were under a curse.

Onyango could not imagine his father being immoral. The idea that his family was under a curse disturbed him. He wondered when the curse would affect him too. The jovial, lively boy became sullen and feared to join other children in school. They also avoided him as much as possible. Some naughty ones called him Chira. His class performance declined sharply. Six months later, his father died and the poor boy was devastated. What with the burden of Luo burial rites.

After his father's death, Onyango watched his mother play double role of father and mother. She cultivated her farm for subsistence but soon the family realised the need for some financial generating source of income. There was need for school fees and other demands for Onyango, Atieno and Agola in line with the Government's policy of cost sharing. Onyango's school attendance was no longer regular as he had to go to the lake to catch and sell fish.

The strain increased when six months after his father's death, Onyango's mother fell ill. The children painfully, saw it come all over again. The simple common cold never went away, then body rashes followed by wounds and finally diarrhoea. At the onset of diarrhoea, Onyango's mother was delivered of a baby boy. Onyango was happy to get a boy who he hoped would be his companion. The mother had now grown very weak. One wonders how she went through labour pains and subsequent normal birth. However, she couldn't take care of the baby

Onyango and his two sisters had now to take care of their mother and their baby brother.

A mat was spread on the floor for the mother to reduce the strain of getting to bed. The three children watched their mother lie on the mat and squeeze empty sack like breast into the mouth of the baby who looked more like a creature resembling a human being than a human baby.

Onyango being the first born could not continue with his studies any longer. He had to be around to attend to the dying mother and the delicate baby. The other children couldn't be regular in school. They had to cultivate the farm and make trips to the lake to fish and make some income. With time, the children had only one set of clothes each. They looked unkempt, tired and listless. Finally they had no bedding; they slept on sacks. Attending school became too much and Agola and Atieno dropped out when they were hardly literate.

The children made a new discovery, instead of trekking to the lake for fish started working for a wealthy neighbour who would give them food to take home. Onyango however, had to stay at home and attend to the mother and the baby. The mother finally became too sick and started soiling her bedding. Onyango had to bear the shame of changing her. When the mother became too weak, Onyango took the baby to their old grandparent's home.

Finally their mother died and the children could not bring themselves to believe that they were now orphans. They couldn't know where to start from. At least when the mother was alive, though sick she could give advice. They moved to their grandmother's home and after a week, the baby died. The grandparents felt that the curse was too hard on them and called a medic man to cleanse them. The three children are cleansed and they live with their old grandparents. They can't attend school because they still have to cultivate their shamba and work for wealthy neighbours for cash payment. They have to take care of their grandparents and nurse the feelings of loss after the death of their parents and baby brother. A better cleansing from Aids, is Aids awareness and is necessary for these children.

When Onyango has nothing else to do he sits outside his grandmother's house, a distant look on his face. His two sisters have never been the same again after the death of their parents.

There are many Onyango's in our world today. Children are our future. Educating them on HIV and Aids and providing them with life skills can make a difference. Children abstain from sex.

Education comes first then marry and be faithful to your spouse.

The Aids Education Programme for Youth in and out of School, at the Kenya Institute of Education

By R. D. WAMBUGU

The theme of 1997 World Aids Day which is being celebrated today is **Children living in a world with Aids**. To commemorate the day, Kenyan children will take part in a series of events to express their contribution to Aids prevention and control.

The United Nations Convention on the Rights of the Child (CRC) defines a child as every human being below the age of 18 years. Children have a right to life. Their survival and quality of life depends on equitable distribution and access to resources and services in the community.

Prevention of HIV infection among women is a cardinal intervention which would ensure the birth of "HIV-free" babies and contribute towards the realisation of a future "Aids-free generation" in Kenya.

The right of the child to survive will be enhanced by minimising Mother-to-Child (MCT) transmission of HIV.

Without a cure for Aids, prevention of MCT remains the most powerful recipe to ensure child survival in an environment where the epidemic is widespread.

Equally important, is the development of children. Provision of life skills — abilities for adoptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of every day life.

The Sessional Paper No. 4 of 1997 on Aids in Kenya spells out the direction the Government is taking in relation to enactment and enforcement of relevant laws on HIV/Aids and how issues affecting children should be treated. Participation of children in matters affecting their welfare is important. The Aids epidemic present an array of opportunities and challenges in the participation of individual families, care and support of people with Aids.

Children participation in the dissemination of Aids information and education to communities is a great contribution to control efforts by the Government.

Similarly, protection of children from illnesses of circumstances that promote ill health is a basic right. Measures to protect children from HIV infection and the impact of Aids should be intensified.

The Aids epidemic has brought several issues of legal and ethical dimensions in relation to the welfare of children. These issues include confidentiality, inheritance of property, cultural practices, adoption and fostering of children, discrimination against HIV positive persons only to mention a few.

Magnitude

Current NASCOP estimated indicate that in 1996, there were about 300,000 Kenyan children under age 15 who had lost their parents to Aids. The number is projected to reach nearly 600,000 by the year 2000 and one million by the year 2005.

The Aids pandemic is tragically affecting the lives of children in Kenya.

Growing number of infants are being born with HIV infection. Thousands more are being orphaned by the death of their mother, or both parents, from Aids. In parts of Kenya, the number of child-headed household is rising alarmingly. All too often, orphans drop out of school and join the risks of HIV infection and other dangers.

AIDS affects children in many ways. Thousands of children in Kenya fall into one or more of these categories.

- Children with the disease
- Children whose parents are sick or have died of Aids
- Children whose siblings, relatives or friends have the disease or have died
- Children whose households are stressed



Infection from mother to child is on the increase.

by children from another family who have been orphaned by Aids and

- Children such as those on the street, who are at high risk of infection. The children most directly affected by Aids are those with the disease.

Impact of Aids on child survival and development: Child health that had improved tremendously in Kenya over the past three decades is being threatened and even reversed by HIV/Aids.

Aids could soon become the major cause of child death, worse than major causes such as measles and malaria. The infant mortality rate currently stands at 72 per 1,000 live births.

Without Aids, the infant mortality rate might be expected to decline to 45-50 by 2005.

However, with Aids, it would decline to only about 55-60. Similarly, child mortality currently at 115 is expected to decline to about 70 by 2005 without Aids. However, with Aids, it is likely to remain constant or rise slightly to 120-125.

Children's problems start long before a parent dies of Aids. With a parent's illness, family income falls and resources are diverted to medications and treatment.

Problem areas for children whose families are affected by HIV/Aids include subsistence, health, psycho-social and well-being and development, shelter, education and training as well as inheritance.

The need to equip children to deal with these problems is our top priority. Their survival, protection, participation, development.

Proposed strategies: To ensure maximum representation and participation of children on this occasion, the following strategies are being proposed:

- Involvement of Ministry of Education at national, provincial, district and divisional level.

The purpose is to involve as many children as possible and it is only through school that one can get a majority at a go.

Children are also good health change agents and their campaign against Aids through songs, poems, debate, puppetry, drama and discussions continue to influence behaviour change across section of the society.

This resource should be tapped as it has potential for influencing behaviour of several other young people.

- Mobilisation of youth groups who are involved in Aids prevention and education. Members of such group are conversant with preventive and positive behaviour messages that they may be able to share with others.

They are also involved in drama, puppetry, poems and peer counseling. Their knowledge of Aids issues should be utilised during this commemoration to reach out to other young persons in the country.

- Radio programmes these may be presented in various format in order to reach a cross section of the Kenyan society. Children voices/messages may be integrated into regular programmes. Interviews with children on what their contribution to HIV/Aids prevention and control is may be exploited.

KBC has already indicated their willingness to assist with interviews at the district level.

- Other radio programmes targeting adults may also be produced and aired during this period.

Pediatric Aids and its implication on child survival and development would benefit the general public.

- Art/drawing competition on how children view their role in Aids prevention should be considered.

The Ministry of Education is probably one ministry which

handles the greatest numbers of youth in a organised manner, that is, in the schools. It has therefore taken the challenge and put into place a programme on Aids.

The purpose of this programme is to educate the youth on the methods in which Aids is spread and how it can be prevented. The programme is referred to as **The Aids Education Programme for youth in and out of School**. It is funded by the Government and Unicef.

The Ministry of Education is a key player in the multi-sectoral approach in the fight against Aids.

Literature shows that most of the infants infected at birth do not live long enough to reach school going age of six years. This means that children entering school in Standard I can be said to be free of HIV.

This is what makes the Aids Education Programme for the youth important.

The purpose of the programme therefore is to provide the youth with correct information and skills to enable them to lead a HIV-free life.

To strengthen the programme, an element on Life Skills Education is being incorporated.

This will provide the youth with further skills which will enable them to adapt to positive behaviour which in turn will enable them to cope with challenges and demands of every day life.

Since its inception, the Aids Education Programme has produced the necessary materials which will enable the classroom teacher to deal with the subject of Aids more effectively. Readers have been produced for Primary level, Secondary level and Teacher Education level.

We are now in the process of producing sufficient copies to distribute to schools.

In addition, the institute has produced radio programmes for all levels and this will enable us to reach not just the school youth but also the youth out of school.

As part of our inservicing exercise, teachers will be inserviced on how to teach this subject and the methodologies to use.

In the absence of a cure, our only hope is the provision of correct information to the youth and public to which the ministry of education is fully committed.

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